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Immigration and Customs Enforcement

Office of Professional Responsibility

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations**

**Chicago Field Office**

**Dodge County Detention Facility**

**Juneau, Wisconsin**

**August 7 – 9, 2012**

**COMPLIANCE INSPECTION  
DODGE COUNTY DETENTION FACILITY  
CHICAGO FIELD OFFICE**

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## EXECUTIVE SUMMARY

The Office of Professional Responsibility, Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Dodge County Detention Facility (DCDF) in Juneau, Wisconsin from August 7 to 9, 2012. The facility opened in 2000, and in May 2001, DCDF began housing inmates from the U.S. Marshals Service under an intergovernmental service agreement (IGSA). In 2002, U.S. Immigration and Naturalization Service (INS) began to house detainees of all security classification levels (Level I – lowest threat, Level II – medium threat, Level III – highest threat) for periods in excess of 72 hours. DCDF is owned and operated by the Dodge County Sheriff's Department (DCSD). The average daily detainee population at DCDF is 224 detainees, and the average length of stay is 16 days. At the time of inspection, the facility housed 248 male detainees (82 Level I, 112 Level II, 54 Level III) and five female detainees (2 Level I, 2 Level II, 1 Level III). Aramark Correctional Services provides food service under contract and Correctional Healthcare Companies (CHC) contracts medical services. DCDF holds no accreditations.

The Enforcement and Removal Operations (ERO), Field Office Director, Chicago, Illinois (ERO Chicago) is responsible for ensuring facility compliance with ICE policies and the National Detention Standards (NDS). A Detention Service Manager (DSM) is assigned to monitor facility compliance with the NDS at DCDF. The DSM is also responsible for oversight at four other facilities. ERO Chicago has also assigned a Deportation Officer (DO) as a detention standards compliance officer. There are no ICE employees permanently assigned at the facility.

The Facility Administrator is the highest-ranking official at DCDF and is responsible for oversight of daily operations. In addition to the Facility Administrator, DCDF supervisory staff consists of (b)(7)e deputy facility administrators and (b)(7)e supervisors. Detention staff consists of (b)(7)e shift corporals, (b)(7)e staff members assigned to programs, and (b)(7)e correctional officers. Support staff consists of (b)(7)e administrative secretaries.

In August 2010, ODO conducted a QAR at DCDF of 22 NDS. Of the standards reviewed, six were in full compliance. The remaining 16 standards accounted for 31 deficiencies.

In September 2011, ODO conducted a Follow-up Inspection at DCDF. ODO noted ten repeat deficiencies within seven NDS: Detention Files (1 deficiency), Environmental Health and Safety (2), Food Service (1), Funds and Personal Property (1), Recreation (2), Special Management Unit-Disciplinary Segregation (2), and Visitation (1).

In March 2012, ERO Detention Standards Compliance Unit contractor, the Nakamoto Group, Inc., conducted an annual review of the NDS at DCDF. The facility received an overall rating of "acceptable," and was determined to be compliant with all 39 standards reviewed.

During this CI, ODO reviewed 14 NDS. Six standards were fully compliant, while 18 deficiencies were found in the following eight standards: Admission and Release (1 deficiency), Detainee Classification System (1), Food Service (8), Medical Care (1), Special Management Unit-Administrative Segregation (1), Staff-Detainee Communication (3), Telephone Access (2), Use of Force (1). ODO confirmed there were no repeat deficiencies from the Follow-up Inspection in September 2011.

Many of the deficiencies identified were minor in nature, with minimal impact to life-safety issues and the overall operational readiness of the facility, with the exception of a few deficiencies identified in the Detainee Classification System, Food Service, Medical Care, and Staff-Detainee Communication NDS that required immediate attention.

The ERO field office classifies detainees prior to admission to DCDF. The facility uses the classification level provided by ICE staff and does not conduct any further classification of detainees upon intake. During the CI, ODO was informed by DCDF that a Level I detainee was inadvertently assigned for approximately five hours to a housing unit where two Level III detainees were housed. When DCDF noticed this error, the detainee was immediately transferred to the appropriate Level I housing unit.

ODO reviewed the Food Service NDS at DCDF. DCDF has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing areas on thermal trays. Staff consists of the food service director (FSD) and (b)(7)e kitchen supervisors, supported by a crew of (b)(7)e ICE detainees and (b)(7)e county inmates. ODO verified all staff and food service workers were medically cleared. ODO inspected the food service area, and confirmed knives and utensils were properly controlled and food temperature requirements were in compliance with the NDS. ODO verified a registered dietitian certified the master cycle and special diet menus as nutritionally adequate. ODO confirmed religious and medical diets were provided in accordance with the standard. ODO noted staff and the work crew wore uniforms, gloves, hairnets, and beard nets where necessary.

