

Condition of Confinement Review Worksheet

(This document must be attached to each G-324a Inspection Form)

This Form to be used for Inspections of all IGSA Facilities Used over 72 Hours



Field Office Detention Review Worksheet

- ☒ Local Jail – IGSA
☐ State Facility – IGSA
☐ ICE Contract Detention Facility

Name
THE ST. CLAIR CLAIR COUNTY INTERVENTION CENTER
Address (Street and Name)
1170 MICHIGAN
City, State and Zip Code
PORT HURON TOWNSHIP, MI 48060
County
ST. CLAIR
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
(b)(6), (b)(7)c
Name and title of Reviewer-In-Charge
(b)(6), (b)(7)c IMMIGRATION ENFORCEMENT AGENT
Date[s] of Review
8/12/06, 8/21/06
Type of Review
<input type="checkbox"/> Headquarters <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Special Assessment <input type="checkbox"/> Other