



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
2023-001-053**

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

**Geauga County Jail
Chardon, Ohio**


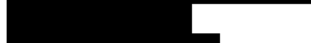
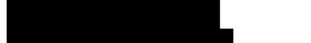
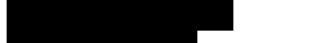
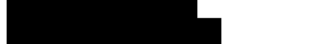
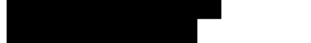
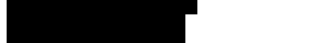

January 31-February 2, 2023

COMPLIANCE INSPECTION
of the
GEAUGA COUNTY JAIL
Chardon, Ohio

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COMPLIANCE INSPECTION TEAM MEMBERS

	Acting Team Lead	ODO
	Assistant Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	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 compliance inspection of the Geauga County Jail (GCJ) in Chardon, Ohio, from January 31 to February 2, 2023.¹ The facility opened in 2005 and is owned by and operated by the Geauga County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at GCJ in 2009 under the oversight of ERO's Field Office Director in Detroit (ERO Detroit). ICE is an authorized user of GCJ under a United States Marshals Service intergovernmental agreement contract, which does not specify any ICE National Detention Standards (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of January 23, 2023. GCJ was inspected against the NDS 2000, and ODO's assigned rating is for ERO's informational purposes only.

ERO has deportation officers (DO) scheduled to visit the facility Mondays, Wednesdays, and Fridays from 8:00 am to 1:00 pm. A jail administrator manages daily facility operations and support personnel. Geauga County 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 Bed Capacity ²	
Average ICE Population ³	
Adult Male Population (as of January 31, 2023)	
Adult Female Population (as of January 31, 2023)	

During its last full inspection, in Fiscal Year (FY) 2022, ODO found 26 deficiencies in the following areas: Admission and Release (1); Detainee Classification System (8); Environmental Health and Safety (8); Food Service (1); Funds and Personal Property (4); Issuance of Clothing Bedding and Towels (1); Medical Care (2); and Use of Force (1).

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

² Data Source: ERO Facility List as of January 23, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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 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 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	0
Correspondence and Other Mail	0
Detainee Classification System	0
Detainee Handbook	0
Food Service	6
Funds and Personal Property	0
Recreation	0
Visitation	0
Sub-Total	6
Part 2 - Security and Control	
Contraband	0
Disciplinary Policy	0
Emergency Plans	0
Environmental Health and Safety	8
Hold Rooms in Detention Facilities	0
Key and Lock Control (Security, Accountability, and Maintenance)	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Tool Control	0
Transportation (Land Transportation)	0
Use of Force	0
Sub-Total	8
Part 3 - Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	1
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
NDS 2019 Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Total Deficiencies	15

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 12 detainees who voluntarily agreed to participate, and the remaining 11 detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Religious Practices: One detainee stated his concern for no available faith services for members of the Jehovah's Witness (JW) at the facility.

- Action Taken: On February 2, 2023, ODO interviewed the GCJ chaplain and an ERO supervisory detention and deportation officer (SDDO) and found the GCJ chaplain and the SDDO did not identify any certified JW minister in Geauga County to provide faith services at GCJ. The GCJ chaplain informed ODO he offered a JW service video to the detainee, but the detainee refused this option. On February 13, 2023, the GCJ chaplain reached out to another local JW church and received pamphlets, Bibles, and workbooks to provide to interested detainees. On the same day, the detainee attended an online visit with an ordained minister of the JW faith.

Visitation: One detainee stated his concern about not receiving legal documents from his mother.

- Action Taken: ODO reviewed GCJ's visitation policy, interviewed the jail administrator, and confirmed GCJ would make an exception in allowing the detainee to receive legal documents from his mother and then send them back to her. Additionally, the jail administrator informed ERO Detroit staff of this accommodation and coordinated for the presence of an ERO DO when the detainee's mother visited him. During a follow-up call with an ERO SDDO on February 6, 2023, ODO confirmed this resolution with the SDDO.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

FOOD SERVICE (FS)

ODO interviewed the food service administrator (FSA), observed 12 knives authorized for use in the FS department, and found GCJ did not physically secure the knives to workstations for use outside of a secure cutting room (**Deficiency FS-18⁷**).

⁷ "Knives must be physically secured to workstations for use outside a secure cutting room." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(2).

ODO interviewed the FSA, observed 12 knives authorized for use in the FS department, and found the GCJ tool control officer did not mount cables through steel shanks to secure the knives (**Deficiency FS-21**⁸).

ODO interviewed the FSA, toured the kitchen, and observed open food items and beverages were not protected from contamination by easily cleaned sneeze-guards, cabinets, display cases, or other such equipment. Specifically, serving counters in the kitchen used to prepare satellite meals were not equipped with easily cleaned sneeze guards (**Deficiency FS-75**⁹).

ODO interviewed the FSA, toured the kitchen, and found GCJ did not equip serving counters used to prepare satellite meals with transparent sneeze-guards to separate hot and cold food (**Deficiency FS-97**¹⁰).

ODO interviewed the FSA, toured GCJ's kitchen, and found the lavatory in the kitchen did not provide soap nor any means of hand-drying (**Deficiency FS-383**¹¹).