ODO identified several significant sanitation and safety concerns. During inspection of the walk-in freezer, ODO observed an ice patch on the floor directly inside the door of the freezer, posing a safety hazard. ODO observed opened packages of broccoli stored in the freezer. In the walk-in cooler, ODO observed green mold growing on several tomatoes. Both the freezer and refrigerator contained improperly disposed articles of trash. Food particles littered the floor in the cooking area and in the warming cabinets, and remained stuck to the mixer, meat slicer, and scale. In an open drawer of a stainless steel table where the meat slicer is operated, ODO observed approximately two inches of a light-colored liquid. The liquid appeared to be a mixture of juices from meats cut on the slicer and soapy water used to clean the slicer and table. ODO noted flying insects around and on brooms, and mops stored in a janitorial area.

ODO re-inspected the food service area on the final day of the review and found no trash in the walk-in cooler and freezer; the tomatoes had been removed, and there were no open bags of frozen food items. The drawer of the meat slicing table was removed, and the warming cabinets, the mixer, scale, and meat slicer were free of food particles. However, the icy area in the freezer remained, and flying insects were still observed in the janitorial area.

ODO confirmed the FSD inspects the food service area on a monthly basis rather than weekly as required by the NDS. Weekly inspections ensure sanitation is maintained on an on-going basis, and issues are identified and addressed.

The medical department has nursing coverage Monday through Friday for 16 hours from 6:00 a.m. to 10:00 p.m. Nursing coverage is reduced on Saturdays and Sundays to 14 hours from 6:00 a.m. to 8:00 p.m. Staffing consists of a physician, an advanced nurse practitioner, a



registered nurse (RN), a licensed clinical social worker, (b)(7)e licensed practical nurses (LPN), and (b)(7)e administrative medical secretary. The RN is responsible for administrative oversight of medical services and is on-site during business hours, Monday through Friday. Clinical oversight is provided by the physician who is on-site four to five hours per week. The advanced nurse practitioner is present at DCDF four to five hours each month and as needed. The licensed clinical social worker serves as mental health coordinator. All medical staff credentials were current. In addition to on-site staff, a cadre of physicians and psychiatrists are available for consultation by telephone 24 hours a day, seven days a week. Dental services are provided by community dentists. Pharmacy services are provided by a mail-order service, with a local pharmacy available to provide medications required the same day. Detainees in need of inpatient and specialty medical services are sent to the Beaver Dam Community Hospital approximately five miles from DCDF. A contract mobile X-ray company provides radiology services.

Detainees access medical services by completing Request for Health Care forms available in English and Spanish in the housing units. The forms are submitted to the housing unit officer and collected by nursing staff during medication distribution. Involvement of correctional staff in collection and review of sick call requests does not assure the confidentiality of detainees' medical information. DCDF administration stated an immediate change will be implemented to deliver all medical care requests directly to medical personnel to comply with the NDS and ensure detainee confidentiality.

ODO reviewed 20 randomly-selected Facility Liaison Visit Checklists from February to August 2012, and observed eight Facility Liaison Visit Checklists had notations stating ICE staff had visited the SMU; however, the block titled "ICE Detainees in SMU Admin Seg" reflected that no detainees were housed in administrative segregation. ODO confirmed there were indeed detainees housed in administrative segregation at the times listed on the Facility Liaison Visit Checklists marked zero ICE detainees. DCDF informed ODO that they provide the Assistant Field Office Director (AFOD) at ERO Chicago a daily e-mail status update of detainees housed in segregation. However, ICE staff does not review the reason for placement in segregation or the projected length of a detainee's stay in segregation.

At the time of the inspection, there were two detainees housed in the SMU for administrative purposes, although the Facility Liaison Visit Checklist did not reflect this. Both were assigned to administrative segregation at their own request for protective custody reasons. ODO verified one of the detainees had been housed in the SMU since February 24, 2012; the second, since June 26, 2012. The AFOD in ERO Chicago was notified regarding detainees placed into segregation for 30 days or more; however, the Field Office Director (FOD) was never notified and never reviewed the detainee's status as required. ICE staff assured ODO the FOD would review these two segregations cases to ensure the placements are still appropriate.

