



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

**Dodge County Jail  
Juneau, Wisconsin**

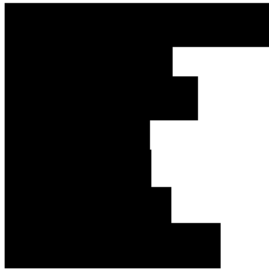
**August 23-25, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**DODGE COUNTY JAIL**  
Juneau, Wisconsin

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## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
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 follow-up compliance inspection of the Dodge County Jail (DCJ) in Juneau, Wisconsin, from August 23 to 25, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of DCJ from January 24 to 28, 2022. The facility opened in 2001 and is owned and 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 in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned a detention services manager to the facility. A DCJ jail administrator (JA) handles daily facility operations and manages [REDACTED] support personnel. Aramark Corporation provides food and commissary services, and Wellpath 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of August 23, 2022)	[REDACTED]
Adult Female Population (as of August 23, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found 16 deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (6); Medical Care (1); Post Orders (4); Special Management Unit (Disciplinary Segregation) (2); and Suicide Prevention and Intervention (2).

<sup>1</sup> This facility holds male both and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of August 23, 2022.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>4,5,6</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Admission and Release	3
Detainee Classification System	0
Detainee Grievance Procedures	3
Food Service	0
Funds and Personal Property	0
Recreation	2
Staff-Detainee Communication	5
Telephone Access	0
<b>Sub-Total</b>	<b>13</b>
<b>Part 2 - Security and Control</b>	
Emergency Plans	0
Environmental Health and Safety	0
Population Counts	0
Post Orders	5
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>5</b>
<b>Part 3 - Health Services</b>	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Other Standards Reviewed</b>	
NDS 2019 Personal Hygiene <sup>6</sup>	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>18</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

<sup>5</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

<sup>6</sup> ODO did not review the Personal Hygiene standard in its entirety. As a result of a detainee interview, ODO partially reviewed the standard.

## DETAINEE RELATIONS

ODO interviewed 31 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or physical abuse. One detainee disclosed recent thoughts of self-harm to ODO and ODO immediately referred the detainee to facility medical staff for evaluation. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Access to Legal Material:* One detainee stated DCJ offers limited access to an outdated LexisNexis database in a legal material multipurpose room vice a designated law library.

- Action Taken: ODO found ERO Chicago updated DCJ with at current version of LexisNexis database on August 15, 2022. ODO found the multipurpose room to be well-lit, sufficiently furnished with tables and chairs, stocked with written material, and equipped with one computer. The facility had additional computers they could make accessible to detainees as needed. ODO observed DCJ staff instruct the detainee on requesting specific times to use the law library and legal materials, and the detainee acknowledged understanding.

*Admission and Release:* One detainee stated the facility staff stripped searched him upon admittance to the facility.

- Action Taken: ODO interviewed the DCJ JA and confirmed the facility does not strip search detainees upon admittance. ODO observed DCJ staff use a whole-body scan machine on detainees as part of the intake process and facility staff did not strip search any of the detainees. The JA stated the facility's requirement is for staff to document any strip search of a detainee. ODO reviewed the detainee's detention file and found no documented evidence of a strip search of this detainee at any time.

*Detainee Handbook:* Four detainees stated they had not received their copies of the ICE National Detainee Handbook.

- Action Taken: ODO reviewed the detention files of the four detainees and found three out of the four had documented receipt of their ICE National Detainee Handbook. On August 30, 2022, at the request of ODO, ERO Chicago issued ICE National Detainee Handbooks to the four detainees in their preferred language.

*Food Service:* One detainee stated the facility served him non-medical diet meals after he requested a medical diet due to his stomach and kidney issues.

- Action Taken: ODO interviewed the DCJ health services administrator (HSA), reviewed the detainee's detention and medical files, and confirmed the detainee informed the medical staff of his lactose intolerance and urinary issues. ODO found medical staff prescribed the detainee a lactose-free diet and ordered Pepto-Bismol, Lactase, and Tylenol for treatment. ODO found nothing to indicate the facility served the detainee anything other than the prescribed medical diet, nor did ODO find any

grievances the detainee made to the facility suggesting they served him the incorrect meals. The facility medical staff instructed the detainee on the treatment plan and ODO found no sick call requests from the detainee since his arrival.

*Medical Care:* On August 22, 2022, the detainee disclosed recent self-harm ideations, and ODO immediately referred him to DCJ mental health services.

