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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Detroit Field Office

Geauga County Jail
Chardon, Ohio

July 20-23, 2020

**COMPLIANCE INSPECTION
of the
GEAUGA COUNTY JAIL
Chardon, 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 Geauga County Jail (GCJ) in Chardon, Ohio, from July 20 to 23, 2020.¹ The facility opened in 2005 and is owned and operated by the Geauga County Sherriff's Office (GCSO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at GCJ in 2011 under the oversight of ERO's Field Office Director (FOD) in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2000.

ERO has not assigned deportation officers nor a detention services manager to the facility. A GCSO lieutenant handles daily facility operations and is supported by █ personnel. The GCJ provides food, medical, and commissary services at the facility. The facility does not hold any national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	30
Average ICE Detainee Population ³	50
Male Detainee Population (as of 7/20/2020)	46
Female Detainee Population (as of 7/20/2020)	4

During its last inspection, in Fiscal Year (FY) 2016, ODO found 22 deficiencies in the following areas: Access to Legal Material (1); Admission and Release (1); Detainee Classification System (3); Detainee Grievance Procedures (2); Environmental Health and Safety (2); Food Service (2); Funds and Personal Property (1); Medical Care (1); Staff-Detainee Communication (5); Special Management Unit (Disciplinary Segregation) (3); and Telephone Access (1).

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 July 20, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	3
Detainee Classification System	2
Detainee Grievance System	0
Food Service	1
Funds and Personal Property	3
Recreation	0
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	1
Visitation	0
Sub-Total	11
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	1
Use of Force	0
Sub-Total	2
Part 3 – Health Services	
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	13

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

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 concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated a chest x-ray taken while in custody, revealed a spot on his lung and he was concerned his medical issue would not be addressed prior to his release.

- Action Taken: ODO reviewed his medical records and spoke with facility medical staff. The facility took a chest x-ray of him upon his admission to the facility, which showed a small nodule, located at the base of his right lung. The facility ordered two more chest x-rays, which a radiologist interpreted, and identified the nodule as a benign lesion. The facility scheduled him to receive a follow-up chest x-ray in September 2020. The detainee's medical record indicated the facility informed him of the radiologist's report and facility medical staff spoke to him on July 21, 2020, and ensured he understood the radiologist's findings.

Medical Care: One detainee stated he was diagnosed with depression, he desired additional medication and some form of counseling, which the facility had not provided.

- Action Taken: ODO reviewed his medical records and spoke with facility medical and mental health staff. ODO found a facility physician evaluated him on July 16, 2020, the physician prescribed him sleep medication, and referred him to the facility's consultant psychiatrist for evaluation. Following his interview with ODO, the consultant psychiatrist evaluated him on July 21, 2020, prescribed him medication for his depression, and scheduled him for follow-up care with the facility's mental health staff.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and found 2 out of 12 detainee detention files did not contain a signed Order to Detain or Release (Form I-203) (**Deficiency A&R-1⁶**).

ODO reviewed the facility's A&R procedures, interviewed facility staff, and found ERO Detroit had not approved the facility's orientation procedures (**Deficiency A&R-2⁷**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action. Specifically, ERO Detroit reviewed the facility's orientation procedures and on July 23, 2020, issued a memorandum, which documented their review and approval of the facility's orientation procedures (**C-1**).

ODO found ERO Detroit had not approved the facility's release procedures (**Deficiency A&R-3⁸**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action. Specifically, ERO Detroit reviewed the facility's release procedures and on July 23, 2020, issued a memorandum, which documented their review and approval of the facility's procedures (**C-2**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the facility's classification procedures, their classification records, interviewed facility staff, and found a supervisor did not review intake classifications, nor ensure classification staff assigned detainees to the appropriate housing units (**Deficiency DCS-1⁹**).

ODO found the facility did not monitor nor escort high-level detainees as required by the standard (**Deficiency DCS-2¹⁰**).

⁶ "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁷ "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

⁸ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approved [*sic*] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). *Note:* The NDS section number is incorrect. The cited section should be (III)(L).

⁹ "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

¹⁰ "... [REDACTED] detainees are considered a high-risk category requiring medium to maximum security housing. [REDACTED] detainees are always monitored and escorted." See ICE NDS 2000, Standard, Detainee Classification

FOOD SERVICE (FS)

ODO's inspection of the facility's satellite-feeding carts found the carts did not have locking devices (**Deficiency FS-1¹¹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's F&PP policy and found there was no written policy regarding the loss of, or damage to, detainee property (**Deficiency F&PP-1¹²**).

ODO reviewed the facility's abandoned property procedures and found the facility did not turn over abandoned detainee property to ERO Detroit (**Deficiency F&PP-2¹³**).

ODO reviewed the facility's detainee handbook, interviewed facility staff, and found the facility did not inform detainees how to request copies of their identity documents, which was a repeat deficiency (**Deficiency F&PP-3¹⁴**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO inspected GCJ's ERO visitation log and found ERO Detroit supervisory staff had not completed unannounced visits [REDACTED]

[REDACTED] (**Deficiency SDC-3¹⁵**).

System, Section (III)(E)(3).

¹¹ "Food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices." See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(g).

¹² "Each facility shall have a written policy and procedures for detainee property reported missing or damaged. ... All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly received detainee property, as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard;
2. Supervisory staff will conduct the investigation;
3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;
5. The [sic] will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. The [sic] will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
7. The senior contract officer will immediately notify the designated INS officer of all outcomes." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H).

¹³ "All CDFs and IGSA facilities shall report and turn over to INS all detainee abandoned property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(I).

¹⁴ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...

2. That upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;" See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2). **This is a repeat deficiency.**

¹⁵ "Policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communication between staff and detainees and

TELEPHONE ACCESS (TA)

ODO reviewed GCJ's TA policy (Policy-0202), GCJ's Immigration Inmate TA policy (Policy-0202A), the facility's detainee handbook, and found Policy-0202A and their detainee handbook indicated telephone calls would be limited to no less than 15-minutes (**Deficiency TA-1¹⁶**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the facility's barbering operation and found the facility's barbering operation did not take place in a room used only for barbering. Additionally, the multipurpose room the facility used for barbering did not have a lavatory nor a sink with hot and cold water (**Deficiency EH&S-1¹⁷**).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ODO reviewed DS documentation for 12 detainees the facility placed in DS and found a repeat deficiency in which facility staff did not record all visits by medical staff, nor all of the detainees' recreation activities on the daily activity records for 12 out of 12 detainees (**Deficiency SMU AS-1¹⁸**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with nine of those standards. ODO found 13 deficiencies in the remaining eight standards, which included two repeat deficiencies. ODO commends facility staff for their responsiveness during this inspection and notes there were two instances where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

informally observing [*sic*] living and working conditions" See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1).

¹⁶ "The facility shall not restrict the number of calls a detainee places to his/her legal representatives, nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call if desired, at the first available opportunity." See ICE NDS 2000, Standard, Telephone Access, Section (III)(F).

¹⁷ "The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

¹⁸ "A permanent log will be maintained in the SMU. The log will not [*sic*] all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(E)(1). **This is a repeat deficiency.**

Compliance Inspection Results Compared	FY 2016 (NDS 2000)	FY 2020 (NDS 2000)
Standards Reviewed	15	17
Deficient Standards	11	8
Overall Number of Deficiencies	22	13
Repeat Deficiencies	N/A	2
Corrective Actions	3	2