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ICE Inspections
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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2023-002-133

Enforcement and Removal Operations
ERO Detroit Field Office

Seneca County Jail
Tiffin, Ohio

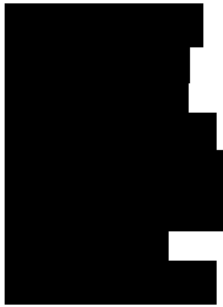
May 2-4, 2023

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

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UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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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 follow-up compliance inspection of the Seneca County Jail (SCJ) in Tiffin, Ohio, from May 2 to 4, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of SCJ from October 25 to 27, 2022. The facility opened in 1994 and is owned by Seneca County and operated by the Seneca County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCJ in 2003 under the oversight of ERO’s Field Office Director in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.

ERO deportation officers are not assigned full time to the facility but conduct weekly scheduled visits on Tuesdays, from 12 p.m. to 2 p.m., in addition to unscheduled visits during the week. ERO has temporarily assigned a detention service manager (DSM) part-time to the facility and the DSM is on-site 2 weeks per month. An SCJ jail administrator handles daily facility operations and manages ■ support personnel. Seneca County 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 ²	■
Average ICE Population ³	■
Adult Male Population (as of May 2, 2023)	■
Adult Female Population (as of May 2, 2023)	■

During its last full inspection, in Fiscal Year (FY) 2023, ODO found five deficiencies in the following areas: Correspondence and Other Mail (2); Disability Identification, Assessment, and Accommodation (1); Recreation (1); and Transportation by Land (1).

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

² Data Source: ERO Facility List as of May 8, 2023.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP 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.⁴

While unannounced follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, 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. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	2
Transportation by Land	0
Sub-Total	2
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	1
Staff-Detainee Communication	0
Sub-Total	1
Part 4 - Care	
Food Service	0
Medical Care	4
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	6
Part 5 - Activities	
Correspondence and Other Mail	4
Recreation	0
Sub-Total	4
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	13

⁵ For greater detail on ODO's findings, see the *Unannounced Follow-Up Compliance 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 five detainees, who each voluntarily agreed to participate. The remaining 29 detainees declined ODO's request to be interviewed. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Disability Identification, Assessment, and Accommodation: One detainee stated he had nightmares and trouble sleeping due to concerns of falling off the top bunk bed.

- Action Taken: ODO interviewed the SCJ Health Services Administrator (HSA), reviewed the detainee's medical record, and confirmed completion of the detainee's initial medical screening on March 21, 2023. The detainee did not report any issues or concerns with fear of falling off the top bunk bed nor had he submitted any sick call requests pertaining to that issue. The HSA also informed ODO the detainee did not meet the criteria for a lower bunk bed for medical reasons, but the detainee may submit a sick call request to speak with an SCJ mental health provider about the nightmares and his fear of falling off the top bunk bed. On May 3, 2023, facility staff advised the detainee to submit a sick call request to the SCJ mental health counselor and stated he understood the response from the SCJ medical staff.

Medical Care: One detainee stated he had an amputated right toe and had special shoes in his personal property, allowing for better mobility, but facility staff did not allow him to get his special shoes from his personal property.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical record, and confirmed he informed staff of his diabetes and amputated right toe during his physical exam on April 7, 2023. On May 3, 2023, the HSA met with the detainee, assisted the detainee with retrieving his shoes from his personal property, and allowed him to wear his shoes located in his personal property after inspection by ERO Detroit.

Medical Care: One detainee stated he had not received treatment for tooth pain on the lower right side of his mouth and for an ingrown toenail on his right foot.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical record, and confirmed the detainee arrived on April 7, 2023. On April 8, 2023, the detainee received a general dental exam with no complaints of dental pain. Between April 13, 2023, to May 1, 2023, the detainee submitted multiple sick call requests for tooth pain on the lower right side of his mouth. Medical staff examined the detainee between 1 and 2 days after receiving his requests and prescribed Orajel medication, an oral rinse, and an antibiotic, twice per day for 10 days. On April 14, 2023, medical staff examined the detainee's tooth and referred him to an off-site dentist. On April 18, 2023, medical staff submitted an authorization request to ICE Health Service Corps (IHSC) and informed the detainee of the off-site dental referral and that it may take some time to locate a local dentist. On May 3, 2023, IHSC approved the authorization for the dentist,

and medical staff notified ERO Detroit, scheduled the appointment for May 9, 2023, and notified the detainee of the approval to see the off-site dentist.

On April 24, 2023, the detainee submitted a sick call request for pain on his right foot, and medical staff examined him on April 25, 2023. Medical staff found the detainee had an in-grown toenail on his right foot and informed him the facility did not have the resources to remove the toenail, but SCJ staff would try to locate an off-site podiatrist to treat his toe. On May 9, 2023, the HSA informed the detainee of the staff's ongoing effort to locate an off-site podiatrist, but later in the day, facility staff released the detainee from the facility to ERO Detroit's custody, and ERO Detroit returned him to his home country.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the HSA, observed the storage of two biohazardous waste containers with the biohazard symbol, and found facility staff stored hazardous and infectious waste containers under desks in the SCJ medical examination rooms, instead of in a location marked for proper removal and disposal (**Deficiency EHS-54⁷**).

