



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Detroit Field Office

Seneca County Jail
Tiffin, Ohio

December 14-18, 2020

**COMPLIANCE INSPECTION
of the
SENECA COUNTY JAIL
Tiffin, Ohio**

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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 a compliance inspection of the Seneca County Jail (SCJ) in Tiffin, Ohio, from December 14-18, 2020.¹ 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 2003 under the oversight of ERO’s Field Office Director in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned deportation officers and a detention services manager to the facility. An SJC sheriff handles daily facility operations and is supported by █ personnel. Facility staff provide food services and medical services 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 Detainee Bed Capacity ²	39
Average ICE Detainee Population ³	█
Male Detainee Population (as of 12/14/2020)	█
Female Detainee Population (as of 12/14/2020)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO found 23 deficiencies in the following standards: Admissions and Release (1), Detainee Classification System (3), Detainee Grievance Procedures (1), Funds and Personal Property (1), Recreation (1), Staff-Detainee Communication (3), Telephone Access (2), Visitation (3), Special Management Units – Administrative Segregation (2), Special Management Units – Disciplinary Segregation (2), Use of Force (2), Medical (1), and Sexual Abuse and Assault Prevention and Intervention (1).

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

² Data Source: ERO Facility List Report as of November 23, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	2
Detainee Grievance Procedures	0
Food Service	0
Funds and Personal Property	1
Religious Practices	0
Staff-Detainee Communication	2
Telephone Access	0
Sub-Total	7
Part 2 – Security and Control	
Emergency Plans	0
Environmental Health and Safety	2
Population Counts	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	1
Use of Force	1
Sub-Total	4
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	5
Suicide Prevention and Intervention	1
Sub-Total	6
FPBDS Standard Inspected	
Disability, Identification, Assessment ⁶	0
PBNDS 2011 (Revised 2016) Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention ⁷	0
Sub-Total	0
Total Deficiencies	17

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁶ This standard was inspected under the Federal Performance-Based Detention Standards (FPBDS).

⁷ This standard was inspected under the 2011 Performance-Based National Detention Standards (PBNDS) (Revised 2016).

DETAINEE RELATIONS

ODO interviewed 11 detainees, who each voluntarily agreed to participate. A total of 12 detainees were requested to be interviewed. However, the last detainee interviewed was partially completed because the subject was not an ICE detainee but a local county inmate. A replacement was requested, but because of the small number of detainees (29) and lateness of the request, we were unable to have another detainee to volunteer 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Environmental Health and Safety: One detainee stated one toilet in his housing unit was not working properly.

- Action Taken: ODO interviewed the maintenance supervisor and found the two toilets in one of the housing units operational. The same housing unit also provided two urinals and ODO was advised detainees placed toilet paper in the urinals, which blocked the plumbing. The maintenance supervisor had proposed removing the two urinals and replacing with two toilets. At the conclusion of the inspection, the replacement of the two urinals was still under consideration, but had not been replaced.

Medical Care: One detainee stated he had not been able to sleep for the duration of his stay due to chronic back pain and thought he was receiving inadequate medical care.

- Action Taken: ODO and facility medical staff conducted a medical record review of the detainee's file and determined the detainee arrived on October 10, 2020, to the facility. On the same day, the nurse supervisor (NS) reviewed the detainee's list of medications; the list included a muscle relaxant, pain relieving topical gel, and a controlled substance for anxiety and an antidepressant. All his medications except for the muscle relaxant, topical gel, and controlled substance were continued and placed on the physician's list to be reviewed the next day. On October 21, 2020, the physician saw the detainee and prescribed pain medication as an alternative to an opioid painkiller. At the same time, the detainee was issued a medical mat for his back. On October 27, 2020, the detainee, submitted two sick call requests stating, "his back was killing him," and that he wanted a wheelchair. The second request stated he had not slept for eight days. On October 28, 2020, the detainee was seen by the physician, given a wheelchair for long distances, Velcro shoes, and prescribed medication as a sedative. On November 6, 2020, the detainee submitted a sick call request asking if his son could bring him a belt he uses for his back. Permission was granted and he received the soft belt (back brace) the same day. On November 9, 2020, and November 13, 2020, respectively, the detainee submitted sick call requests asking for an additional medical mat. Both requests were denied due to the detainee already having been issued a medical mat. The physician educated detainee on the difference between a medical and regular mat, and that both were not available simultaneously. On November 14,

2020, the detainee submitted a sick call request for topical pain gel and he was placed on the physician's sick call list to be seen.

