



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

November 15-18, 2021

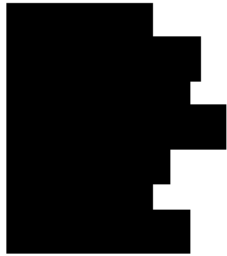
**COMPLIANCE INSPECTION
of the
SENECA COUNTY JAIL
Tiffin, Ohio**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
SECURITY AND CONTROL	7
Emergency Plans.....	7
Environmental Health and Safety	7
Use of Force.....	8
CONCLUSION	8



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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 November 15 to 18, 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] support 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	[REDACTED]
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of November 15, 2021)	[REDACTED]
Female Detainee Population (as of November 15, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 21, ODO found seven deficiencies in the following areas: Emergency Plans (3); Use of Force (1); Medical Care (1); and Suicide Prevention and Intervention (2).

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 October 12, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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 ^{5,6}	Deficiencies
Part 1 – Detainee Services	
Admission and Release	0
Correspondence and Other Mail	0
Detainee Classification System	0
Food Service	0
Funds and Personal Property	0
Group Presentations on Legal Rights	0
Issuance and Exchange of Clothing, Bedding and Towels	0
Marriage Requests	0
Non-Medical Emergency Escorted Trips	0
Sub-Total	0
Part 2 – Security and Control	
Detention Files	0
Detainee Transfers	0
Emergency Plans	1
Environmental Health and Safety	3
Post Orders	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	5
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016) Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	5

⁵ For greater detail on ODO’s findings, see the *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 inspections.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern 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, ODO conducted the detainee interviews via telephone.

Detainee Handbook: Two detainees stated they received the ICE National Detainee Handbook and the SCJ detainee handbook in languages they did not understand.

- Action Taken: ODO interviewed facility staff, reviewed detainee handbook receipt forms, and found both detainees initially received handbooks not in their native language. ODO advised facility staff of the concern, and on November 16, 2021, both detainees received handbooks in their native language. ODO verified receipt of the newly issued handbooks and acknowledged each were in their native language.

COMPLIANCE INSPECTION FINDINGS

SECURITY AND CONTROL

EMERGENCY PLANS (EP)

ODO reviewed the facility's EP policy, interviewed the facility staff, and found the written policy and procedures did not address an operational command post/center (**Deficiency EP-31⁷**). **This is a repeat deficiency.**

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's fire drill reports, interviewed facility staff, and found appropriate staff did not draw nor use emergency keys to unlock one set of emergency exit doors not in daily use during facility fire drills (**Deficiency EHS-70⁸**).

ODO interviewed facility staff, reviewed [REDACTED] generator inspection reports, and found in all [REDACTED] reports the facility failed to inspect hoses and belts for mechanical readiness to perform in emergency situations (**Deficiency EHS-79⁹**).

ODO reviewed the facility's emergency generator inspection reports, interviewed facility staff,

⁷ "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. (1-19 below)." See ICE NDS 2000, Standard, Emergency Plans, Section (III)(C).

⁸ "Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

⁹ "During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation." See ICE NDS 2000, Environmental Health and Safety, Section (III)(O).

and found an external generator-service company did not perform quarterly testing and servicing of the facility’s emergency generator (**Deficiency EHS-80¹⁰**).

USE OF FORCE (UOF)

ODO reviewed the facility’s UOF policy, protective gear inventory, interviewed facility staff, and found the facility did not provide protective gear to staff for use during calculated UOF incidents (**Deficiency UOF-44¹¹**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 20 standards under NDS 2000 and 1 standard under PBNDS 2011 (Revised 2016) and found the facility in compliance with 18 of those standards. ODO found five deficiencies in the remaining three standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of SCJ on May 2021.

Compliance Inspection Results Compared	FY 2021 (NDS 2000)	FY 2022 (NDS 2000)/ (PBNDS 2011 – Revised 2016)
Standards Reviewed	13	20/1
Deficient Standards	4	3
Overall Number of Deficiencies	6	5
Repeat Deficiencies	1	2
Areas of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

¹⁰ “The emergency generator will also receive quarterly testing and servicing from an external generator-service company.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

¹¹ “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).