DCDF staff informed ODO there have been two immediate and no calculated use-of-force incidents involving detainees in 2012. ODO reviewed the documentation of the two immediate use-of-force incidents and confirmed officers provided thorough written accounts of the incidents, completed after-action reviews, and notified ICE. ODO confirmed medical examinations were conducted in only one of the two incidents. The facility's policy does not require medical examinations following all use of force incidents. The DCDF Facility Administrator stated there would be an immediate change in policy to comply with the standard.

This report details all deficiencies and areas of concern and refers to the specific, relevant sections of the NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve the 18 identified deficiencies. These deficiencies were discussed with DCDF personnel on-site during the inspection, as well as during the closeout briefing conducted on August 9, 2012.

## INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance-Based National Detention Standards (PBNDS), as applicable. The NDS apply to DCDF. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at DCDF to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at DCDF.

## REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR ODO.

## INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c

Special Agent (Team Leader)	ODO, Phoenix
Special Agent (Section Chief)	ODO, Phoenix
Special Agent	ODO, HQ
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

# OPERATIONAL ENVIRONMENT

## INTERNAL RELATIONS

ODO interviewed the DCDF Jail Administrator, a DCDF deputy jail administrator, an ICE Supervisory Detention and Deportation Officer (SDDO), and the ICE DSM. During the interviews, all DCDF and ICE staff stated the working relationship between DCDF and ICE is good and morale is high. The Jail Administrator stated he consistently observes ICE staff visiting the housing units weekly, and communicating with ICE detainees to address their issues and concerns. The Jail Administrator stated DCDF is adequately staffed to manage the current detainee population. The SDDO and the DSM both stated ICE staffing is adequate for the current detainee population.

## DETAINEE RELATIONS

ODO interviewed 19 randomly-selected male ICE detainees and all 5 female ICE detainees to assess the conditions of confinement at DCDF. All detainees confirmed they were provided a full supply of personal hygiene items upon admission to the facility, which has been maintained throughout their stay. All detainees received detainee handbooks.

DO visitation schedules are conspicuously posted in each housing unit, and all detainees stated they were aware of the regular Wednesday visits from ICE to address detainee concerns and discuss individual immigration cases.

All detainees interviewed were satisfied with the quality of the food and the food service. They stated they have access to recreation and telephone services, can send and receive mail, have access to the law libraries, are permitted family visitation, and have the opportunity to file grievances. The detainees informed ODO they are afforded voluntary work opportunities at a pay rate of \$1 per hour. None of the detainees reported any discriminatory or racial remarks from ICE or facility staff, or any physical or sexual abuse. No detainee reported witnessing staff using force on any detainee.



## ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 14 NDS and found DCDF fully compliant with the following six standards:

- Access to Legal Material
- Detainee Grievance Procedures
- Detainee Handbook
- Hunger Strikes
- Special Management Unit (Disciplinary Segregation)
- Suicide Prevention and Intervention

As these standards were compliant at the time of the review, a synopsis for these standards was not prepared for this report.

Although there were no deficiencies in Detainee Grievance Procedures, ODO made a recommendation to improve the process. DCDF maintains an electronic grievance log to track grievances filed by detainees. All of the detainee grievances were responded to within 72 hours, and none were related to officer misconduct. The log provides the disposition of all formal grievances filed. Of the 94 formal grievances filed from January 2012 to the date of the inspection, 58 did not meet the definition of a grievance or were identified as non-grievable issues as described in the detainee handbook. Of the remaining 36 grievances, 11 grievances were either cancelled by the detainee or dismissed by facility officials for cause; 13 grievances were deemed unfounded upon further investigation; six grievances were resolved in favor of the detainees; and six grievances were determined to be "neutral" after further investigation. ODO recommends disposition of a grievance not be resolved with a "neutral" finding, since it is not a clear decision that could benefit the detainee or the facility.

ODO found deficiencies in the following eight standards:

- Admission and Release
- Detainee Classification System
- Food Service
- Medical Care
- Special Management Unit (Administrative Segregation)
- Staff-Detainee Communication
- Telephone Access
- Use of Force

Findings for each of these standards are presented in the remainder of this report.

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

ODO reviewed the Admission and Release standard at DCDF to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process in accordance with the ICE NDS. ODO observed the admission process, interviewed staff and detainees, and reviewed policies, procedures, and detention files.

