



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

**Office of Detention Oversight
Compliance Inspection
2024-001-003**

**Enforcement and Removal Operations
ERO Detroit Field Office**

**Seneca County Jail
Tiffin, Ohio**

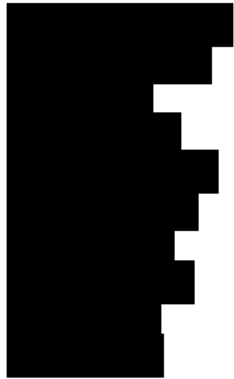
October 24-26, 2023

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 October 24 to 26, 2023.¹ The facility opened in 1994 and is owned by Seneca County and operated by the Seneca County Sheriff. 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.

[REDACTED] A sheriff 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	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of October 24, 2023)	[REDACTED]
Adult Female Population (as of October 24, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 5 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 Custody Management Division Authorized Facility List as of October 23, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

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	3
Sub-Total	3
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Hunger Strikes	1
Medical Care	4
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	6
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standard components may not be present in all standards.

Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	9

DETAINEE RELATIONS

ODO interviewed 23 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 concerns listed below.

Medical Care: One detainee stated he submitted a medical request for left eye strain on August 22, 2023, but had yet to see an eye doctor.

- Action Taken: ODO interviewed a facility licensed practical nurse (LPN) and an ERO Detroit DO, reviewed the detainee’s medical file, and found the detainee submitted a medical request for left eye strain and glasses on August 22, 2023. On August 23, 2023, a facility nurse informed the detainee of his eye exam by an outside provider, pending ICE approval. On October 26, 2023, the LPN stated the chosen outside provider declined to schedule an appointment for the detainee due to cancellation of the facility contract for non-payment of services by ICE. On the same day, ODO spoke with the detainee, and he stated he declined an alternative pair of reading glasses offered by medical staff because he believed the glasses would harm his right eye. At ODO’s request, medical staff explained the temporary reading glasses to the detainee, and he then agreed to use them. Additionally, ODO spoke with the ICE field medical coordinator (FMC) of the facility and confirmed the ICE list of approved providers did not include the outside optometrist. The FMC provided the LPN with a current list of approved providers, and the LPN resubmitted the request with an approved provider. As of October 26, 2023, the detainee had a pending optometry appointment for November 10, 2023. On November 30, 2023, ODO followed-up with the facility and found on November 14, 2023, the LPN rescheduled the detainee’s optometry appointment for December 21, 2023, due to the no availability of facility transportation on the original appointment date. However, on November 20, 2023, ERO Detroit released the detainee from custody.

Medical Care: One detainee stated medical staff had not evaluated him for kidney pain since submitting a sick call request on October 11, 2023.

- Action Taken: ODO interviewed a facility medical technician, reviewed the detainee’s medical file, and found the detainee arrived at the facility on October 11, 2023. On the same day, the detainee informed the intake officer of recurring urinary tract infections and submitted a sick call request for kidney pain. On October 14, 2023, a facility doctor evaluated the detainee, performed a urinalysis (UA), and diagnosed the detainee with abnormal specific gravity and dehydration. The doctor advised the detainee to increase fluid intake and to return if symptoms worsened. On October 25, 2023, the detainee submitted a sick call request for continued kidney pain, a rash on his penis, and cold-

like symptoms, and the facility doctor examined him on the same day, taking an abdominal X-ray and a urine screening for sexually transmitted disease. The facility doctor prescribed Augmentin (875 mg) and Nystatin cream. On October 26, 2023, medical staff informed the detainee of a negative UA result and the X-ray confirmed flatulence for which the staff prescribed MiraLAX (17g). The detainee acknowledged understanding the treatment plan and returned to his housing unit.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed a facility registered nurse, reviewed the facility health services' medical instruments and sharps inventory, and found a disparity between the documented inventory of three hemostats and two nail clippers and ODO's physical count of two hemostats and one nail clipper (**Deficiency EHS-51**⁷).

