

# 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 Follow-Up Compliance Inspection 2023-002-151

# Enforcement and Removal Operations ERO Detroit Field Office

Geauga County Jail Chardon, Ohio

July 25-27, 2023

# FOLLOW-UP COMPLIANCE INSPECTION of the GEAUGA COUNTY JAIL

Chardon, Ohio

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# FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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 follow-up compliance inspection of the Geauga County Jail (GCJ) in Chardon, Ohio, from July 25 to 27, 2023. This inspection focused on the standards found deficient during ODO's last inspection of GCJ from January 31 to February 2, 2023. The facility opened in 1994 and is owned and operated by the Geauga County Sheriff's Office (GCSO). 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 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 July 24, 2023. GCJ was inspected against the NDS 2000 and ODO's assigned rating is for ERO's informational purposes only.

jail administrator handles daily operations and manages 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 <sup>2</sup>		
Average ICE Population <sup>3</sup>		
Adult Male Population (as of July 25, 2023)		
Adult Female Population (as of July 25, 2023)		

During its last 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).

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

<sup>&</sup>lt;sup>2</sup> Data Source: ERO Facility List as of July 24, 2023.

#### 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 may include but are not limited to Medical Care, Terminal Illness and Death, 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 <sup>4,5</sup>	Deficiencies		
Part 1 - Detainee Services			
Admission and Release	0		
Detainee Classification System	0		
Detainee Grievance Procedures	0		
Food Service	2		
Funds and Personal Property	0		
Issuance and Exchange of Clothing, Bedding and Towels	0		
Recreation	0		
Staff-Detainee Communication	0		
Telephone Access	0		
Sub-Total	2		
Part 2 - Security and Control			
Emergency Plans	0		
Environmental Health and Safety	5		
Special Management Unit (Administrative Segregation)	0		
Special Management Unit (Disciplinary Segregation)	0		
Use of Force	0		
Sub-Total	5		
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 Disability Identification, Assessment, and Accommodation	0		
Sub-Total	0		
Total Deficiencies	8		

For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.
 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 13 detainees, who each voluntarily agreed to participate. ODO attempted to interview the remaining 25 detainees at the facility; however, all 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 concern listed below.

Staff-Detainee Communication: One detainee stated he did not agree with the outcome of the facility investigation regarding an assault on him by another detainee.

Action Taken: ODO reviewed and found the following entry in the ICE Daily Detainee Assault Report: "On February 28, 2023, ERO Detroit reported a Jamaican national detainee and a Guatemalan national detainee were involved in a physical altercation while housed at the GCJ in Chardon, Ohio. On February 27, 2023, the two detainees were involved in a physical fist fight in which the Guatemalan national repeatedly struck the Jamaican national, knocking him to the floor. GCJ quickly responded to end the altercation. ICE Health Service Corps staff subsequently examined the detainees and determined both detainees were found not to have any injuries requiring immediate outside medical care. The Jamaican national detainee elected to press charges against the Guatemalan national detainee for the assault, resulting in GCSO [Geauga County Sheriff's Office] investigating the incident. ERO Detroit leadership and the Joint Intake Center (JIC) were notified." On July 25, 2023, ODO interviewed GCJ staff who confirmed segregating the Guatemalan national (perpetrator) from the victim and issuing disciplinary sanctions, to include 20 days in disciplinary segregation. Additionally, GCJ confirmed reporting the incident to ERO Detroit, local law enforcement, and IHSC. On July 26, 2023, ODO contacted the JIC to verify notification by GCJ and ERO Detroit regarding this incident. JIC confirmed ERO Detroit made proper notifications and reported this incident to OPR (Joint Integrity Case Management System Number 2023SIR0006374). On August 14, 2023, ODO followed up with JIC and requested the final resolution of the investigation. JIC confirmed with ODO the ongoing status of the investigation and could not provide the detainee with an investigation update at the present time.

# FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

## **DETAINEE SERVICES**

FOOD SERVICE (FS)

ODO observed 12 knives authorized for use in FS not physically secured to workstations outside of the secure cutting room (**Deficiency FS-18**<sup>6</sup>). This is a repeat deficiency.

<sup>&</sup>lt;sup>6</sup> "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 FS administrator, observed 12 knives authorized for use in FS and found the GCJ tool control officer did not mount cables through steel shanks to secure the knives (**Deficiency FS-21**<sup>7</sup>). This is a repeat deficiency.

#### SECURITY AND CONTROL

#### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO observed GCJ barber operations, interviewed the jail administrator, and found the following deficiencies:

- Barbershop operational rooms used for other purposes (Deficiency EHS-848). This is a repeat deficiency;
- Barbershop operational rooms lacked at least one lavatory (**Deficiency EHS-89**<sup>9</sup>). This is a repeat deficiency;
- Barbershop operational rooms were not equipped with sinks to provide hot and cold running water (Deficiency EHS-90<sup>10</sup>). This is a repeat deficiency;
- Barbershop operational 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-91<sup>11</sup>). This is a repeat deficiency; and
- Barbershop operational rooms lacked appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels, and haircloths for a barbershop (Deficiency EHS-92 12). This is a repeat deficiency.

### **HEALTH SERVICES**

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

ODO reviewed detainee medical records and found in out of records, a physician, physician's assistant, or nurse practitioner did not perform the initial dental screening. Specifically, a registered nurse performed all initial dental screenings (Deficiency MC-51 <sup>13</sup>).

<sup>&</sup>lt;sup>7</sup> "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).

<sup>&</sup>lt;sup>8</sup> "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).

<sup>&</sup>lt;sup>9</sup> "At least one lavatory will be provided." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

<sup>&</sup>lt;sup>10</sup> "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).

<sup>&</sup>lt;sup>11</sup> "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)(2).

<sup>&</sup>lt;sup>12</sup> "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).

<sup>&</sup>lt;sup>13</sup> "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant

#### This is a repeat deficiency.

#### CONCLUSION

During this follow-up inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found eight deficiencies in the remaining three standards. Since the facility's last full inspection in February 2023, the facility has shown steady improvement. The facility went from 3 deficient standards and 15 deficiencies in February 2023 to 3 deficient standards and 8 deficiencies during this most recent inspection, which includes 8 repeat deficiencies for failing to ensure designation of the barbershop to a separate room not used for any other purpose; not physically securing knives to workstations used outside the secure cutting room; and failing to ensure a physician, physician's assistant or nurse practitioner performed the initial dental screening of a detainee. The facility's improved performance was likely a result of completing a UCAP for ODO's full compliance inspection of GCJ in February 2023. ODO recommends ERO Detroit continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2000/NDS 2019)	FY 2023 Follow-Up Inspection (NDS 2000/NDS 2019)
Standards Reviewed	22/2	17/1
Deficient Standards	3	3
Overall Number of Deficiencies	15	8
Priority Component Deficiencies	0	0
Repeat Deficiencies	8	8
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Acceptable/Adequate	N/A

or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).