



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2024-002-334**

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

**Seneca County Jail  
Tiffin, Ohio**

**April 30-May 2, 2024**

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

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**

[REDACTED]	Team Lead	ODO
[REDACTED]	Assistant Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
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[REDACTED]	Contractor	Creative Corrections
[REDACTED]	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 April 30 to May 2, 2024.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of SCJ from October 24 to 26, 2023. 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of April 30, 2024)	[REDACTED]
Adult Female Population (as of April 30, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 9 deficiencies in the following areas: Environmental Health and Safety (3); Food Service (1); Hunger Strikes (1); and Medical Care (4).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of April 29, 2024.

<sup>3</sup> *Ibid.*

## FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection in order to assess the facility's corrective actions taken to address those previously cited deficiencies.<sup>4</sup>

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.

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 plan (UCAP), 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 the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

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<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	1
Medical Care	7
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>9</b>
<b>Part 5 - Activities</b>	
Recreation	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>9</b>

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

## DETAINEE RELATIONS

ODO interviewed 11 detainees, who each voluntarily agreed to participate. ODO offered interviews to six additional detainees and all six detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 11 detainees reported satisfaction with facility services.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### CARE

#### HUNGER STRIKES (HS)

ODO reviewed █ non-medical staff and 9 medical staff training records and found in █ out of █ records, no documented initial nor annual hunger strike training (**Deficiency HS-1**<sup>7</sup>). **This is a repeat deficiency.**

#### MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility placed █ detainees in the general population without tuberculosis screening (**Deficiency MC-18**<sup>8</sup>). **This is a repeat deficiency and a priority component.**

ODO reviewed █ detainee health assessments and found in █ out of █ health assessments, a licensed practical nurse and an emergency medical technician received no documented initial nor annual training provided by a physician (**Deficiency MC-28**<sup>9</sup>).

ODO interviewed the health services administrator (HSA), reviewed █ detainee medical records, and found in █ out of █ records, a medical provider did not review the physical examination that a non-provider completed. (**Deficiency MC-29**<sup>10</sup>).

ODO interviewed the HSA, reviewed █ non-dental clinician training record and █ detainee medical records, and found in █ out of █ medical records, a non-dental clinician completed the dental screenings; however, the non-dental clinician's training record did not have documented

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<sup>7</sup> "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).

<sup>8</sup> "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).

<sup>9</sup> "Health assessments shall be performed by a physician, physician assistant, nurse practitioner, registered nurse (RN) (with documented initial and annual training provided by a physician), or other health care practitioner, as permitted by law." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>10</sup> "When a physical examination is not conducted by a provider, it must be reviewed by a provider." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

annual training by a dentist (**Deficiency MC-45<sup>11</sup>**).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility medical staff did not obtain signed and dated consent forms from the detainees prior to providing non-emergency medical examinations or treatment (**Deficiency MC-92<sup>12</sup>**). **This is a priority component.**

ODO reviewed [REDACTED] detainee medical records for detainees with prescribed and administered psychotropic medication and found in [REDACTED] out of [REDACTED] records, no separate documented informed consent form with a description of the medication side effects (**Deficiency MC-93<sup>13</sup>**). **This is a repeat deficiency and a priority component.**

ODO interviewed the HSA, reviewed [REDACTED] female detainee medical records, and found in [REDACTED] out of [REDACTED] initial health assessments, medical staff did not inquire about nursing (breastfeeding), use of contraception, history of breast and gynecological problems, or family history of breast and gynecological problems (**Deficiency MC-138<sup>14</sup>**). **This is a repeat deficiency.**

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed [REDACTED] non-medical staff and [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] records, no documented initial nor annual comprehensive suicide prevention refresher training (**Deficiency SSHSPI-2<sup>15</sup>**). **This is a priority component.**

## **CONCLUSION**

During this follow-up inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found nine deficiencies in the remaining three standards. Since SCJ's last inspection in October 2023, the facility has maintained a comparable level of compliance with the NDS 2019. SCJ went from 4

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<sup>11</sup> "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>12</sup> "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>13</sup> "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).

<sup>14</sup> "In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following: ...

- b. If the detainee is currently nursing (breastfeeding);
- c. Use of contraception;
- f. History of breast and gynecological problems;
- g. Family history of breast and gynecological problems; and"

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

<sup>15</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).



deficient standards and 9 deficiencies in October 2023 to 3 deficient standards and 9 deficiencies, including 4 priority component deficiencies in MC (3 deficiencies) and SSHSPI (1 deficiency) and 4 repeat deficiencies in HS (1 deficiency) and MC (3 deficiencies). ODO received a completed UCAP for the last inspection in October 2023; however, the UCAP for the previous inspection did not resolve the 4 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.

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>	<b>FY 2024 Follow-Up Inspection (NDS 2019)</b>
Standards Reviewed	24	16
Deficient Standards	4	3
Overall Number of Deficiencies	9	9
Priority Component Deficiencies	2	4
Repeat Deficiencies	2	4
Areas Of Concern	2	0
Corrective Actions	0	0
Facility Rating	Good	N/A