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**Office of Detention Oversight
Unannounced Compliance Inspection
2024-001-279**

**Enforcement and Removal Operations
ERO Detroit Field Office**

**Saint Clair County Jail
Port Huron, Michigan**

April 2-4, 2024

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

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced compliance inspection of the Saint Clair County Jail (SCCJ) in Port Huron, Michigan, from April 2 to 4, 2024.¹ 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.

[REDACTED] An SCCJ jail administrator handles daily facility operations and manages [REDACTED] support personnel. Aramark provides food services, YesCare Health provides medical care, and Aramark provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of April 2, 2024)	[REDACTED]
Adult Female Population (as of April 2, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2023, ODO found 19 deficiencies in the following areas: Admission and Release (1); Custody Classification System (1); Detainee Handbook (1); Environmental Health and Safety (2); Medical Care (2); Recreation (1); Sexual Abuse and Assault Prevention and Intervention (8); Transportation by Land (1); and Visitation (2).

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 Custody Management Division Authorized Facility List as of April 1, 2024.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	1
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	1
Part 4 - Care	
Food Service	1
Hunger Strikes	0
Medical Care	2
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	2
Sub-Total	5
Part 5 - Activities	
Correspondence and Other Mail	2
Religious Practices	0
Telephone Access	0
Voluntary Work Program	3
Sub-Total	5
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	1
Sub-Total	1
Part 7 - Administration and Management	

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	12

DETAINEE RELATIONS

ODO interviewed 14 detainees, who each voluntarily agreed to participate. ODO attempted to interview an additional 16 detainees; however, they all declined to be interviewed. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated he had thoughts of self-harm. ODO immediately stopped the interview and informed facility staff who in turn alerted facility mental health services.

- Action Taken: ODO followed up with the facility’s medical staff and confirmed the staff’s referral and evaluation procedures and processes. On April 2, 2024, during the detainee’s initial assessment, the detainee verbally threatened the behavior health clinician (BHC) and harmed himself by banging his head against the door, which caused a gash. On April 3, 2024, a BHC assessed the detainee and noted the following, “Overnight the client (detainee) seemed to have calmed down and was cooperative with another BHC. However, the client could not disclose why he chose this behavior. Presently, the client verbally denies suicidal and homicidal ideations and self-injury. He reported that he would like to go back to his cell where he can pray and talk with people in the pod that support him. Clinician believes there is a possible risk, noting that he used self-injury, yet unable to express why.” [sic] On April 4, 2024, ODO confirmed a mental health clinician reevaluated the detainee, released him back to his dorm, and confirmed the detainee knew how to submit a sick call request. The staff moved the detainee down to the lower level of the dorm. ODO suggested ERO Detroit work with the facility to provide counseling for the detainee; however, the counseling did not happen due to ERO Detroit deporting the detainee on May 8, 2024.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed a facility sergeant and found a barber contractor provided weekly barbering services to detainees; however, the contractor charged \$17 per hair cut for detainees and offered no accommodations for indigent detainees. Though the NDS 2019 EHS standard does not specifically address haircut pricing for the indigent, ODO cited this issue as an **Area of Concern**.

SECURITY

POST ORDERS (PO)

ODO reviewed the PO for the facility's two armed posts (transfer officer and transfer sergeant) and found the PO did not describe nor explain the proper care and safe handling of firearms nor the circumstances and conditions to authorize the use of firearms (**Deficiency PO-10⁸**).

CARE

FOOD SERVICE (FS)

ODO interviewed facility staff and found the facility administrator did not consult with ERO Detroit when the facility denied the detainee's request for participation in the religious diet program on March 22, 2024 (**Deficiency FS-56⁹**).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] of out [REDACTED] records, [REDACTED] detainee received a reading of the tuberculosis (TB) skin test results before the minimum 48-hour time requirement and the other [REDACTED] detainees did not receive their initial TB screening until 7 days after their arrival at SCCJ (**Deficiency MC-18¹⁰**). **This is a priority component.**

ODO reviewed the medical records of [REDACTED] detainees prescribed psychotropic medications and found in [REDACTED] out of [REDACTED] records, medical staff did not obtain separate documented informed-consent forms that included a description of the medication's side effects prior to administering (**Deficiency MC-93¹¹**). **This is a repeat deficiency and a priority component.**

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed 6 suicide watch logs for detainees placed on suicide watch during the inspection period and found in 4 out of 6 logs, 41 instances where facility staff documented monitoring of the

⁸ "Post orders for armed and perimeter-access post assignments will, among other things, describe and explain: ...

