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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection
2024-102-317**

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

**Dodge County Jail
Juneau, Wisconsin**

March 12-14, 2024

COMPLIANCE INSPECTION
of the
DODGE COUNTY JAIL
Juneau, Wisconsin

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COMPLIANCE INSPECTION TEAM MEMBERS

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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. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁵

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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	1
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	1
Use of Force and Restraints	0
Special Management Units	1
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	4
Part 4 - Care	
Food Service	0
Hunger Strikes	1
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detainee Files	0
Detention Transfers	0
Sub-Total	0
Total Deficiencies	8

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed 26 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concern listed below.

Staff-Detainee Communication: One detainee stated his concern about not speaking with an ICE officer since his arrival at the facility.

- Action Taken: ODO requested ERO Chicago speak with the detainee and help him understand his current situation. On March 14, 2024, ERO Chicago staff met with the detainee and explained his current situation and the reason for his detention. ODO confirmed that the detainee understood the explanation and did not have further questions to be answered at that time.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the assistant warden, reviewed the facility's EHS policy, and found the facility's emergency plans did not include procedures for evacuating detainees with disabilities (**Deficiency EHS-25⁸**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO interviewed the facility's staff, reviewed ■ detainee property files, and found in ■ out of ■ detainee files, identity documents listed on the property forms; however, those ■ detention files did not have a copy of the identity documents. Additionally, ODO found nothing to indicate facility staff forwarded the original identity documents to ERO Chicago (**Deficiency AR-12⁹**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the facility's staff, observed the property room, reviewed quarterly inventories of detainee property, and found the facility did not have documentation to reflect an inventory during the 5-month period between inventories conducted on September 15, 2023, through March 2, 2024 (**Deficiency FPP-19¹⁰**).

⁸ "Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

⁹ "Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO." See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

¹⁰ "An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

POST ORDERS (PO)

ODO interviewed the facility's administrator, inspected each facility post, and found the facility's staff did not sign and date the PO to indicate having read and understood its provisions prior to assuming the post (**Deficiency PO-7¹¹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 25 detainee SMU files and found in ■ out of ■ files, the facility's medical staff did not sign each detainee record after each SMU visit (**Deficiency SMU-67¹²**).

CARE

HUNGER STRIKES (HS)

ODO reviewed 19 medical staff files and found in ■ out of ■ files, no initial or annual training for recognizing the signs of a hunger strike, implementing the procedures for a medical assessment referral, nor the managing of a detainee on a hunger strike (**Deficiency HS-1¹³**).

MEDICAL CARE (MC)

ODO reviewed 25 detainee medical records and found in ■ out of ■ records, facility staff admitted 1 detainee to general population (GP) on February 9, 2024, but did not screen for tuberculosis (TB) until February 20, 2024, and facility staff admitted the 2nd detainee GP on January 24, 2024, but did not screen for TB until February 4, 2024 (**Deficiency MC-18¹⁴**). **This is a priority component.**

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, a detainee arrived at the facility on February 23, 2024, but did not receive his physical examination nor mental health screening until March 12, 2024 (**Deficiency MC-27¹⁵**). **This is a priority component.**

¹¹ "Prior to assuming a post, officers will sign and date the post order to indicate having read and understood its provisions." See ICE NDS 2019, Standard, Post Orders, Section (I)(B).

¹² "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(b).

¹³ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

¹⁴ "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

¹⁵ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found eight deficiencies in the remaining seven standards. Since DCJ’s last full inspection in April 2023, the facility has trended remained even with the number of deficiencies found; however, trended downward in the total number of standards ODO found deficient. DCJ went from 4 deficient standards and 7 deficiencies in April 2023, to 7 deficient standards and 8 deficiencies during this first inspection under NDS 2019. The PO standard was the only standard found with deficiencies during this inspection that was not a core standard and inspected during the FY 2023 full inspection. ERO Chicago provided ODO with the uniform corrective action plan (UCAP) for ODO’s last full inspection of DCJ in August 2023, but ODO cannot assess the effectiveness of that UCAP since the facility is now inspected against the NDS 2019. ODO recommends ERO Chicago continue to work with the facility to resolve the remaining deficiencies in accordance with the contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2000/NDS 2019)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	22/2	21
Deficient Standards	4	7
Overall Number of Deficiencies	7	8
Priority Component Deficiencies	1	2
Repeat Deficiencies	2	0
Areas Of Concern	2	0
Corrective Actions	2	0
Facility Rating	Superior	Good ¹⁶

¹⁶ ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.