



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

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**Office of Detention Oversight  
Compliance Inspection**

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

**Geauga County Jail  
Chardon, Ohio**

**March 15-19, 2021**

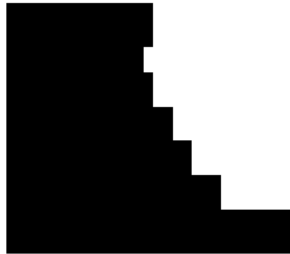
**COMPLIANCE INSPECTION**  
**of the**  
**GEAUGA COUNTY JAIL**  
Chardon, Ohio

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS NATIONAL DETENTION STANDARDS 2000</b>	
<b>MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>7</b>
<b>DETAINEE SERVICES.....</b>	<b>7</b>
Admission and Release .....	7
Detainee Classification System.....	7
Funds and Personal Property .....	8
Telephone Access .....	8
<b>SECURITY AND CONTROL.....</b>	<b>8</b>
Special Management Units (Disciplinary Segregation).....	8
Use of Force.....	8
<b>HEALTH SERVICES .....</b>	<b>9</b>
Medical Care.....	9
<b>OTHER STANDARDS INSPECTED.....</b>	<b>9</b>
NDS 2019 Disability Identification, Assessment, and Accomodation .....	9
NDS 2019 Sexual Abuse and Assault Prevention and Intervention .....	9
<b>CONCLUSION .....</b>	<b>9</b>

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## COMPLIANCE INSPECTION TEAM MEMBERS



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility Office of Detention Oversight (ODO) conducted a compliance inspection of the Geauga County Jail (GCJ) in Chardon, Ohio, from March 15 to 19, 2021.<sup>1</sup> The facility opened in 2005 and is owned and operated by the Geauga County Sheriff's Office. 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 in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2000.<sup>2</sup>

ERO has assigned deportation officers to the facility. A GCJ warden handles daily facility operations and is supported by █ personnel. The Geauga County Sheriff's Office provides food services, medical care, and commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	182
Average ICE Detainee Population <sup>4</sup>	█
Male Detainee Population (as of March 15, 2021)	█
Female Detainee Population (as of March 15, 2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 13 deficiencies in the following areas: Admission and Release (3); Custody Classification System (2); Food Service (1); Funds and Personal Property (3); Environmental Health and Safety (1); Special Management Units (Disciplinary Segregation) (1); Staff Detainee Communication (1); and Telephone Access (1).

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

<sup>2</sup> ERO Custody Management Division informed ODO on March 31, 2021, GCJ was one of several U.S. Marshals Service intergovernmental agreement facilities in which ODO should inspect under the NDS 2000, instead of the NDS 2019. ODO inspected GCJ against NDS 2019 before receiving this updated guidance and ODO verified all findings against the NDS 2000 prior to citing as a deficiency in this report.

<sup>3</sup> Data Source: ERO Facility List Report as of March 15, 2021.

<sup>4</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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.<sup>5</sup>

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.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>6&amp;7</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	2
Detainee Grievance Procedures	0
Food Service	0
Funds and Personal Property	1
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	1
<b>Sub-Total</b>	<b>5</b>
<b>Part 2 – Security and Control</b>	
Emergency Plans	0
Environmental Health and Safety	0
Population Counts	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	1
Use of Force	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 3 – Health Services</b>	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Other Standards Inspected</b>	
NDS 2019 Facility Security and Control	0
NDS 2019 Disability Identification, Assessment, and Accommodation	0
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>6</b>

<sup>6</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>7</sup> Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

## DETAINEE RELATIONS

ODO interviewed 11 out of 13 detainees, who voluntarily agreed to participate. One detainee declined the interview request and the other detainee was in the process of release from custody. None of the detainees made allegations of discrimination, mistreatment, nor abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Staff-Detainee Communication:* Several detainees stated the facility does not replace hygiene supplies upon their request, requiring detainees to purchase their own hygiene items.

- **Action Taken:** ODO reviewed the detainees' complaints with the admissions and release supervisor who stated the facility replenished hygiene items at no cost to detainees; however, ODO found that while facility staff stated the facility does replenish hygiene items as needed at no cost to the detainee, the facility's policy and detainee handbook state only indigent detainees will have hygiene items replenished at no cost to the detainee. ODO cited this as a deficiency under the Admission and Release standard in the Compliance Inspection Findings section of this report.

## COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### ADMISSION AND RELEASE (AR)

ODO reviewed the facility's AR policy and found the facility only replenishes hygiene items for indigent detainees at no cost to the detainee (**Deficiency AR-17<sup>8</sup>**).