- Action Taken: ODO interviewed the medical staff, reviewed the detainee's detention and medical files, and found the facility diagnosed and prescribed psychotropic medication to treat his mental health issues upon arrival. Detainee records reflected provider-scheduled mental health and medication plan follow-up appointments and no detainee medication refusals. On August 23, 2022, a DCJ social worker met with the detainee at ODO's request, and the detainee disclosed thoughts of self-harm and increased anxiety. During ODO's onsite follow-up with DCJ medical staff and the detainee on August 25, 2022, the detainee initially insisted the medical provider had yet to see him until he finally recalled speaking with social worker on August 23, 2022. Both ODO and the DCJ medical provider informed the detainee of his continuously scheduled medical plan, and the detainee acknowledged understanding.

*Medical Care:* Three detainees stated they had not received dental care after submitting sick call requests.

- Action Taken: ODO interviewed the HSA and reviewed detainee detention and medical files for all three detainees. Detainee (1) submitted a sick call request for tooth pain on August 8, 2022. The provider advised the detainee on the following day that facility staff wait-listed him for dental call, but the facility released the detainee on August 30, 2022, prior to any scheduling of an appointment. Detainee (2) submitted a sick call request concerning pain in the mouth on June 30, 2022. DCJ medical staff examined him on the same day and prescribed amoxicillin for 7 days. On July 25, 2022, the facility provided Detainee (2) a 60-day saltwater rinse and submitted an ICE request for an outside dentist to examine his tooth. On July 28, 2022, during the detainee's follow-up visit, medical staff prescribed ibuprofen and doxycycline for 7 days. The facility released Detainee (2) on September 14, 2022, prior to his next dental appointment. Detainee (3) submitted a sick call request for tooth pain on July 27, 2022. On August 8, 2022, medical staff evaluated the detainee, prescribed ibuprofen (200 mg) and a saltwater rinse and submitted a request to ICE for a tooth extraction by an off-site dentist. ODO found the facility released the detainee on September 1, 2022, the same day as his next scheduled dental appointment.

*Medical Care:* One detainee stated he has not received his prescribed blood pressure medication on a timely basis, nor has he received his requested medical diet since arriving to the facility.

Action Taken: ODO interviewed the HSA, reviewed the detainee's detention and medical files, and found the medical staff evaluated the detainee and continued his prescription of Amlodipine for hypertension during intake on July 27, 2022. On August 11, 2022, the detainee refused a medical appointment relating to his hypertension. ODO reviewed and



found no issue with DCJ's medication distribution within the appropriate time windows. On August 18, 2022, the detainee refused to undergo blood work for his hypertension. The HSA and a nurse practitioner informed ODO of the facility requirement for lab test results to justify a medical diet. ODO requested the facility medical staff reschedule the detainee for bloodwork, which they did; however, the facility released the detainee on September 16, 2022, prior to his rescheduled blood work appointment of October 10, 2022.

*Staff-Detainee Communication:* One bilingual detainee stated the facility had no ICE request forms in Spanish for Spanish-speaking detainees.

- Action Taken: ODO observed and confirmed DCJ did not have paper copies of ICE request forms in Spanish but did observe available translation services and bilingual staff assisting detainees with their translation requests. ERO Chicago advised ODO on DCJ's coordination to add more foreign languages to the tablet and with an expected completion date by June 2023. At the request of ODO, the facility administrator educated the detainee on how to access the facility's translation services.

*Staff-Detainee Communication:* Five detainees stated ERO Chicago did not respond to their ICE request forms nor did they receive substantial information regarding their respective cases when ERO Chicago visited.

- Action Taken: On August 30, 2022, ERO Chicago met with the five detainees involved in the complaint and talked to each one, providing pertinent information, such as upcoming court hearing dates, and addressed their other concerns and questions. On August 31, 2022, an ERO Chicago supervisory detention and deportation officer conducted an on-site visit. ODO found ERO Chicago did not respond to detainees' ICE requests within the allotted time and cited this as a deficiency in the *Staff-Detainee Communication* section of this report. ODO found staff logged detainee ICE requests without response dates and without any indication ERO Chicago responded at all. ODO interviewed the Assistant Field Office Director (AFOD) and confirmed ERO Chicago shifted staff work to the Milwaukee sub-office due to changes in immigration detention laws that caused the delay in responding to detainee requests.

*Telephone Access:* One detainee stated she could not call her family because she had only \$0.30 in her account balance.

