

Office of Professional Responsibility

Dodge County Jail

Compliance Inspection 2025-001-004

April 1-3, 2025



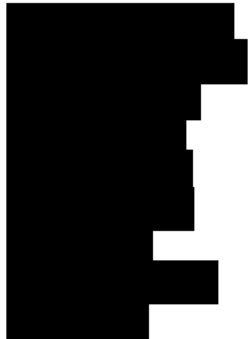
U.S. Immigration
and Customs
Enforcement

COMPLIANCE INSPECTION
of the
DODGE COUNTY JAIL
Juneau, Wisconsin

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	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 compliance inspection of the Dodge County Jail (DCJ) in Juneau, Wisconsin, from April 1 to 3, 2025..¹ The facility opened in 2001 and is owned and operated by Dodge County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DCJ in 2002 under the oversight of ERO's Field Office Director in Chicago (ERO Chicago). 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 DCJ against NDS 2019, which is the NDS listed on the ERO Custody Management Division Authorized Facility List as of March 31, 2025..²

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. Aramark provides food and commissary services, and Vital Core provides medical care 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 April 1, 2025)	[REDACTED]
Adult Female Population (as of April 1, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 8 deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (1); Funds and Personal Property (1); Hunger Strikes (1); Medical Care (2); Post Orders (1); and Special Management Units (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 For ODO inspections beginning in FY 2024, ERO Custody Management Division requested ODO inspect all United States Marshals Service Intergovernmental Agreement facilities, not contractually obligated to an ICE NDS, to NDS 2019.

³ Data Source: ERO Custody Management Division Authorized Facility List as of March 31, 2025.

⁴ *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.⁵

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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Transportation by Land	0
Sub-Total	0
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	2
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	2
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	3
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
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	5

⁶ For greater detail on ODO's findings, see the *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.

DETAINEE RELATIONS

ODO interviewed 25 detainees who each voluntarily agreed to participate. ODO requested interviews with eight additional detainees; however, all eight detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with the facility services.

COMPLIANCE INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed a use of restraints incident report that occurred during this review cycle and found facility staff restrained a detainee in a restraint chair and although use of the restraint chair did not result in injuries to the detainee, facility medical staff did not examine the detainee for injuries after use of the restraint chair (**Deficiency UOFR-51⁸**).

Additionally, ODO found the facility review team did not complete nor submit a report to the facility administrator for record of the incident (**Deficiency UOFR-90⁹**).

CARE

MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, detainees refused to consent to treatment and the facility medical staff did not explain the medical risks of declining treatment to the detainees (**Deficiency MC-97¹⁰**).

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, the facility medical staff did not document their treatment efforts nor the refusal of treatment in the detainees' medical records (**Deficiency MC-98¹¹**).

⁸ "After any use of force or application of restraints, medical personnel shall examine the detainee, immediately treating any injuries." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(G)(3).

⁹ "The facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

¹⁰ "If the detainee refuses to consent to treatment, medical staff will explain the medical risks to the detainee of declining treatment and make reasonable efforts to convince the detainee to voluntarily accept treatment in a language or manner that the detainee understands." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

¹¹ "Medical staff will document their treatment efforts and the refusal of treatment in the detainee's medical record." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

ODO reviewed the site-specific detainee handbook and found no instructions on how detainees and their representatives may request and receive copies of the detainee’s medical records (Deficiency MC-102.¹²).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under NDS 2019 and found the facility in compliance with 19 of those standards. ODO found five deficiencies in the remaining two standards. Since DCJ’s last rated inspection in March 2024, the facility has trended upward. DCJ went from 7 deficient standards and 8 deficiencies in March 2024 to 2 deficient standards and 5 deficiencies during this most recent inspection. DCJ completed its uniform corrective action plan for its last rated inspection in March 2024, which likely resolved ODO’s previously cited deficiencies. ODO recommends ERO Chicago continue to work with the facility to resolve the remaining deficiencies in accordance with the contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	21	21
Deficient Standards	7	2
Overall Number of Deficiencies	8	5
Priority Component Deficiencies	2	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Superior

¹² “Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(P).



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