



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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Chicago Field Office

Dodge County Jail  
Juneau, Wisconsin

July 20-23, 2020

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

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS NATIONAL DETENTION STANDARDS 2019</b>	
<b>MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SECURITY .....</b>	<b>8</b>
Admission and Release .....	8
Custody Classification System .....	8
Use of Force and Restraints .....	8
Special Management Units .....	9
Sexual Abuse and Assault Prevention and Intervention .....	9
<b>CARE .....</b>	<b>9</b>
Food Service .....	9
<b>ACTIVITIES .....</b>	<b>9</b>
Telephone Access .....	9
<b>CONCLUSION .....</b>	<b>10</b>

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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 July 20 to 23, 2020.<sup>1</sup> 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 (FOD) in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers (DO) and a detention services manager to the facility. A DCJ Captain handles daily facility operations and is supported by █ 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 <sup>2</sup>	265
Average ICE Detainee Population <sup>3</sup>	96
Male Detainee Population (as of 7/20/2020)	80
Female Detainee Population (as of 7/20/2020)	4

During its last inspection, in Fiscal Year (FY) 2017, ODO found four deficiencies in the following areas: Detainee Classification System (1); Funds and Personal Property (1); and Medical Care (2).

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

<sup>2</sup> Data Source: ERO Facility List Report as of July 13, 2020.

<sup>3</sup> *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.<sup>4</sup>

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Custody Classification System	1
Funds and Personal Property	0
Use of Force and Restraints	1
Special Management Units	1
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	2
<b>Sub-Total</b>	<b>7</b>
<b>Part 4 – Care</b>	
Food Service	1
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	2
Visitation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>10</b>

<sup>5</sup> 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. Most detainees reported satisfaction with facility services except for the concerns listed below. 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.

*Medical Care:* One detainee stated he submitted a request for eyeglasses and was administered an eye exam, but he was unsure if he would be given a prescription for eyeglasses.

- Action Taken: ODO reviewed the detainee's medical record and spoke with facility medical staff. A physician gave the detainee an initial eye exam on July 2, 2020, and referred him to an ophthalmologist. ODO was informed the detainee would be scheduled to see the ophthalmologist the second week of August 2020. Before the close of the inspection, medical staff spoke to the detainee informing him his request for eyeglasses was pending on a referral to the ophthalmologist. The approximate date of the appointment was not shared with the detainee due to security reasons.

*Medical Care:* One detainee claimed he was experiencing rectal bleeding and was in pain.

- Action Taken: ODO reviewed the detainee's medical record and spoke with DCJ medical staff and determined the detainee was first seen by the physician on July 2, 2020. During the visit, a stool culture was ordered, he was prescribed medication, and staff requested he have his wife send his medical records from a private clinic to DCJ for review. The detainee completed his course of medication but did not provide medical staff with a stool sample nor did staff receive his medical records from the private clinic. The detainee was again seen on July 21, 2020, by the nurse practitioner, and after a digital exam, two hemorrhoids were found; however, the detainee denied any complaints of pain. Furthermore, the detainee was able to provide the name of the clinic where he was last seen and a release of information form was signed by the detainee to request copies of his medical records be sent to DCJ. In addition, the detainee had not provided a stool sample, medical staff ordered a series of laboratory tests, and added dietary restrictions. ODO was informed by medical staff that pending the results from the lab tests and what medical staff find in his prior medical records, a consult with a Gastroenterologist may be ordered.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed DCJ's orientation procedures and found detainees were not provided an orientation to DCJ as soon as practicable as required by the standard (**Deficiency AR-1<sup>6</sup>**). Instead, detainees had an opportunity in the housing unit to view orientation videos at their leisure, which may or may not occur.

ODO reviewed the orientation video and found it did not include procedures for detainees to contact the ICE/ERO Chicago DO handling their case, nor did the video include how to use the telephone system to make telephone calls (**Deficiency AR-2<sup>7</sup>**).

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee files and found four detainees had been at the facility for over 60-days and were not reclassified at regular intervals (**Deficiency CCS-1<sup>8</sup>**).

### USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed five calculated UOF videos and found in two out of five videos, there was no introduction by the team leader, and the UOF team should not have been wearing [REDACTED] nor [REDACTED] when introduced. In one out of five calculated UOF videos, a close-up was not conducted of the detainee's body during the medical exam, which focuses on the presence/absence of injuries (**Deficiency UOF&R-1<sup>9</sup>**).

