



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Chicago Field Office
Dodge County Detention Facility
Juneau, Wisconsin**

April 8–10, 2014

**COMPLIANCE INSPECTION
DODGE COUNTY DETENTION FACILITY
CHICAGO FIELD OFFICE**

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INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

Prior to an inspection, ODO reviews information from various sources, such as the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replace the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS



Special Agent (Team Leader)	ODO
Special Agent	ODO
Management and Program Analyst	ODO
Inspections and Compliance Specialist	ODO

(b)(6), (b)(7)c

Contractor
Contractor
Contractor

Creative Corrections
Creative Corrections
Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Dodge County Detention Facility (DCDF) in Juneau, Wisconsin, from April 8 to 10, 2014. DCDF, which opened in 2000, is owned and operated by the County of Dodge. ERO began housing detainees at DCDF in 2002 under an intergovernmental service agreement between Dodge County and the U.S. Marshals Service.

Male and female detainees of all security classification levels (Levels I through III) are detained at the facility for periods in excess of 72 hours. This inspection evaluated DCDF's compliance with the 2000 NDS.

Capacity and Population Statistics	Quantity
Total Bed Capacity	466
ICE Detainee Bed Capacity	265 ¹
Average Daily Population	170
Average Length of Stay (Days)	22
Male Detainee Population (as of 4/8/2014)	150
Female Detainee Population (as of 4/8/2014)	13

The ERO Field Office Director (FOD), in Chicago, Illinois, is responsible for ensuring facility compliance with the 2000 NDS and ICE policies. No ICE employees are physically located at DCDF; however, an ERO Detention Service Manager monitors facility compliance with the NDS at DCDF and four other facilities.

A Facility Administrator is responsible for oversight of daily facility operations and is assisted by (b)(7)e deputy facility administrators and (b)(7)e supervisors. DCDF supervisors manage a detention staff of (b)(7)e Aramark provides food services and Correctional Healthcare Companies, Inc., provides medical services. DCDF holds no accreditations.

In August 2012, ODO conducted an inspection of DCDF under the 2000 NDS. ODO reviewed 14 NDS and found a total of 18 deficiencies. DCDF was compliant with six standards.

During this inspection, ODO reviewed 17 NDS and found DCDF compliant with 12 standards. ODO found a total of seven deficiencies in the remaining five standards: Access to Legal Material (1 deficiency), Environmental Health and Safety (1), Food Service (2), Funds and Personal Property (2), and Use of Force (1). ODO identified one best practice in this report.

This report details all deficiencies and refers to the specific relevant sections of the 2000 NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed these deficiencies with ERO and DCDF staff during the inspection and at a closeout briefing conducted on April 10, 2014.

ERO personnel at the Chicago Field Office conduct initial processing of detainees prior to arrival at DCDF. Detainees are classified initially by ERO personnel using the Risk Classification Assessment Detailed Summary. All incoming detainees are patted down; strip searches are not performed unless reasonable suspicion is established in accordance with ICE and facility policy. Detainees receive the ICE National Detainee Handbook and a facility handbook at admission. Both handbooks are available in English and Spanish.

¹ Data obtained from ERO's May 5, 2014 Facility List.

All funds and personal property are inventoried and stored and receipts are provided to detainees. All U.S. currency is deposited into individual detainee commissary accounts. Valuables are sealed in a bag and stored in a small safe at the intake desk, which is accessible only by (b)(7)e designated staff members. Foreign currency is placed in individual personal property bags with other belongings. Property bags are stored in a secure room, accessible only to security staff, with excess baggage. DCDF's policies and procedures do not contain specific procedures to inventory and audit detainee funds and valuables. Further, the policies do not include procedures to address detainee property reported missing or damaged.

The law libraries at DCDF are located in designated rooms outside of the housing units. Detainees submit requests in order to access the law library and are afforded unlimited access from 7 a.m. to 9:30 p.m., seven days a week. The procedures for requesting access, additional time, and legal reference material, procedures for notifying a designated employee that library material is missing or damaged, and a list of the library's holdings are not posted in the law library. DCDF management initiated corrective action during the inspection.

