



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
2024-001-248**

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

**Geauga County Jail
Chardon, Ohio**

January 30-February 1, 2024

COMPLIANCE INSPECTION
of the
GEAUGA COUNTY JAIL
Chardon, Ohio

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019	
MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SAFETY	8
ENVIRONMENTAL HEALTH AND SAFETY	8
SECURITY	8
STAFF-DETAINEE COMMUNICATION.....	8
CUSTODY CLASSIFICATION SYSTEM	9
SPECIAL MANAGEMENT UNIT	9
CARE	10
HUNGER STRIKES.....	10
MEDICAL CARE.....	10
PERSONAL HYGIENE	11
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	11
ACTIVITIES	12
CORRESPONDENCE AND OTHER MAIL.....	12
CONCLUSION	12

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	ODO
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

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 30 to February 1, 2024.¹ The facility opened in 1994 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 2003 under the oversight of ERO’s Field Office Director in Detroit (ERO Detroit). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of January 22, 2023. GCJ was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.²

[REDACTED] A facility 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 any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of January 30, 2024)	[REDACTED]
Adult Female Population (as of January 30, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 15 deficiencies in the following areas: Environmental Health and Safety (8); Food Service (6); and Medical Care (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 Beginning in FY 2024, ERO Custody Management requested ODO inspect all USMS IGA facilities not contractually obligated to an ICE NDS against the NDS 2019.

³ Data Source: ERO Custody Management Division Authorized Facility List as of January 22, 2024.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁵

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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	5
Sub-Total	5
Part 2 - Security	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	4
Staff-Detainee Communication	1
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	6
Part 4 - Care	
Food Service	0
Hunger Strikes	2
Medical Care	7
Personal Hygiene	3
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	13
Part 5 - Activities	
Correspondence and Other Mail	1
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detainee Transfers	0
Sub-Total	0
Total Deficiencies	25

DETAINEE RELATIONS

ODO interviewed 32 detainees who voluntarily agreed to participate. ODO could not interview the seven female detainees due to COVID-19 restrictions. One detainee made an allegation of abuse by another detainee, and ODO referred him to both ERO Detroit and a GCJ sergeant for follow up. Most detainees reported satisfaction with facility services except for the concerns listed below.

Personal Hygiene: One detainee stated he could not request replacement hygiene items via the housing unit’s kiosk.

- Action Taken: ODO interviewed the facility’s commissary sergeant and observed the detainee’s attempt to order personal hygiene items from the indigent tab. ODO explained to the detainee about ordering such items as shampoo, lotion, and toothpaste at no cost under the personal hygiene tab on the kiosk. ODO further explained to the detainee the facility definition of “indigent” and the criteria to qualify as such. The detainee acknowledged understanding, and ODO observed the detainee complete an order for personal hygiene items at the kiosk.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated another detainee exposed his genitals to him.

- Action Taken: On January 30, 2024, ODO informed a facility sergeant and an ICE supervisory detention and deportation officer of the allegations and submitted an incident report to the Joint Intake Center for further investigation. On January 31, 2024, ODO conducted a follow-up interview with the detainee and confirmed a facility sergeant spoke with the detainee about the incident. On February 6, 2024, ODO confirmed the report in the Joint Integrity Case Management System, reviewed the facility’s investigation report and the facility’s daily detainee assault report published that day, and found the allegations to be unsubstantiated. ODO found the detainee recanted the allegation and stated the suspected detainee did not expose himself but merely indicated an interest in him.

Telephone Access: One detainee stated the facility did not allow him to use the telephone.

- Action Taken: On January 31, 2024, ODO spoke to the facility administrator and found the detainee could use the telephone but with restricted access for 1 hour each day until February 6, 2024, due to an administrative charge. The facility administrator informed ODO of the detainee’s options of notifying the housing officer or submitting a request via a KITE (detainee request form) to access the phone. On February 1, 2024, ODO met with the detainee and explained the procedure to request a call, and the detainee understood.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's environmental health and safety policies and found the facility staff did not include procedures for detainees with disabilities to ensure their safety and security during the facility's response to emergency situations (**Deficiency EHS-25**⁸).

ODO reviewed ■ staff training records and found in ■ out of ■ records, no emergency plans training (**Deficiency EHS-26**⁹).