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<sup>6</sup> "All facilities shall provide detainees an orientation to the facility as soon as practicable, in a language or manner detainees can understand. The orientation must include facility operations, programs and services, grievance process information, and other rules and requirements." See ICE NDS 2019, Standard, Admission and Release, Section (II)(H).

<sup>7</sup> "The facility orientation shall also include the following information: 1. Procedures for the detainee to contact the ERO deportation officer handling his/her case; and 2. How to use the telephone system to make telephone calls." See ICE NDS 2019, Standard, Admission and Release, Section (II)(H)(1-2).

<sup>8</sup> "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

<sup>9</sup> "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply.

1. Calculated-use-of-force video recording will include the following:

- a) Introduction by Team Leader, stating facility name, location, time, date, etc.; describing the incident that led to the calculated use of force; naming each team member and showing his or her face briefly, as well as naming the video camera operator, and other staff present.
- b) Faces of all team members briefly appear ([REDACTED]).
- c) Team Leader offering detainee last chance to cooperate before team action in a language or manner the detainee understands, outlining use-of-force procedures, engaging in confrontation avoidance, and issuing use-of-force order.
- d) Entire [REDACTED] unedited, until detainee is in restraints.
- e) Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries, if any, described but not shown." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(B)(2)(b)(1).



## **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed DCJ's policy 220.04, Security Housing, dated March 3, 2020, and found DCJ had written procedures for regular observations of detainees in administrative segregation status; however, detainees were not being observed [REDACTED] (**Deficiency SMU-1<sup>10</sup>**).

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed DCJ's policies and procedures for SAAPI and determined they were not reviewed and approved by ICE/ERO Chicago (**Deficiency SAAPI-1<sup>11</sup>**).

*Corrective Action:* Prior to the completion of the inspection, a memorandum was provided to ODO dated July 23, 2020, indicating ICE/ERO Chicago reviewed and approved the DCJ's SAAPI procedures (**C-1**).

ODO reviewed DCJ's orientation procedures for SAAPI and found there was no documentation of detainee participation in the orientation instruction session (**Deficiency SAAPI-2<sup>12</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO reviewed Aramark food service staff's records and found there were no documented pre-employment health screenings (**Deficiency FS-1<sup>13</sup>**).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO found DCJ was not completing daily telephone inspections (**Deficiency TA-1<sup>14</sup>**).

Detainees have access to telephones located within their housing units/pods and can make outgoing calls during normal dayroom hours from 6:15 a.m. through 9:30 p.m. All outgoing calls are subject to automatically disconnecting after 15-minutes, which affects calls being made to their legal

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<sup>10</sup> "SMU staff shall [REDACTED]. For cases that warrant increased observation, the SMU staff shall observe detainees accordingly." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(K).

<sup>11</sup> "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." See NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>12</sup> "The facility shall maintain documentation of detainee participation in the instruction session." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F).

<sup>13</sup> "a. All food service personnel (both staff and detainee) shall receive a documented pre-employment medical examination." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

<sup>14</sup> "The facility shall maintain detainee telephones in proper working order. Appropriate facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service, and ensure required repairs are completed quickly." See ICE NDS 2019, Standard, Telephone Access, Section (II)(D).

representative or when obtaining legal representation (**Deficiency TA-2<sup>15</sup>**)

*Corrective Action:* Prior to the completion of the inspection, DCJ initiated corrective action by increasing the time limit for detainee phone calls made to the pro-bono platform to 20-minutes. Furthermore, DCJ provided ODO with a memorandum dated July 23, 2020, stating the telephone service provider (Inmate Calling Solutions) was contacted and the time limit was increased to 20-minutes per call (**C-2**).

## CONCLUSION

During this inspection, ODO assessed DCJ's compliance with 18 standards under NDS 2019 and found DCJ in compliance with eleven of those standards. ODO found ten deficiencies in the remaining seven standards. ODO commends DCJ staff for their responsiveness during this inspection and notes there were two instances where staff initiated immediate corrective action during the inspection.

ODO recommends ERO work with DCJ to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2017 (NDS 2000)</b>	<b>FY 2020 (NDS 2019)</b>
Standards Reviewed	16	18
Deficient Standards	3	7
Overall Number of Deficiencies	4	10
Repeat Deficiencies	N/A	N/A
Corrective Actions	1	2

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<sup>15</sup> "The facility shall not restrict the number of calls a detainee places to his or her legal representatives or to obtain representation. Similarly, the facility shall not limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call, if desired, at the first available opportunity." See ICE NDS 2019, Standard, Telephone Access, Section (II)(F).