



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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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 - 17, 2022

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 March 15 to 17, 2022.¹ 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 (FOD) in Detroit (ERO Detroit). The facility operates under the National Detention Standards (NDS) 2000.

ERO does not have any staff assigned to the facility. The jail administrator handles daily facility operations and manages [REDACTED] support personnel. Geauga County provides food services, medical care, and commissary services at the facility. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of March 14, 2022)	[REDACTED]
Adult Female Population (as of March 14, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 14 deficiencies in the following areas: Detainee Classification System (10); Funds and Personal Property (3); and Staff-Detainee Communication (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 March 7, 2022.

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 its 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	1
Correspondence and Other Mail	0
Detainee Classification System	8
Food Service	1
Funds and Personal Property	4
Group Presentations on Legal Rights	0
Issuance and Exchange of Clothing, Bedding and Towels	1
Marriage Requests	0
Non-Medical Emergency Escorted Trips	0
Voluntary Work Program	0
Sub-Total	15
Part 2 - Security and Control	
Detention Files	0
Detainee Transfers	0
Emergency Plans	0
Environmental Health and Safety	8
Post Orders	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	9
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	26

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 7 out of 14 detainees, who each voluntarily agreed to participate. The other seven 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.

Medical Care: One detainee stated facility staff denied her a request for a Papanicolaou (Pap) smear.

- Action Taken: ODO interviewed the facility registered nurse (RN) and confirmed the detainee arrived at the facility on June 2, 2021, had a history of asthma and depression, and continued to receive her prescribed medications. On June 12, 2021, the medical staff conducted an initial physical examination of the detainee, briefly documented her gynecological history, and noted no other complaints from the detainee. ODO reviewed the detainee's 13 sick call requests, dating from the present to June 21, 2021, and found facility medical staff evaluated her for each request with no documented complaints of gynecological symptoms from the detainee. On March 17, 2022, the RN evaluated the detainee and confirmed the detainee had a Pap smear more than 3 years ago. Since the U.S. Preventive Services Task Force recommends a Pap smear every 3 years for women in the detainee's age category, the RN submitted a medical payment authorization request to ERO Detroit for a Pap smear by an off-site gynecologist.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed █ detention files and found in █ out of █ files, the facility staff did not inventory identity documents, such as passports, birth certificates, etc., nor give the identity documents to a deportation officer for placement in the detainees' non-citizen files. Specifically, ODO found documentation confirming the facility stored identity documents in the detainees' property instead of providing to ERO Detroit for inclusion in their non-citizen files (**Deficiency AR-25**⁷).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed █ detention files and found in █ out of █ files, no initial classification form completed prior to release of detainees to the general population (**Deficiency DCS-3**⁸). **This is a repeat deficiency.**

⁷ "Identity documents such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/INS for placement in the detainee's A-file." See ICE NDS 2000, Standard, Admission and Release, Section (III)(E).

⁸ "The classification system ensures all detainees are classified upon arrival, before being admitted into the general population." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

ODO reviewed █ detention files and found in █ out of █ files, no copy of the detainees' assessments and associated classification documentation (**Deficiency DCS-16⁹**).

ODO reviewed █ detention files and found in █ out of █ files:

- A supervisor did not review the intake/processing officer's classification files for accuracy and completeness. Specifically, the facility housed a custody level-3 (high security) detainee with a custody level-2 (medium-low security) detainee (**Deficiency DCS-19¹⁰**). **This is a repeat deficiency**; and
- A supervisor did not ensure each detainee's assignment to the appropriate housing unit. Specifically, the facility housed a custody level-3 (high security) detainee with a custody level-2 (medium-low security) detainee (**Deficiency DCS-20¹¹**).

ODO reviewed all housing unit rosters and found in one instance the facility did not ensure they housed detainees according to their classification levels. Specifically, the facility housed a custody level-3 (high security) detainee with a custody level-2 (medium-low security) detainee (**Deficiency DCS-25¹²**). **This is a repeat deficiency**.

ODO observed detainee movement from one location to another and found the facility staff did not escort high-risk detainees throughout the facility. Specifically, ODO observed custody level-3 detainees move throughout the facility without proper monitoring or escorting. The facility booking officer and sergeant confirmed the facility practice of allowing custody level-3 detainees to move from one area to another without staff escort (**Deficiency DCS-34¹³**).

ODO reviewed █ detainee housing assignments and their respective classification levels and found the facility did not correctly house █ out of █ detainees. Specifically, the facility housed a custody level-3 (high security) detainee with a custody level-2 (medium-low) detainee (**Deficiency DCS-36¹⁴**). **This is a repeat deficiency**.

ODO reviewed the facility detainee handbook and found the handbook's section on classification did not address the procedures by which a detainee may appeal his/her classification. Specifically, the handbook stated detainees may appeal their housing unit assignment rather than their

⁹ "The officer will place all original paperwork relating to the detainee's assessment and classification in his/her A-file (right side), with a copy placed in the detention file." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(B).

¹⁰ "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

¹¹ "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).

¹² "All facilities shall ensure that detainees are housed according to their classification level." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E).

¹³ "Level three detainees are considered a high-risk category requiring medium to maximum security housing. Level three detainees are always monitored and escorted." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(3).

¹⁴ "When it becomes necessary to house detainees of different classification levels the following guidelines shall be followed: Levels one and two may be mixed, and high-level twos and level threes may be mixed, when a facility is at or above full capacity." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(F)(1-4).

classification level (**Deficiency DCS-50**¹⁵).

