



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**

May 21-23, 2019

**COMPLIANCE INSPECTION
of the
Seneca County Jail
Tiffin, Ohio**

TABLE OF CONTENTS

OVERVIEW

Facility Overview 1
FY 2019 Findings by NDS 2000 Major Categories 2

COMPLIANCE INSPECTION PROCESS 3

DETAINEE RELATIONS 4

COMPLIANCE INSPECTION FINDINGS 5

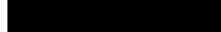
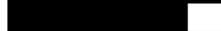
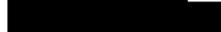
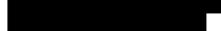
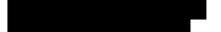
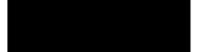
DETAINEE SERVICES 5
Admission and Release 5
Detainee Classification System 5
Funds and Personal Property 6
Religious Practices 6
Staff-Detainee Communication 7

SECURITY AND CONTROL 8
Environmental Health and Safety 8
Special Management Unit (Administrative Segregation) 8
Special Management Unit (Disciplinary Segregation) 9
Use of Force 10

HEALTH SERVICES 11
Medical Care 11

CONCLUSION 12

COMPLIANCE INSPECTION TEAM MEMBERS

	Lead Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted an oversight inspection of the Seneca County Jail (SCJ) in Tiffin, Ohio, from May 21 to 23, 2019.¹ The SCJ opened in April 1994 and is owned and operated by the Seneca County Sheriff's Office. The U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at SCJ in 2007 pursuant to an Intergovernmental Service Agreement (IGSA) under the oversight of ERO's Field Office Director (FOD) in Detroit, Michigan.

ERO staff members and a Detention Services Manager (DSM) are assigned to the facility. An SCJ Jail Administrator is responsible for oversight of daily operations and is supported by █ personnel. SCJ provides food services and detainee medical care. The facility operates under the National Detention Standards (NDS) 2000 and is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDs) 2011 Sexual Abuse and Assault Prevention and Intervention Standard; however, it has made efforts to comply.² The facility holds no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	80
Average ICE Detainee Population ⁴	64
Male Detainee Population (as of 05/21/2019)	43
Female Detainee Population (as of 05/21/2019)	7

ODO conducted its last inspection of the facility in 2015. At that time, ODO reviewed 15 standards under NDS 2000 and found SCJ compliant with 10 standards. ODO found a total of 11 deficiencies in the remaining five standards: Detainee Grievance Procedures (3); Environmental Health and Safety (1); Medical Care (2); Staff-Detainee Communication (2); and Telephone Access (3).

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

² SCJ has a designated Sexual Abuse and Assault Prevention and Intervention (SAAPI) coordinator and has a "zero tolerance" policy stated in SCJ Policy, *Sexual Abuse and Assault Prevention and Intervention Program Policy*, dated June 7, 2013.

³ Data Source: ERO Facility List Report as of May 1, 2019.

⁴ *Ibid.*

FY 2019 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	4
Detainee Classification System	3
Detainee Grievance Procedures	0
Food Service	0
Funds and Personal Property	2
Recreation	0
Religious Practices	2
Staff-Detainee Communication	8
Telephone Access	0
Visitation	0
Sub-Total	19
Part 2 – Security and Control	
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	5
Special Management Unit (Disciplinary Segregation)	4
Use of Force	7
Sub-Total	18
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
PBND 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	N/A
Sub-Total	N/A
Total Deficiencies	38

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

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 over 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.⁶ 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; 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.

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 12 detainees to assess the conditions of confinement at SCJ. Interview participations was voluntary. None of the detainees made any allegations of abuse, discrimination, or mistreatment. Most detainees reported satisfaction with facility services, except for the concern listed below.

Staff-Detainee Communication: One detainee complained that when he calls the Nigerian consulate, no one answers.

- Action Taken: ODO verified that the information on the consulate list was accurate. ODO tested the number to the Nigerian consulate, which rang without anyone answering. An SDDO informed ODO that he was aware of the detainee's complaint and stated that, while he did not think the Nigerian consulate always answered the phone, the phone number listed was correct. ERO did not provide an alternative means for the detainee to contact the consulate.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed 20 detainee files, each of which contained an Order to Detain or Release (Form I-203); however, an authorizing official did not sign eight forms (**Deficiency A&R-1**⁷).

ODO reviewed SCJ's admissions process, to include orientation procedures, and found the procedures do not include a facility-specific orientation video (**Deficiency A&R-2**⁸).

ODO found SCJ's orientation procedures were not approved by the local ERO field office (**Deficiency A&R-3**⁹).