Corrective Action: Prior to the completion of the inspection, the jail administrator directed the maintenance officer to install a soap dispenser, supply paper towels in the kitchen lavatory, and to inform the kitchen staff upon completion of the tasks. On February 2, 2023, ODO observed the kitchen lavatory stocked with soap and paper towels (**C-1**).

ODO interviewed the FSA, reviewed the FS departments FS area inspection records, and found the FSA and the cook supervisor did not inspect FS areas weekly (**Deficiency FS-415**¹²).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the maintenance supervisor and found GCJ did not maintain documentation of the semi-annual reviews in the safety data sheets (SDS) master file (**Deficiency EHS-12**¹³).

⁸ "The facility's tool control officer is responsible for mounting the cable to the knife through the steel shank." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(2).

⁹ "Every open food item and beverage shall be protected from contaminants by easily cleaned sneeze-guards, cabinets, display cases, or other such equipment." See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(b).

¹⁰ "The serving counter will be designed and constructed to separate and insulate the hot foods on the one hand and the cold foods on the other. A transparent 'sneeze guard' is required." See ICE NDS 2000, Standard, Food Service, Section (III)(C)(5).

¹¹ "Soap or detergent and paper towels or a hand-drying device providing heated air shall be available at all times in each lavatory." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(9)(c).

¹² "The FSA or CS of food service shall inspect food service areas weekly." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

¹³ "Documentation of the semi-annual reviews will be maintained in the MSDS master file." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

ODO interviewed the jail administrator and found GCJ did not conduct monthly fire and safety inspections (**Deficiency EHS-61¹⁴**). **This is a repeat deficiency.**

ODO reviewed 25 fire drill reports and found in 20 out of 25 reports, GCJ did not include the emergency-key drill in the fire drills nor did facility staff time the fire drills (**Deficiency EHS-69¹⁵**). **This is a repeat deficiency.**

ODO observed the two multipurpose rooms the facility uses for barber operations, interviewed the jail administrator, and found the following deficiencies with barber operations:

- Facility staff located the barbershop in a room used for other purposes (**Deficiency EHS-84¹⁶**). **This is a repeat deficiency.**
- The two multipurpose rooms used for barbershop operations lacked at least one lavatory (**Deficiency EHS-89¹⁷**). **This is a repeat deficiency.**
- The multipurpose rooms were not equipped with sinks to provide hot and cold running water (**Deficiency EHS-90¹⁸**). **This is a repeat deficiency.**
- The multipurpose rooms lacked all necessary equipment for maintaining sanitary hair care procedures. Specifically, the rooms did not have covered metal containers for waste, lavatories, dispensable headrest covers, laundered towels nor haircloths (**Deficiency EHS-91¹⁹**). **This is a repeat deficiency.**
- The multipurpose rooms lacked appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels, and haircloths for a barbershop (**Deficiency EHS-92²⁰**). **This is a repeat deficiency.**

¹⁴ “A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

¹⁵ “Emergency-key drills will be included in each fire drill, and timed.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹⁶ “The operation will be located in a separate room not used for any other purpose.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

¹⁷ “At least one lavatory will be provided.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

¹⁸ “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).

¹⁹ “Each barbershop will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(2).

²⁰ “Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(2).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, a registered nurse conducted the initial dental screening instead of a physician, physician's assistant, or nurse practitioner (**Deficiency MC-51**²¹). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 22 standards under NDS 2000 and 2 standards under NDS 2019 and found the facility in compliance with 21 of those standards. ODO found 15 deficiencies in the remaining 3 standards. Since GCJ's last follow-up compliance inspection in August 2022, the facility's overall compliance with the ICE NDS 2000 has trended down. GCJ went from 8 deficient standards and 26 deficiencies in March 2022 to 3 deficient standards and 15 deficiencies during this most recent full inspection, which included repeat deficiencies for a registered nurse performing the initial dental screening of new arrivals, not having a dedicated space for barbershop operations, not timing fire drills nor including emergency-key drills, not conducting monthly fire and safety inspections, and no documentation of semi-annual reviews in the SDS master files. Although the facility's total number of deficiencies went down during this full inspection, their repeat deficiencies has increased with ODO citing those repeat deficiencies in the Environmental Health and Safety standard and in the Medical Care standard. ERO provided ODO with a completed uniform corrective action plan (UCAP) for the full inspection in March 2022 and for ODO's follow-up inspection in August 2022; however, the facility's corrective action plan indicated on the UCAPs appears to be insufficient in preventing further reoccurrence of the previously documented deficiencies. ODO recommends ERO Detroit continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

²¹ "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).

Compliance Compared	Inspection Results	FY 2022 Full Inspection (NDS 2000/NDS 2019)	FY 2023 Full Inspection (NDS 2000/NDS 2019)
Standards Reviewed		21/1	22/2
Deficient Standards		8	3
Overall Number of Deficiencies		26	15
Priority Component Deficiencies		N/A	0
Repeat Deficiencies		5	8
Areas Of Concern		2	0
Corrective Actions		0	1
Facility Rating		Acceptable	Acceptable