



October 3, 2019

TO: [REDACTED]  
Assistant Director for Detention Management

FROM: [REDACTED]  
Lead Compliance Inspector  
The Nakamoto Group, Inc.

SUBJECT: **Annual Detention Inspection of the Seneca County Jail**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE National Detention Standards (NDS) of the Seneca County Jail in Tiffin, Ohio during the period of October 1-3, 2019. This is an IGSA facility.

The inspection was performed under the guidance of [REDACTED], Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Detainee Rights	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]

### **Type of Inspection**

This is a scheduled annual inspection which is performed to determine overall compliance with the ICE NDS for Over 72 hour facilities. The facility received a previous rating of Acceptable during the October 2018 inspection.

### **Inspection Summary**

The Seneca County Jail is currently accredited by:

- The American Correctional Association (ACA) - No
- The National Commission on Correctional Health Care (NCCHC) - No
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - No

### **Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2018 and 2019 annual inspections:

<i><b>2018 Annual Inspection</b></i>	
Acceptable	38
Deficient	0
Repeat Finding	0
Not Applicable	1

<i><b>2019 Annual Inspection</b></i>	
Acceptable	33
Deficient	3
Repeat Finding	0
Not Applicable	3

The inspection team identified forty-one (41) deficient components in the following nineteen (19) standards:

- Admission and Release – 1
- Classification - 1
- Detainee Handbook - 3
- Food Service – 2
- Issuance and Exchange of Clothing, Bedding and Towels – 1
- Recreation – 2, one of which is a repeat deficiency
- Access to Medical Care – 2
- Detention Files – 1
- Disciplinary Policy – 1
- Environmental Health and Safety – 4
- Hold Rooms – 2
- Key and Lock Control – 7, one of which is a repeat deficiency
- Population Counts - 1
- Security Inspections - 1
- Special Management Unit (Administrative Segregation) – 2
- Special Management Unit (Disciplinary Segregation) – 2
- Tool Control - 1
- Staff Detainee Communication – 4, three of which are repeat deficiencies
- Sexual Abuse and Assault Prevention and Intervention – 3

### **Facility Snapshot/Description**

The Seneca County Jail (SCJ) is owned by Seneca County and operates under the jurisdiction of the Seneca County Sheriff’s Office. The facility opened in 1994. The jail houses all custody levels of male and female ICE detainees, as well as, Cuyahoga County and Seneca County inmates. The facility does not house juveniles. [REDACTED]

[REDACTED] The facility uses boat beds to house overflow population. There were no detainees sleeping on boat beds during the inspection. However, the team was advised that ICE detainees have slept in boat beds during the inspection period. According to the facility ICE liaison officer, no detainee has been assigned to a boat bed longer than fifteen days in a row. [REDACTED]

The facility is a multi-story building with a secure perimeter comprised of exterior building walls and sections of a twelve-foot chain link fence supplemented by razor ribbon at the top. The perimeter is under camera surveillance and is continuously monitored by county dispatchers and/or central control officers. The perimeter



road is patrolled 24 hours a day by armed officers. All exterior door egress is controlled by central control officers.

The jail consists of eight separate housing units. ICE detainees are housed with non-ICE detainees who have compatible custody levels. Five of the housing units/wings range in size from eight to sixteen cells each with two beds. The remaining three housing units are dormitory style settings ranging from twenty-six to sixty beds. Housing units are managed by direct supervision or roving officers. Both indoor and outdoor recreation is provided to general population and administrative segregation status detainees at least five days a week. Disciplinary segregation status detainees receive one hour out of cell time, five days a week.

Each housing unit dayroom is equipped with tables, chairs, television, telephone banks and a sufficient number of showers and wash basins. General population housing units are equipped with electronic tablets which detainees may checkout by entering a personal access code. The use of the tablet is timed. Current tablet capabilities include commissary ordering and email/messaging services. ICE detainees may participate in programming options which include drug and alcohol counselling and educational classes. Housing units were relaxed, orderly and free of any perceived tension. Communication between staff and detainees was informal yet respectful.

The inspection team spoke to each detainee and interviewed all detainees who volunteered to speak to an inspector. Formal interviews were conducted using the language line and/or in a confidential setting. When questioned about admission physicals, four female detainees stated that each had received a physical within fourteen days. However, each detainee stated “that her physical was conducted in the hallway of the housing unit”. The only substantive concern was regarding communication with ICE officers. Detainees stated that they did not have interaction with ICE officers. However, without exception, each detainee stated that “the facility ICE liaison officer answers their questions.” The ICE liaison officer interacts with ICE detainees daily and is aware of their concerns and histories. Each detainee stated that “he/she felt safe.” Sanitation was observed to be average, with the exception of the housing units equipped with boat beds. Those housing units were cluttered and minimized dayroom space.