ODO reviewed the facility's AR program and found the facility's orientation process did not include procedures for the detainee to contact the ERO deportation officer handling his/her case nor how to use the telephone system to make telephone calls, which ODO cited as an **Area of Concern**.

ODO reviewed 12 detainee detention files and found 1 out of 12 detainee detention files did not contain documentation indicating the detainee received the ICE National Detainee Handbook, which ODO cited as an **Area of Concern**.

#### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 12 detainee files and found 12 out of 12 detainee files did not indicate the first-line supervisor who reviewed and approved the detainees' classification (**Deficiency DCS-10<sup>9</sup>**). **This is a repeat deficiency.**

ODO reviewed 12 detainee files and found 1 out of 12 detainee files did not contain

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<sup>8</sup> "The facility will replenish all hygiene supplies as needed at no cost to the detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(G).

<sup>9</sup> "The first-line supervisor will review and approve each detainee's classification." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3).

documentation indicating the detainee received the ICE National Detainee Handbook, which ODO cited as an **Area of Concern**.

## **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO reviewed the FPP program and found the facility's detainee handbook did not inform detainees how to request copies of their identity documents upon their request (**Deficiency FPP-34<sup>10</sup>**). **This is a repeat deficiency.**

ODO reviewed the facility's FPP program, interviewed facility staff, and found the facility did not have written procedures for the inventory nor audit of detainee funds, valuables, nor personal property (**Deficiency FPP-18<sup>11</sup>**).

ODO reviewed 12 detainee inventory memoranda and found the facility's staff did not indicate the time of the inventory in all 12 inventory memoranda, which ODO cited as an **Area of Concern**.

## **TELEPHONE ACCESS (TA)**

ODO reviewed the facility's TA program and their detainee handbook and found the facility's policy limits the duration of detainee phone calls (**Deficiency TA-24<sup>12</sup>**). **This is a repeat deficiency.**

## **SECURITY AND CONTROL**

### **SPECIAL MANAGEMENT UNITS (DISCIPLINARY SEGREGATION) (SMU DS)**

ODO reviewed DS documentation for five detainees the facility placed in DS and found in two out of five files the facility sanctioned the detainees to 45 days in DS; however, the officer in charge did not provide written justification to ERO Detroit (**Deficiency SMU DS-1<sup>13</sup>**).

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<sup>10</sup> "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 & Personal Property, Section (III)(J)(2).

<sup>11</sup> "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." *See* ICE NDS 2000, Standard, Funds & Personal Property, Section (III)(F).

<sup>12</sup> "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).

<sup>13</sup> "A maximum sanction of 60 days in disciplinary segregation shall apply to violations associated with a single incident. After the first 30 days, the OIC shall send a written justification to the Assistant District Director for Detention and Removal." *See* ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(A).



## **HEALTH SERVICES**

### **MEDICAL CARE (MC)**

ODO reviewed one medical record of a detainee who the facility administered psychotropic medications and found no documentation of a signed informed consent, which ODO cited as an **Area of Concern**.

## **OTHER STANDARDS INSPECTED**

### **NDS 2019 DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)**

ODO reviewed the facility's DIAA orientation program and found the facility does not notify nor inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations nor how to make such a request in a language and/or manner they can understand. Additionally, the facility has not posted signs notifying detainees of their right to request reasonable accommodations, which ODO cites as an **Area of Concern**.

### **NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed the facility's SAAPI program, interviewed facility staff, and found the facility does not provide specialized training on sexual abuse and assault and effective cross-agency coordination to facility investigators who conduct investigations into allegations of sexual abuse and assault, which ODO cites as an **Area of Concern**.

ODO reviewed the facility's SAAPI program, interviewed facility staff, and found the facility does not forward their SAAPI Assault Incident Review Report and Response to ERO Detroit for transmission to the ERO Prevention of Sexual Assault Coordinator, which ODO cited as an **Area of Concern**.

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000, 3 standards under NDS 2019, and found the facility in compliance with 16 of those standards. ODO found six deficiencies in the remaining five NDS 2000 standards. GCJ was contractually obligated to comply with NDS 2000, and ODO verified each finding against the NDS 2000 standards, prior to citing the findings as deficiencies in this report. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2000)</b>	<b>FY 2021 (NDS 2000)/ (NDS 2019)</b>
Standards Reviewed	17	18/3
Deficient Standards	8	5
Overall Number of Deficiencies	13	6
Repeat Deficiencies	2	3
Areas of Concern	0	8
Corrective Actions	3	0