

A. Type of Facility Reviewed

ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
 Field Office HQ Inspection
 Date[s] of Facility Review
4/16/2019 - 4/18/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
4/17/2018 - 4/19/2018
 Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Dodge County Detention Facility
 Address (Street and Name)
216 W. Center St.
 City, State and Zip Code
Juneau, WI 53039
 County
Dodge
 Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
 [Redacted]
 Telephone # (Include Area Code)
 [Redacted]
 Field Office / Sub-Office (List Office with oversight responsibilities)
Chicago
 Distance from Field Office
160 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
 [Redacted] / **LCI/Detainee Rights SME / Nakamoto**
 Name of Team Member / Title / Duty Location
 [Redacted] / **Medical SME / Nakamoto**
 Name of Team Member / Title / Duty Location
 [Redacted] / **Safety SME / Nakamoto**
 Name of Team Member / Title / Duty Location
 [Redacted] / **Security SME / Nakamoto**
 Name of Team Member / Title / Duty Location
 [Redacted] / **Medical SME / Nakamoto**

F. CDF/IGSA Information Only

Contract Number: [Redacted] Date of Contract or IGSA: [Redacted]
 Basic Rates per Man-Day: [Redacted]
 Other Charges: (If None, Indicate N/A)
 [Redacted]

Estimated Man-days Per Year:
 [Redacted]

G. Accreditation Certificates

List all State or National Accreditation[s] received:
 Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
 Court Order Class Action Order
 The Facility has Significant Litigation Pending
 Major Litigation Life/Safety Issues
 Check if None.

I. Facility History

Date Built: [Redacted]
 Date Last Remodeled or Upgraded: [Redacted]
 Date New Construction / Bed space Added: [Redacted]
 Future Construction Planned
 [Redacted] [Redacted] Date: [Redacted]
 Current Bed space: [Redacted] Future Bed space (# New Beds only) Number: [Redacted] Date: [Redacted]

J. Total Facility Population

Total Facility Intake for previous 12 months: [Redacted]
 Total ICE Man-days for Previous 12 months: [Redacted]

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
[Redacted]	[Redacted]	[Redacted]	[Redacted]
<input type="checkbox"/> [Redacted]			

M. Average Daily Population

	ICE	USMS	Other
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

N. Facility Staffing Level

Security: [Redacted] Support: [Redacted]

Significant Incident Summary Worksheet

For Nakamoto to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	2	1	5	1
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	1	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	1	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	30	31	21	7
	# Resolved in favor of Offender/Detainee	0	2	0	1
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	9	10	6	11
	# Psychiatric Cases referred for Outside Care	0	1	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large-scale incidents.

DHS/ICE Detention Standards Review Summary Report					
1. Acceptable	2. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable	
Legal Access Standards					1. 2. 3. 4. 5.
1. Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Services					
5. Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services					
18. Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security and Control					
22. Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.



LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name) [REDACTED]	 [REDACTED] <i>Signature</i>
Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc.	Date 4/18/2019

Team Members	
Print Name, Title, & Duty Location [REDACTED], Safety SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.

- Recommended Rating:**
- Superior
 - Good
 - Acceptable
 - Deficient
 - At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection but is not referenced in the Standards Review Summary Report. The standard was rated as Meets Standard for this inspection.

There was a total of fourteen sexual abuse allegations involving ICE detainees during this inspection period. Five allegations were staff-on-detainee, of which three were unsubstantiated and two unfounded. The allegations ranged from voyeurism to sexual harassment. Nine allegations were detainee-on-detainee ranging from sexual harassment to unwanted touching, of which one was unfounded, five were unsubstantiated and three were substantiated. Case files were reviewed and confirmed that facility practices fully comply with the requirements of the standard. Detainees whose allegations were substantiated received corresponding disciplinary sanctions. There have been no deaths, escapes or serious suicide attempts.

There were three immediate uses-of-force involving ICE detainees. Two incidents involved detainee fights. Oleoresin capsicum (OC)/pepper spray was applied in both incidents to gain compliance. Reports indicated that force was applied within guidelines of the standard. The medical evaluations were timely. In one incident, a detainee presented a small laceration to the elbow which was treated by medical personnel. Detainees were permitted to decontaminate. The other immediate use-of-force involved moving a violent detainee from a conference room to a holding cell. An extraction team was assembling; however, the detainee became violent before the team was formed and immediate action was required. The detainee was subdued and moved to a holding cell. The detainee was

[REDACTED]

evaluated by medical personnel. The detainee suffered no injury and was placed on a fifteen-minute suicide watch. The use of unsafe types of force, such as choke holds, carotid control holds and neck restraints are prohibited. The use of Tasers is limited to staff that have been trained and certified. The use of Tasers on ICE detainees is permitted as a last alternative. The facility does not have a canine unit. Oleoresins capsicum (OC) is authorized for use by trained officers.

The information provided on the Significant Incident Summary Worksheet includes the ICE detainee population. The facility uses flexible housing options for females.