

Office of Professional Responsibility

**Geauga County Jail
Inspection 2024-005-358**

July 16-18, 2024



U.S. Immigration
and Customs
Enforcement



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2024-005-358**

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

**Geauga County Jail
Chardon, Ohio**

July 16-18, 2024

Amended report as of January 10, 2025

This report has been amended to correct an error in the Findings table on page 6. The original report listed incorrect deficiency numbers for the Custody Classification, Special Management Unit, and Staff-Detainee detention standards. ODO has amended the number of cited deficiencies to reflect the accurate counts. No other changes have been made to this report.

UNANNOUNCED 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 an unannounced follow-up compliance inspection of the Geauga County Jail (GCJ) in Chardon, Ohio, from July 16 to 18, 2024.¹ This inspection focused on the standards found deficient during ODO's last inspection of GCJ from January 30 to February 1, 2024. 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 July 15, 2024. GCJ was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.²

[REDACTED] A facility lieutenant handles daily 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 July 16, 2024)	[REDACTED]
Adult Female Population (as of July 16, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 25 deficiencies in the following areas: Correspondence and Other Mail (1); Custody Classification System (1); Environmental Health and Safety (5); Hunger Strikes (2); Medical Care (7); Personal Hygiene (3); Significant Self-Harm and Suicide Prevention and Intervention (1); Special Management Unit (4); and Staff-Detainee Communication (1).

¹ This facility holds male and female detainees with low, medium, 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 NDS 2019.

³ Data Source: ERO Custody Management Division Authorized Facility List as of July 15, 2024.

⁴ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.⁵

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, 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.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced 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 UCAPs; 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6, 7, 8}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	2
Use of Force and Restraints	0
Special Management Units	0
Staff Detainee Communication	1
Sub-Total	3
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	2
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	1
Recreation	0
Sub-Total	1
Total Deficiencies	6

⁶ For greater detail on ODO's findings, see the *Unannounced Follow-Up 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.

⁸ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

DETAINEE RELATIONS

ODO interviewed seven detainees who each voluntarily agreed to participate. Because of facility operational challenges, ODO was unable to interview additional detainees. None of the detainees made allegations of discrimination, mistreatment, or abuse. All seven detainees reported satisfaction with facility services.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed the facility administrator, reviewed [REDACTED] detainee detention files, and found in [REDACTED] out of [REDACTED] files, facility staff housed 1 detainee in general population prior to completing the detainee's classification process (**Deficiency CCS-2⁹**).

ODO reviewed [REDACTED] detainee housing unit assignments and found in [REDACTED] out of [REDACTED] assignments, facility staff housed 1 detainee classified as medium-high security in housing unit G, a low security unit (**Deficiency CCS-14¹⁰**). **This is a repeat deficiency and a priority component.**

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed SMU 30-minute observation logs for 10 detainees and found facility staff logged all observations for all 10 detainees on a regular schedule. Specifically, all logged observations were at 00 and 30 minutes each hour (**Deficiency SMU-84¹¹**). **This is a priority component.**

CARE

MEDICAL CARE (MC)

ODO reviewed training records of [REDACTED] non-dental clinicians who conduct dental screenings and found in [REDACTED] out of [REDACTED] records, no documented annual training by a facility dentist on how to conduct an initial dental screening exam (**Deficiency MC-45¹²**). **This is a repeat deficiency.**

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

⁹ "The classification system shall ensure: All detainees are classified upon arrival, before being admitted into the general population." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(1).

¹⁰ "All facilities shall ensure detainees are housed according to their classification level." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(D).

¹¹ "SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(K).

¹² "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).

description of the medication's side effects prior to administering (**Deficiency MC-93¹³**). **This is a repeat deficiency and a priority component.**

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO interviewed a facility lieutenant, reviewed the facility handbook, and found no definition of special correspondence nor instructions on the proper labeling for special correspondence (**Deficiency COM-7¹⁴**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 14 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found six deficiencies in the remaining four standards. Since GCJ's last full compliance inspection in February 2024, the facility's performance trended upward. GCJ went from 9 deficient standards and 25 deficiencies in February 2024 to 4 deficient standards and 6 deficiencies during this follow-up compliance inspection, which includes 3 priority components and 4 repeat deficiencies for correspondence and other mail, custody classification, medical care, and special management unit. ODO did not receive a completed UCAP for the facility's last ODO inspection in February 2024, which likely contributed to the repeat deficiencies.¹⁵ 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 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	24	14
Deficient Standards	9	4
Overall Number of Deficiencies	25	6
Priority Component Deficiencies	4	3
Repeat Deficiencies	0	4
Areas Of Concern	1	0
Corrective Actions	1	0
Facility Rating	Acceptable/Adequate	N/A

¹³ "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).

¹⁴ "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).

¹⁵ ODO received the completed UCAP on September 11, 2024, but was not able to assess the UCAP actions during this follow-up inspection.



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