- Action Taken: ODO interviewed DCJ staff, reviewed the detainee grievance log, the staff-detainee communication log, the detainee's detention file, the electronic requests history, and the detainee's account balance history, and confirmed the detainee's account balance of \$0.36. ODO also confirmed DCJ staff instructed the detainee about using the indigent detainee entitlement to make free telephone calls in special circumstances, including personal calls and emergencies.

*Telephone Access:* Two detainees stated no one at ERO Chicago answered their telephone calls.

- Action Taken: ODO interviewed the DCJ telephone access point of contact (POC),

reviewed weekly phone check logs, and found the DCJ telephone system functioned consistently without any connection issues. ODO called the same office numbers for ERO Chicago POCs and confirmed no answer. The ERO Chicago AFOD later found that the field office telephone system had experienced outages and difficulties. The AFOD advised ODO the telephone company assessed the situation and found that the telephone system would need to be replaced in its entirety. In the meantime, as a temporary solution, the AFOD said detainee calls will be routed to ERO Chicago's general number where ERO Chicago staff will answer and forward the call to the detainee's assigned officer. ERO Chicago posted this general number in the dorms, along with the direct numbers of ERO supervisors. ODO made a call to that general number and found it to work.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **DETAINEE SERVICES**

#### **ADMISSION AND RELEASE (AR)**

ODO reviewed the DCJ AR program, reviewed [REDACTED] detainee detention files, interviewed the JA, and found the following deficiencies:

- The facility did not show newly arriving detainees a video in support of the facility's orientation process since November 2021. Specifically, ODO found the facility authorized conversion of the orientation video from compact disc to digital file for viewing on detainee tablets but did not substitute a supporting video for intervening orientations (**Deficiency AR-27**). **This is a repeat deficiency**;
- [REDACTED] out of [REDACTED] detainee files, did not contain a copy of the Order to Detain form (Form I-203) bearing the appropriate ERO Chicago official's signature for newly arriving detainees (**Deficiency AR-34<sup>8</sup>**); and
- The facility did not have a medium to provide detainees an orientation to the facility (**Deficiency AR-53<sup>9</sup>**).

#### **DETAINEE GRIEVANCE PROCEDURES (DGP)**

ODO reviewed the DCJ DGP program and four detainee grievance files, interviewed the JA and found the following deficiencies:

- The facility resolved a detainee's oral grievance but did not document the results for the record nor place a report in the detainee's detention file (**Deficiency DGP-10<sup>10</sup>**);

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<sup>7</sup> "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

<sup>8</sup> "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

<sup>9</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>10</sup> "If an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome, however the staff member will document the results for the

- In two out of four detainee grievances, facility staff took no action within 5 working days (**Deficiency DGP-30**<sup>11</sup>); and
- In two out of four grievances, DCJ staff did not place a copy of the grievance in the detainee detention file (**Deficiency DGP-64**<sup>12</sup>).

## RECREATION (R)

ODO observed no outdoor recreation area at DCJ but did note a large, windowless (no access to sunlight) recreation room with exercise equipment (**Deficiency R-1**<sup>13</sup>).

ODO observed DCJ indoor recreation areas inside each detainee housing unit and found Housing Unit R had no access to natural light (**Deficiency R-4**<sup>14</sup>).

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the DCJ SDC program and detainee request logs, toured the detainee housing units, interviewed the JA and ERO Chicago staff, and found the following deficiencies:

- No posting of ERO Chicago detainee visitation schedules in any of the detainee living areas nor in other areas with detainee access (**Deficiency SDC-14**<sup>15</sup>);
- Facility staff read detainee ICE request forms to and from ERO Chicago staff (**Deficiency SDC-23**<sup>16</sup>);
- In 33 detainee ICE requests DCJ forwarded to ERO Chicago, 15 out 33 requests had no response from ERO Chicago to the detainee at all, and an additional 6 requests had no response from ERO Chicago within 72 hours of receiving the request (**Deficiency SDC-29**<sup>17</sup>);
- DCJ did not consistently record date of return for completed detainee ICE requests. Specifically, ODO found in 53 out of 114 logged detainee requests, no recorded date for return of request response to the detainee (**Deficiency SDC-32**<sup>18</sup>); and

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record and place his/her report in the detainee’s detention file.” *See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1).

<sup>11</sup> “The responsible department head or staff officer will act on the grievance within five working days through informal or formal resolution.” *See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(2).

<sup>12</sup> “A copy of the grievance will remain in the detainee’s detention file for at least three years.” *See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(E).

