



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
Geauga County Jail
Chardon, Ohio

March 29-31, 2016

**COMPLIANCE INSPECTION
for the
GEAUGA COUNTY JAIL
CHARDON, OHIO**

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Overall Findings..... 2
Findings by National Detention Standard (NDS) 2000 Major Categories 3

INSPECTION PROCESS 4

DETAINEE RELATIONS 5

INSPECTION FINDINGS

DETAINEE SERVICES

Access to Legal Material 7
Admission and Release 7
Detainee Classification System..... 7
Detainee Grievance Procedures 8
Food Service 8
Funds and Personal Property 8
Staff Detainee Communications 9
Telephone Access 9

SECURITY AND CONTROL

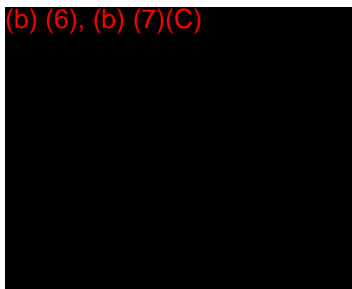
Environmental Health and Safety 10
Special Management Unit (Disciplinary Segregation) 10

HEALTH SERVICES

Medical Care 11

* * * * *

INSPECTION TEAM MEMBERS



Lead Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Geauga County Jail (GCJ) in Chardon, Ohio from March 29 to 31, 2016.¹ GCJ opened in 2005 and is owned by Geauga County and operated by the Geauga County Sheriff's Office. The Office of Enforcement and Removal Operations (ERO) began housing detainees at GCJ in 2011 pursuant to a United States Marshals Service (USMS) Intergovernmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in Detroit.

ERO staff members are not assigned to the facility on a full-time basis. A Detention Services Manager is not assigned to the facility. A GCJ Sheriff is responsible for oversight of daily facility operations and is supported by b personnel. GCJ staff provides medical and food services. The GCJ 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; however it has made efforts to comply.⁴ The facility holds no accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	70
Average ICE Detainee Population ³	34
Male Detainee Population (as of 3/29/2016)	19
Female Detainee Population (as of 3/29/2016)	1

OVERALL FINDINGS

This is ODO's first inspection of the GCJ under the National Detention Standards (NDS) 2000. ODO reviewed the facility's compliance with 15 standards and found the facility compliant with four standards. ODO found 22 deficiencies in the remaining 11 standards. Finally, ODO identified three opportunities where the facility initiated corrective action during the course of the inspection.⁵

Inspection Results	FY 2016 (NDS 2000)
Standards Reviewed	15
Deficient Standards	11
Overall Number of Deficiencies	22
Corrective Action	3

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 March 28, 2016.

³ *Ibid.*

⁴ The facility has a zero tolerance policy articulated in Policy 101, *Security, Prison Rape Elimination Act*, Facility staff, including volunteers and contractors, receives training in sexual assault and abuse prevention and intervention. The training curriculum specifically addresses the Prison Rape Elimination Act (PREA).

⁵ Corrective actions, where immediately implemented, and best practices and 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	1
Admission and Release	1
Detainee Classification System	3
Detainee Grievance Procedures	2
Detainee Handbook	0
Food Service	2
Funds and Personal Property	1
Staff-Detainee Communication	5
Telephone Access	1
Sub-Total	16
Part 2 – Security and Control	
Environmental Health and Safety	2
Special Management Unit (Administrative)	0
Special Management Unit (Disciplinary)	3
Use of Force	0
Sub-Total	5
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
Total Deficiencies	22

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 ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

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 also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."⁸ Priority components have been selected from across a range of detention standards based on 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 17 detainees, each of whom 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:

Detainee Grievance Procedures: One non-English speaking detainee complained she is not familiar with facility grievance procedures because only the English version of the procedures is posted in her housing unit.

- Action Taken: ODO confirmed grievance procedures were only posted in English. Facility staff posted a Spanish version of the grievance procedures in each housing unit prior to the conclusion of the inspection. The procedures are also included in the Spanish version of the facility handbook. ODO notes that posting grievance procedures in the housing units is not required by the NDS.

Medical Care: One detainee complained he was denied medical care for his hip and knee problems.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee was evaluated by medical staff in 2014, and right knee pain was noted. The detainee was released and later re-admitted to the facility in September of 2015. During a medical evaluation by a staff physician shortly after his re-admission, the detainee claimed he needed right hip and right knee replacements. The staff physician determined the detainee's knee and hip pain did not require surgery; instead, the physician ordered anti-inflammatory medication for the detainee. Between September of 2015, and late March of 2016, the detainee was evaluated by the staff physician on eight occasions. Upon review of the detainee's medical record, ODO found the detainee was consistently informed of the care plan related to his knee and hip pain, as well as his option to have his personal physician evaluate him at the facility.

