



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office

Dodge County Jail
Juneau, Wisconsin

April 5-8, 2021

**COMPLIANCE INSPECTION
of the
DODGE COUNTY JAIL
Juneau, Wisconsin**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
DETAINEE SERVICES.....	7
Admission and Release.....	7
Detainee Classification System.....	7
Food Service	8
Staff-Detainee Communication	8
SECURITY AND CONTROL.....	8
Population Counts.....	8
Use of Force.....	8
OTHER STANDARDS REVIEWED	9
PBNS 2019 Sexual Abuse and Assault Prevention and Intervention	9
CONCLUSION	10

COMPLIANCE INSPECTION TEAM MEMBERS



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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 Dodge County Jail (DCJ) in Juneau, Wisconsin, from April 5 to 8, 2021. The facility opened in 2001, is owned by Dodge County, and is operated by the Dodge County Sheriff's Office. 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 (FOD) in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2000.

ERO has not assigned deportation officers and a detention services manager to the facility. A DCJ captain handles daily facility operations and is supported by [REDACTED] personnel. Aramark Corporation provides food services and commissary services at the facility, and Wellpath provides medical care. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ¹	265
Average ICE Detainee Population ²	[REDACTED]
Male Detainee Population (as of April 5, 2021)	[REDACTED]
Female Detainee Population (as of April 5, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2020, ODO found 10 deficiencies in the following areas: Admission and Release (2); Custody Classification System (1); Food Service (1); Sexual Abuse and Assault Prevention and Intervention (2); Special Management Units (1); Telephone Access (2); and Use of Force and Restraints (1).

¹ Data Source: ERO Facility List Report as of April 5, 2021.

² *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.³

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

³ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁴	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	4
Detainee Classification System	1
Detainee Grievance Procedures	0
Food Service	1
Funds and Personal Property	0
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	0
Sub-Total	7
Part 2 – Security and Control	
Emergency Plans	0
Environmental Health and Safety	0
Populations Count	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	6
Sub-Total	7
Part 3 – Health Services	
Hunger Strike	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Other Standards Inspected	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
NDS 2019 Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Total Deficiencies	14

⁴ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed policy, interviewed the AR supervisor, and found the facility's orientation process was not supported by a video (ICE) (**Deficiency AR-2**⁵).

ODO reviewed policy, interviewed the AR supervisor, interviewed the detainee property supervisor, and found when a detainee reports missing property, the facility's staff do not complete the Report of Detainee's Missing Property Form (Form I-387) (**Deficiency AR-51**⁶).

ODO reviewed policy, interviewed the AR supervisor, and found the facility did not forward completed I-387s to ERO Chicago (**Deficiency AR-52**⁷).

ODO reviewed policy, interviewed the AR supervisor, and found ERO Chicago did not approve the facility's orientation procedures (**Deficiency AR-54**⁸).

Corrective Action: ODO reviewed a memorandum from the Detention Standards Compliance officer, dated April 6, 2021, that approved the facility's orientation policy and procedures (**C-1**)

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the facility's detainee handbook and found the handbook did not include an explanation of classification levels, with the conditions and restrictions applicable to each

⁵ "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable and the associated sanctions (see the "Disciplinary Policy" Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

⁶ "The officer shall complete a Form I-387, "Report of Detainee's Missing Property" when any newly arrived detainee claims his/her property has been lost or left behind." See ICE NDS 2000, Admission and Release, Section (III)(I).

⁷ "IGSA facilities shall forward the completed I-387s to INS." See ICE NDS 2000, Admission and Release, Section (III)(I).

⁸ "In IGSA's, the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

(Deficiency DCS-50⁹).

FOOD SERVICE (FS)

ODO interviewed the food service director and found an independent, external source did not conduct an annual inspection to ensure the food service facilities and equipment meet governmental health and safety codes (Deficiency FS-416¹⁰).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's detainee request tracker log from January 1, 2021, through March 18, 2021, and found ERO Chicago did not respond to 10 out of 182 detainee requests within 72 hours from receiving the request (Deficiency SDC-29¹¹).

SECURITY AND CONTROL

POPULATION COUNTS (PC)

ODO reviewed the facility's formal count procedures and found the facility does not conduct a formal count at least [REDACTED] with a shift supervisor verifying its accuracy (Deficiency PC-2¹²).

USE OF FORCE (UOF)

ODO reviewed Use of Restraints Policy (Policy 20.07) and found the facility authorized the use of [REDACTED] without approval of ERO Chicago (Deficiency UOF-43¹³).

Corrective Action: The facility provided ODO with a memorandum from ERO, dated April 6, 2021, approving DCJ Policy 220.07, Use of Restraints, and the facility's [REDACTED] on detainees (C-2).