ODO found SCJ's release procedures that were not approved by the local ERO field office (**Deficiency A&R-4**¹⁰).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO interviewed the Jail Administrator and booking officers and learned that SCJ generally only receives a completed Risk Classification Assessment (RCA) for arriving detainees; however, the RCA does not provide sufficient detail on a detainee's criminal history for SCJ to make informed classification determinations (**Deficiency DCS-1**¹¹).

ODO found that booking officers use an admission checklist that does not include a classification review and is not reviewed by a supervisor for accuracy and completeness (**Deficiency DCS-2**¹²).

ODO reviewed 20 detainee files and found one instance in which a high-level detainee was housed

⁷ "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).

⁸ "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable [*sic*] and the associated sanctions (see the 'Disciplinary Policy' Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

⁹ "In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

¹⁰ "INS will approved [*sic*] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). Note: This citation number is an error in the NDS outline. It should read (III)(L).

¹¹ "INS offices shall provide non-INS facilities with the necessary information for the facility to classify INS detainees." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(D).

¹² "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

with low-level detainees (**Deficiency DCS-3¹³**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by moving the detainee to a high-level housing unit (**C-1**).

FUNDS AND PERSONAL PROPERTY (F&PP)

SCJ policy does not include written procedures that address lost or damaged detainee property in accordance with the standard (**Deficiency F&PP-1¹⁴**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by issuing a policy revision regarding lost/damaged property, signed by the Sheriff (**C-2**).

The facility detainee handbook does not notify detainees that they may request certified copies of their identification documents from their A-files (**Deficiency F&PP-2¹⁵**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating the detainee handbook to include a section regarding detainee requests for copies of identification documents (**C-3**).

RELIGIOUS PRACTICES (RP)

ODO found that SCJ does not have a policy in place for the observance of religious holy days (**Deficiency RP-1¹⁶**) and through interviews with SCJ staff and detainees, ODO learned that detainees are not permitted to observe special religious days.

¹³ “When it becomes necessary to house detainees of different classification levels the following guidelines shall be followed: 1. Level three detainees will not be housed with level one detainees....” See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(F)(1).

¹⁴ “Lost/Damaged Property in CDFs and IGSA: All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property, as follows: 1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard; 2. Supervisory staff will conduct the investigation; 3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly; 4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim; 5. The [sic] will promptly reimburse detainees for all validated property losses caused by facility negligence; 6. The [sic] will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and 7. The senior contract officer will immediately notify the designated INS officer of all claims and outcomes.” See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H).

¹⁵ “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:...2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files....” See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2).

¹⁶ “A policy consistent with maintaining safety, security and the orderly operation of the facility shall be in place to facilitate the observance of important ‘holy days.’” See ICE NDS 2000, Standard, Religious Practices, Section (III)(I).

ODO interviewed the Lieutenant who is responsible for reviewing religious diet requests and learned that SCJ medical staff are not consulted to determine religious dietary requirements for detainees who request a religious diet (**Deficiency RP-2¹⁷**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO found the facility detainee handbook does not inform detainees of the process to submit requests to ERO staff (**Deficiency SDC-1¹⁸**).

ODO found that SCJ has no written procedures pertaining to the process of routing submitted detainee requests (**Deficiency SDC-2¹⁹**).

ODO found that although the facility ERO liaison maintains a detainee request log, the name of the SCJ staff member who logged the request is routinely left blank, the date that the request was returned to the detainee is not logged, and the dates that the request was forwarded to and returned by ERO are logged inconsistently (**Deficiency SDC-3²⁰**).

ODO reviewed 15 detainee files and found that while three files contained detainee requests that were forwarded to the local ERO field office, ERO's responses to those requests were never placed in the detainee files. Three additional detainee files had detainee requests that were not dated (**Deficiency SDC-4²¹**).

ODO interviewed SCJ and local ERO staff and determined that key ERO personnel do not visit the facility regularly (**Deficiency SDC-5²²**).

ODO found that SCJ and local ERO staff do not document unannounced detainee visits and that SCJ does not have policies and procedures in place to ensure that unannounced detainee visits are documented (**Deficiency SDC-7²³**).

¹⁷ "Before approving a special diet, the Chaplain will consult with the medical department to ensure the diet is nutritious and does not pose a threat to the detainee's health." See ICE NDS 2000, Standard, Religious Practices, Section (III)(M).

¹⁸ "The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(3).

¹⁹ "All facilities that house ICE detainees must have written procedures to route detainee requests to the appropriate ICE official." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B).

²⁰ "All requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain: . . . e. Officer logging the request; f. The date that the request, with staff response and action, is returned to the detainee. . . . In IGSA's, the date the request was forwarded to ICE and the date it was returned shall also be recorded." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

²¹ "All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainees file for at least three years." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

²² "ICE detainees should have the opportunity to have informal access to and interaction with key facility staff members on a regular basis. In addition to informal contact with facility staff, detainees often require regular access to key ICE staff." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A).

