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
Follow-Up Compliance Inspection

Enforcement and Removal Operations
ERO Detroit Field Office

Seneca County Jail
Tiffin, Ohio

May 3-6, 2021

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

TABLE OF CONTENTS

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

[redacted]	Acting Team Lead	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	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 compliance inspection of the Seneca County Jail (SCJ) in Tiffin, Ohio, from May 3 to 6, 2021.[1] The facility opened in 1994 and is owned and operated by Seneca County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCJ in September 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 a detention services manager assigned to the facility. An SCJ captain handles daily facility operations and manages [redacted] personnel. 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 Detainee Bed Capacity[2]	40
Average ICE Detainee Population[3]	[redacted]
Male Detainee Population (as of May 3, 2021)	[redacted]
Female Detainee Population (as of May 3, 2021)	0

During its last inspection, in Fiscal Year (FY) 2021, ODO found 17 deficiencies in the following areas: Admission and Release (2); Detainee Classification System (2); Funds and Personal Property (1); Staff-Detainee Communication (2); Environmental Health and Safety (2); Special Management Units (Disciplinary Segregation) (1); Use of Force (1); Medical Care (5); and Suicide 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 May 3, 2021.
[3] *Ibid.*

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.

While 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, Hunger Strikes, 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 Pan, 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.

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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected[4]	Deficiencies
Part 1 – Detainee Services	
Admission and Release	0
Detainee Classification System	0
Food Service	0
Funds and Personal Property	0
Staff-Detainee Communication	0
Sub-Total	**0**
Part 2 – Security and Control	
Emergency Plans	3
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	**4**
Part 3 – Health Services	
Hunger Strike	0
Medical Care	1
Suicide Prevention and Intervention	1
Sub-Total	**2**
Total Deficiencies	**6**

[4] For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed eight detainees, who each voluntarily agreed to participate. Three additional detainees declined to interview with ODO, and one detainee was unavailable to interview with ODO due to a scheduled court appearance. Two detainees made allegations of 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.

Admission and Release: One detainee stated he did not receive the facility detainee handbook nor the ICE National Detainee Handbook in a language he understood. He stated the handbooks he received were in Portuguese.

- Action Taken: ODO reviewed the detainee's detention file and found a signed acknowledgement form from the detainee for a copy of the facility Inmate/Detainee Handbook and ICE National Detainee Handbook in Spanish during the intake process. On May 4, 2021, ODO interviewed the ICE liaison, a facility staff member. The ICE liaison determined a facility officer issued the detainee both handbooks in Portuguese. The ICE liaison trained the intake officer on the difference between the two languages and placed the handbooks by language into separate, clearly marked stacks. Additionally, on May 4, 2021, the ICE liaison provided the detainee with both handbooks in Spanish.

Detainee Grievance Procedures: One detainee stated he filed a written grievance regarding a correction officer calling him a "stupid immigrant." The detainee stated he did not receive a response from the facility.

- Action Taken: ODO reviewed the detainee's grievance form, dated March 2, 2021, interviewed the facility staff, and confirmed the detainee did receive a response to his grievance on March 5, 2021. On March 3, 2021, the facility ICE liaison forwarded the submitted grievance to the facility sergeant because the grievance involved another officer. The sergeant spoke with all inmates/detainees in the housing unit who possibly witnessed the incident and reported the allegation could not be substantiated. Additionally, the sergeant spoke with the officer involved in the incident and reviewed the standards of professional conduct with him. The facility ICE liaison and the sergeant stated the officer involved did not have a history of incidents with detainees. On May 5, 2021, the facility ICE liaison provided the detainee with another copy of the response to his grievance.

Funds and Personal Property: One detainee stated he had a prepaid card from his previous facility and would like to transfer his money to the Seneca County Jail.

- Action Taken: ODO reviewed the detention file, interviewed facility staff, spoke with the Funds and Personal Property subject matter expert, and confirmed the detainee had a prepaid card with a balance of $259.70 in the facility's property storage area. Additionally, ODO found the facility did not have any means available to transfer money from prepaid cards. The facility staff frequently spoke with the detainees about

their inability to complete money transfers. The facility ICE liaison advised the detainee to have a family member retrieve the prepaid card from the facility.

Medical Care: One detainee stated he submitted a verbal medical request to the housing officer for a sleeping mat due to back pain; however, the facility had not provided the requested item.

- Action Taken: ODO interviewed a facility medical staff member on May 5, 2021, to verify the detainee's medical request for a sleeping mat. In December 2020, the detainee briefly complained of back and side pain and requested a bottom bunk. On May 3, 2021, the detainee submitted a medical request for a sleeping mat after a facility registered nurse (RN) explained the procedure. On May 12, 2021, the medical staff scheduled the facility doctor to see the detainee. On May 19, 2021, ODO confirmed the doctor examined the detainee on May 13, 2021. However, the detainee's symptoms did not meet the criteria for the requested sleeping mat, and so the medical staff denied his request. Additionally, the detainee's medical chart did not have any documented back injuries.

Medical Care: One detainee stated, before entering the facility on April 27, 2021, he had been preparing to undergo a medical procedure to relieve a tailbone concern. Additionally, the detainee stated he had taken medication for two weeks in preparation for the medical procedure before his transfer to the facility. The detainee believed his procedure had been canceled.