ODO interviewed the HSA, observed the storage of two biohazardous waste containers labeled with the biohazard symbol, and found the facility staff stored the containers unsecured under desks in the SCJ medical examination rooms, without proper identification of hazards and protection from pests, and not placed in the proper area for removal and disposal (**Deficiency EHS-70⁸**).

SECURITY

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed 12 detainee disciplinary segregation files, interviewed the SCJ ICE liaison officer, and found in 2 out of 12 files, no documented evaluation conducted by a health care professional

⁷ “The container will be labeled with the words “infectious waste,” or with the universal biohazard symbol, and placed in the proper area for removal and disposal. Sharps will be considered infectious waste and final disposal of the container and contents will be through a commercial contractor that handles disposal of infectious waste in accordance with all local and federal regulations.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(b)(1).

⁸ “Infectious and hazardous waste generated at a medical facility will be stored and disposed of safely and in accordance with all applicable federal and state regulations.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(4).

prior to the detainees' placement in SMU (**Deficiency SMU-87⁹**). **This is a priority component.**

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, █ detainees received tuberculosis screenings between 13 and 19 days after their arrival instead of within 72 hours of arrival and prior to placement in the general population (**Deficiency MC-18¹⁰**). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, SCJ conducted and documented a comprehensive health assessment, including a physical examination and mental health screening, 19 days after the detainee's arrival instead of within the required 14 days (**Deficiency MC-27¹¹**). **This is a priority component.**

ODO reviewed █ medical and █ SCJ detention staff training records and found the facility did not train detention nor medical staff to respond to health-related emergencies within a 4-minute response time. In addition, ODO found in 10 out of 25 detention staff training records, no current cardiopulmonary resuscitation certifications (**Deficiency MC-57¹²**). **This is a priority component.**

ODO reviewed three detainee medical records for prescribed psychotropic medications and found in three out of three records, no separate documented informed consent form with a description of the medication's side effects prior to administering the medication to the detainee (**Deficiency MC-93¹³**). **This is a priority component.**

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

ODO reviewed 25 SCJ staff training records and found SCJ staff did not receive comprehensive suicide prevention training during orientation nor during refresher training at least annually

⁹ "Detainees must be evaluated by a health care professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement)." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

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 "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹² "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

¹³ "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).

(Deficiency SSHSPI-2¹⁴). This is a priority component.

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO observed documents posted in the SCJ medical unit and found an older version of the OIG poster with the incorrect address and no DRIL posters displayed in the medical unit required by ERO Detroit for detainee awareness. Additionally, ODO toured the SCJ housing units and processing area and found SCJ did not display the most current version of the Detention Reporting and Information Line (DRIL) and the Office of the Inspector General (OIG) posters (**Deficiency DIAA-51¹⁵**).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO interviewed the SCJ ICE liaison officer, reviewed the SCJ's detainee handbook, and found no definition of special correspondence nor the instructions on the proper labeling for special correspondence (**Deficiency COM-7¹⁶**).

ODO interviewed the SCJ ICE liaison officer, reviewed the SCJ's detainee handbook, and found the handbook did not reference mail items SCJ staff may reject and not to be kept by a detainee (**Deficiency COM-9¹⁷**).

ODO interviewed an SCJ ICE liaison officer, reviewed the SCJ's inmate/detainee mail policy, and found SCJ staff opened special correspondence in front of each detainee except for detainee documents in one package from the Cleveland Immigration Court (**Deficiency COM-19¹⁸**). **This is a repeat deficiency.**

ODO interviewed the SCJ ICE liaison officer and found ERO Detroit maintained possession of identity documents; however, facility staff did not turn over identity documents for detainees from

¹⁴ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

¹⁵ "The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by ICE/ERO." *See* ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section (II)(I).

¹⁶ "At a minimum, the notification shall specify: ...

5. The definition of special correspondence, including instructions on the proper labeling for special correspondence (II)(B)(5)."

See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(5).

¹⁷ "At a minimum, the notification shall specify: ...

7. A description of mail which may be rejected by the facility and which the detainee will not be permitted to keep in his or her possession (II)(B)(7)."

See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(7).

¹⁸ "All facilities shall implement procedures for inspecting incoming special correspondence for contraband. Any such inspection shall be in the presence of the detainee (II)(E)(2)." *See* ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(E)(2).

Mexico to ERO Detroit (**Deficiency COM-31**¹⁹).

CONCLUSION

During this unannounced follow-up compliance inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 13 deficiencies in the remaining 6 standards. Since SCJ’s last full inspection in October 2022, SCJ has trended down. SCJ went from 4 deficient standards and 5 deficiencies in October 2022 to 6 deficient standards and 13 deficiencies during this most recent follow-up inspection, including 6 priority component deficiencies in the Medical Care, Significant Self-Harm and Suicide and Intervention, and Special Management Units. SCJ completed a uniform corrective action plan for ODO’s full inspection in October 2022; however, the corrective action taken in Correspondence and Other Mail appears did not fully correct the deficiency ODO identified in October 2022 since ODO identified a repeat deficiency in this area. 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 2023 Unannounced Follow-Up Inspection (NDS 2019)
Standards Reviewed	19	16
Deficient Standards	4	6
Overall Number of Deficiencies	5	13
Priority Component Deficiencies	0	6
Repeat Deficiencies	0	1
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	N/A

¹⁹ “Identity documents (passports, birth certificates, etc.) shall be turned over to ICE/ERO (II)(G).” See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(G).