The grievance system at DCDF allows detainees to file informal, formal and emergency grievances. Detainees may submit completed grievance forms in sealed envelopes and return them to any staff member. Seven formal detainee grievances were filed during the nine months preceding this inspection. No trends or patterns were identified in the grievances. None alleged staff misconduct and all received appropriate and timely responses. Due to implementation of a new computer system, DCDF was unable to provide ODO 12 months of grievances.

ODO found high sanitation levels at DCDF during the inspection. Monthly fire drills are conducted on each shift. Exit and evacuation signs in English and Spanish are displayed throughout the facility and diagrams identify locations, exit routes, and the nearest fire extinguisher. To enhance its fire safety program, DCDF conducts periodic exercises with the JFD and has placed numbered JFD logos on all outside doors of the facility, to assist the entry of fire fighters in the event of a fire emergency. The numbers correspond to an area on the facility map, a copy of which is maintained by the JFD. ODO cites this as a best practice, as the facility has taken steps beyond the requirements of the NDS to ensure safety.

DCDF maintenance staff tests the emergency generator for 20 minutes weekly and Total Energy Systems is contracted to test and service the generator annually. The NDS requires in-house testing bi-weekly for a minimum of one hour and quarterly service by an outside vendor. DCDF management produced a November 4, 2011 e-mail from a Detention and Deportation Officer assigned to the ERO Detention Standards Compliance Unit, stating the testing was compliant with the intent of the standard. Due to the absence of a formal waiver from ERO Headquarters, ODO cited this as a deficiency.

Two detainee hunger strikes occurred during the 12 months preceding this inspection. A review of medical records confirmed hunger strike management at DCDF complies with the NDS and DCDF policy. Staff receives initial and annual training in hunger strikes.

ODO found the food service area clean and orderly during the inspection. The facility has a satellite feeding system. Menus are approved by a registered dietician based on a complete

nutritional analysis. Procedures are in place for approval and issuance of religious and medical diets. Food temperatures tested during the inspection were in compliance with the NDS.

Three sinks with hot and cold running water for sanitizing utensils and equipment were not labeled as required by the NDS. ODO also observed open sacks of cake mix and dried beans stacked against walls in the dry storage area of the kitchen. Open food packaging in contact with walls increases the risk of pest and rodent infestation. This is a repeat deficiency from the August 2012 ODO inspection. DCDF management corrected this deficiency prior to completion of this inspection.

The medical staff is comprised of a Health Services Administrator (HSA), who is a registered nurse (RN), (b)(7)e additional RNs and (b)(7)e licensed practical nurses. Nursing coverage is provided around-the-clock. The clinical medical authority is a physician, who is on-site three hours per week and on call 24 hours a day, seven days a week. Mental health services are provided by a mental health professional under contract to Dodge County Human Services, who is on site 12 hours per week. Emergency services and healthcare unavailable at the facility are provided at a local hospital seven miles from DCDF. Dental services are provided as needed by a community dentist. ODO confirmed credentials for all medical personnel are current and primary source verified.

Medical and mental intake screenings are completed by trained booking officers. Detainees receive hands-on physical examinations and dental screenings conducted by RNs. ODO verified the RNs had current proficiency statements signed by the physician certifying their training and approval to perform physical examinations. RNs also receive training on performing dental screenings. Medical records confirmed physical examinations were reviewed by a physician within 14 days of intake. Chronic care medical records confirmed routine monitoring in all 12 cases. All healthcare staff had current certification in cardiopulmonary resuscitation (CPR), first aid, and use of an automated external defibrillator (AED) at the time of the inspection.

Detainees access healthcare via an electronic kiosk system. The kiosk system is programmed for English, Spanish, French and Hmong languages. DCDF uses the Language Link telephonic interpretation service as needed to communicate with detainees.