- Action Taken: ODO reviewed the detainee's medical record and interviewed a facility medical staff member. On May 4, 2021, the facility's medical staff examined the detainee for a physical exam and a blood draw. During the exam, the detainee did not report any issues with his tailbone. On the same day, the detainee reported he completed blood work at a previous facility and requested the medical staff to obtain his records. As a result, the detainee refused the blood draw scheduled with this exam. The facility RN explained to the detainee she would try to get his records from his previous facility. The detainee reportedly became unruly, and a facility officer had to escort him back to his housing unit. ODO requested the RN to schedule the detainee for an evaluation of his tailbone issue by the doctor. On May 19, 2021, ODO confirmed the doctor evaluated the detainee that same morning. The detainee did not have a tailbone issue and the doctor diagnosed hemorrhoids. The doctor prescribed him cream, but he refused it and insisted on surgery. The doctor noted surgery as a last resort treatment, but only after the cream proved to be ineffective. The facility reported the cream remained available to the detainee.

Telephone Access: One detainee stated he made a phone call to his attorney and expressed concern that the call was recorded.

- Action Taken: ODO reviewed the facility's Inmate/Detainee Handbook and found instructions on how to set up private attorney calls. On May 4, 2021, ODO spoke with the detainee and informed him of the instructions provided in the facility detainee handbook on how to set up a private call with his attorney.

Use of Force: One detainee stated a facility officer physically abused him. On February 21, 2021, the detainee reported he made a hair covering from a torn shirt and did not want to remove it from

his head. After a housing officer ordered him to remove the hair covering, the detainee stated one of the officers used a taser on him.

- Action Taken: ODO reviewed the facility's Response to Resistance policy, interviewed facility staff, and reviewed the facility's incident reports. On February 21, 2021, the detainee refused several direct orders to remove a torn shirt from his head and to give the shirt to the housing officer, resulting in a scuffle between the housing officer and the detainee. One officer reported calling other housing officers to assist, and the detainee pushed at another housing officer who quickly rebounded and forced the detainee to the ground to gain control. With the detainee's hands underneath him, the detainee still refused to follow verbal commands and continued to resist physically. Another housing officer grabbed his taser and warned the detainee he would use it if the detainee did not stop fighting and to put his hands behind his back. The detainee disregarded the officer's warning, and the officer used his taser. The detainee then released his hands from underneath his body though still refusing to obey any commands. The housing officer took the detainee to the booking area where the facility medical staff examined him. The after-action review determined the use of force to be appropriate.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY AND CONTROL

EMERGENCY PLANS (EP)

ODO reviewed the facility EP program, interviewed the facility sergeant, and found the written policy and procedures did not address an operational command post/center **(Deficiency EP-31[5])**.

ODO reviewed the facility EP program, interviewed the facility sergeant, and found the facility did not compile INS-approved individual contingency plans for work/hunger strikes (**Deficiency EP-93[6])**.

ODO reviewed the facility EP program, interviewed the facility sergeant, and found the facility did not consider the following factors before deciding on a course of action: strikers announcing when the strike will end, the possibility of violence, the number of detainees involved, nor the likelihood of neutralizing the problem **(Deficiency EP-98[7])**.

[5] "The facility will establish written policy and procedures addressing, at a minimum: chain of command, command post/center, staff recall, staff assembly, emergency response team (ERT), use of force, videotaping, records and logs, employee conduct and responsibility, public relations, facility security, etc." *See* ICE NDS 2000, Standard, Emergency Plans, Section (III)(C).

[6] "All facilities will compile INS approved individual contingency plans, as needed, in the following order:
1. Fire
2. Work/Food Strike
3. Disturbance
4. Escape
5. Hostages (Internal) …." *See* ICE NDS 2000, Standard, Emergency Plans, Section (III)(D)(2)

[7] "The OIC will consider the following before determining which course of action to pursue:

USE OF FORCE (UOF)

ODO reviewed four UOF files, interviewed the facility sergeant, reviewed the facility UOF protective gear inventory, and found the facility did not provide protective gear to officers for use during calculated UOF incidents **(Deficiency UOF-44[8]). This is a repeat deficiency**.

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed [redacted] staff training records (facility and medical staff) and found in [redacted] training records, a licensed practical nurse did not receive training to respond to health-related emergencies within a [redacted] response time **(Deficiency MC-71[9])**.

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed the facility SPI program and the medical record of a detainee on suicide watch and found a detainee on suicide watch may return to the general population without written authorization from the clinical director **(Deficiency SPI-20[10])**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under NDS 2000 and found the facility in compliance with 9 of those standards. ODO found six deficiencies in the remaining four standards and one repeat deficiency. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	First FY 2021 (NDS 2000)	Second FY 2021 (NDS 2000)
Standards Reviewed	20	13
Deficient Standards	9	4
Overall Number of Deficiencies	17	6
Repeat Deficiencies	4	1
Areas of Concern	0	0
Corrective Actions	1	0

a. Whether strikers have announced when the strike will end;
b. Violence;
c. The number of detainees involved;
d. The prospects for neutralizing the problem." *See* ICE NDS 2000, Standard, Emergency Plans, Section (III)(D)(2)(a-d).

[8] "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).

[9] "Detention staff will be trained to respond to health-related emergencies within a [redacted] response time." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(H).

[10] "A detainee formerly under a suicide watch may be returned to general population, upon written authorization from the CD." *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).