Medical Care: One detainee complained medical staff did not address his ulcer condition.

- Action Taken: ODO reviewed the detainee's medical record which documented he arrived at GCJ in November of 2015, was screened in a timely manner, and had Prilosec, a medication used to treat symptoms related to excess stomach acid, with him upon admission, which was continued. He was seen by the facility physician within four days of admission, and told the physician he had a history of perforated ulcer disease. The physician increased the Prilosec to twice a day, and the detainee has made no additional sick call requests related to his ulcer.

Medical Care: One detainee complained he has not received adequate medical treatment for back pain since his admission to the facility. The detainee stated he has a gall bladder issue and a herniated disk in the lumbar area of his spine, and the anti-inflammatory medication he was prescribed does not help the pain.

- Action Taken: ODO reviewed the detainee's medical file which documented he was admitted to the facility in April of 2015, and that he disclosed a history of back problems due to a herniated disc during his initial medical assessment. Approximately one month after his admission, the detainee was evaluated by the staff physician for a complaint of back pain. The physician noted the detainee's history and performed an examination resulting in a diagnosis of chronic back pain, but not a herniated disc. A course of anti-inflammatory medications was prescribed. The detainee was evaluated for epigastric pain in January of 2016, and diagnosed as having gastritis. The physician concluded the detainee's gastric problems may have resulted from the anti-inflammatory medications used to alleviate his back pain, and the detainee's medication was changed. The detainee has not submitted any sick call requests since the medication change.

INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

The facility handbook notifies detainees of the procedure for notifying a designated employee that library material is missing or damaged; however, an observation of the space used as a law library revealed these procedures are not posted (**Deficiency ALM-1**⁹).

Corrective Action: The facility initiated corrective action during the inspection by posting the library's policy/procedure in the law library room, which addresses how to notify a designated employee that library material is missing or damaged (**C-1**).

ADMISSION AND RELEASE (AR)

Two detainees alleged that they did not receive a facility handbook upon admission. ODO reviewed the detainees' files and found no documentation they were issued facility handbooks (**Deficiency AR-1**¹⁰).

Corrective Action: The facility initiated corrective action during the inspection by providing the two detainees facility handbooks (**C-2**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the housing roster for March 29 and 30, 2016 and found Level 1 detainees and Level 3 detainees housed together in the same dorm. Additionally, ODO observed Level 1 detainees housed with Level 3 detainees (**Deficiency DCS-1**¹¹).

ODO reviewed the facility handbook and found the handbook contains a section on detainee classification, but does not explain the conditions and restrictions applicable to each classification level (**Deficiency DCS-2**¹²), or include written procedures notifying detainees of the method for appealing their classification level (**Deficiency DCS-2**¹³).

⁹ "The detainee handbook or equivalent shall provide detainees with the rules and procedures governing access to legal materials, including the following information: the procedure for notifying a designated employee that library material is missing or damaged. These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q).

¹⁰ "Upon admission every detainee will receive a detainee handbook." See ICE NDS 2000, Standard, Admission and Release, Section (III)(K).

¹¹ "When it becomes necessary to house detainees of different classification levels the following guidelines shall be followed: Level three detainees will not be housed with level one detainees." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(F)(1).

¹² "The detainee handbook's section on classification will include the following: An explanation of the classification levels, with the conditions and restrictions applicable to each. See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(I)(1).

¹³ "The detainee handbook's section on classification will include the following: The procedures by which a detainee may appeal his/her classification." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(I)(2).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the grievance section of the facility handbook and found the handbook does not provide notice of procedures for detainees to contact ICE to appeal a grievance decision of the Officer-in-Charge (OIC) of an IGSA facility (**Deficiency DGP-1¹⁴**).

ODO reviewed the facility handbook and found the handbook does not specify that staff is prohibited from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance (**Deficiency DGP-2¹⁵**).

FOOD SERVICE (FS)

The facility has a satellite feeding operation. ODO observed a staff member taking and documenting the temperatures of hot food items using a digital probe thermometer during tray preparation in the kitchen. The taking and recording of temperatures for cold food items was not observed during tray preparation (**Deficiency FS-1¹⁶**).

The current facility policy on religious diets states a common fare religious diet is available upon request; however, an interview with facility food service staff revealed there was no common fare menu at the time of the inspection (**Deficiency FS-2¹⁷**).

Corrective Action: Prior to completion of the inspection, the facility's chaplain reviewed the vegetarian menu and determined that it meets the qualifications of a common fare religious diet. The vegetarian menu is certified as nutritionally adequate by a dietician. The food service manager changed the name to a Common Fare/Vegetarian Diet so it may be used for both purposes (**C-3**).