Food, medical and maintenance services are provided by Seneca County employees. There is no medical co-pay for medical services.

### **Areas of Concern/Significant Observations**

There were three standards rated as Deficient by the inspection team:

#### **Key and Lock Control**

**Policy:** It is the policy of the ICE Service to maintain an efficient system for the use, accountability and maintenance of all keys and locks.

**Findings:** The maintenance supervisor services and repairs locks throughout the facility. He has not attended an approved locksmith training program. The master key inventory was matched to seven separate sets of security key rings and six of those key rings did not have the same number and/or type of key as noted on the inventory. The facility does not maintain an inventory on locks and locking devices. While touring the special management unit and one ICE housing unit, thumb turn locks, which are not authorized by the standard for use in detainee accessible areas, were observed installed on supply closet doors. A random number of key rings was inspected and found that keys could be removed from the key ring and key tags did not properly identify the name of the key ring. Emergency keys failed to provide access to all areas of the facility, including the medical services exam room and one ICE detainee housing unit



entrance door. The Key Control policy does not include a chit system or other standard system for the issuance and accountability of keys as required by the standard. The Key Control policy requires officers to sign keys in and out on a key issuance form. This requirement is not being followed by officers.

**Recommendations:** Implement a key accountability procedure that includes maintaining accurate inventories of keys, locks and locking devices; secure keys rings so that keys may not be removed; follow a standard system for the issuance of keys; eliminate the use of unauthorized locks in detainee accessible areas; and schedule the security officer to attend an approved locksmith training program.

### **Access to Medical Care**

**Component** – The health care provider physically examines/assesses arriving detainees within fourteen days of admission/arrival at the facility.

**Findings:** Review of detainee medical records revealed two detainees did not have physical examinations completed. Thirteen of twenty-nine physical examinations were performed by an LPN. Six examinations were not signed by the examiner. The standard stipulates that this examination be done in accordance with NCCHC standards. These standards call for the physicals to be performed by a physician, mid-level provider or RN. Additionally, the physical examination form indicates that breast and genitalia examinations are performed but there is no indication of use of a chaperone when these are performed by opposite sex examiner. Review of sick call encounters revealed that nurse sick call is conducted by the LPNs without the use of standing orders, protocols or flow sheets. The LPNs are prescribing medication for ailments without a diagnosis or prescriber order. This is outside their scope of practice, jeopardizes the well-being of detainees and does not provide an accreditation worthy health program.

**Recommendation:** LPNs that conduct sick call must use physician generated protocols, standing orders or flow sheets if they are to prescribe medication. Procedures should be developed and implemented to ensure that physical examinations are completed in a timely and appropriate manner by medical staff in accordance with NCCHC standards.

### **Staff/Detainee Communications**

**Policy:** Procedures must be in place to allow for formal and informal contact between key facility staff and ICE staff and ICE detainees to permit detainees to make written requests to ICE staff and receive an answer in an acceptable time frame.

**Findings:** Weekly announced and unannounced visits have not occurred consistently during the inspection period. There was no documentation to confirm weekly visits before May 2019. Visiting detention officers do not consistently observe and note current climate and conditions of confinement. During the inspection period, fourteen visits were documented. There was no documentation to confirm that ICE officers respond to a detainee request within 72 hours. According to the ICE officers, the ICE drop box is emptied every Tuesday. There was no record of detainee written request follow up by ICE officers.

**Recommendation:** Visiting ICE officers should document weekly visits and document the weekly climate and conditions of confinement. ICE officers should document detainee requests and follow up according to standard requirements.

A detainee's first medical contact is with an LPN, who is conducting the physicals. Standards of care from that point forward are moot. Inspection of key control confirmed that Security keys could be anywhere, and in the hands of any detainee or inmate, because they do not account for them. Detainees would not be able to get out of every housing unit in case of a fire or other evacuation emergency because



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the emergency keys don't get them into to every housing unit. Detainees do not have access to ICE for questions or resolution of issues.

### **Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of Deficient. Three standards were found Deficient and three (3) standards were Not Applicable (N/A). All remaining thirty-three (33) standards were found to be in compliance.

### **LCI Assurance Statement**

The findings of compliance and non-compliance are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – [REDACTED]
- Facility Staff – [REDACTED]

[REDACTED]

[REDACTED], Lead Compliance Inspector

October 3, 2019

Printed Name of LCI

Date