ODO observed the facility showers in housing units B and D and found the first-floor showers in each housing unit contained buildup of soap scum and rust on the shower walls (**Deficiency EHS-58**¹⁰).

ODO toured the facility and found the first-floor showers in housing units B and D with rust stains and soap scum buildup on shower walls (**Deficiency EHS-64**¹¹).

ODO interviewed the facility's health services administrator (HSA) and found neither the HSA nor designee made daily visual inspections of the medical facility, noting the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings (**Deficiency EHS-67**¹²).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed eight detainee housing units and common areas and found in four out of eight units, no posting of Department of Homeland Security (DHS) Office of the Inspector General (OIG) hotline and consulate contact numbers (**Deficiency SDC-21**¹³).

Corrective Action: Prior to the completion of the inspection, ODO verified the facility posted the DHS OIG Hotline and consulate contact telephone numbers in the specified

⁸ "Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

⁹ "All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

¹⁰ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

¹¹ "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹² "The HSA or equivalent, or designee, will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹³ "The facility administrator shall ensure that all ICE/ERO posters or other information are provided in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas)." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(3).

housing units (C-1).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed █ detainee housing unit assignments and found one detainee, classified as minimum-low security, housed with medium-high to high security-level detainees and another detainee, classified as medium-high security, housed with minimum-to-low security level detainees (**Deficiency CCS-14**¹⁴). **This is a priority component.**

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed the facility's administrative detention and inmate discipline policies and found the facility's written procedures did not require a security supervisor, nor equivalent, to interview the detainee and review his or her status in disciplinary segregation every 7 days (**Deficiency SMU-45**¹⁵).

ODO interviewed a facility sergeant, reviewed the facility's administrative detention and inmate discipline policies, and found the facility did not issue guidelines concerning the privileges detainees may have in each type of segregation (**Deficiency SMU-81**¹⁶).

ODO interviewed a facility sergeant, reviewed the facility's administrative detention and inmate discipline policies, and found the facility staff did not subject detainees in disciplinary segregation to more stringent personal property controls (**Deficiency SMU-83**¹⁷).

ODO interviewed a facility sergeant and found facility leadership did not provide training in the following areas: identifying signs of mental health decompensation techniques for appropriate interactions with mentally ill detainees; the impact of isolation; and de-escalation techniques to security staff assigned to SMU (**Deficiency SMU-86**¹⁸).

¹⁴ "All facilities shall ensure detainees are housed according to their classification level." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(D).

¹⁵ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

- a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days. The review will confirm the detainee is being provided showers, meals, recreation, and other basic necessities, as required by this detention standard."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

¹⁶ "Each facility shall issue guidelines in accordance with this standard concerning the privileges detainees may have in each type of segregation." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(J).

¹⁷ "Generally, these detainees shall have fewer privileges than other detainees in either the general population or in administrative segregation. More specifically, they are subject to more stringent personal property control." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(J)(2).

¹⁸ "Security staff assigned to SMU shall receive training in relevant topics, such as:

1. Identifying signs of mental health decompensation;
2. Techniques for appropriate interactions with mentally ill detainees;
3. The impact of isolation; and
4. De-escalation techniques?"

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(L)(1-4).

CARE

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] records, no annual training to recognize the signs of a hunger strike, to implement the procedures for referral for medical assessment, and for management of a detainee on a hunger strike (**Deficiency HS-1**¹⁹).

ODO reviewed the facility's electronic medical records from August 2023 to January 2024 and found no recorded end date of one detainee's hunger strike from January 4 to 5, 2024, (**Deficiency HS-34**²⁰).

MEDICAL CARE (MC)

ODO interviewed the facility's HSA, reviewed the Geauga County Sherriff's Office's infection control policy, [REDACTED] detainee medical records for detainees with suspected tuberculosis (TB), and found in [REDACTED] out of [REDACTED] records, no evaluation for human immunodeficiency virus (HIV) (**Deficiency MC-22**²¹).

ODO interviewed the HSA, reviewed Geauga County Sherriff Office's infection control policy and [REDACTED] detainee medical records, and found in [REDACTED] out of [REDACTED] records, no documented screening for COVID-19 while the facility operated in GREEN status according to ERO Custody Management's Post Pandemic Emergency Guidelines and Protocol. ODO considers this inconsistency between practice and ERO policy to be an **Area of Concern**.

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, no review by the facility provider of physical examinations conducted by a non-provider (**Deficiency MC-29**²²).