DCDF has a sexual abuse and assault policy and Prison Rape Elimination Act (PREA) program coordinator in place. The policy addresses zero tolerance, definitions, procedures for screening of detainees, reporting requirements, investigation, notification to detainees, documentation, and hiring and training of staff. According to DCDF staff and query results from the Joint Integrity Case Management System, no allegations of sexual abuse and sexual assault involving detainees have been reported during the 12 months preceding this inspection.

Written procedures govern placement of detainees in administrative and disciplinary segregation. Five detainees were placed in administrative segregation and 13 were placed in disciplinary segregation at DCDF during the 12 months preceding this inspection. Each detainee in administrative segregation was pending a disciplinary hearing. Review of the 13 files for the detainees in disciplinary segregation confirmed disciplinary orders were issued by a disciplinary hearing officer. Special Management Unit (SMU) logs documented the detainees in disciplinary segregation received privileges and services in accordance with the NDS. The segregation cells

for both administrative and disciplinary segregation were clean, adequately ventilated, temperature controlled, well lit, and maintained in a sanitary condition. There were no detainees in administrative or disciplinary segregation at the time of this inspection.

ODO confirmed that during the 12 months preceding this inspection, there were no detainee suicide attempts and 20 detainee suicide watches. Five suicide watch records confirmed compliance with the standard, including release from suicide watch status by a physician in consultation with a mental health professional.

The telephone availability ratio is approximately ten detainees per telephone. All detainees are allowed the same telephone privileges. Detainees are able to use telephones daily between 7 a.m. and 11 p.m. Calls are limited to a strict 15-minute time limit, with automatic disconnection; however, detainees can make uninterrupted, unmonitored calls to a legal representative upon request. Pre-programmed numbers for the Office of Inspector General, foreign consulates, and pro bono legal services are fully functional.

Since March 2013, six use-of-force incidents (four immediate and two calculated) involving detainees occurred at DCDF. Written documentation in all six cases confirmed compliance with the NDS, including notification of ICE, medical examinations and after-action reviews. The video recording of one of the two incidents involving a calculated use of force was reviewed by ODO and confirmed to be compliant with the NDS; however, the video for the second incident could not be located. Written documentation for the second incident includes a statement from the camera operator and a reference to viewing the recording during a DCDF after-action review.

The facility has written visitation procedures and a visitation schedule. Visiting information is available to the public via a telephone recording, postings in the main lobby entrance, and on the DCDF website. Detainees receive a minimum of 30 minutes per visit for general visitors, which can be extended upon request. Contact visits are allowed with clergy, attorneys and legal representatives and those visits have no time limits.

OPERATIONAL ENVIRONMENT

DETAINEE RELATIONS

ODO randomly-selected and interviewed 14 male detainees (four Level I, four Level II and six Level III) and six female detainees² (two Level II and four Level III) to assess the overall conditions of detention at DCDF.

None of the detainees interviewed expressed concerns regarding access to daily recreation, mail, telephones, the grievance system, the law library, issuance and replenishment of basic hygiene items, religious services, visitation, or issuance of the detainee handbook. Each detainee was well informed regarding case status. All stated they are in contact with ICE officers that visit the facility every Wednesday to answer questions and address concerns.

One male detainee alleged it took approximately two weeks to receive anxiety medication to treat his depression. ODO reviewed the detainee's medical file and found he submitted a request on April 2, 2014, and was seen by both medical and mental health staff on April 4, 2014. He started anti-anxiety medication on April 4, 2014, and was scheduled for a follow-up mental health examination.

Another male detainee alleged he entered a sick call request for general illness via the kiosk system at DCDF and waited four days before receiving medical attention. ODO confirmed the request entered by the detainee was for a blood pressure reading that was provided within 48 hours. All vitals were found to be normal.

No detainees reported experiencing or witnessing any verbal, physical or sexual abuse.

² On April 8, 2014, all female detainees initially declined to be interviewed by ODO. On April 9, 2014, ODO reattempted to interview female detainees, at which time six of the 13 female agreed to participate.

