



U.S. Department of Homeland Security

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

June 16–18, 2015

**COMPLIANCE INSPECTION
for the
SENECA COUNTY JAIL
TIFFIN, OHIO**

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Overall Findings.....2
Findings by National Detention Standard (NDS) 2000 Major Categories3

INSPECTION PROCESS4

DETAINEE RELATIONS5

INSPECTION FINDINGS

DETAINEE SERVICES

Detainee Grievance Procedures7
Staff-Detainee Communication7
Telephone Access8

SECURITY AND CONTROL

Environmental Health and Safety8

HEALTH SERVICES

Medical Care.....8

* * * * *

INSPECTION TEAM MEMBERS

| | | |
|-----------------|--|----------------------|
| | Lead Inspections and Compliance Specialist | ODO |
| | Inspections and Compliance Specialist | ODO |
| | Inspections and Compliance Specialist | ODO |
| (b)(6), (b)(7)c | Contractor | Creative Corrections |
| | Contractor | Creative Corrections |
| | Contractor | Creative Corrections |

EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Seneca County Jail (SCJ) in Tiffin, Ohio, from June 16 to 18, 2015.¹ SCJ opened in 1994 and is owned and operated by the Seneca County Sheriff’s Office. Enforcement and Removal Operations (ERO) began housing detainees at SCJ in 1994 pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO’s Field Office Director (FOD) in Detroit, Michigan.

ERO staff members are not assigned to the facility and a Detention Services Manager is not assigned to the facility. An SCJ Jail Administrator is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Detainee Bed Capacity ² | 80 |
| Average ICE Detainee Population ³ | 52 |
| Male Detainee Population (as of 06/16/2015) | 26 |
| Female Detainee Population (as of 06/16/15) | 1 |

Seneca County Sheriff’s Office provides medical and food services. The facility holds no accreditations. The facility is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard but, made efforts to comply.⁴

OVERALL FINDINGS

In July 2010, ODO conducted an inspection of SCJ under the National Detention Standards (NDS) 2000, reviewing the facility’s compliance with 22 standards and finding the facility compliant with four standards. There were a total of 45 deficiencies in the remaining 18 standards.

| Inspection Results Compared | FY 2010 (NDS 2000) | FY2015 (NDS 2000) |
|--------------------------------|--------------------|-------------------|
| Standards Reviewed | 22 | 15 |
| Deficient Standards | 18 | 5 |
| Overall Number of Deficiencies | 45 | 11 |
| Deficient Priority Components | N/A | N/A |
| Corrective Actions Initiated | 0 | 2 |

In FY2015, ODO conducted an inspection of SCJ under the NDS 2000, reviewing the facility’s compliance with 15 standards and finding the facility compliant with ten standards. ODO found 11 deficiencies in the remaining five standards. Finally, ODO identified two opportunities where the facility initiated corrective action during the course of the inspection.⁵

¹ Male and female detainees with low, medium and high security classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of June 22, 2015.

³ Ibid.

⁴ The facility has written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention program and has appointed a SAAPI compliance manager. All staff members, contractors and volunteers receive facility provided SAAPI training.

⁵ Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, have been identified in the Inspection Findings section and annotated with a “C”, “BP” or “R”, respectively.

FINDINGS BY NDS 2000 MAJOR CATEGORIES

| NDS 2000 STANDARDS INSPECTED ⁶ | DEFICIENCIES |
|---|--------------|
| Part 1 – Detainee Services | |
| Access to Legal Material | 0 |
| Admission and Release | 0 |
| Detainee Classification System | 0 |
| Detainee Grievance Procedures | 3 |
| Detainee Handbook | 0 |
| Food Service | 0 |
| Funds and Personal Property | 0 |
| Staff-Detainee Communication | 2 |
| Telephone Access | 3 |
| Sub-Total | 8 |
| Part 2 – Security and Control | |
| Environmental Health and Safety | 1 |
| Special Management Unit (Administrative) | 0 |
| Special Management Unit (Disciplinary) | 0 |
| Use of Force | 0 |
| Sub-Total | 1 |
| Part 3 – Health Services | |
| Medical Care | 2 |
| Suicide Prevention and Intervention | 0 |
| Sub-Total | 2 |
| Total Deficiencies | 11 |

⁶ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the applicable ICE National Detention Standards (NDS) 2000, the Performance-Based National Detention Standards (PBNDS) 2008 or 2011.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁷ Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO will highlight any deficiencies found involving those standards that ICE has designated with either the PBNDS 2008 or 2011 to be "priority components."⁸ ICE considers those components to be of critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

⁷ ODO reviews the facility's compliance with selected standards in their entirety.

⁸ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 25 detainees, who volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

- *Admission and Release:* Two detainees alleged they were strip-searched upon admission to the facility.
 - o Action Taken: The intake staff notified ODO that detainees are not strip-searched upon admission and are afforded the opportunity to shower in private during the admission process. ODO reviewed the admission processing of newly arriving detainees and did not observe any detainee being strip-searched. Further, a review of 25 active detainee detention files did not have documentation stating detainees were strip-searched.
- *Food Service:* One detainee alleged food service staff does not wear gloves or hairnets when serving or handling food.
 - o Action Taken: Food service staff notified ODO that staff assigned to food service wear gloves and hairnets when serving or handling food. ODO observed the preparation and serving of lunch during the inspection and verified food services staff wears hairnets and gloves when serving or handling food.
- *Medical Care:* Five detainees alleged they were not receiving appropriate medical care. One detainee alleged he has foot pain due to an accident that occurred prior to arriving at SCJ and also has arthritis. The detainee alleged he was only prescribed Tylenol. One detainee alleged during admission he complained of a toenail issue that has not been addressed. Two detainees alleged they were diabetic and not receiving the appropriate meals. One detainee stated he was experiencing pain and numbness in his left arm and hand. The detainee alleges he was seen by a physician and given a seven day supply of medication, but continues to have pain.
 - o Action Taken: ODO consulted with medical staff about the aforementioned allegations.