ODO reviewed training records of [REDACTED] non-dental clinicians who conduct dental screenings and found in [REDACTED] out of [REDACTED] records, no annual training by a facility dentist on how to conduct an initial dental screening exam (**Deficiency MC-45**²³).

ODO reviewed [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] records, no training for responding to health-related emergencies within a 4-minute response time (**Deficiency MC-57**²⁴).

¹⁹ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

²⁰ "A notation shall be made in the detention file or retrievable electronic record when the detainee has ended the hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(F).

²¹ "All detainees with suspected or confirmed TB disease shall be evaluated for human immunodeficiency virus (HIV), and all detainees with HIV shall be evaluated for TB disease, which includes a chest X-ray." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

²² "When a physical examination is not conducted by a provider, it must be reviewed by a provider." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

²³ "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

²⁴ "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

This is a priority component.

ODO reviewed [REDACTED] detainee medical records for detainees with suspected tuberculosis (TB) and found in [REDACTED] out of [REDACTED] records, no evaluation for human immunodeficiency virus infection (**Deficiency MC-84**²⁵).

ODO reviewed [REDACTED] detainee medical records in which the facility prescribed psychotropic medications and found in [REDACTED] out of [REDACTED] records, no documented informed consent with a description of the medication's side effects prior to administering (**Deficiency MC-93**²⁶). **This is a priority component.**

ODO reviewed the facility's handbook and found the facility handbook did not address allowing a detainee's representative to request and receive medical records (**Deficiency MC-102**²⁷).

PERSONAL HYGIENE (PH)

ODO reviewed the facility's sanitation and environmental conditions/bedding, linen and clothing policy, interviewed facility staff, and found the facility did not have temperature-appropriate clothing (cold weather clothing) to issue to detainees during in-processing (**Deficiency PH-3**²⁸).

ODO reviewed the facility's sanitation and environmental conditions/bedding, linen and clothing policy, interviewed facility staff and found the facility did not have jackets or other similar cold-weather gear; e.g., long sleeve undershirts and/or long sleeve tops to issue to detainees (**Deficiency PH-6**²⁹).

ODO interviewed facility staff and found the facility replenishes personal hygiene items for indigent detainees only, and requires detainees with funds to purchase replacement personal hygiene items (**Deficiency PH-17**³⁰).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)

ODO reviewed [REDACTED] staff training records and found in [REDACTED] out of [REDACTED] records, no training in comprehensive suicide prevention during orientation and refresher training at least annually

²⁵ "Any detainee with confirmed or suspected TB disease shall also be evaluated for possible HIV infection, and any detainee with HIV shall be evaluated for TB disease." See ICE NDS 2019, Standard, Medical Care, Section (II)(N)(3).

²⁶ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

²⁷ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

²⁸ "At no cost to the detainee, all new detainees shall be issued clean, indoor/outdoor, temperature-appropriate, presentable clothing during in-processing." See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(B).

²⁹ "Additional clothing shall be issued as necessary for changing weather conditions or as seasonally appropriate." See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(B).

³⁰ "The facility shall replenish personal hygiene items at no cost to the detainee on an as needed basis, in accordance with written facility procedures." See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F).

thereafter (**Deficiency SSHSPI-2.**³¹). **This is a priority component.**

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO interviewed a facility sergeant, reviewed the facility handbook, and found no definition of special correspondence nor instructions for the proper labeling of special correspondence (**Deficiency COM-7.**³²).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found 25 deficiencies in the remaining 9 standards. Since GCJ’s last full inspection in January 2023, the facility has trended downward. GCJ went from 3 deficient standards and 15 deficiencies in January 2023 to 9 deficient standards and 25 deficiencies during this most recent inspection. This was GCJ’s first full inspection under NDS 2019, which likely contributed to the increase in deficiencies. ODO recommends ERO Detroit continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2000)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	24	24
Deficient Standards	3	9
Overall Number of Deficiencies	15	25
Priority Component Deficiencies	0	4
Repeat Deficiencies	8	N/A
Areas Of Concern	0	1
Corrective Actions	1	1
Facility Rating	Acceptable/Adequate	Acceptable/Adequate

³¹ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

³² “At a minimum, the notification shall specify: ...

5. The definition of special correspondence, including instructions on the proper labeling for special correspondence.”

See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(5).