



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

**Office of Detention Oversight
Compliance Inspection
2023-001-077**

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

**Dodge County Jail
Juneau, Wisconsin**

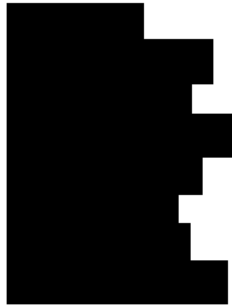
April 4-6, 2023

COMPLIANCE INSPECTION
of the
DODGE COUNTY JAIL
Juneau, Wisconsin

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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 4 to 6, 2023.¹ 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 1986 under the oversight of ERO’s Field Office Director (FOD) in Chicago (ERO Chicago). ICE is an authorized user of DCJ under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of April 3, 2023. DCJ was inspected against the NDS 2000, and ODO’s assigned rating is for ERO’s informational purposes only.

ERO deportation officers are not assigned full-time to the facility but conduct weekly scheduled visits on Wednesdays, from 8:00 a.m. to 3:00 p.m., and also conduct unscheduled weekly visits. A captain handles daily facility operations and manages [REDACTED] support personnel. Aramark 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of April 4, 2023)	[REDACTED]
Adult Female Population (as of April 4, 2023)	[REDACTED]

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

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 Data Source: ERO Facility List as of April 3, 2023.

³ *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. 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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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
Detainee Handbook	0
Food Service	0
Funds and Personal Property	0
Recreation	2
Visitation	0
Sub-Total	3
Part 2 - Security and Control	
Contraband	0
Disciplinary Policy	2
Emergency Plans	0
Environmental Health and Safety	0
Hold Rooms in Detention Facilities	0
Key and Lock Control (Security, Accountability, and Maintenance)	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Tool Control	0
Transportation (Land Transportation)	0
Use of Force	0
Sub-Total	2
Part 3 - Health Services	
Medical Care	2
Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	2
Other Standards Reviewed	
NDS 2019 Disability Identification, Assessment, and Accommodation	0

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.

NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	7

DETAINEE RELATIONS

ODO interviewed 35 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated a dentist had not yet examined him after submitting a sick call request for tooth pain.

- Action Taken: ODO reviewed the detainee’s medical file and found a nurse practitioner (NP) examined the detainee on March 22, 2023, noted a cavity on tooth #14 and tooth sensitivity, and prescribed wax to cover the tooth, salt wash, and Tylenol (325 mg), twice a day for pain management. The NP noted no severe pain concerns from the detainee. On March 27, 2023, the detainee submitted a sick call request for a tooth removal due to experiencing pain when chewing food. On March 28, 2023, a registered nurse (RN) managed the detainee’s request and told him the NP noted no severe pain and no need to remove the tooth after examining him on March 22, 2023. On March 31, 2023, the detainee submitted another sick call request for tooth removal due to severe pain caused by the tooth. On April 1, 2023, an RN examined the detainee, contacted the NP, and noted redness around the detainee’s tooth, a possible sign of infection. The NP prescribed amoxicillin (1000 mg), twice a day for 7 days. Medical staff noted in the detainee’s medical record his refusal to take the prescribed antibiotic on the morning of April 2, 2023, and on the evening of April 5, 2023. On April 8, 2023, the NP re-evaluated the detainee, found no change in the infection with the first round of antibiotics, and continued the antibiotic prescription along with Tylenol for pain management for another 7 days. Medical staff scheduled the detainee for a tooth extraction with an outside dentist on May 1, 2023.

Medical Care: One detainee stated he submitted three separate sick call requests to have medical staff examine lumps on his stomach but has not been seen by facility medical staff.

- Action Taken: ODO reviewed the detainee’s medical file and found the detainee submitted a sick call request regarding his stomach pains on January 28, 2023. On January 29, 2023, an NP examined the detainee and diagnosed him with gastroesophageal reflux (a digestive disorder) and prescribed Protonix (20 mg) for 90 days. On February 19, 2023, the detainee submitted a sick call request for ball-like pain in his stomach. On March 5, 2023, the NP examined the detainee and prescribed the detainee naproxen (500 mg), twice daily for 14 days. On March 27, 2023, the detainee submitted an additional sick call request for stomach pain, but due to the

unavailability of the provider, medical staff scheduled the detainee's appointment for April 19, 2023. An NP examined the detainee on April 19, 2023, and diagnosed the detainee with a possible hernia. The NP noted a nodule on the detainee's side and provided the detainee with an abdominal binder (a compression belt) for support until ICE Health Service Corps approves an ultrasound request for further treatment. On May 9, 2023, ODO followed up with the facility and confirmed no further treatment for the detainee due to his transfer to the Kay County Justice Facility on May 5, 2023.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed the facility's release procedures and found no approval of them by ERO Chicago. Specifically, ODO reviewed an ERO Chicago memorandum, dated July 22, 2020, approving facility release procedures in compliance with NDS 2019 and not NDS 2000 (**Deficiency AR-73⁷**).