1. The proper care and safe handling of firearms; and
2. Circumstances and conditions when use of firearms is authorized."

See ICE NDS 2019, Standard, Post Orders, Section (II)(D)(1-2).

⁹ "When considering denying a request by a detainee to participate in the religious diet program, or removal of a detainee from the religious diet program, the facility administrator, or his or her designee, shall consult with ICE/ERO prior to denying the request or prior to removing a detainee from the program." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(1).

¹⁰ "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

¹¹ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

detainees between 16 and 32 minutes (**Deficiency SSHSPI-21**¹²). **This is a priority component.**

ODO reviewed the medical records of █ detainees on suicide watch and found in █ out of █ records, facility staff placed the detainee on suicide watch on September 30, 2023, and did not conduct a welfare check until October 1, 2023, 10 hours after the previous check (**Deficiency SSHSPI-22**¹³).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility-specific handbook and found facility staff neither informed detainees of the facility mailing address nor provided specified instructions for addressing envelopes (**Deficiency COM-3**¹⁴).

ODO reviewed the facility-specific handbook and found no instructions for addressing outgoing mail (**Deficiency COM-4**¹⁵).

VOLUNTARY WORK PROGRAM (VWP)

ODO interviewed the facility staff, reviewed █ detainee detention files, and found in █ out of █ files, the detainees did not receive monetary compensation for volunteer work completed (**Deficiency VWP-10**¹⁶).

ODO interviewed facility staff, reviewed █ detainee detention files, and found in █ out of █ files, the detainees worked voluntary work assignments without first signing a voluntary work program agreement (**Deficiency VWP-18**¹⁷).

ODO interviewed facility staff, reviewed █ detainee detention files, and found in █ out of █ files, the facility did not place voluntary work agreements into detainees' detention files nor in retrievable electronic records (**Deficiency VWP-20**¹⁸).

¹² “The monitoring must be documented every 15 minutes or more frequently if necessary.” *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

¹³ “A mental health provider will perform welfare checks every 8 hours.” *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

¹⁴ “At a minimum, the notification shall specify: ...

1. That a detainee may receive mail, the mailing address of the facility, and instructions on how envelopes should be addressed;”

See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(1).

¹⁵ “At a minimum, the notification shall specify: ...

2. That a detainee may send mail, the procedure for sending mail, and instructions on how outgoing mail must be addressed;”

See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(2).

¹⁶ “Detainees shall receive monetary compensation of not less than \$1.00 per day for work completed in accordance with the facility’s standard policy.” *See* ICE NDS 2019, Standard, Voluntary Work Program, Section (II)(H).

¹⁷ “The detainee shall undertake no assignment before signing a voluntary work program agreement.” *See* ICE NDS 2019, Standard, Voluntary Work Program, Section (II)(K)(1).

¹⁸ “This agreement will be placed in the detainee’s detention file or retrievable electronic record.” *See* ICE NDS 2019, Standard, Voluntary Work Program, Section (II)(K)(1).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIAL (LLLM)

ODO interviewed facility staff and confirmed the facility does not provide copying paper for detainees in preparation for their legal proceedings (**Deficiency LLLM-3**).¹⁹ **This is a priority component.**

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility's compliance with 24 standards under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found 12 deficiencies in the remaining 7 standards. Since SCCJ's last full inspection in March 2023, the facility's overall compliance has trended upward. SCCJ went from 9 deficient standards and 19 deficiencies in March 2023 to 7 deficient standards and 12 deficiencies during this most recent inspection. However, the facility's priority component deficiencies increased from three to four during this inspection. ODO did not review the LLLM standard during the March 2023 inspection as it was not an FY 2023 core standard, and this standard accounted for 1 priority component deficiency during this inspection. ODO identified two additional priority component deficiencies and one repeat deficiency in the MC standard and a fourth priority component deficiency in the SSHSPI standard. ODO received the facility's completed UCAP for its last inspection of SCCJ in August 2023 which resolved some previous deficiencies cited by ODO. ODO recommends ERO Detroit continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	19	24
Deficient Standards	9	7
Overall Number of Deficiencies	19	12
Priority Component Deficiencies	3	4
Repeat Deficiencies	5	1
Areas Of Concern	2	1
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate. ²⁰

¹⁹ "The law library shall provide the following to enable detainees to prepare documents and conduct research for legal proceedings: ...

4. Writing implements and paper."

See ICE NDS 2019, Standard, Law Libraries and Legal Material, Section (II)(B)(4).

²⁰ ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as "Good" will have no more than 10 deficiencies or 3 or less priority component deficiencies.