Intake officers screen and interview new arrivals. ODO observed the intake processing of ten detainees. ODO confirmed DCDF staff conducted medical screenings, inventoried funds and personal property, issued property receipts, and issued appropriate clothing, bedding, and hygiene items to all ten detainees. Detainees arriving with legal materials are allowed to maintain them in their possession. According to facility policy and based on observation and interviews, DCDF staff search detainees for contraband by using pat searches.

ODO confirmed issuance of a local and national handbook to all ten detainees; however, a facility orientation is not conducted during or after the intake process (**Deficiency AR-1**). DCDF staff only show detainees an American Bar Association video titled "Know Your Rights." Orientation serves the important purpose of presenting information verbally in addition to in the detainee handbook, thereby supporting awareness of facility procedures and services, as well as detainee rights and rules of conduct.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY AR-1**

In accordance with the ICE NDS, Admission and Release, section (III)(J), the FOD must ensure all facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSAs the INS office of jurisdiction shall approve all orientation procedures.

## **DETAINEE CLASSIFICATION SYSTEM (DCS)**

ODO reviewed the Detainee Classification System standard at DCDF to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO reviewed policies, procedures and the detainee handbook; reviewed detention files; interviewed staff and detainees; toured the intake area; and observed the intake process.

The ERO field office classifies detainees prior to admission to DCDF, and provides the facility with Form I-203A, Order to Detain/Release Aliens, noting the classification levels of detainees arriving at DCDF. ODO reviewed 15 detention files and confirmed all contained Forms I-203A. DCDF adheres to the classification level determined by ICE and does not conduct any further classification of detainees upon admission. Procedures are in place to reclassify detainees if necessary following disciplinary incidents.

DCDF provides detainees wristbands which state their classification level, and provides different colored clothing to differentiate detainees' assigned classification levels. During the CI, ODO confirmed a detainee assigned classification Level I was housed in the same unit as two classification Level III detainees for a five-hour period (**Deficiency DCS-1**). Level I detainees may not be housed with Level III detainees. DCDF classification staff reported the error to ODO and immediately transferred the detainee to appropriate housing. To ensure detainee safety and welfare, it is imperative appropriate classification documentation is reviewed and verified prior to placement of detainees in housing units to ensure placements are consistent with detainees' classification levels.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DCS-1**

In accordance with the ICE NDS, Detainee Classification System, section (III)(E)(1)(a), the FOD must ensure all facilities shall ensure that detainees are housed according to their classification level.

All classification levels are decided by the general makeup of the total population of the facility. Under no circumstances will issues of facility management or other factors external to the detainee classification system influence a detainee's classification level. All classification levels are decided by the general makeup of the total population of the facility.

New arrivals are generally classified by convictions when assessing the criminal record reports. Use of convictions for classification will be limited, as suggested by the following guidelines.

#### 1. Level 1 Classification

- a. May not be housed with Level 3 Detainees.

## FOOD SERVICE (FS)

ODO reviewed the Food Service standard at DCDF to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO interviewed staff, inspected food service and storage areas, observed meal preparation and service, and reviewed policy and relevant documentation.

Food service operations at DCDF are managed by contractor Aramark Correctional Services. Staff consists of the food service director (FSD) and (b)(7)e kitchen supervisors, supported by a crew of (b)(7)e detainees and (b)(7)e county inmates. ODO verified all staff and food service workers were medically cleared. ODO inspected the food service area and confirmed knives and utensils are properly controlled and food temperature requirements are met. ODO verified a registered dietitian certified the master cycle and special diet menus as nutritionally adequate. Food service staff provides religious and medical diets in accordance with the standard. DCDF passed an inspection by the Wisconsin State Office of Detention Services of the food service operation in March 2012.

DCDF uses satellite meal service; food service staff prepares meals in the kitchen and delivers them to housing areas on thermal trays. While observing meal preparation and service, ODO noted food service workers wore uniforms, gloves, hairnets, and beard nets where necessary. Facility officials require all visitors to the kitchen to wear hair/beard nets.

ODO identified several significant sanitation and safety concerns. ODO found an ice patch on the floor directly inside the door of the walk-in freezer, posing a safety hazard. Inside the freezer, ODO observed opened packages of broccoli. In the walk-in cooler, ODO observed green mold growing on several tomatoes. The floors in both the freezer and cooler were littered with trash (**Deficiency FS-1**). Food particles cluttered the floor in the cooking area (**Deficiency FS-2**) and in the warming cabinets, and remained stuck to the mixer, meat slicer, and scale. In an open drawer of a stainless steel table where the meat slicer is used, ODO observed approximately two inches of a light-colored liquid. The liquid appeared to be a mixture of juices from meats cut on the slicer and soapy water used to clean the slicer and table (**Deficiency FS-3**). ODO detected flying insects around and on brooms and mops stored in a janitorial area (**Deficiency FS-4**).