On November 15, 2020, the detainee submitted a sick call request complaining he had not been able to sleep since his arrival to the facility. On November 25, 2020, the detainee was seen by the physician and informed him that sleep aids were not prescribed in jail. On December 10, 2020, the NS referred the detainee to the mental health counselor and he was seen by the counselor the same day. On December 16, 2020, the detainee was seen for a chronic care visit and stated the pain medication helped but not when he ambulated a long distance. He also complained of only sleeping for short periods of time and the sedative was not working. The detainee was instructed on the plan to continue his current medications and another antidepressant/sedative was added. The detainee is scheduled for a follow-up chronic care visit in 90-days and had been instructed to access sick call if there were any changes or complaints. Additionally, the facility stated they would be requesting his past medical records to ascertain what surgeries the detainee had in the past.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed policy 4.02 Admission, Orientation & Release, interviewed the booking officer and sergeant, and reviewed 17 detainee files and found 1 out of 17 files did not bear the appropriate official signature on the I-203, Order to Detain or Release. An authorizing signature was obtained during the inspection (**Deficiency A&R-34⁸**).

ODO interviewed the booking officer, ICE liaison, and reviewed 17 detainee files and found fingerprinting was not conducted during the release process. Additionally, the facility's Admission, Orientation and Release policy did not address fingerprinting (**Deficiency A&R-73⁹**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 17 detainee files, interviewed the sergeant, and the ICE liaison, and found 2 out of 17 detainees classified as [REDACTED] and [REDACTED], were housed in [REDACTED] y housing unit (**Deficiency DCS-11¹⁰**) based on bed space availability and not classification levels (**Deficiency DCS-28¹¹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed policy 4.07, Control of Inmate/Detainee Funds/Property, photographs of property storage, and interviewed the facility sergeant, and found valuable-property envelopes were not stored in a dedicated safe. In addition, large valuables were not stored in a secured locker (**Deficiency F&PP-2¹²**).

⁸ "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H). **This is a Repeat Deficiency.**

⁹ "Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc." See ICE NDS 2000, Standard, Admission and Release, Section (III)(2nd J).

¹⁰ "4. Detainees shall be assigned housing, offered recreational activities, assigned work (at the detainee's request), and provided food service according to their classification levels." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(4).

¹¹ "Under no circumstances will issues of facility management or other factors external to the detainee classification system influence a detainee's classification level." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E).

¹² "Each facility, without a commissary, will have the following:

1. A cash box for currently held detainee funds, accessible to designated supervisor(s) only;
2. Valuable-property envelopes, accessible to designated supervisor(s) only;
3. A dedicated safe for the cash box and property envelopes;
4. A secured locker for holding large valuables, accessible to designated supervisor(s) only; and
5. A baggage storage area secured when not attended by assigned processing staff." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(A)(1). **This is a Repeat Deficiency.**

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ICE/ERO Detroit staff and found unannounced visits to the facility were not documented (**Deficiency SDC-8¹³**).

ODO reviewed the ICE/ERO Detroit's request log and found the log did not have all of the minimum required elements of the standard such as the date the request with staff response and action is returned to the detainee and any other-site specific pertinent information (**Deficiency SDC-32¹⁴**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed 15 [REDACTED] fire and safety inspections and found inspections were not completed for the weeks of November 11, 2020, and November 18, 2020. Additionally, an interview with the fire safety sergeant confirmed the fire safety inspector was on a 14-day quarantine for COVID-19 and no staff member was assigned as a back-up inspector in the event of his absence. Furthermore, the fire safety inspector resigned his position effective December 10, 2020, and ODO confirmed a replacement is being trained to complete the fire inspection duties (**Deficiency EH&S-60¹⁵**).

ODO reviewed the facility's fire drill documentation since the last inspection and found [REDACTED] [REDACTED] (**Deficiency EH&S-69¹⁶**).

