



U.S. Department of Homeland Security
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**

February 28 - March 4, 2022

COMPLIANCE INSPECTION
of the
DODGE COUNTY JAIL
Juneau, Wisconsin

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS (NDS) 2000 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
COMPLIANCE INSPECTION FINDINGS	7
DETAINEE SERVICES.....	7
Admission and Release.....	7
SECURITY AND CONTROL	7
Environmental Health and Safety	7
Post Orders.....	8
Special Management Unit (Disciplinary Segregation)	9
HEALTH SERVICES	9
Medical Care.....	9
Suicide Prevention and Intervention.....	9
CONCLUSION	10

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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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 February 28 to March 4, 2022.¹ The facility opened in 2001 and is owned by Dodge County 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 captain handles daily facility operations and manages [REDACTED] support 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 any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of February 28, 2022)	[REDACTED]
Adult Female Population (as of February 28, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found six deficiencies in the following areas: Detainee Classification System (1); Medical Care (2); Population Counts (1); Staff-Detainee Communication (1); and Use of Force (1).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List as of February 22, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.⁴

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 its 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	1
Correspondence and Other Mail	0
Detainee Classification System	0
Food Service	0
Funds and Personal Property	0
Group Presentations on Legal Rights	0
Issuance and Exchange of Clothing, Bedding and Towels	0
Marriage Requests	0
Non-Medical Emergency Escorted Trips	0
Voluntary Work Program	0
Sub-Total	1
Part 2 - Security and Control	
Detention Files	0
Detainee Transfers	0
Emergency Plans	0
Environmental Health and Safety	6
Post Orders	4
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	2
Use of Force	0
Sub-Total	12
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	1
Suicide Prevention and Intervention	2
Sub-Total	3
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	16

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁶ 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.

DETAINEE RELATIONS

ODO interviewed 10 detainees, who each voluntarily agreed to participate. ODO offered to interview the remaining 28 detainees but all declined ODO's interview request. None of the detainees made allegations of discrimination, mistreatment, or abuse. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Chicago and the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO interviewed the deputy jail administrator, reviewed the facility handbook, and found 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 was in the process of converting their orientation video from compact disc to digital file for uploading to the detainee tablets. During the conversion process, the facility did not use a supporting video for orientation (**Deficiency AR-27**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the deputy jail administrator and lead mechanic, who both stated the facility maintenance (safety) staff did not conduct monthly fire and safety inspections (**Deficiency EHS-61⁸**).

Additionally, since the facility did not conduct monthly inspections, ODO found:

- The OIC received no written inspection reports and made no corrective active action determinations (**Deficiency EHS-62⁹**); and
- The maintenance supervisor or designate maintained no monthly inspection reports and records of corrective action in the safety office (**Deficiency EHS-63¹⁰**).

⁷ "1. 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).

⁸ "A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

⁹ "Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

¹⁰ "The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

ODO interviewed the deputy jail administrator and lead mechanic, reviewed weekly generator test logs, and found the facility did not complete an inspection of hoses and belts for mechanical readiness (**Deficiency EHS-79**¹¹).

ODO interviewed the deputy jail administrator and lead mechanic, reviewed the only documented generator testing and service report from Total Energy Systems of Wixom, Wisconsin, dated June 1, 2021, and found the facility did not have an external generator-service company conduct quarterly emergency generator testing and servicing (**Deficiency EHS-80**¹²).

ODO interviewed the deputy jail administrator and health services administrator (HSA), reviewed 43 inventory logs for the facility's sharps, and found an individual designated by the facility's HSA or equivalent did not conduct weekly inventory checks of those items posing a security risk, such as sharp instruments, syringes, needles, and scissors (**Deficiency EHS-112**¹³).

POST ORDERS (PO)

ODO interviewed the jail administrator and found the facility never implemented a written policy providing the official time for personnel to read the applicable post orders upon assuming a new post (**Deficiency PO-6**¹⁴).

ODO interviewed the jail administrator, who stated the facility has no POs for armed and perimeter-access; therefore, POs for armed and perimeter-access posts assignment did not, among other things, describe and explain the proper care and safe handling of firearms nor the circumstances and conditions for the authorized use of firearms (**Deficiency PO-29**¹⁵).

ODO reviewed all the facility's POs and found DCJ does not have POs for transports and armed posts. Therefore, the facility did not have POs for armed posts informing officers to consider the duress of any staff member taken hostage and to disregard any order or directive that staff member issues (**Deficiency PO-34**¹⁶).

¹¹ "During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

¹² "The emergency generator will also receive quarterly testing and servicing from an external generator-service company." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

¹³ "This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

¹⁴ "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).

¹⁵ "Post orders for armed and perimeter-access posts assignment will, among other things, describe and explain:

- a. The proper care and safe handling of firearms; and
- b. Circumstances and conditions when use of firearms is authorized."

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

¹⁶ "Post orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that any staff member who is taken hostage is considered to be under duress. Any order/directive issued by such a person, regardless of his or her position of authority, is to be disregarded." See ICE NDS 2000, Standard, Post Orders, Section (III)(F).

Additionally, since the facility does not have POs for armed posts, the facility has no instructions for escape attempts in the POs for armed posts (**Deficiency PO-35**¹⁷).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU-DS)

ODO reviewed █ incidents in which the facility placed a detainee on disciplinary segregation status (punitive segregation) and found in █ out of █ instances, an individual facility staff member (not the disciplinary committee) completed the disciplinary hearings and placed the detainees on punitive segregation (**Deficiency SMU-DS-2**¹⁸).

ODO reviewed █ incidents in which the facility placed the detainee on punitive segregation and found in █ out of █ instances, the chair of the institutional disciplinary committee did not complete and sign a written order before the facility placed the detainee in disciplinary (**Deficiency SMU-DS-6**¹⁹).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed █ detainee medical files and found in █ out of █ initial files, facility staff did not perform initial dental screening exams within 14 days of the detainees' arrival. Specifically, the staff conducted screening exams between 15 and 22 days of the detainees' arrival (**Deficiency MC-50**²⁰).

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed █ non-medical staff and █ medical staff training records and found in █ out of █ records, █ medical staff member did not maintain current training on the proper course of intervention and referral for a detainee showing signs of suicide risk (**Deficiency SPI-6**²¹).

ODO reviewed three suicide watch logs from one detainee on suicide watch and found facility staff made four observations not less than every 15 minutes. Specifically, the staff documented the four observations between 16 to 18 minutes (**Deficiency SPI-17**²²).

¹⁷ "Specific instructions for escape attempts will be included in the post orders for armed posts." See ICE NDS 2000, Standard, Post Orders, Section (III)(F).

¹⁸ "A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee, after a hearing in which the detainee has been found to have committed a prohibited act." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(A).

¹⁹ "A written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(B).

²⁰ "An initial dental screening exam should be performed within 14 days of the detainee's arrival." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

²¹ "All staff working with detainees will keep current on the proper course of intervention and referral for a detainee who shows signs of suicide risk." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(B).

²² "Observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The CD may recommend constant direct supervision." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 22 standards under NDS 2000 and found the facility in compliance with 16 of those standards. ODO found 16 deficiencies in the remaining 6 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 obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of DCJ in August 2021.

Compliance Inspection Results Compared	Second FY 2021 (NDS 2000)	First FY 2022 (NDS 2000)
Standards Reviewed	14	22
Deficient Standards	5	6
Overall Number of Deficiencies	6	16
Repeat Deficiencies	4	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior