



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Geauga County Jail
Chardon, Ohio**

August 9-11, 2022

FOLLOW-UP 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 August 9 to 11, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of GCJ from March 15 to 17, 2022. 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.

ERO does not have any staff assigned to the facility. 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 Detainee Bed Capacity ²	
Average ICE Detainee Population ³	
Male Detainee Population (as of August 9, 2022)	
Female Detainee Population (as of August 9, 2022)	

During its last 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 longer than 72 hours.

² Data Source: ERO Facility List Report as of August 1, 2022.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁴	Deficiencies
Part 1 – Detainee Services	
Admission and Release	0
Detainee Classification System	0
Detainee Grievance System	0
Food Service	0
Funds and Personal Property	0
Issuance and Exchange of Clothing, Bedding, and Towels	1
Recreation	0
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	1
Part 2 – Security and Control	
Emergency Plans	0
Environmental Health and Safety	8
Facility Security and Control	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	8
Part 3 – Health Services	
Medical Care	1
Hunger Strikes	0
Suicide Prevention and Intervention	0
Sub-Total	1
Total Deficiencies	10

⁴ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed one detainee, who voluntarily agreed to participate. The detainee made no allegations of discrimination, mistreatment, or abuse, and reported overall satisfaction with the facility's services. ODO was unable to interview six detainees due to facility COVID-10 protocols and the remaining four detainees declined ODO's request for an interview.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ISSUANCE AND EXCHANGE OF CLOTHING BEDDING AND TOWELS (IECBT)

ODO reviewed the issuance and exchange of clothing bedding and towels program and found the facility did not exchange socks daily. Specifically, the facility issued each detainee two pairs of socks and the detainees were permitted to do laundry once per week (**Deficiency IECBT-20⁵**). **This is a repeat deficiency.**

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed facility staff, reviewed the facility's fire and safety inspection documentation, and found the following deficiencies:

- Maintenance safety staff did not conduct monthly inspections (**Deficiency EHS-61⁶**). **This is a repeat deficiency;**
- Facility staff did not forward written reports of inspections completed to the officer-in-charge (OIC) for review and corrective action determinations (**Deficiency EHS-62⁷**); and
- The maintenance supervisor or designee did not maintain inspection reports and records of corrective actions in the safety office (**Deficiency EHS-63⁸**).

⁵ "Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly." See ICE NDS 2000, Standard, Issuance and Exchange of Clothing Bedding and Towels, Section (III)(E).

⁶ "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).

⁷ "Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

⁸ "The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

ODO toured the GCJ, interviewed a corrections sergeant, and found the following deficiencies with barbershop operations:

- The facility used housing unit multi-purpose rooms to cut hair instead of having a dedicated space for barber operations (**Deficiency EHS-84⁹**). **This is a repeat deficiency;**
- ODO found no lavatory in the multi-purpose rooms (**Deficiency EHS-89¹⁰**). **This is a repeat deficiency;**
- The multi-purpose rooms had no access to hot and cold running water (**Deficiency EHS-90¹¹**). **This is a repeat deficiency;**
- The facility lacked the required equipment and amenities to maintain hair care sanitation standards (**Deficiency EHS-91¹²**). **This is a repeat deficiency;** and
- ODO found no covered metal containers, dispensable headrest covers, and laundered towels and haircloths (**Deficiency EHS-92¹³**). **This is a repeat deficiency.**

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed █ detainee medical files and found in █ out of █ files, a physician, physician's assistant, or nurse practitioner did not perform the initial dental screening. Specifically, a registered nurse conducted the screenings for all █ detainees (**Deficiency MC-51¹⁴**). **This is a repeat deficiency.**

ODO interviewed the health services administrator, toured quarantine units, and found facility staff did not screen detainees for COVID-19 upon intake. Specifically, the facility operated under Green operational status during the inspection and disregarded ERO Pandemic Response Requirements, Version 9.0, dated June 13, 2022, requiring a facility to test all newly arrived detainees for COVID-19. Instead of testing for COVID-19, the facility quarantined all new detainees for 7 days. ODO cited this as an **Area of Concern**.

⁹“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).

¹⁰ “At least one lavatory will be provided.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

¹¹ “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).

¹² “2. 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)(1).

¹³ “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).

¹⁴ “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).

Conclusion

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000 and found the facility in compliance with 15 of those standards. ODO found 10 deficiencies in the remaining 3 standards. ODO commends facility staff for its responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of GCJ in March 2022.

Compliance Inspection Results Compared	First FY 2022 (NDS 2000)	Second FY 2022 (NDS 2000)
Standards Reviewed	22	18
Deficient Standards	8	3
Overall Number of Deficiencies	26	10
Repeat Deficiencies	5	8
Areas of Concern	2	1
Corrective Actions	0	0
Facility Rating	Acceptable	N/A