ODO toured the facility FS area and found a rusted, inoperable door release mechanism for the egress door of the walk-in freezer (**Deficiency EHS-64**⁸).

ODO interviewed a facility medical technician, toured the health services unit, and observed one expired automatic external defibrillator and three expired Narcan inhalants in the emergency first aid kit. Additionally, the medical technician stated the facility does not have a system in place for daily checks of the emergency life safety equipment used (**Deficiency EHS-67**⁹).

CARE

FOOD SERVICE (FS)

ODO toured the facility's FS area and found the food mixer did not have a safety guard (**Deficiency FS-108**¹⁰).

⁷ "A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

⁸ "Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

⁹ "The HSA or equivalent, or designee, will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹⁰ "Machines shall be guarded in compliance with OSHA standards: ...

b. Lights in food-production areas, utensil- and equipment-washing areas, and other areas displaying or storing food, equipment, or utensils shall be equipped with protective shielding." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(b).

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] training records for [REDACTED] non-medical staff and [REDACTED] medical staff and found the records lacked documentation of annual training to recognize the signs of a hunger strike, to implement the procedures for a medical assessment referral, and to manage a detainee on a hunger strike (**Deficiency HS-1**¹¹).

MEDICAL CARE (MC)

ODO reviewed 50 pharmaceutical refrigerator temperature control log entries and found in 3 out of 50 entries, the facility did not store pharmaceuticals at the required temperature range between 36 to 46 Fahrenheit (F) degrees to ensure no alterations in potency. Specifically, staff recorded 50 F degrees for 2 entries and 30 F degrees for 1 entry (**Deficiency MC-10**¹²).

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, detainees' purified protein derivative skin test results occurred before the minimum 48-hour time requirement and 1 detainee did not receive an annual tuberculosis (TB) screening (**Deficiency MC-18**¹³). **This is a repeat deficiency and a priority component.**

ODO reviewed the medical records of [REDACTED] detainees prescribed psychotropic medications and found in [REDACTED] out of [REDACTED] records, medical staff did not obtain separate documented informed consent forms that included a description of the medications' side effects prior to administering (**Deficiency MC-93**¹⁴). **This is a repeat deficiency and a priority component.**

ODO reviewed [REDACTED] female detainee initial health assessments and found in [REDACTED] out of [REDACTED] assessments, medical staff did not inquire about nor perform a pregnancy test for a 23-year-old female detainee (**Deficiency MC-138**¹⁵).

¹¹ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

¹² "All pharmaceuticals will be stored in a secure area and temperature controlled to ensure no alteration in potency." See ICE NDS 2019, Standard, Medical Care, Section (II)(B).

¹³ "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).

¹⁴ "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).

¹⁵ "In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following: ...

a. Pregnancy test for detainees, aged 18-56, and deliver to the detainee and document the results."

See ICE NDS 2019, Standard, Medical Care, Section (II)(U)(1)(a).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under NDS 2019 and found the facility in compliance with 20 of those standards. ODO found nine deficiencies in the remaining four standards. Since SCJ’s last full inspection in October 2022, the facility’s overall compliance with the ICE NDS 2019 has trended down. SJC went from four deficient standards and five deficiencies to four deficient standards and nine deficiencies during this most recent inspection, which includes two repeat deficiencies that are also priority components in MC for timely testing of TB and no informed consent form prior to administering psychotropic medication. ODO did not review HS during the October 2022 inspection as it was not an FY 2023 core standard, and this standard accounted for one out of the nine deficiencies found during this most recent inspection. ODO received a completed uniform corrective action plan (UCAP) for the full inspection in October 2022 and the follow-up inspection in May 2023; however, the UCAP for the follow-up inspection did not resolve the two deficiencies ODO cited as repeat deficiencies during this inspection. ODO recommends ERO Detroit continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	19	24
Deficient Standards	4	4
Overall Number of Deficiencies	5	9
Priority Component Deficiencies	0	2
Repeat Deficiencies	0	2
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	Good ¹⁶

¹⁶ ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.