ICE 2000 NATIONAL DETENTION STANDARDS

ODO reviewed a total of 17 NDS and found DCDF fully compliant in 12 standards:

1. Admission and Release
2. Detainee Classification System
3. Detainee Grievance Procedures
4. Detainee Handbook
5. Hunger Strikes
6. Medical Care
7. Special Management Unit – Administrative Segregation
8. Special Management Unit – Disciplinary Segregation
9. Staff-Detainee Communication
10. Suicide Prevention and Intervention
11. Telephone Access
12. Visitation

As these standards were compliant at the time of the inspection, a synopsis for each standard is not included in this report.

ODO found seven deficiencies in the following five standards:

1. Access to Legal Material
2. Environmental Health and Safety
3. Food Service
4. Funds and Personal Property
5. Use of Force

Findings for these standards are presented in the remainder of this report.

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at DCDF to determine if detainees have access to a law library, legal materials, and supplies and equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO inspected the areas designated for law library use, reviewed policies, procedures, and the detainee handbook, and interviewed staff and detainees.

The law libraries are located in designated rooms outside each of the seven housing units at DCDF. The law libraries are well-lit and contain adequate furnishings. Each law library is equipped with two desktop computers, two desks, four chairs and sufficient supplies to support legal research and case preparation by detainees. Detainees have access to paper, writing utensils and envelopes. ODO confirmed illiterate detainees and detainees with limited English proficiency are provided assistance with legal paperwork upon request. Detainees with sufficient language, reading and writing abilities are permitted to provide assistance to other detainees. ODO confirmed all computers are operational and contain a current version of LexisNexis.

Detainees submit request forms to DCDF officers for unlimited access to the law library during designated dayroom hours of 7 a.m. to 9:30 p.m., seven days a week. Request forms in English and Spanish are located in all housing units. DCDF policy affords the same law library privileges to detainees in administrative and disciplinary segregation. The facility handbook includes scheduled hours of access to the law library, the procedure for requesting access, additional time, legal reference material not maintained in the law library, and the procedure for notifying a designated employee that library material is missing or damaged; however, these policies and procedures are not posted in the law library with a list of the law library's holdings (**Deficiency ALM-1**). DCDF corrected this deficiency prior to conclusion of this inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q)(1-6), the FOD must ensure "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

1. that a law library is available for detainee use;
2. the scheduled hours of access to the law library;
3. the procedure for requesting access to the law library;
4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library along with a list of the law library's holdings."

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at DCDF to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, reviewed policy and documentation, and interviewed staff.

Sanitation at DCDF is at a high level, and the facility is well maintained. The maintenance supervisor is responsible for facility maintenance and oversees the safety program at DCDF.

There are (b)(7)e Dodge County employees responsible for cleaning all areas of the facility except the food service area and the detainee housing units. The food service director is responsible for overseeing the sanitation program in the kitchen. Sanitation within the housing units is the responsibility of detainees. ODO observed detention officers issuing spray bottles of cleaning solution and supervising cleaning within the housing units.

There is a master index of hazardous substances and a master binder containing Material Safety Data Sheets (MSDS). ODO confirmed MSDS are present in all locations where chemicals are used in the facility. Emergency phone numbers are posted, and the accuracy of those numbers has been reviewed and confirmed by DCDF management. ODO confirmed all chemical cleaning supplies are stored in a secure room accessible only to maintenance staff. Chemicals are dispensed by maintenance staff into appropriately labeled spray bottles by way of an automated dispenser system. ODO verified the accuracy of current inventories of chemicals and spray bottles.

