



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Detroit Field Office

Saint Clair County Jail
Port Huron, Michigan

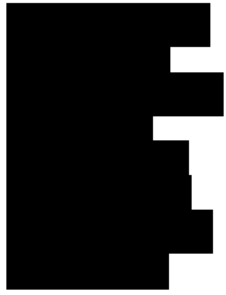
March 29-April 2, 2021

**COMPLIANCE INSPECTION
of the
SAINT CLAIR COUNTY JAIL
Port Huron, Michigan**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
SAFETY	7
Emergency Plans	7
Environmental Health and Safety	8
SECURITY	8
Admission and Release	8
Classification Systems	9
Facility Security and Control	9
Funds and Personal Property	9
Specials Management Units	10
Use of Force and Restraints	10
CARE	10
Suicide Prevention and Intervention	10
ACTIVITIES	10
Telephone Access	10
JUSTICE	11
Grievance System	11
CONCLUSION	11

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Saint Clair County Jail (SCCJ) in Port Huron, MI, from March 29 to April 2, 2021.¹ The facility opened in 2005 and is owned and operated by the Saint Clair County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCCJ in 2009 under the oversight of ERO's Field Office Director in Detroit (ERO Detroit). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers to the facility. An SCCJ facility administrator handles daily facility operations and is supported by [REDACTED] personnel. Aramark provides food and commissary services, and Corizon Correctional Healthcare provides medical care at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	29
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of March 29, 2021)	[REDACTED]
Female Detainee Population (as of March 29, 2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 18 deficiencies in the following areas: Admission and Release (1); Classification System (2); Funds and Personal Property (1); Law Libraries and Legal Material (1); Medical Care (5); Suicide Prevention and Intervention (1); Staff-Detainee Communication (1); and Use of Force and Restraints (6).

¹ This facility holds male detainees with low, medium-low, medium-high, and high-security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List Report as of March 29, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72-hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ^{5&6}	Deficiencies
Part 1 – Safety	
Emergency Plans	6
Environmental Health and Safety	1
Sub-Total	7
Part 2 – Security	
Admission and Release	3
Classification System	1
Facility Security and Control	3
Funds and Personal Property	3
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	1
Sub-Total	12
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	1
Sub-Total	1
Part 5 – Activities	
Religious Practices	0
Telephone Access	1
Sub-Total	1
Part 6 – Justice	
Grievance Systems	3
Law Libraries and Legal Material	0
Sub-Total	3
Other Standard Inspected	
Federal Performance-Based National Detention Standards (FPBNDs), Section A.7., Detainees with Disabilities	0
Sub-Total	0
Total Deficiencies	24

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁶ NDS 2008 does not include Detainees with Disabilities; therefore, it was addressed under the Federal Performance Based National Detention Standard.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical Care: One detainee stated he submitted a medical request concerning dry skin 2 days ago and has not received any medical attention.

- Action Taken: ODO interviewed the health system administrator (HSA) who conducted a review of the detainee's medical record, which indicated the detainee submitted a medical request to the facility's medical staff on March 23, 2021. On March 27, 2021, a registered nurse evaluated the detainee, diagnosed him with dry skin, and prescribe Cetaphil for treatment. The HSA advised ODO the facility's medical staff instructed the detainee to submit medical requests as needed regarding his dry skin.

COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO reviewed the facility's EP program and found SCCJ's emergency plans did not address procedures for rendering emergency assistance to another ERO facility (**Deficiency EP-7⁷**).

ODO found SCCJ's EP did not have a general section containing policy, procedures, and plans, which are common for most emergency situations (**Deficiency EP-29⁸**).

ODO found SCCJ's EP did not address providing immediate and follow-up medical care to detainees and staff under every emergency scenario (**Deficiency EP-62⁹**).

ODO found SCCJ's EP did not address its emergency utility controls (**Deficiency EP-65¹⁰**).

ODO found SCCJ's EP did not address alternative means for emergency staff to reach the facility

⁷ "Each plan shall include procedures for rendering emergency assistance to another ICE/DRO facility, for example, supplies, transportation, and temporary housing for detainees, personnel, and/or TDY staff." See ICE PBNDS 2008, Standard, Emergency Plans, Section (V)(C)(1)(a).

⁸ "A general section shall contain policy, procedures, and plans common to most emergency situations." See ICE PBNDS 2008, Standard, Emergency Plans, Section (V)(C)(4).