²³ "Policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communication between staff and detainees and informally

ODO reviewed Facility Liaison Visit Checklists for the past year and determined that local ERO staff did not schedule [REDACTED] visits with detainees in accordance with the standard (**Deficiency SDC-8²⁴**).

ODO reviewed 15 detainee files and found that between December 2018 and February 2019, two detainees were housed in the facility's Special Management Unit (SMU) and local ERO staff did not visit or interview either one (**Deficiency SDC- 9²⁵**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed the environmental health conditions in all detainee housing units and found that the units are not maintained at a level that satisfies the standard (**Deficiency EH&S-1²⁶**). Specifically, ODO observed peeling paint on the bathroom walls, dirty walls and ceilings, and rusting air vents that needed to be cleaned and painted. ODO also observed graffiti scratched into the walls in several areas of the housing units.

ODO inspected the hazardous chemical controls used by SCJ and found cleaning chemicals in three different storage rooms were inaccurately recorded. Specifically, SCJ staff recorded the chemicals by the case and not by the individual containers (**Deficiency EH&S-2²⁷**). Additionally, ODO found the laundry and maintenance shop did not record chemical inventories at all.

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO reviewed 20 detainee files and found that SCJ did not complete or file administrative segregation (AS) orders for two detainees placed on AS during the year preceding the inspection (**Deficiency SMU AS-1²⁸**).

observing living and working conditions....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.**

²⁴ "Facility or District deportation staff in the jurisdiction where these facilities are located shall conduct these scheduled visits." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2). **This is a repeat deficiency.**

²⁵ "The ICE officer will also visit the facility's Special Management Unit (SMU) to interview any ICE detainees housed there, monitor housing conditions, review detainees' classification and basis for placement in the SMU, and review all records in this regard. The ICE Field Office Director shall have specific procedures for documenting the visit." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2)(b).

²⁶ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

²⁷ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

²⁸ "A written order shall be completed and approved by a supervisory officer before a detainee is placed in

ODO also found no documentation that either of the two detainees placed on AS underwent a 72-hour review (**Deficiency SMU AS-2**²⁹).

ODO reviewed SCJ's SMU Housing Record, which is used as the facility's permanent SMU AS log, and found the log does not record instances when a detainee is denied the opportunity to shower, or when recreation is denied (**Deficiency SMU AS-3**³⁰).

ODO reviewed the SMU AS log and found that a supervisor does not log daily visits to SMU AS and that a seven-day period lapsed without medical staff logging a visit (**Deficiency SMU AS-4**³¹).

ODO also found that SCJ's permanent SMU AS log did not routinely record meals served, recreation, or visitors (**Deficiency SMU AS-5**³²).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ODO reviewed 20 detainee files and found that a weekly review was not documented for one detainee placed on disciplinary segregation (DS) during the year preceding the inspection (**Deficiency SMU DS-1**³³).

administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

²⁹ "All facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

³⁰ "6. Segregated detainees shall have the opportunity to maintain a normal level of personal hygiene. Staff shall provide toilet tissue, a wash basin, tooth brush, shaving utensils, etc., as needed, and may issue retrievable kits of toilet articles. Each segregated detainee shall have the opportunity to shower and shave at least three times a week, unless these procedures would present an undue security hazard. This security hazard will be documented and signed by the OIC, indicating his/her review and approval. Denial of showers will be temporary and situational, and will continue only as long as justified by the security threat...8. Recreation shall be provided to detainees in administrative segregation in accordance with the 'Recreation' standard. These provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee's recreation privileges may be withheld temporarily after a severely disruptive incident. Staff shall document by memorandum and logbook(s) notation every instance when a detainee is denied recreation. The memorandum shall be placed in the detainee's detention file. When space and resources are available, detainees in administrative segregation will be able to participate in TV viewing, board games, socializing and work details (e.g., an orderly in the SMU); and provided opportunities to spend time outside their cells, over and above recreation periods." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(D)(6 and 8).

³¹ "A medical professional shall visit every detainee in administrative segregation at least three times a week. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(D)(12).

³² "A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(E)(1).

³³ "All facilities shall implement written procedures for the regular review of all disciplinary-segregation cases, consistent with the procedures specified below." See ICE NDS 2000, Standard, Special Management Unit

ODO reviewed SCJ's SMU Housing Record, which is used as a permanent SMU DS log, and found the log does not record instances when a detainee is denied the opportunity to shower, or when recreation is denied. (**Deficiency SMU DS-2³⁴**).

ODO reviewed the SMU DS log and found that a supervisor does not log daily visits to DS and that a seven-day period lapsed without medical staff logging a visit (**Deficiency SMU DS-3³⁵**).