ODO re-inspected the food service area on the final day of the review, and the walk-in cooler and freezer were free of trash, the moldy tomatoes were removed, and no open bags of frozen food items were observed. The drawer of the meat slicing table was removed, and no food particles were observed in the warming cabinets or on the mixer, scale, or meat slicer. ODO observed the ice patch was still present in the freezer as well as the presence of flying insects in the janitorial area. The FSD stated he would contact maintenance to address the insect problem. ODO confirmed the facility has a contract with a pest control company for monthly and as-needed services.

ODO observed a sign posted in the bathroom designated for use by detainee and inmate workers reminding them to wash their hands before returning to the kitchen. There was no soap, paper towels, or a trash receptacle in the bathroom (**Deficiency FS-5**). The FSD stated workers use a sink approximately ten feet from the bathroom to wash their hands. During a re-inspection of the



restroom, ODO verified that soap, paper towels, and a trash receptacle still had not been placed in the bathroom.

ODO noted an inaccuracy with the inventory in the chemical storage closet. The inventory sheet listed eight bottles of a cleaner disinfectant when, in fact, there were ten bottles (**Deficiency FS-6**). Accurate inventories ensure proper control and accountability of hazardous substances. Facility officials corrected this deficiency prior to completion of the review.

During inspection of the dry storage area, ODO observed open sacks of flour, oats, pasta, and other food items stacked against the walls (**Deficiency FS-7**). These conditions promote pest and rodent infestation (see **Deficiency FS-4**) and interfere with pest control measures. In addition, ODO observed trash in the dry storage area (see **Deficiency FS-1**). During re-inspection of the area, ODO noted the trash had been removed, sacks had been placed in sealed bags, and food items were moved away from the walls.

ODO confirmed the FSD inspects the food service area monthly rather than weekly as required by the NDS (**Deficiency FS-8**). Weekly inspections ensure sanitation is maintained on an on-going basis and issues are identified and addressed.

A general manager for Aramark Correctional Services accompanied ODO and the FSD on the initial inspection of the food service area. He stated the deficiencies would be corrected. He was not present during the re-inspection. ODO strongly recommends implementation of a comprehensive sanitation program for the food service operation and monitoring to ensure compliance.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY FS-1**

In accordance with the ICE NDS, Food Service, section (III)(H)(5)(a), the FOD must ensure all facilities shall meet the following environmental standards [among others]:

- a. Clean, well-lit, and orderly work and storage areas.

### **DEFICIENCY FS-2**

In accordance with the ICE NDS, Food Service, section (III)(H)(5)(c), the FOD must ensure all facilities shall meet the following environmental standards [among others]:

- c. Routinely cleaned walls, floors, and ceilings in all areas.

### **DEFICIENCY FS-3**

In accordance with the ICE NDS, Food Service, section (III)(H)(5)(h), the FOD must ensure all facilities shall meet the following environmental standards [among others]:

- h. To prevent cross-contamination, kitchenware and food-contact surfaces should be washed, rinsed, and sanitized after each use and after any interruption of operations during which contamination could occur.

### **DEFICIENCY FS-4**

In accordance with the ICE NDS, Food Service, section (III)(H)(5)(k), the FOD must ensure all facilities shall meet the following environmental standards [among others]:



- k. The premises shall be maintained in a condition that precludes the harboring or feeding of insects and rodents.

**DEFICIENCY FS-5**

In accordance with the ICE NDS, Food Service, section (III)(H)(9)(c), the FOD must ensure soap or detergent and paper towels or a hand drying device providing heated air shall be available at all times in each lavatory. Waste receptacles shall be conveniently placed near the hand-washing facilities.

**DEFICIENCY FS-6**

In accordance with the ICE NDS, Food Service, section (III)(H)(11)(b), the FOD must ensure all staff members shall know where and how much toxic, flammable, or caustic material is on hand, aware that their use must be controlled and accounted-for daily. Detainee-type combination locks shall not be used to secure such material.

**DEFICIENCY FS-7**

In accordance with the ICE NDS, Food Service, section (III)(J)(3)(e), the FOD must ensure the following procedures apply when receiving or storing food:

- e. Store food items at least two inches from the walls and at least six inches above the floor. Wooden pallets may be used to store canned goods and other non-absorbent containers, but not to store dairy products or fresh produce.

