



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up/Interim Compliance Inspection**

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

**Seneca County Jail
Tiffin, Ohio**

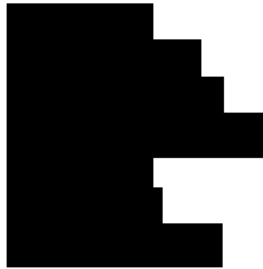
May 10-12, 2022

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION
of the
SENECA COUNTY JAIL
Tiffin, Ohio

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FOLLOW-UP/INTERIM COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Assistant Team Lead	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up/interim compliance inspection of the Seneca County Jail (SCJ) in Tiffin, Ohio, from May 10 to 12, 2022.¹ The facility opened in 1994 and is owned and operated by the County of Seneca. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCJ in 1996 under the oversight of ERO’s Field Office Director in Detroit (ERO Detroit). The facility now operates under the National Detention Standards (NDS) 2019.²

ERO has no staff assigned to the facility. An SCJ captain handles daily facility operations and manages [REDACTED] support personnel. SCJ facility staff provides food services and medical care, and Stellar Services 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 ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of May 9, 2022)	[REDACTED]
Adult Female Population (as of May 9, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found five deficiencies in the following areas: Environmental Health and Safety (3); Emergency Plans (1); and Use of Force (1).

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

² In April 2022, the facility executed a contract modification, changing from NDS 2000 to NDS 2019.

³ Data Source: ERO Facility List as of May 9, 2022.

⁴ *Ibid.*

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

Follow-Up/Interim Compliance Inspections focus on facilities that changed their contractually required ICE National Detention Standards (i.e., from NDS 2000 to NDS 2019) following their first ODO inspection of the FY. ODO will conduct a complete review of several core standards, in accordance with the facility's new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	5
Sub-Total	5
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Unit	0
Use of force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	2
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	7

⁵ For greater detail on ODO's findings, see the *Follow-up/Interim Inspection Findings* section of this report.

⁶ 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 17 detainees, who each voluntarily agreed to participate. Connectivity limitations with the facility's land-line telephones and poor cellular telephone reception prevented ODO from fully using the language line services, resulting in ODO interviewing only 17 out of a possible 34 detainees. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with the facility.

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility, interviewed facility staff, and found the facility did not ensure every area kept a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Specifically, the janitorial closet located near the staff training room did not contain a perpetual inventory of the chemicals in storage (**Deficiency EHS-3⁷**).

ODO toured the facility, interviewed facility staff, and found the facility did not maintain inventory records for each substance. Specifically, the janitorial closet located near the staff training room did not have inventory records of the chemicals in storage (**Deficiency EHS-4⁸**).

ODO toured the facility, interviewed facility staff, and found the facility did not ensure the keeping of current inventory of hazardous substances, before, during, and after each use. Specifically, the janitorial closet located near the staff training room did not have inventory records of the chemicals in storage (**Deficiency EHS-16⁹**).

ODO reviewed the facility's emergency plans, interviewed facility staff, and found the facility did not have procedures for the safety and security of detainees with disabilities during an emergency response (**Deficiency EHS-25¹⁰**).

ODO toured the facility, interviewed facility staff, and found the facility did not comply with the standards and regulations issued by the National Fire Protection Association. Specifically, the food service department did not have ground fault circuit interrupters on the outlets located within 6 feet of a water source (**Deficiency EHS-33¹¹**).

⁷ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹⁰ "The facility will develop written plans and procedures for handling emergency situations reasonably likely to occur. 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).

¹¹ "The facility will comply with standards and regulations issued by the National Fire Protection Association

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO observed the facility's UOFR program, interviewed facility staff, and found the facility did not possess protective gear for staff to participate in any use-of-force (UOF) incidents. However, since SCJ did not have record of an UOF incident, ODO cited this as an **Area of Concern**.

CARE

MEDICAL CARE (MC)

ODO observed the facility's MC program, interviewed the nurse supervisor, and found the facility did not use licensed nurses to conduct pill delivery on the weekends. Specifically, a licensed nurse repackaged the medication into an envelope labeled with the detainee's name and then stored the marked envelopes in a secure cabinet until the officers distributed the medication to detainees by name. Transferring medication from the pharmacy-labeled prescription packet into an envelope eliminates proper identification of the medication as required by state law and/or regulations (**Deficiency MC-65**¹²).

ODO observed the facility's MC program, interviewed the nurse supervisor, and found the facility did not establish a written plan to address exposure to bloodborne pathogens and post-exposure intervention, including prophylactic administration of medication, as appropriate (**Deficiency MC-74**¹³).

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 seven deficiencies in the remaining two standards and cited one **Area of Concern**. ODO recommends ERO Detroit work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of SCJ in November 2021.

(NFPA)." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

¹² "In facilities that are not medically staffed 24 hours a day, can medication be distributed, consistent with state law and/or regulations, by detention officers who have received proper training, but only when medication must be delivered at a specific time when medical staff is not on duty" See ICE NDS 2019, Standard, Medical Care, Section (II)(L).

¹³ "The facility shall establish a written plan to address exposure to bloodborne pathogens and post-exposure intervention, including prophylactic administration of medication, as appropriate and according to facility policies; the management of hepatitis A, B, and C; and the management of HIV infection, including reporting." See ICE NDS 2019, Standard, Medical Care, Section (II)(N).

Compliance Inspection Results Compared	First FY 2022 (NDS 2000) / PBNS 2011 (Revised 2016)	Second FY 2022 (NDS 2019)
Standards Reviewed	20/1	19
Deficient Standards	3	2
Overall Number of Deficiencies	5	7
Repeat Deficiencies	2	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Superior	N/A