Corrective Action: Prior to completion of the inspection the facility initiated corrective action. ERO Chicago approved the facility's release procedures in accordance with NDS 2000 by memorandum, dated April 6, 2023 (**C-1**).

RECREATION (R)

ODO observed indoor recreation areas and found no access to sunlight (**Deficiency R-1⁸**). **This is a repeat deficiency.**

ODO observed indoor recreation areas and found no access to natural light (**Deficiency R-4⁹**). **This is a repeat deficiency.**

SECURITY AND CONTROL

DISCIPLINARY POLICY (DP)

ODO reviewed the facility's DP and incident report forms and found ERO Chicago provided no

⁷ "INS will approve the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(2nd J).

⁸ "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).

⁹ "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).

approval for the facility's incident report forms (**Deficiency DP-13**¹⁰).

Corrective Action: Prior to completion of the inspection the facility initiated corrective action. ERO Chicago approved the facility's incident report forms by memorandum, dated April 6, 2023 (**C-2**).

ODO reviewed the facility's DP, interviewed a program sergeant and a facility lieutenant, and found the facility used only one hearing officer to adjudicate detainee rule violations instead of a disciplinary panel (**Deficiency DP-62**¹¹).

ODO reviewed the facility's DP, interviewed a facility lieutenant, and found the facility disciplinary procedure and Wisconsin state law stand in opposition to the standard. Wisconsin law specifically outlines the use of short-term punitive segregation (less than 24 hours) as an acceptable punishment for minor infractions conducted by detainees. The state did not allow for administrative segregation, pending a disciplinary hearing for minor infractions. ODO noted the conflict as an **Area of Concern**.

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 25 detainee medical files and found in █ out of █ files, medical staff did not conduct a physical examination within 14 days of a detainee's arrival at the facility. Specifically, medical staff performed the screenings between 15 and 41 days after the detainees' arrival (**Deficiency MC-23**¹²). **This is a priority component.**

ODO reviewed 25 detainee medical files and found in █ out of █ files, medical staff did not perform an initial dental screening exam within 14 days of a detainee's arrival at the facility. Specifically, ODO found in █ files, medical staff performed the screenings between 15 and 52 days after the detainees' arrival at the facility. Additionally, ODO found in █ files, medical staff did not maintain documented dental screenings (**Deficiency MC-50**¹³).

¹⁰ "INS approval is required for the incident-report forms used in CDFs and IGSA facilities." *See* ICE NDS 2000, Standard, Disciplinary Policy, Section (III)(B).

¹¹ "All facilities that house INS detainees shall have a disciplinary panel to adjudicate detainee incident reports. Only the disciplinary panel can place a detainee in disciplinary segregation." *See* ICE NDS 2000, Standard, Disciplinary Policy, Section (III)(F).

¹² "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(D).

¹³ "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).

OTHER STANDARDS REVIEWED

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed DCJ's SAAPI policy and found no explicit statement in the policy that the facility shall notify ICE/ERO or the FOD for all instances of sexual abuse and assault claims on detainees. ODO noted this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 22 standards under NDS 2000 and 2 under NDS 2019 and found the facility in compliance with 20 of those standards. ODO found seven deficiencies in the remaining four standards. Since DCJ's last full inspection in February 2022, the facility's overall compliance has trended upward. DCJ went from 6 deficient standards and 16 deficiencies in February 2022 to 4 deficient standards and 7 deficiencies during this most recent inspection. ODO did not review the Disciplinary Policy standard during the February 2022 inspection as it was not an FY 2022 core standard, and this standard accounted for two out of the seven deficiencies found during this most recent inspection. ODO also notes the improvements to the facility's processes for monthly environmental health and safety audits that likely have contributed to the facility sustaining a superior rating. ODO has not received a completed uniform corrective actions plan for ODO's last inspection in August 2022. ODO recommends ERO Chicago continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (NDS 2000)	FY 2023 Full Inspection (NDS 2000/ NDS 2019)
Standards Reviewed	22	22/2
Deficient Standards	6	4
Overall Number of Deficiencies	16	7
Priority Component Deficiencies	N/A	1
Repeat Deficiencies	0	2
Areas Of Concern	0	2
Corrective Actions	0	2
Facility Rating	Superior	Superior