⁹ "The plan shall specify procedures for providing immediate and follow-up medical care to detainees and staff under every emergency scenario outlined in the section on Contingency-Specific Plans." See ICE PBNDS 2008, Standard, Emergency Plans, Section (V)(D)(11).

¹⁰ "The plan shall provide for emergency utility control, including plot plans identifying locations of water and gas shut-off valves and electrical circuit breakers." See ICE PBNDS 2008, Standard, Emergency Plans, Section (V)(D)(13).

during situations where the main approach becomes too dangerous and/or inaccessible (**Deficiency EP-68**¹¹).

ODO found SCCJ's EP did not contain all required contingency-specific plans. Specifically, their EP did not address work/food strikes, internal searches, civil disturbances, nor detainee transportation system emergencies (**Deficiency EP-75**¹²).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS program and found the facility's environmental health supervisor has not completed training in accordance with Occupational Safety and Health Administration standards (**Deficiency EHS-34**¹³).

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed the facility's property sergeant, reviewed 12 detainee files, and found the facility stored detainee identity documentation in 12 out of 12 detainee files, instead of turning the identify documentation over to ERO Detroit for inclusion in the detainees' noncitizen files (**Deficiency AR-3**¹⁴).

ODO reviewed 12 detainee files and found the facility stored the detainees' passports, birth certificates, and driver's licenses in 12 out of 12 detainee files, instead of turning the identify documentation over to ERO Detroit for inclusion in the detainees' noncitizen files (**Deficiency AR-37**¹⁵).

ODO reviewed 12 detainee admission files and found the Order to Detain form (Form I-203) in all 12 files; however, an ERO Detroit authorizing official had not signed 3 out of 12 Form I-203s (**Deficiency AR-51**¹⁶). **This is a Repeat Deficiency.**

¹¹ "The plan shall specify alternative means of reaching the facility for emergency staff if the main approach becomes dangerous or inaccessible (for example, during a civil disturbance, adverse weather conditions, fire, etc.)." *See* ICE PBNDS 2008, Standard, Emergency Plans, Section (V)(D)(15).

¹² "The facility shall compile individual contingency-specific plans, as needed, in the following order: ...

2. Work/Food Strike ...

6. Search (Internal) ...

9. Civil Disturbance ...

11. Detainee Transportation System Emergency." *See* ICE PBNDS 2008, Standard, Emergency Plans, Section (V)(E)(2)(6)(9) and (11).

¹³ "The facility program will be supervised by a person who has been trained in accordance with OSHA standards." *See* ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VI).

¹⁴ "Each detainee's identification documents shall be secured in the detainee's A-file." *See* ICE PBNDS 2008, Standard, Admission and Release, Section (V)(A).

¹⁵ "Identity documents, such as passports, birth certificates, driver's licenses, shall be inventoried and given to ICE/DRO staff for placement in the detainee's A-file." *See* ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(5).

¹⁶ "An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." *See* ICE PBNDS 2008, Standard, Admission and Release, Section (V)(E).

CLASSIFICATION SYSTEM (CS)

ODO reviewed the facility's CS program and found all detainee classification files did not have a supervisor review for accuracy and completeness (**Deficiency CS-21¹⁷**). **This is a Repeat Deficiency.**

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's FSC program and found the facility's visitor logbook does not contain the visitor's relationship to the detainee nor the immigration status (**Deficiency FSC-19¹⁸**).

ODO found the facility's post officer does not require visitors to sign their names in the facility's visitor's logbook (**Deficiency FSC-20¹⁹**).

ODO found the facility's post officer does not log the required information on every vehicle entering the facility (**Deficiency FSC-46²⁰**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's FPP program and found the facility's detainee handbook does not notify detainees of the facility's policies and procedures concerning their personal property (**Deficiency FPP-15²¹**).

ODO interviewed the facility's property sergeant, reviewed 12 detainee files, and found the facility stored detainee identity documentation in 12 out of 12 detainee files, instead of turning the identify documentation over to ERO Detroit for inclusion in the detainees' noncitizen files (**Deficiency FPP-23²²**).

¹⁷ "The designated classification supervisor (if the facility has one) or first-line supervisor shall review the intake processing officer's classification files for accuracy and completeness." See ICE PBNDS 2008, Standard Classification System, Section (V)(D).

¹⁸ "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, along with the visitor's relationship to the detainee, immigration status, and address." See ICE PBNDS 2008, Standard Facility Security and Control, Section (V)(C)(1)(b)(3).