Corrective Action: Prior to completion of the inspection, the fire safety sergeant modified the Fire Drill Form to include the requirement to record the time the [REDACTED] [REDACTED]. A fire drill was completed on December 15, 2020, to test the new form and train staff on the new procedures (**C-1**).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ODO interviewed the sergeant and reviewed three special management unit (SMU) detainee detention files and found three out of three detainees were placed into DS without an order from the Institutional Disciplinary Committee or a hearing, which found the detainees had committed a

¹³ "Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSAAs." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1). **This is a Repeat Deficiency.**

¹⁴ "The log, at a minimum, shall contain:

f. The date that the request, with staff response and action, is returned to the detainee; and

g. Any other site-specific pertinent information." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

¹⁵ "A qualified departmental staff member will conduct [REDACTED] fire and safety inspections; the maintenance (safety) staff." See ICE NDS 2000, Standard Environmental Health and Safety, Section (III)(L)(2).

¹⁶ [REDACTED] See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

prohibited act (**Deficiency SMU DS-2¹⁷**).

USE OF FORCE (UOF)

ODO interviewed the facility supervisory staff, reviewed the UOF protective gear inventory, photos of protective gear, and 12 staff training records and found the facility did not maintain nor use protective gear for calculated UOF incidents (**Deficiency UOF-44¹⁸**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 12 detainee medical records and found 1 out of 12 detainees did not have a health appraisal nor physical examination within 14-days of arrival to the facility (**Deficiency MC-23¹⁹**).

ODO reviewed 12 detainee medical records and found 1 out of 12 detainees did not have a completed tuberculosis (TB) screening. Specifically, a purified protein derivative (PPD) was planted upon the arrival of the detainee to the facility; however, the PPD was never read after it was planted (**Deficiency MC-24²⁰**).

ODO reviewed 12 detainee medical records and found 6 out of 12 detainees did not have an initial dental screening exam performed within 14-days of arrival to the facility (**Deficiency MC-50²¹**).

ODO reviewed 12 detainee medical records and found 2 out of 12 initial dental screenings were not performed by a dentist but instead by the NS (**Deficiency MC-51²²**).

ODO reviewed the medical records of four detainees on psychotropic medications and found signed consent forms were not obtained before the medication treatment for four out of four detainees. Signed consent forms were obtained between 15- and 30-days after the medication was prescribed and administered (**Deficiency MC-101²³**).

¹⁷ “This may involve temporary confinement apart from the general population, in the Special Management Unit (SMU). A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee, after a hearing in which the detainee has been found to have committed a prohibited act.” *See* ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(A).

¹⁸ “Use-of-Force Team members and others participating in calculated use of force shall:

a. Wear protective gear....” *See* ICE NDS 2000, Standard, Use of Force, Section (III)(D)(2)(a).

¹⁹ “The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility.” *See* ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁰ “All new arrivals shall receive TB screening by PPD (Mantoux method) or chest x-ray.” *See* ICE NDS 2000, Standard Medical Care, Section (III)(D).” *See* ICE NDS 2000, Standard, Medical Care, Section (III)(I).

²¹ “An initial dental screening exam should be performed within 14 days of the detainee’s arrival.” *See* ICE NDS 2000, Standard, Medical Care, Section (III)(E). **This is a Repeat Deficiency.**

²² “If no on-site dentist is available, the initial dental screening may be performed by a physician, physician’s assistant or nurse practitioner.” *See* ICE NDS 2000, Standard, Medical Care, Section (III)(E).

²³ “The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances.” *See* ICE NDS 2000, Standard, Medical Care, Section (III)(L).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed [REDACTED] non-medical and [REDACTED] medical staff training records and found [REDACTED] facility staff, the [REDACTED] and the [REDACTED], did not have the required documented training (**Deficiency SP&I-1**²⁴).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000, one standard under PBNDS 2011 (Revised 2016), and one standard under FPBDS and found the facility in compliance with 11 of those standards. ODO found 17 deficiencies in the remaining nine standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2000/PBNDS 2011 (Revised 2016)/FPBDS)	FY 2021 (NDS 2000/PBNDS 2011 (Revised 2016)/FPBDS)
Standards Reviewed	19	20
Deficient Standards	13	9
Overall Number of Deficiencies	23	17
Repeat Deficiencies	9	4
Areas of Concern	4	0
Corrective Actions	1	1

²⁴ "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).