<sup>13</sup> “If a facility does not have an outdoor area, a large recreation room with exercise equipment and access to sunlight will be provided.” *See* ICE NDS 2000, Standard, Recreation, Section (III)(A)(1).

<sup>14</sup> “If only indoor recreation is available, detainees shall have access for at least one hour each day and shall have access to natural light.” *See* ICE NDS 2000, Standard, Recreation, Section (III)(B)(2).

<sup>15</sup> “Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access.” *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2)(b).

<sup>16</sup> “The detainee request form shall be delivered to ICE staff by authorized personnel (not detainees) without reading, altering, or delay.” *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B).

<sup>17</sup> “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 2000, Standard, Staff-Detainee Communication, Section (III)(B)(1)(b).

<sup>18</sup> “The log, at a minimum, shall contain: ...

f. The date that the request, with the staff response and action, is returned to the detainee...”

*See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

- Staff did not complete model protocol forms on a weekly basis. Specifically, ODO found 1 incomplete form out of 26 forms reviewed (**Deficiency SDC-38<sup>19</sup>**).

## SECURITY AND CONTROL

### POST ORDERS (PO)

ODO reviewed the DCJ PO program and 13 DCJ PO, interviewed the JA, and found the following deficiencies:

- In 12 out of 13 DCJ PO, the PO contained no written procedures to follow in carrying out those duties. Specifically, ODO found written orders but no procedures for the following PO: alarm testing, pat downs, file preparation, data entry, population counts, and generating daily reports (**Deficiency PO-1<sup>20</sup>**);
- The facility had no written policy providing the official time for personnel to read the applicable PO upon assuming a new post order (**Deficiency PO-6<sup>21</sup>**). **This is a repeat deficiency;**
- The facility had no written procedures to ensure all officers read the applicable PO. Specifically, the facility provided pre-service training on all PO but no written procedures to ensure all officers read applicable PO (**Deficiency PO-7<sup>22</sup>**);
- ODO found outdated PO. Specifically, ODO found in 12 out of 13 PO, facility staff last reviewed the PO in April 2021, and 9 out of 13 POs did not include a January 2022 facility change from 8-hour to 12-hour shifts (**Deficiency PO-13<sup>23</sup>**); and
- PO did not include a description nor explanation of circumstances and conditions for authorized use of firearms (**Deficiency PO-29<sup>24</sup>**). **This is a repeat deficiency.**

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<sup>19</sup> “Model protocol forms should be completed weekly for all Service Processing Centers (SPCs), and Contract Detention Facilities (CDFs). For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently.” See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (Change Notice – NDS – Staff-Detainee Communication Model Protocol-June 15, 2007).

<sup>20</sup> “Written orders shall specify the duties of each post in the facility, along with the procedures to be followed in carrying out those duties.” See ICE NDS 2000, Standard, Post Orders, Section (III)(A).

<sup>21</sup> “Each facility shall implement a written policy providing official time for personnel to read the applicable post orders upon assuming a new post.” See ICE NDS 2000, Standard, Post Orders, Section (III)(B).

<sup>22</sup> “All facilities shall have written procedures to ensure that all officers read applicable post orders.” See ICE NDS 2000, Standard, Post Orders, Section (III)(B).

<sup>23</sup> “Post orders will be kept current at all times. Post orders will be reviewed and updated yearly or sooner when deemed necessary.” See ICE NDS 2000, Standard, Post Orders, Section (III)(D).

<sup>24</sup> “Post orders for armed and perimeter-access posts assignment will, among other things, describe and explain: ...  
b. Circumstances and conditions when use of firearms is authorized.”

See ICE NDS 2000, Standard, Post Orders, Section (III)(F).

## **OTHER STANDARDS REVIEWED**

### **NDS 2019 PERSONAL HYGIENE**

ODO found in ■ out of ■ detainee interviews, detainees stated facility staff members of the opposite gender did not announce their presence when entering housing units. ODO observed and confirmed officers of the opposite gender not announcing their presence when entering housing units. ODO noted this as an **Area of Concern**.

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found 18 deficiencies in the remaining 5 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Chicago work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligation. ERO provided ODO with the UCAP for ODO's last inspection of DCJ on February 28, 2022.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (NDS 2000)</b>	<b>Second FY 2022 (NDS 2000)/ (NDS 2019)</b>
Standards Reviewed	22	18/1
Deficient Standards	6	5
Overall Number of Deficiencies	16	18
Repeat Deficiencies	0	3
Areas Of Concern	1	1
Corrective Actions	2	0
Facility Rating	Superior	N/A