A. Type of Facility Reviewed
☐ ICE Service Processing Center
☐ ICE Contract Detention Facility
☒ ICE Intergovernmental Service Agreement

B. Current Inspection
Type of Inspection
☐ Field Office  ☒ HQ Inspection
Date[s] of Facility Review
10/2/2018 - 10/4/2018

C. Previous/Most Recent Facility Review
Date[s] of Last Facility Review
10/3/2017 - 10/5/2017
Previous Rating
☐ Superior  ☒ Good  ☐ Acceptable  ☐ Deficient  ☐ At-Risk

D. Name and Location of Facility
Name
Seneca County Jail
Address (Street and Name)
3040 South State Route 100
City, State and Zip Code
Tiffin, OH 44883
County
Seneca
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)

Telephone # (Include Area Code)

Field Office / Sub-Office (List Office with oversight responsibilities)
Detroit
Distance from Field Office
100 miles

E. ICE Information
Name of Inspector (Last Name, Title and Duty Station)
/ LCI / Detainee Rights SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Medical SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Safety SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Security SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Medical SME / Nakamoto Group

F. CDF/IGSA Information Only
Contract Number
Date of Contract or IGSA
Basic Rates per Man-Day
Other Charges: (If None, Indicate N/A)

G. Accreditation Certificates
List all State or National Accreditation[s] received:
☐ Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)
☐ The Facility is under Court Order or Class Action Finding
☐ Court Order  ☐ Class Action Order
☐ The Facility has Significant Litigation Pending
☐ Major Litigation  ☐ Life/Safety Issues
☐ Check if None.

I. Facility History
Date Built
Date Last Remodeled or Upgraded
Date New Construction / Bed space Added
Future Construction Planned
☐ ☑ ☐ ☑ Date:
Current Bed space
Future Bed space (# New Beds only)
Number:
Date:

J. Total Facility Population
Total Facility Intake for previous 12 months
Total ICE Man-days for Previous 12 months

K. Classification Level (ICE SPCs and CDFs Only)
<table>
<thead>
<tr>
<th></th>
<th>L-1</th>
<th>L-2</th>
<th>L-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Male</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Adult Female</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

L. Facility Capacity
Rated  Operational  Emergency

M. Average Daily Population
ICE  USMS  Other

N. Facility Staffing Level
Security:  Support:

Estimated Man-days Per Year:
For Nakamoto to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE detainees at your facility.

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault: Offenders on Offenders¹</td>
<td>Types (Sexual², Physical, etc.)</td>
<td>2/P</td>
<td>N/A</td>
<td>1/P</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>With Weapon</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Without Weapon</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Assault: Detainee on Staff¹</td>
<td>Types (Sexual Physical, etc.)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>With Weapon</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Without Weapon</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of Forced Moves, incl. Forced Cell moves³</td>
<td>Number/Reason (M=Medical, V=Violent Behavior, O=Other)</td>
<td>1/V</td>
<td>0</td>
<td>0</td>
<td>2/V</td>
</tr>
<tr>
<td>Disturbances</td>
<td>Type (C=Chair, B=Bed, BB=Board, O=Other)</td>
<td>C</td>
<td>N/A</td>
<td>N/A</td>
<td>C</td>
</tr>
<tr>
<td>Number of Times Chemical Agents Used</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of Times Special Reaction Team Deployed/Used</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># Times Four/Five Point Restraints applied/used</td>
<td></td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Offender / Detainee Medical Referrals as a result of injuries sustained.</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Escapes</td>
<td>Attempted</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Actual</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grievances:</td>
<td># Received</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td># Resolved in favor of Offender/Detainee</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deaths</td>
<td>Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric / Medical Referrals</td>
<td># Medical Cases referred for Outside Care</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td># Psychiatric Cases referred for Outside Care</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

¹ Any attempted physical contact or physical contact that involves two or more offenders
² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting
³ Routine transportation of detainees/offenders is not considered “forced”
⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large-scale incidents.
### DHS/ICE Detention Standards Review Summary Report

<table>
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<tr>
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#### Legal Access Standards

1. Access to Legal Materials
2. Group Presentations on Legal Rights
3. Visitation
4. Telephone Access

#### Detainee Services

5. Admission and Release
6. Classification System
7. Correspondence and Other Mail
8. Detainee Handbook
9. Food Service
10. Funds and Personal Property
11. Detainee Grievance Procedures
12. Issuance and Exchange of Clothing, Bedding, and Towels
13. Marriage Requests
14. Non-Medical Emergency Escorted Trip
15. Recreation
16. Religious Practices
17. Voluntary Work Program

#### Health Services

18. Hunger Strikes
19. Medical Care
20. Suicide Prevention and Intervention
21. Terminal Illness, Advanced Directives and Death

#### Security and Control

22. Contraband
23. Detention Files
24. Disciplinary Policy
25. Emergency Plans
26. Environmental Health and Safety
27. Hold Rooms in Detention Facilities
28. Key and Lock Control
29. Population Counts
30. Post Orders
31. Security Inspections
32. Special Management Units (Administrative Segregation)
33. Special Management Units (Disciplinary Segregation)
34. Tool Control
35. Transportation (Land management)
36. Use of Force
37. Staff / Detainee Communication (Added August 2003)
38. Detainee Transfer (Added September 2004)

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.
LCA Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name)  
Signature  
Title & Duty Location  
Date  
Lead Compliance Inspector, The Nakamoto Group, Inc.  
10/4/2018

Team Members

<table>
<thead>
<tr>
<th>Print Name, Title, &amp; Duty Location</th>
<th>Print Name, Title, &amp; Duty Location</th>
</tr>
</thead>
</table>

Recommended Rating:  
☐ Superior  
☐ Good  
☒ Acceptable  
☐ Deficient  
☐ At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection, but is not referenced in the Detention Standards Review Summary Report. The standard was rated as Meets Standard for this inspection.

The Significant Summary Worksheet Summary represents data on ICE detainee only, per the ICE liaison officer. There were no deaths, serious suicide attempts, sexual abuse or assault allegations, hunger strikes or escapes involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

During this inspection period there were three immediate uses of force incidents involving ICE detainees. Two of the incidents resulted in placement in the restraint chair. All documentation concerning these incidents were examined by this inspector. Reviews indicated proper and timely medical attention was delivered and a post-incident review was conducted by the sheriff and his review team, who concluded the use of force was appropriate, necessary and not excessive. There were no substantive injuries in any of these incidents.

The facility does have Tasers. The facility does have a restraint chair. Four/five-point restraints are not used at the facility. The facility does not have a canine unit. The only chemical agent approved for use is oleoresin capsicum (OC)/pepper spray. The facility does not use or train staff in unsafe types of restraint.