FUNDS AND PERSONAL PROPERTY (F&PP)

The facility handbook delineates what property a detainee can and cannot have in their possession, how their property is stored, and how to file claims of lost or damaged property; however, the facility handbook does not explain how a detainee may obtain personal identification documents (**Deficiency F&PP-1¹⁸**).

¹⁴ "The grievance section of the detainee handbook will provide notice of the following: The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(4).

¹⁵ "The grievance section of the detainee handbook will provide notice of the following: The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(5).

¹⁶ "Before and during the meal, the CS in charge shall inspect the line to ensure: Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 degrees F and foods that require refrigeration maintained at 41 degrees F or below." See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(a)(3).

¹⁷ "The INS requires all facilities to provide detainees requesting a religious diet reasonable and equitable opportunity to observe their religious dietary practice within the constraints of budget limitations and the security and orderly running of the facility through a common fare menu." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(1).

¹⁸ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: 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).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the staff-detainee request log and found staff-detainee related requests are not consistently answered by ICE within 72 hours. Of 30 staff-detainee requests logged between December 4, 2015, and January 2, 2016, two responses exceeded the 72 hour timeline by six days each (**Deficiency SDC-1**¹⁹).

ODO compared copies of detainee requests with the detainee request logbook and found requests were not recorded in the logbook on at least three occasions (**Deficiency SDC-2**²⁰).

ODO reviewed the staff-detainee request logbook and found the logbook does not have a column to record the date requests are forwarded to ICE (**Deficiency SDC-3**²¹).

ODO interviewed ERO staff and learned the ICE Field Office Director does not have a procedure for ERO weekly detainee visits for field office personnel (**Deficiency SDC-4**²²).

The facility's standard operating procedures do not address detainees with special requirements, including those who are disabled, illiterate, or know little or no English (**Deficiency SDC-5**²³).

TELEPHONE ACCESS (TA)

The facility's phone system has an automated message informing detainee callers that all calls are electronically monitored; however, the facility does not place a notice at each monitored telephone stating detainee calls are subject to monitoring. Additionally, notice of the procedures for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation is not posted at each monitored telephone (**Deficiency TA-1**²⁴).

¹⁹ "The detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(1)(b).

²⁰ "All requests shall be recorded in a logbook specifically designed for that purpose." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

²¹ "In IGSA's, the date the request was forwarded to ICE and the date it was returned shall also be recorded." *See* ICE NDS 2000, Standard, Staff-Detainee Communications, Section (III)(B)(2).

²² "The ICE Field Office Director shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff." *See* ICE NDS 2000, Standard, Staff-Detainee Communications, Section (III)(A)(2)(b).

²³ "The OIC shall ensure that the standard operation procedures cover detainees with special requirements, including those who are disabled, illiterate, or know little or no English." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B).

²⁴ "The facility shall have a written policy on the monitoring of detainee telephone calls. It shall also place a notice at each monitored telephone stating that detainee calls are subject to monitoring; and the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation." *See* ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(1) and (2).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY

ODO observed that exit diagrams are posted throughout the facility; however, the exit diagrams do not include locations of emergency equipment, “You Are Here” markers, or Spanish language instructions (**Deficiency EH&S-1²⁵**).

ODO reviewed fire drill reports and found the facility conducts multiple fire drills annually; however, the reports also show that emergency key drills are not included in each fire drill (**Deficiency EH&S-2²⁶**).

SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION (SMU-DS)

ODO interviewed facility staff and learned the facility does not have an Institutional Disciplinary Committee for reviewing disciplinary cases (**Deficiency SMU-DS-1²⁷**). ODO also learned the facility does not have written procedures in place for the review of disciplinary segregation cases (**Deficiency SMU-DS-2²⁸**).

ODO reviewed the SMU permanent log, which is created through an automated system, and found staff does not record all daily activities and services for detainees in the SMU. ODO found that logged activities only include recreation, supervisor visits, and medical visits (**Deficiency SMU-DS-3²⁹**).

²⁵“In addition to a general area diagram, the following information must be provided on existing signs: English and Spanish instructions; “You are Here” markers; Emergency equipment locations.” See ICE NDS 2000, Standard, Environmental Health and Safety (III)(L)(5)(a),(b) and (c).

²⁶ “Emergency-key drills will be included in each fire drill, and timed.” See ICE NDS 2000, Standard, Environmental Health and Safety (III)(L)(4)(c).

²⁷ “A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee, after a hearing in which the detainee has been found to have committed a prohibited act.” See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(A).

²⁸ “All Facilities shall implement written procedures for the regular review of all disciplinary-segregation cases. . . .” See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(C).

²⁹ “A permanent log will be maintained in the SMU. The log will not 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).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 20 detainee medical appraisals and found all were completed within 14 days of the detainee's arrival. Dental screenings were also completed for all 20 detainees but were completed by Registered Nurses (**Deficiency MC-1**³⁰).

³⁰ "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).