

Office of Professional Responsibility

Geauga County Jail

Compliance Inspection 2025-001-051

January 28-30, 2025



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
Compliance Inspection
2025-001-051**

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

**Geauga County Jail
Chardon, Ohio**

January 28-30, 2025

**COMPLIANCE INSPECTION
of the
GEAUGA COUNTY JAIL
Chardon, Ohio**

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COMPLIANCE INSPECTION TEAM MEMBERS

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[REDACTED]	Senior Inspections and Compliance Specialist	ODO
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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 January 28 to 30, 2025.¹ 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). ODO inspected GCJ against NDS 2019, which is the NDS listed on the ERO Custody Management Division Authorized Facility List as of January 28, 2025.

[REDACTED] A lieutenant handles daily facility 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of January 28, 2025)	[REDACTED]
Adult Female Population (as of January 28, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 25 deficiencies in the following areas: Environmental Health and Safety (5); Custody Classification System (1); Special Management Unit (4); Staff-Detainee Communication (1); Hunger Strikes (2); Medical Care (7); Personal Hygiene (3); Significant Self-Harm and Suicide Prevention and Intervention (1); and Correspondence and Other Mail (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 Custody Management Division Authorized Facility List as of January 28, 2025.

³ *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.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 their 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 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	6
Transportation by Land	0
Sub-Total	6
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Units	1
Staff-Detainee Communication	0
Sexual Abuse Assault Prevention and Intervention	0
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Total Deficiencies	9

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁶ 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 RELATIONS

ODO interviewed four detainees who each voluntarily agreed to participate. ODO attempted to interview 37 additional detainees; however, all 37 detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All four detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility staff, reviewed the facility's EHS program and policies, inspected the chemical storage areas, and found the following deficiencies:

- No perpetual inventory of hazardous (flammable, toxic, or caustic) substances used and stored in the area in which they are stored (**Deficiency EHS-3⁷**);
- No inventory record maintained for each substance (**Deficiency EHS-4⁸**);
- No corresponding safety data sheets (SDS) found in areas using hazardous substances per OSHA requirements (**Deficiency EHS-5⁹**);
- Neither staff nor detainees had ready and continuous access to SDSs for the substances they use in the work area (**Deficiency EHS-6¹⁰**);
- No inventory records for hazardous substances kept current before, during, and after each use (**Deficiency EHS-16¹¹**); and
- One out of 50 hazardous material containers did not have proper labeling (**Deficiency EHS-22¹²**).

⁷ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDSs)." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁰ "The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹¹ "Are inventory records for hazardous substances kept current before, during, and after each use?" See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹² "a. The facility will require use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(a).

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 50 detainee SMU 30-minute observation logs and found in 27 out of 50 logs, facility staff recorded observations on a regular schedule, i.e., on the hour and 30 minutes past each hour (**Deficiency SMU-84**¹³). **This is a repeat deficiency and a priority component.**

CARE

MEDICAL CARE (MC)

ODO reviewed the training files of [REDACTED] non-dental clinicians and found a dentist did not train the non-dental clinicians annually on how to conduct dental exams (**Deficiency MC-45**¹⁴). **This is a repeat deficiency.**

ODO reviewed medical files of [REDACTED] detainees with prescribed psychotropic medications and found in [REDACTED] out of [REDACTED] files, no separate documented informed consent for the medications administered (**Deficiency MC-93**¹⁵). **This is a repeat deficiency and a priority component.**

ODO reviewed the professional credentials of three health care prescribers and found in three out of three credentials, valid certifications but only one out of three was verified by the National Practitioner Data Bank (NPDB). The three prescribers included a physician, a nurse practitioner, and a physician assistant. ICE NDS 2019 requires a detention facility to pursue, not achieve, accreditation by the National Commission on Correction Health Care when verifying healthcare prescriber credentials. ODO identified this inconsistency in NPDB verification as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2019 and found the facility in compliance with 18 of those standards. ODO found nine deficiencies in the remaining three standards. Since GCJ's last rated inspection in February 2024, the facility's overall compliance has trended upward. GCJ went from 9 deficient standards and 25 deficiencies in February 2024, to 3 deficient standards and 9 deficiencies during this most recent inspection. ODO received GCJ's UCAP for its last inspection in February 2024; however, it may not have been effective in resolving the repeat deficiencies ODO cited. ODO recommends ERO Detroit continue to work with the facility to resolve the remaining deficiencies.

¹³ "SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(K).

¹⁴ "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).

¹⁵ "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).

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	24	21
Deficient Standards	9	3
Overall Number of Deficiencies	25	9
Priority Component Deficiencies	4	2
Repeat Deficiencies	0	3
Areas Of Concern	1	1
Corrective Actions	1	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate



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