¹⁹ "The post officer shall require the visitor to print and sign his or her name in the visitor logbook." See ICE PBNDS 2008, Standard Facility Security and Control, Section (V)(C)(1)(b)(3).

²⁰ "The post officer shall log the following information on every vehicle: tag number, driver's name, firm represented, vehicle contents, date, time in, time out, and facility employee responsible for the vehicle on-site." See ICE PBNDS 2008, Standard Facility Security and Control, Section (V)(C)(2)(b).

²¹ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

- That, upon request, they shall be provided an ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
- The rules for storing or mailing property not allowed in their possession;
- The procedure for claiming property upon release, transfer, or removal;
- The procedures for filing a claim for lost or damaged property;
- Access to detainee personal funds to pay for legal services." See ICE PBNDS 2008, Standard Funds and

Personal Property, Section (V)(C).

²² "Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/DRO official to be a true and correct copy." See ICE PBNDS 2008, Standard Funds and Personal Property, Section (V)(E)(3).

ODO found the on-coming and off-going supervisors do not simultaneously conduct an audit of detainee funds, property envelopes, nor large valuables (**Deficiency FPP-59**²³).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee administrative segregation files, interviewed the facility staff, and found SCCJ did not use the Administrative Segregation Review form (Form I-885) to document the detainee's administrative segregation review in 12 out of 12 files reviewed (**Deficiency SMU-111**²⁴).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility's UOF program, a calculated UOF incident, which occurred on September 21, 2020, and found the facility's UOF team members did not wear the required protective gear (**Deficiency UOFR-66**²⁵). **This is a Repeat Deficiency.**

CARE

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed the facility's SPI program and found the clinical health authority does not review and approve the SPI policy annually, nor did the administrative health authority approve and sign the SPI policy (**Deficiency SPI-1**²⁶).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed the facility's TA program and found the facility's policy limits the duration of detainee legal phone calls to 15 minutes (**Deficiency TA-54**²⁷).

²³ "Where physical custody of, or access to, detainee funds, property envelopes, and large valuables changes with facility shift changes, both on-coming and off-going supervisors shall simultaneously conduct an audit of these items." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

²⁴ "The Administrative Segregation Review (Form I-885) shall be used for the review." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(3)(a).

²⁵ "The technique usually involves [REDACTED]"

[REDACTED] Team members enter the detainee's area together and have coordinated responsibility for achieving immediate control of the detainee." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(3).

²⁶ "Each detention facility shall have a written suicide prevention and intervention program (the "Program") that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and facility administrator and reviewed annually." See ICE PBNDS 2008, Standard, Suicide Prevention and Intervention, Section (V).

²⁷ "A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call at the first available opportunity if desired." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(F)(1).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's GS program and found the SCCJ detainee handbook does not provide the detainee notice of the opportunity to file a complaint about facility staff misconduct, physical or sexual abuse, nor his/her civil rights violations (**Deficiency GS-21**²⁸).

ODO reviewed SCCJ's written grievance procedures via their electronic Kite system and found the facility does not require medical staff respond to medical grievances within 5 working days of receipt (**Deficiency GS-54**²⁹).

ODO reviewed the facility's GS policy's and found the facility does not a procedure in place for a detainee to report their appeal of a formal medical grievance(s) and response(s) to ERO Detroit (**Deficiency GS-64**³⁰).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2008, 1 standard under FPBDS, and found the facility in compliance with 9 of those standards. ODO found 24 deficiencies in the remaining 11 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2008)	FY 2021 (PBNDS 2008)/ FPBDS
Standards Reviewed	17	19/1
Deficient Standards	8	11
Overall Number of Deficiencies	18	24
Repeat Deficiencies	5	3
Areas of Concern	4	0
Corrective Actions	0	0

²⁸ "The facility shall provide each detainee, upon admittance, a copy of the Detainee Handbook / local supplement, in which the grievance section provides notice of:

- The opportunity to file a complaint about staff misconduct, physical or sexual abuse, or civil rights violations at any point directly to the Department of Homeland Security Inspector General by calling (800) 323-8603 or by writing to:

Department of Homeland Security Washington, DC 20528

Attn: Office of the Inspector General"

See ICE PBNDS 2008, Standard, Grievance System, Section (V)(B).

²⁹ "Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(3)(2)(c).

³⁰ "In the case of medical grievances, each facility shall establish procedures for appeal of a denial by medical personnel. ...All appeals of formal medical grievances and responses shall be reported to ICE/DRO." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(D).