FOOD SERVICE (FS)

ODO reviewed FS documentation, interviewed the FS supervisor, and found the FS staff did not document dry storeroom temperatures to ensure temperatures were between 45 to 80 Fahrenheit degrees to prevent swelling of canned goods and general spoilage (**Deficiency FS-449**¹⁶).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO observed the property storage area and found the facility did not keep the safe nor the large-valuable locker in the shift supervisor's office (**Deficiency FPP-3**¹⁷).

ODO reviewed ■■■ detention files and found in ■■■ out of ■■■ files, facility staff did not inventory identity documents, such as passports, birth certificates, etc., nor give the identity documents to a deportation officer for placement in the detainees' non-citizen files. Specifically, ODO found documentation confirming storage of identity documents in detainees' property instead of in their non-citizen files (**Deficiency FPP-12**¹⁸).

ODO reviewed funds and personal property procedures and found the facility did not have written procedures for inventory and audit of detainee valuables and personal property (**Deficiency FPP-54**¹⁹). **This is a repeat deficiency.**

ODO reviewed the facility detainee handbook and found no address procedures for filing a claim for lost or damaged property (**Deficiency FPP-89**²⁰).

ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING AND TOWELS (IECBT)

ODO reviewed the IECBT policy, interviewed the facility staff, and found the facility did not exchange socks daily. Specifically, the facility issued two pairs of socks and offered laundry only

¹⁵ "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)(1-2).

¹⁶ "Proper care and control of the dry storeroom involves:

1. Keeping it dry and cool (45-80 degrees F) to prevent swelling of canned goods from swelling and general spoilage."

See ICE NDS 2000, Standard, Food Service, Section (III)(J)(7)(a)(1).

¹⁷ "Both the safe and the large-valuable locker should be kept in the shift supervisor's office." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(A).

¹⁸ "Identity documents, such as passports, birth certificates, etc., will be held in the detainee's A-file." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(3).

¹⁹ "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(F).

²⁰ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...

5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(5).

twice per week (**Deficiency IECBT-20²¹**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility maintenance supervisor and found the facility staff did not document monthly maintenance inspections (**Deficiency EHS-61²²**).

ODO reviewed eight fire drill logs and found in eight out of eight logs:

- The facility staff did not include nor time emergency key drills (**Deficiency EHS-69²³**); and
- The facility staff did not draw emergency keys for use by the appropriate staff to unlock one set of emergency exit doors not in daily use (**Deficiency EHS-70²⁴**).

ODO observed the multipurpose room used for haircuts and found:

- The facility did not conduct haircuts in a separate room not used for any other purpose (**Deficiency EHS-84²⁵**).
- The room did not contain at least one lavatory (**Deficiency EHS-89²⁶**).
- The facility did not have both hot and cold water available (**Deficiency EHS-90²⁷**).
- The facility did not have all equipment and facilities necessary for maintaining sanitary procedures of hair care (**Deficiency EHS-91²⁸**).
- The cabinet did not contain covered metal containers for waste, dispensable headrest covers, and haircloths (**Deficiency EHS-92²⁹**).

²¹ “Socks and undergarments will be exchanged daily.” *See* ICE NDS 2000, Standard, Issuance and Exchange of Clothing, Bedding and Towels, Section (III)(E).

²² “The maintenance (safety) staff will conduct monthly inspections.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

²³ “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).

²⁴ “Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

²⁵ “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).

²⁶ “At least one lavatory will be provided.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

²⁷ “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).

²⁸ “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).

²⁹ “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).

USE OF FORCE (UOF)

ODO observed facility staffing during the inspection and interviewed the facility administrator. ODO observed the facility did not always maintain sufficient staffing to quickly convene UOF teams. Specifically, two staff members had called out sick on a shift during the inspection, which left the facility unable to assemble a full UOF team per the UOF team technique (**Deficiency UOF-11**³⁰).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, an RN conducted the initial dental screenings instead of the required physician, physician's assistant, or nurse practitioner (**Deficiency MC-51**³¹).

ODO observed the facility medication call on March 16, 2022, and found officers did not keep consistent written records of all medications given to detainees by facility medical staff. Specifically, officers did not document detainees receiving a single dose of Tylenol, offered by the staff three times per day (**Deficiency MC-75**³²).

OTHER STANDARDS REVIEWED

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)³³

ODO reviewed the SAAPI policy and found ERO Detroit FOD did not approve the policy. ODO noted this as an **Area of Concern**.

ODO interviewed the jail administrator and found the facility had no reported SAAPI incidents during this review period. Additionally, the facility would not conduct an incident review at the conclusion of every investigation of sexual abuse and assault nor prepare a written report within 30 days of the conclusion of the investigation recommending a change in policy or practice to improve prevention, detection, or response to sexual abuse and assault. ODO noted this as an **Area of Concern**.

³⁰ "Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(b).

³¹ "If no on-site dentist is available, is the initial dental screening performed by a physician, physician's assistant or nurse practitioner?" See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

³² "Do officers keep written records of all medication given to detainees?" See ICE NDS 2000, Standard, Medical Care, Section (III)(I).

³³ GCJ is not contractually obligated to comply with the ICE NDS 2019 SAAPI standard. As such, ODO cited all findings in the SAAPI standard as **Areas of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found 26 deficiencies in the remaining 8 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. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of GCJ on August 2, 2021.

Compliance Inspection Results Compared	FY 2021 (NDS 2000)	FY 2022 (NDS 2000/NDS 2019)
Standards Reviewed	14	22
Deficient Standards	3	8
Overall Number of Deficiencies	14	26
Repeat Deficiencies	2	5
Areas Of Concern	0	2
Corrective Actions	0	0
Facility Rating	N/A	Acceptable