**DEFICIENCY FS-8**

In accordance with the ICE NDS, Food Service, section (III)(H)(13)(a), the FOD must ensure the facility shall implement written procedures for the administrative, medical and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas. All components of the food service department, (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily, recording the results.

The FSA or CS [cook supervisor] of food service shall inspect food service areas weekly.

An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.

## MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at DCDF to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO reviewed policies, 37 detainee medical records, medical staff credentials, and staff training records. In addition, ODO interviewed medical personnel and detainees, reviewed medical records, and observed medication distribution, medical intake screening, and physical examinations (PE).

DCDF staff conducts initial medical and mental health screenings. ODO reviewed (b)(7) officers' training records and confirmed training in conducting intake screenings. ODO reviewed 37 records and confirmed compliance with NDS requirements for intake screening and TB testing. Nursing staff review screening forms and interview detainees in the medical unit to identify any needs requiring attention, and provide information on accessing medical services. DCDF medical personnel screen detainees for tuberculosis (TB) by Purified Protein Derivative (PPD) skin tests. Detainees with positive PPD test results and those with a known history of positive PPD have chest X-rays to rule out TB.

ODO confirmed the RN conducts PEs. The physician stated he trained the RN and completes an annual competency evaluation. ODO reviewed documentation and confirmed the RN's training and annual evaluation. ODO reviewed 37 medical records and confirmed completion of sufficient hands-on PEs by the RN within 14 days of arrival, and review by the physician.

Sick call is conducted seven days per week by nursing staff using a set of nursing protocols approved by the physician. Detainees access medical services by completing Request for Health Care forms available in English and Spanish in the housing units. The forms are submitted to the housing unit officer and collected by nursing staff during medication distribution. ODO notes DCDF policy 240.10, Medical Services – Sick Call, states, "Medical staff/POD officer will triage requests at the time of receipt to determine if any requests require immediate action." Involvement of correctional staff in collection and review of sick call requests does not assure the confidentiality of detainees' medical information (**Deficiency MC-1**). When ODO informed the Jail Administrator of this deficiency, he indicated immediate changes will be made to bring DCDF in compliance.

Medical conditions that cannot be addressed under the nursing protocols are referred to the on-call physician, and a follow-up appointment is scheduled with the site physician or advanced nurse practitioner. Chronic care needs are managed by the physician or advanced nurse practitioner.

Emergency response consists of contacting the CHC on-call physician and/or 911-Emergency Medical Service activation. Training in responding to medical emergencies, first aid, cardiopulmonary resuscitation (CPR), and use of the automated external defibrillator (AED) is mandatory during initial orientation and annual refresher training. ODO reviewed (b)(7) officers' training records and confirmed documented completion of required training. In addition, training records for all medical staff documented current AED and CPR certification. AEDs, first aid kits, and blood spill kits are appropriately located and adequate to meet emergency needs.

Nursing staff distributes medications. Medication administration records documented distribution in accordance with providers' orders. Medical personnel maintain controlled substances and sharp-objects in locked cabinets in locked rooms, with daily inventory logs maintained by the nursing staff. ODO confirmed the inventories were accurate, and staff properly documents disposal of expired medications.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY MC-1**

In accordance with the ICE NDS, Medical Care, section (III)(M), the FOD must ensure all medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of detainees.

## **SPECIAL MANAGEMENT UNIT (SMU) Administrative Segregation (AS)**

ODO reviewed the Special Management Unit (SMU) - Administrative Segregation standard at DCDF to determine if the facility has procedures in place to temporarily segregate detainees for administrative reasons, in accordance with the ICE NDS. ODO toured the Special Management Unit, interviewed staff and two detainees in administrative segregation at time of the CI, and reviewed policies and procedures.

DCDF has two SMUs, both consisting of six single-occupancy cells equipped with a sink/commode combination unit, desk/stool fixture, and bunk. The cells were very clean, well lit, and had adequate natural light. A dayroom area outside the cells is equipped with a telephone, tables, seats, television, and board games. A shower stall is located at the end of the dayroom.