Medical services notified ODO the detainee, with allegations of foot pain, arrived on May 2, 2015 complaining of foot arthritis and the following day the detainee was approved for a bottom bunk and given a second bed mat. On May 5, 2015, a health assessment was completed and medical staff noted the detainee had a history of foot arthritis but did not have any complaints at the time of the assessment. On June 2, 2015, the detainee requested special shoes and medical provided a new pair. The detainee was also advised by medical staff to return the shoes if they did not work for him. No further sick call requests have been submitted.

Medical services notified ODO the detainee, with allegations of toenail issues, was seen on May 27, 2015, for a physical exam. During the exam there were no complaints of toenail issues. On June 16, 2015, there was a sick call request for shoes, and the detainee was supplied new shoes. No further sick call requests have been received.

Medical services notified ODO, the detainees with allegations of not receiving appropriate meals, are being provided diabetic meals. ODO observed food service provide the diabetic meals to the detainees during the inspection.

Medical services notified ODO the detainee with allegations of pain and numbness in his left arm and hand was seen by a physician on May 25, 2015 and provided prednisone. The detainee has not requested to be seen by medical for further evaluation.

INSPECTION FINDINGS

DETAINEE SERVICES

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the facility handbook and policy and procedures, which do not reference a grievance committee. ODO's findings were confirmed in an interview with staff, who verified the facility does not have a grievance committee (**Deficiency DGP-1⁹**).

ODO reviewed the detention files of detainees who filed a grievance and did not find a copy of any grievance. The facility maintains copies of all grievances but does not place a copy of the grievance in the detainee's detention file (**Deficiency DGP-2¹⁰**). An interview with staff confirmed grievances are not placed in the detainee's detention file.

ODO found four grievances that involved officer misconduct and determined through interview, that SCJ did not inform ERO of the grievances. Due to ERO not being notified of the grievances, an investigation of the alleged officer misconduct was not conducted (**Deficiency DGP-3¹¹**). ODO discussed the four grievances with both ERO and facility management.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO was advised by facility staff that an Immigration Enforcement Agent (IEA) conducts unannounced visits to the facility, but information could not be verified because there are no specific procedures for documenting visits (**Deficiency SDC-1¹²**). ODO's review of the facility's sign-in and housing logs revealed there were no ERO staff signatures. In addition, ERO informed ODO they do not document any visit to the facility.

ODO reviewed Facility Liaison Visit Checklists from June 2014 to June 2015 and determined ERO is not visiting the facility on a weekly basis and are not thoroughly completing the checklist (**Deficiency SDC-2¹³**).

⁹ "The OIC must allow the detainee to submit a formal, written grievance to the facility's grievance committee." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(2).

¹⁰ "A copy of the grievance will remain in the detainee's detention file for at least three years." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(E).

¹¹ "CDFs and IGSA facilities must forward detainee grievances alleging officer misconduct to INS. INS will investigate every allegation of officer misconduct." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(F).

¹² "Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSA's." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1).

¹³ "Model protocol forms should be completed weekly for all Service Processing Centers (SPCs), and Contract Detention Facilities (CDFs). For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently." See Change Notice, National Detention Standards, Staff-Detainee Communication, Model Protocol, dated June 15, 2007

TELEPHONE ACCESS (TA)

The facility handbook informs detainees of the rules regarding the use of the telephones, but a copy of the telephone rules are not posted in the housing units where detainees can easily see them (**Deficiency TA-1¹⁴**).

Corrective Action: The facility initiated corrective action during the course of the inspection by posting the rules regarding the use of the telephones in the housing areas (**C-1**).

ODO reviewed the Telephone Serviceability Worksheets from June 2014 to June 2015 and determined they are not completed weekly and are not thoroughly completed when done (**Deficiency TA-2¹⁵**).

A notification on each telephone advises detainees that calls may be recorded or monitored, but the facility handbook does not notify detainees their calls are subject to recording or monitoring (**Deficiency TA-3¹⁶**).

Corrective Action: The facility initiated corrective action during the course of the inspection by updating the handbook with notification for detainees that calls are subject to monitoring and posting change notices in the housing areas (**C-2**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The facility's fire and safety officer reported he conducts weekly and monthly inspections; however, these inspections are not documented (**Deficiency EH&S-1¹⁷**).

HEALTH SERVICES

MEDICAL CARE (MC)

In three out of 30 records, the physician did not document review of the physical examinations within 14 days of the detainee's arrival at the facility. The physician's review in these three cases was completed outside the required 14 days set in the NDS (**Deficiency MC-1¹⁸**).

¹⁴ "As described in the 'General Provisions' standard, the facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them." See ICE NDS 2000, Standard, Telephone Access, Section (III)(B).

¹⁵ "The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis." See Change Notice, National Detention Standard, Staff-Detainee Communication, dated April 4, 2007.

¹⁶ "If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission." See ICE NDS 2000, Standard, Telephone Access, Section (III)(K).

¹⁷ "A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and if necessary, correction action determinations. The maintenance supervisor or designate will maintain inspection reports and records of corrective action in the safety office." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

An interview with medical staff revealed the facility does not have an on-site dentist. Initial dental screenings are performed by registered nurses within 14 days of the detainee's arrival, during the health appraisal (**Deficiency MC-2¹⁹**).

¹⁸ “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. Health appraisals will be performed according to NCCHC and JCAHO standards.” *See* ICE NDS 2000, Standard, Medical Care, Section (III)(D).

¹⁹ “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).