



U.S. Department of Homeland Security
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 14-17, 2022

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

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Inspections and Compliance Specialist
Contractor
Contractor
Contractor
Contractor

ODO
ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
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, Michigan, from March 14 to 17, 2022.¹ 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 2007 under the oversight of ERO’s Field Office Director in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.²

ERO has assigned deportation officers to the facility. An SCCJ jail administrator handles daily facility operations and manages [REDACTED] support 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 outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of March 14, 2022)	[REDACTED]
Adult Female Population (as of March 14, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 14 deficiencies in the following areas: Emergency Plans (2); Classification System (1); Facility Security and Control (1); Funds and Personal Property (5); Special Management Units (4); and Staff-Detainee Communication (1).

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

² The modification of the facility’s contract on February 23, 2022, changed its contractually obligated ICE National Detention Standards from Performance-Based National Detention Standards 2008 to NDS 2019.

³ Data Source: ERO Facility List as of March 7, 2021.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.⁵

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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 its 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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	1
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	2

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed three detainees, who each voluntarily agreed to participate while the other seven detainees declined to be interviewed. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services. 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, ODO conducted detainee interviews via telephone.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed 20 facility emergency plans and found in 2 out of 20 plans, no procedures to ensure the safety and security of detainees with disabilities. Specifically, the fire safety and prevention and evacuation plans did not include the procedures (**Deficiency EHS-25⁸**).

ODO interviewed an SCCJ lieutenant, reviewed the facility barber operations, reviewed pictures of where barber operations take place, and could not confirm if the facility had sufficient lighting for barber operations. Specifically, the facility did not provide documentation showing the barbershop area had at least 50-foot candles of light. ODO cites this as an **Area of Concern**.

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed ■ SMU cell check records and found in ■ out of ■ records, facility staff did not consistently observe and log observations at least every 30 minutes on an irregular schedule. The records show staff logged checks between 31 and 51 minutes rather than no more than 30 minutes as required by PBNDS 2008 standards. ODO found the facility did not house any detainees in the SMU since the start of the NDS 2019 contract on March 1, 2022. ODO noted this as an **Area of Concern**.

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility postings and found the facility posted the "Sexual Assault Awareness Information" pamphlet in the housing units. However, the facility does not keep copies on hand to distribute to detainees (**Deficiency SAAPI-52⁹**).

⁸ "Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

⁹ "ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a "Sexual Assault Awareness Information" pamphlet to be distributed." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found two deficiencies in the remaining two standards. ODO commends facility staff members for their responsiveness during this inspection and recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of SCCJ in August 2021.

Compliance Inspection Results Compared	FY 2021 (PBND 2008)	FY 2022 (NDS 2019)
Standards Reviewed	15	19
Deficient Standards	6	2
Overall Number of Deficiencies	14	2
Repeat Deficiencies	7	0
Areas Of Concern	1	2
Corrective Actions	0	0
Facility Rating	N/A	Superior