Monthly fire drills are conducted on each shift. Exit and evacuation signs in English and Spanish are displayed in all areas of the facility. Diagrams identify locations and exit routes, as well as the nearest fire extinguisher. Fire extinguishers bearing tags documenting current inspection by the Jefferson Fire and Safety Company, Incorporated, are located throughout the facility. SimplexGrinnell, a certified fire safety company, conducts fire inspections twice a year under contract with the Juneau Fire Department. The most-recent inspection of DCDF by SimplexGrinnell was completed on March 18, 2014, with no violations cited. Documentation reflects internal inspections are conducted in accordance with the NDS. Several members of the DCDF staff serve as volunteer fire fighters on the Juneau Fire Department (JFD). To enhance its fire safety program, DCDF conducts periodic exercises with the JFD. As a result of these exercises, DCDF management has placed numbered JFD logos on all outside doors of the facility to assist the entry of fire fighters in the event of a fire emergency. The numbers correspond to an area on the facility map, a copy of which is maintained by the JFD. ODO cites this as a best practice, because it enables fire fighters to instantly identify appropriate access and egress during a fire emergency.

Monthly pest control and eradication services are provided under contract in accordance with the NDS. DCDF maintenance staff tests the emergency generator at DCDF for 20 minutes each week, and Total Energy Systems is contracted to test and service the generator at DCDF annually (**Deficiency EH&S-1**). The NDS requires bi-weekly, in-house testing for a minimum of one hour, and quarterly service by an outside vendor. DCDF management provided ODO with a copy of an e-mail, dated November 4, 2011, from a Detention and Deportation Officer assigned

to the ERO Detention Standards Compliance Unit, which stated the testing was determined to be compliant with the intent of the standard. Due to the absence of a formal waiver from ERO Headquarters, ODO cited the deficiency.

Inspection of the medical area confirmed sharps are secured in locked cabinets accessible only by medical staff. ODO confirmed inventories are accurate. A locked, marked bio-hazard disposal room contained labeled, red bio-hazard containers for used items. Commercial blood and body fluid spill kits were observed in several areas, and there is a large bio-hazard spill clean-up cart in the maintenance area. DCDF has a contract with Stericycle for removal of bio-hazardous waste.

Barbering services are provided in a dedicated, appropriately equipped room by a contract barber at no cost to detainees. The area is clean and well lit, with sanitation regulations conspicuously posted. Barbering supplies and sanitation materials are kept in a locked, wheeled cart, accessible only by staff. All equipment is inventoried by DCDF staff before and after barbering is conducted. ODO confirmed the accuracy of the inventory.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure, "Power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary.

The bi-weekly test will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generator will also receive quarterly testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output."

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at DCDF to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO toured the facility, inspected the food service area, observed meal preparation and service, reviewed documentation, and interviewed staff. ODO also interviewed a general manager of the food service contractor, who was present during the review.

The food service area is clean and orderly. Staff consists of a food service director and (b)(7)(e) cook supervisors. The food service staff is assisted by a work crew of (b)(7)(e) detainees and (b)(7)(e) inmates. ODO confirmed there are written job descriptions and a comprehensive training program in place for kitchen workers, and all food service personnel receive pre-employment medical clearance. All workers wear clean uniforms, appropriate hair and beard nets, and gloves. Detainees and inmates are visually inspected for health and hygiene issues before each shift.

ODO confirmed menus are approved by a registered dietician based on a complete nutritional analysis. Procedures are in place for approval and issuance of religious and medical diets. The facility has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units on insulated trays. ODO observed the food service staff preparing meals and trays and loading carts for delivery to the housing units. ODO sampled the Tuesday lunch meal and found the food to be hot, of satisfactory taste, and in portions consistent with the menu. ODO observed the food service staff checking temperatures during food preparation and as trays were loaded and served. ODO used a food thermometer to confirm temperatures were in compliance with the NDS.

The food service director inspects the kitchen on a daily and weekly basis. Cleaning schedules are posted in the kitchen providing specific instructions for the frequency of cleaning the kitchen and all equipment. Three sinks with hot and cold running water for sanitizing utensils and equipment were not labeled as required by the NDS (**Deficiency FS-1**). Proper labeling prevents cross contamination and food borne illness. The food service director stated the sinks are rarely used, as most utensils and equipment are sanitized in the large, automatic dishwasher. The walk-in coolers and freezer are clean and equipped with outside thermometers. Any dangerous temperature deviations trigger an alarm in the maintenance office. Temperatures are compliant with the NDS. Oven hoods are clean and have appropriate fire suppression equipment.