ODO reviewed UOF documentation and the medical files for the two detainees involved in the two immediate UOF incidents reported during the inspection period and found no documentation

⁹ "The detainee handbook's section on classification will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(I)(1).

¹⁰ "An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

¹¹ "In IGSA facilities without ICE on-site presence, the detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request." See ICE NDS 2011, Standard, Staff Detainee Communication, Section (III)(B)(1)(b).

¹² "Formal counts are conducted at specific times of the day or night in a predetermined manner. A formal count should be conducted [REDACTED], with a shift supervisor verifying its accuracy." See ICE NDS 2000, Standard, Population Counts, Section (III)(A).

¹³ "Deviations from the following list of restraint equipment are prohibited: ...

9. Any other INS-approved restraint device." See ICE NDS 2000, Standard, Use of Force, Section (III)(C)(9).

of the medical services provided (**Deficiency UOF-74**¹⁴).

ODO reviewed UOF policy and the after-action reports for the two UOF Incidents that occurred during the inspection period and found the facility did not pattern its incident review process after ICE. The facility's after-action review team did not include the Health Services Administrator (HSA) and an ERO representative (**Deficiency UOF-102**¹⁵).

ODO's review of UOF records found no documentation of ERO Chicago approving the facility's After-Action Review procedures (**Deficiency UOF-103**¹⁶).

Corrective Action: The facility's lieutenant provided ODO with a memorandum from ERO Chicago, dated April 6, 2021, approving the facility's Policy 220.08, Use of Force, which includes the After-Action Review procedures (**C-3**).

ODO reviewed the facility's Use of Force Policy (Policy 220.08) and the After-Action Review Reports for the two UOF incidents that occurred during this inspection period and found the HSA and ERO representative were not members of the After-Action Review team. The standard requires IGSA facilities to pattern their incident review process after INS (**Deficiency UOF-104**¹⁷).

ODO reviewed facility records and found the facility staff did not forward copies of After-Action Review Reports to the FOD (**Deficiency UOF-113**¹⁸).

OTHER STANDARDS INSPECTED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed two sexual abuse incident files and found no review of the incidents by a trained and qualified investigator. ODO cited this as an **Area of Concern**.

ODO interviewed the facility's staff and found the facility completed incident reports for each allegation of sexual abuse; however, they did not forward the reports or response to ERO Chicago. ODO cited this as an **Area of Concern**.

ODO reviewed the facility's Sexual Misconduct Policy (Policy #240.12) and found it did not contain written procedure for interviewing alleged victims, suspected perpetrators, and witnesses, nor did it have written procedure for reviewing prior complaints and reports of sexual abuse and

¹⁴ "After any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented." See ICE NDS 2000, Standard, Use of Force, Section (III)(G)(2).

¹⁵ "IGSA will pattern their incident review process after INS." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

¹⁶ "INS shall review and approve all After-Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

¹⁷ "The OIC, the Assistant OIC, the CDEO, and the Health Services Administrator shall conduct the after-action review. See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

¹⁸ "The OIC shall forward a copy of the After-Action Review Report to the District Director." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

assault involving the suspected perpetrator. ODO cited this as an **Area of Concern**. ODO reviewed Policy 240.12 and found written policy and procedures for data collection and reporting; however, the facility does not have written policy for them to cooperate with ICE audits. ODO cited this as an **Area of Concern**.

ODO reviewed Policy 240.12 and found the facility has written policy and procedures to coordinate internal administrative investigations with its criminal investigative entity; however, the facility does not have written policy to coordinate with ICE OPR. ODO cited this as an **Area of Concern**.

ODO reviewed the facility’s training records and found completed annual training for SA-API; however, the standard requires facility staff to complete SA-API training biannually. ODO cited this as an **Area of Concern**.

ODO reviewed the facility’s instructions to detainees regarding their SA-API policy; however, the facility does not document the detainees’ participation in that instruction. ODO cited this as an **Area of Concern**.

ODO reviewed Policy 240.12 and found it did not contain written policy for a method to receive third-party reports of sexual abuse and assault in the facility. ODO cited this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2000, 2 standards under NDS 2019, and found the facility in compliance with 14 of those standards. ODO found 14 deficiencies in the remaining 6 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were three instances where staff initiated immediate corrective action during the inspection. The facility is not contractually required to comply with the NDS 2019 SA-API standard; therefore, ODO cited all findings in SA-API as **Areas of Concern**. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2000)	FY 2021 (NDS 2000)/ (NDS 2019)
Standards Reviewed	18	18/2
Deficient Standards	7	6
Overall Number of Deficiencies	10	14
Repeat Deficiencies	N/A	N/A
Areas of Concern	N/A	8
Corrective Actions	1	3