

Seneca County Jail Inspection 2025-001-026

October 29-31, 2024





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 2025-001-006

Enforcement and Removal Operations ERO Detroit Field Office

Seneca County Jail Tiffin, Ohio

October 29-31, 2024

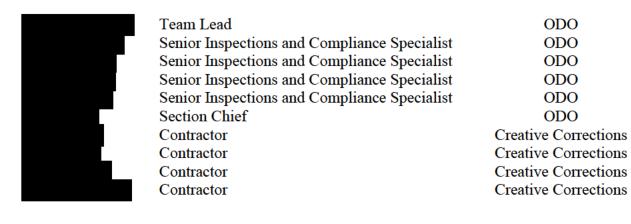
COMPLIANCE INSPECTION of the SENECA COUNTY JAIL

Tiffin, Ohio

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COMPLIANCE INSPECTION TEAM MEMBERS



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 29 to 31, 2024. The facility opened in 1994 and is owned by Seneca County and operated by the Seneca County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCJ in 1996 under the oversight of ERO's Field Office Director in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2019.

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		
Average ICE Population ³		
Adult Male Population (as of October 29, 2024)		
Adult Female Population (as of October 29, 2024)		

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 9 deficiencies in the following areas: Hunger Strikes (1); Medical Care (7); and Significant Self-Harm and Suicide Prevention and Intervention (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 28, 2024.

³ Ihid

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	2
Transportation by Land	0
Sub-Total	2
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	1
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	1
Part 3 - Order	•
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	•
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Total Deficiencies	5

For greater detail on ODO's findings, see the Compliance Inspection Findings section of this report.
 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 44 detainees, who each voluntarily agreed to participate. ODO requested interviews with two additional detainees; however, both detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO observed a total of 10 facility showers in housing units C, D, E, and G and found in 10 out of 10 showers, rust on the walls, ceilings, floors, and fixtures; peeling paint on floors and walls; and soap residue on shower fixtures (**Deficiency EHS-58**⁷).

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SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed a facility sergeant, reviewed an immediate use of force (UOF) incident dated September 15, 2024, the after-action review form, and found the facility review team submitted the UOF review report to the facility administrator on September 27, 2024, 12 calendar days after the incident (**Deficiency UOFR-90**).

ODO interviewed a facility sergeant and found the facility does not have protective equipment for a calculated use of force (CUOF) incident. Since the facility had no CUOF incidents during the review period, ODO noted this lack of equipment as an **Area of Concern**.

⁷ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

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 facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

CARE

FOOD SERVICE (FS)

ODO observed the FS area and found bleach, fabric softener, and laundry detergent stored alongside dry food products (**Deficiency FS-107**.¹⁰).

MEDICAL CARE (MC)

ODO reviewed detainee medical records and found in out of records, medical staff completed 1 health assessment for the detainee 16 days after her arrival (Deficiency MC-27.¹¹). This is a priority component.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found five deficiencies in the remaining four standards. Since SCJ's last rated inspection in October 2023, the facility's compliance with NDS 2019 has trended upward. SCJ went from 4 deficient standards and 9 deficiencies in October 2023 to 4 deficient standards and 5 deficiencies during this compliance inspection. SCJ completed its uniform corrective action plan for its last inspection in April 2024, which likely resolved ODO's previously cited deficiencies. ODO recommends ERO Detroit work with the facility to resolve any deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	24	21
Deficient Standards	4	4
Overall Number of Deficiencies	9	5
Priority Component Deficiencies	2	1
Repeat Deficiencies	2	0
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Good	Good

¹⁰ "All toxic, flammable, and caustic materials shall be segregated from food products and stored in a locked and labeled cabinet or room." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(d).

¹¹ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(E).



Office of Professional Responsibility