ODO observed open sacks of cake mix and dried beans stacked against walls in the dry storage area of the kitchen (**Deficiency FS-2**). Open food packaging in contact with walls increases the risk of pest and rodent infestation. This is a repeat deficiency from the August 2012 ODO inspection. DCDF management corrected this deficiency prior to completion of this inspection.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE NDS, Food Service, section (III)(H)(7)(f)(1), the FOD must ensure, “A sink with at least three labeled compartments is available, as required, for the manually washing, rinsing and sanitizing equipment. Each compartment shall have the capacity to accommodate the items to be cleaned. Each shall be supplied with hot and cold water.”

DEFICIENCY FS-2

In accordance with ICE NDS, Food Service, section (III)(J)(3)(e), the FOD must ensure, “The following procedures apply when receiving or storing food: Store food items at least two inches from the walls and at least six inches above the floor. Wooden pallets may be used to store canned goods and non-absorbent containers, but not to store dairy products or fresh produce.”

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at DCDF to determine if controls are in place to inventory, document, store, and safeguard detainees' personal property, in accordance with the ICE 2000 NDS. ODO toured the facility, reviewed local policies, the facility handbook, and detention files, interviewed staff, and inspected areas where detainee property and valuables are stored.

During intake, all funds and personal property are inventoried, receipted, and stored. All U.S. currency is deposited into individual detainee commissary accounts. Valuables are sealed in a bag and stored in a small safe at the intake desk, which is accessible only by (b)(2), (b)(7)(F) designated staff members. All foreign currency is placed in individual personal property bags with other belongings. Property bags are stored in a secure room accessible only to security staff. A review of 15 detention files confirmed detainee property is properly documented.

ODO confirmed DCDF policies and procedures do not contain specific procedures to inventory and audit detainee funds and valuables (**Deficiency F&PP-1**). The facility initiated corrective action during the course of this inspection.

There are no policies or procedures at DCDF to address detainee property reported missing or damaged (**Deficiency F&PP-2**). The facility initiated corrective action during the course of this inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE NDS, Funds and Personal Property, section (III)(F), the FOD must ensure, "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property."

DEFICIENCY F&PP-2

In accordance with the ICE NDS, Funds and Personal Property, section (III)(H), the FOD must ensure, "Each facility shall have a written policy and procedures for detainee property reported missing or damaged."

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at the DCDF to determine if necessary use of force is utilized only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE NDS. ODO toured the facility, inspected equipment, interviewed staff, viewed video recordings, and reviewed local policies, training records, and use of force documentation.

DCDF has a comprehensive written use of force policy. Confrontation avoidance is emphasized in the policy and training program. DCDF has a Correctional Emergency Response Team (CERT), members of which are available on all shifts in the event the need for a calculated use of force arises. Appropriate protective equipment is securely stored and accessible to CERT team members. Hand-held video cameras are readily available, and stationary security cameras are positioned throughout the facility. Corporals, supervisors and CERT members are trained in the use of Tasers, but ODO notes that use of Tasers on detainees is prohibited by DCDF policy. A review of (b)(7)e randomly-selected training records confirmed current training in the use of force in all cases.

There have been six use-of-force incidents involving detainees since March 2013 (four immediate and two calculated). A review of written documentation in all six cases confirmed compliance with the NDS, including notification of ICE, medical examinations, and after-action reviews. The video recording of one of the two calculated use-of-force incidents was reviewed by ODO and confirmed to be compliant with the NDS; however, the video for the second incident could not be located (**Deficiency UOF-1**). ODO confirmed written documentation for the second incident includes a statement from the camera operator and a reference to viewing the recording during a DCDF after action review.

STANDARDS/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with ICE NDS, Use of Force, section (III)(A)(4)(h), the FOD must ensure, “The videotape shall be catalogued and preserved until no longer needed, but no less than 30 months after its last documented use. In the event of litigation, the facility will retain the tape a minimum of six months after its conclusion/resolution.”