ODO also found that SCJ's permanent SMU DS log did not routinely record meals served, recreation, or visitors (**Deficiency SMU DS-4³⁶**).

USE OF FORCE (UOF)

ODO reviewed SCJ Use of Force policies and documentation and found the local ERO field office did not approve the facility's UOF procedures (**Deficiency UOF-1³⁷**) or related incident forms (**Deficiency UOF-2³⁸**).

ODO found that the SCJ hand-held audio/video recording camera is not routinely tested or checked to ensure that all parts are in good working order and that back-up supplies are available (**Deficiency UOF-3³⁹**).

(Disciplinary Segregation), Section (III)(C).

³⁴ "11. Segregated detainees shall have the opportunity to maintain a normal level of personal hygiene. Staff shall provide toilet tissue, a wash basin, tooth brush, shaving utensils, etc., as needed, and may issue retrievable kits of toilet articles. Each segregated detainee shall have the opportunity to shower and shave at least three times a week, unless these procedures would present an undue security hazard. This security hazard will be documented and signed by the OIC, indicating his/her review and approval. Denial of showers will be temporary and situational, and will continue only as long as justified by the security threat. 13. Recreation shall be provided to detainees in disciplinary segregation in accordance with the 'Recreation' standard. The standard provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee's recreation privileges may be withheld temporarily after a severely disruptive incident. Staff shall document by memorandum and logbook(s) notation every instance when a detainee is denied recreation. The memorandum shall be placed in the detainee's detention file." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(11 and 13).

³⁵ "A medical professional shall visit every detainee in administrative [sic] segregation at least [REDACTED]. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee [REDACTED], including weekends and holidays." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(16).

³⁶ "A permanent log will be maintained in the SMU. The log will not [sic] all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(E)(1).

³⁷ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K). **This is a repeat deficiency.**

³⁸ "Staff shall prepare detailed documentation of all incidents involving the use of force, [REDACTED], or non-lethal weapons. Staff shall likewise document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file. 1. All facilities shall have a form to document all uses of force. INS shall approve of all use of force forms." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(1). **This is a repeat deficiency.**

³⁹ "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall

ODO interviewed facility staff and found that when a detainee must be forcibly moved and/or restrained during a calculated use of force, SCJ does not provide [REDACTED]

(Deficiency UOF-4⁴⁰), to staff. [REDACTED]

[REDACTED] (Deficiency UOF-5⁴¹).

ODO reviewed [REDACTED] training files and determined that SCJ staff did not receive instruction in confrontation avoidance (Deficiency UOF-6⁴²) or communicable disease precautions when using force (Deficiency UOF-7⁴³).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO found that dental screenings are conducted by a registered nurse rather than a dentist, physician, physician's assistant, or nurse practitioner (Deficiency MC-1⁴⁴).

include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

⁴⁰ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply. a. The team technique usually involves [REDACTED]

⁴¹ "Compliance with the Use-of-Force Team procedures can prevent injury and exposure to communicable disease. Use-of-Force Team members and others participating in calculated use of force shall: a. Wear protective gear, and b. Receive training on communicable diseases during orientation and scheduled annual training." See ICE NDS 2000, Standard, Use of Force, Section (III)(D)(1)(2)(a and b).

⁴² "To control a situation involving an aggressive detainee, all staff must be made aware of their responsibilities through ongoing training. All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees. Staff will be made aware of prohibited use-of-force acts and techniques. Specialized training shall be required for certain non-lethal equipment e.g., [REDACTED]. Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques. Each staff member participating in a calculated use of force cell move must have documentation of annual training in these areas. Training should also cover use of force in special situations. Each officer must have be [*sic*] specifically certified to use a given device. Among other things, training shall include: 1. Communication techniques; 2. Cultural diversity; 3. Dealing with the mentally ill; 4. Confrontation-avoidance procedures; 5. Application of restraints (progressive and hard); and 6. Reporting procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

⁴³ "Use-of-Force Team members and others participating in calculated use of force shall: . . . b. Receive training on communicable diseases during orientation and scheduled annual training." See ICE NDS 2000, Standard, Use of Force, Section, (III)(D)(2)(b).

⁴⁴ "An initial dental screening exam should be performed within 14 days of the detainee's arrival. 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). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 17 standards under NDS 2000 and found the facility compliant with seven standards. ODO found 38 deficiencies in the remaining 10 standards.

ODO recommends ERO Detroit and the assigned DSM work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2015 (NDS 2000)	FY 2019 (NDS 2000)
Standards Reviewed	15	17
Deficient Standards	5	10
Overall Number of Deficiencies	11	38
Deficient Priority Components	0	0
Repeat Deficiencies	2	3
Corrective Actions	2	3