Two detainees were housed in the SMU for administrative purposes at the time of the review. Both were assigned to administrative segregation at their own request for protective custody reasons. One of the detainees had been housed in the SMU since February 24, 2012; the second, since June 26, 2012. ODO inspected documentation and logs, and confirmed facility staff conducted the required 72-hour, 7-day, and 30-day reviews. In addition, DCDF shift supervisors speak with the detainees twice a day while making rounds in the SMU, and inquire as to their continued interest in remaining on administrative segregation status. During the review, ODO observed these interactions taking place. ODO interviewed the two detainees; both clearly stated they wished to remain in administrative segregation, and confirmed daily interaction with shift supervisors and frequent visits by ICE staff. ODO confirmed the two detainees receive all required privileges and services, including recreation, visitation, access to legal materials, and contact with medical personnel.

ICE staff informed ODO they regularly visit the detainees to verify whether they wish to remain segregated; however, a random sampling of Facility Liaison Visit Checklists verified eight of the checklists documented zero detainees in SMU, when in fact there were detainees in SMU during those dates (reported under Staff-Detainee Communication (SDC) as **Deficiency SDC-2**). ODO also verified the FOD was not notified of detainees in SMU for more than 30 days and never reviewed the detainees' status as required (reported as **Deficiency SDC-3**). ICE could not produce documentation verifying ERO Chicago had issued written notification to ERO management of the detainees housed in the SMU more than 60 days (**Deficiency SMU AS-1**). Notification ensures awareness and consideration of transfer to an alternative facility.

### **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

#### **DEFICIENCY SMU AS-1**

In accordance with the ICE NDS, Special Management Unit-Administrative Segregation, section (III)(C), the FOD must ensure all facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below.

In SPCs/CDFs, when a detainee is held in administrative segregation for more than 60 days, the Office of the Assistant Regional Director for Detention and Removal shall be notified by the

Assistant District Director, Detention and Removal, in writing of the reasons. The Region shall then consider whether transfer of the detainee to a facility where he/she may be placed in the general population would be appropriate.



## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed the Staff-Detainee Communication standard at DCDF to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE NDS. ODO interviewed staff and detainees, toured and observed housing units, and reviewed ICE visitation records, Facility Liaison Visit Checklists, and Telephone Serviceability Worksheets.

ICE management and staff conduct scheduled and unscheduled weekly visits. ODO confirmed the required posting of DHS OIG Hotline contact information and the inclusion of that information in the detainee handbook. ODO also confirmed ICE checks the serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono legal services and consulate lists.

Detainees can submit written questions, requests, or concerns to DCDF and ERO staff by completing a request form available in housing units. The requests are collected by facility staff and timely routed to ICE. ODO reviewed 20 ICE requests filed between January and July 2012, and confirmed all requests were filed in the detainees' detention files and responded to within 72 hours. ERO maintains an electronic request log for documenting and tracking detainee requests submitted to ICE; however, the log does not contain a column or block for the detainee's name, officer logging the requests, or any other site-specific pertinent information (**Deficiency SDC-1**).

ODO reviewed 20 randomly-selected Facility Liaison Visit Checklists completed by visiting ERO officers from February to August 2012, and eight had notations stating that ICE staff had visited the SMU. The block titled "ICE Detainees in SMU Admin Seg" reflected that no detainees were in administrative segregation; however, ODO confirmed there were indeed detainees in administrative segregation during the dates listed on the Facility Liaison Visit Checklists (**Deficiency SDC-2**). The accuracy and completion of the Facility Liaison Visit Checklists and completion of required segregation status reviews are essential for ICE assessments of detainee care at DCDF.

Further, ODO verified ERO officers conducting weekly visits are not reviewing the reason for placement in segregation or the projected length of a detainee's stay in segregation. ODO determined the AFOD at ERO Chicago was notified regarding ICE detainees placed into segregation for 30 days or more; however, the FOD was never notified and never reviewed the detainees' status as required (**Deficiency SDC-3**). Failure to ensure FOD notification and review may prevent ERO from fully and accurately assessing detainee living conditions at DCDF.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SDC-1**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure all requests shall be recorded in a logbook specifically designed for that purpose.

The log, at a minimum, shall contain:

- a. The date the detainee request was received;

- b. Detainee's name;
- c. A-number;
- d. Nationality;
- e. Officer logging the request;
- f. The date that the request, with staff response and action, is returned to the detainee; and
- g. Any other site-specific pertinent information.

In IGSA's, the date the request was forwarded to ICE and the date it was returned shall also be recorded.

All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years.

#### **DEFICIENCY SDC-2**

In accordance with the Change Notice National Detention Standards Staff/Detainee Communication Model Protocol, dated June 15, 2007, section (C)(1-2), the FOD must ensure assigned DRO officers shall:

1. Verify that the number of detainees in the facility coincides with the number shown in DETS. (Expecting to find the 10 aliens listed in DETS but encountering 50 sets the stage for inaccurate and untimely case processing.)
2. Enter all units in which detainees are housed and document observations of the general living conditions:
  - General population housing units,
  - Special Housing Units (administrative and disciplinary segregation), and
  - Medical units (infirmaries, hospitals, etc.).

#### **DEFICIENCY SDC-3**

In accordance with the Change Notice National Detention Standards Staff/Detainee Communication Model Protocol, dated June 15, 2007, section (D)(1), the FOD must ensure, in addition to the above, assigned DRO officers shall:

1. Review the reason for placement in the SMU and the projected length of stay.
  - Determine whether the Institutional Disciplinary Panel or equivalent properly placed the detainee into segregation.
  - Determine that a detainee's time in SMU is in accordance with the ICE Disciplinary Standard.
  - Determine that ICE was notified regarding any ICE detainee placed into segregation for 30 days or more and the Field Office Director has reviewed the detainee's status.

## **TELEPHONE ACCESS (TA)**

ODO reviewed the Telephone Access standard at DCDF to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE NDS. ODO toured the facility, interviewed ICE and facility staff and ICE detainees, tested telephones, and reviewed serviceability records maintained by ICE.

DCDF housing units vary in population; however, ODO confirmed there is at least one telephone per 15 detainees in each housing unit, and detainees in the SMI have access to telephones. All detainees interviewed stated they were provided ample access to telephones. ODO conducted a sampling of telephone calls to verify the telephones were in good working order. DCDF management stated they permit detainees to place emergency personal calls as requested. DCDF does not allow incoming calls; however, DCDF officials relay incoming emergency telephone messages to detainees as received.

The DCDF detainee handbook states the rules for telephone usage; however, written copies of the telephone rules were not posted in general areas of the housing units where detainees can easily see them (**Deficiency TA-1**).

Notices are posted on the telephones indicating that all telephone calls are subject to monitoring. DCDF provides a private room in the counsel/interview area, with an unmonitored telephone line for the detainee to use for legal telephone calls. In addition, while conducting weekly visits, ERO staff provides access to the telephone in the ICE office for detainees for unmonitored calls related to legal matters. If a detainee wants to make a legal telephone call, the detainee must submit a detainee request to ERO, or the detainee's legal counsel may contact DCDF in advance to arrange the teleconference. DCDF includes in the detainee handbook procedures for making unmonitored telephone calls to a court, legal representative, or for the purpose of obtaining legal representation; however, no notices of these procedures were posted near the monitored telephones (**Deficiency TA-2**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY TA-1**

In accordance with the ICE NDS, Telephone Access, section (III)(B), the FOD must ensure, as described in the "General Provisions" standard, the facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them.

### **DEFICIENCY TA-2**

In accordance with the ICE NDS, Telephone Access, section (III)(K), the FOD must ensure the facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating:

1. that detainee calls are subject to monitoring; and
2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.

## USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at DCDF to determine if necessary use of force is employed only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE NDS. ODO reviewed policy and training records, and interviewed staff.

The DCDF use of force policy encourages confrontation avoidance. All correctional officers and program specialists are trained in the use of force team technique and the use of OC spray. ODO reviewed (b)(7) officers' training files and confirmed current OC certification and completion of annual training.

ODO verified there have been two immediate and no calculated use of force incidents involving detainees in 2012. ODO reviewed documentation for the two immediate force incidents and confirmed officers provided thorough written accounts of the incidents, completion of after-action reviews, and notification of ICE; however, ODO confirmed medical staff conducted a physical examination in only one of the two incidents (**Deficiency UOF-1**). The corresponding incident report indicated officers noticed the detainee had a scratch and bloody lip, and inquired if he was hurt, to which the detainee replied "no." There was no documentation that a subsequent evaluation by medical staff occurred. ODO verified DCDF policy does not require medical examinations following all use of force incidents. ODO recommended revision of the DCDF policy to include this requirement in order to support compliance with the standard in the future.

ODO further notes, according to facility staff, introductions of use-of-force team members are video-recorded after a calculated force incident has been resolved. The NDS requires introduction of team members *before* calculated force incidents. Because there were no calculated force incidents involving detainees, ODO does not cite this as a deficiency, and recommends revision of policy and procedures to support future compliance in calculated uses of force.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(G)(2), the FOD must ensure, after any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented.