



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

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO New Orleans Field Office**

**Etowah County Detention Center
Gadsden, Alabama**

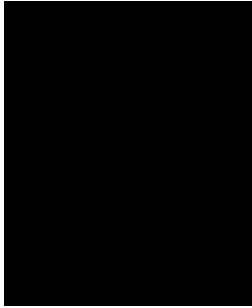
June 15-18, 2020

**COMPLIANCE INSPECTION
of the
ETOWAH COUNTY DETENTION CENTER
Gadsden, Alabama**

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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 Etowah County Detention Center (ECDC) in Gadsden, Alabama, from June 15 to 18, 2020.¹ The facility opened in 1994 and is owned by Etowah County and operated by the Etowah County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ECDC in 1998 under the oversight of ERO's Field Office Director (FOD) in New Orleans (ERO New Orleans). The facility operates under the National Detention Standards (NDS) 2000 and is contractually obligated for ICE Performance-Based National Detention Standard (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention (SAAPI).

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager to the facility. An ECDC chief handles daily facility operations and is supported by █ personnel. Alabama Institutional Services provides food services, Doctors Care provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in October 2018.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Detainee Bed Capacity ² | 350 |
| Average ICE Detainee Population ³ | 194 |
| Male Detainee Population (as of 6/15/2020) | 312 |
| Female Detainee Population (as of 6/15/2020) | 0 |

During its last inspection, in Fiscal Year (FY) 2019, ODO found 23 deficiencies in the following areas: Admission and Release (2); Custody Classification System (1); Detainee Grievance Procedures (1); Environmental Health and Safety (7); Food Service (2); Funds and Personal Property (2); Medical Care (3); Special Management Unit – AS (1); Staff-Detainee Communication (2); and Telephone Access (2).

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

² Data Source: ERO Facility List Report as of June 08, 2020.

³ *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.⁴

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.

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 | Deficiencies |
|--|--------------|
| Part 1 – Detainee Services | |
| Access to Legal Material | 5 |
| Admission and Release | 0 |
| Detainee Classification System | 0 |
| Detainee Grievance System | 0 |
| Food Service | 0 |
| Funds and Personal Property | 1 |
| Recreation | 1 |
| Religious Practices | 0 |
| Staff-Detainee Communication | 0 |
| Telephone Access | 0 |
| Visitation | 0 |
| Sub-Total | 7 |
| Part 2 – Security and Control | |
| Environmental Health and Safety | 1 |
| Special Management Unit (Administrative Segregation) | 0 |
| Special Management Unit (Disciplinary Segregation) | 0 |
| Use of Force | 2 |
| Sub-Total | 3 |
| Part 3 – Health Services | |
| Medical Care | 1 |
| Suicide Prevention and Intervention | 0 |
| Sub-Total | 1 |
| PBNS 2011 Standard Inspected | |
| Sexual Abuse and Assault Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 11 |

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

DETAINEE RELATIONS

ODO interviewed 15 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.

Religious Practices: One detainee stated the facility served oranges and NutriGrain bars every day during Ramadan and did not serve any hot foods.

- Action Taken: ODO reviewed the menu the facility used for detainees who participated in Ramadan and interviewed the facility chaplain. The chaplain informed ODO he personally inspected the kitchen each morning during Ramadan to verify kitchen staff were serving hot meals, such as eggs, oatmeal, and grits. The menu indicated the detainees were served hot meals daily, which included eggs, oatmeal, and grits.

Staff-Detainee Communication: One detainee stated he was worried about being in ICE custody would prevent him from being fingerprinted by United States Citizenship and Immigration Services (USCIS) at the end of the month, when he had an appointment with USCIS.

- Action Taken: ODO spoke with the supervisory detention and deportation officer and the detainee's DO. The DO indicated ERO was able to complete application fingerprinting on behalf of USCIS or could transmit fingerprints, ERO already had on file to USCIS. The detainee or the detainee's attorney would need to contact USCIS to have that arranged with ERO since USCIS cases are considered confidential and case information is only provided to ERO once a final decision has been made. The DO provided ODO with documentation, which showed the detainee had been previously informed of this process. At ODO's request, the DO provided the detainee with the instructions for how to have ERO conduct fingerprinting on behalf of USCIS again.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the facility detainee handbook and found it did not provide detainees with the procedure for requesting access to the law library (**Deficiency ALM-1**⁶).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action by updating the facility detainee handbook to include the procedure for requesting access to the law library. ODO reviewed a draft version of the updated facility detainee handbook and verified the missing procedure was included (**C-1**).

ODO found the facility detainee handbook did not inform detainees of the procedure to request additional time in the law library, beyond the minimum five hours per week (**Deficiency ALM-2**⁷).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action by updating the facility detainee handbook to include the procedure for requesting additional law library time. ODO reviewed a draft version of the updated facility detainee handbook and verified the missing procedure was included (**C-2**).

ODO found the facility detainee handbook did not inform detainees of the procedure for requesting legal reference materials, which were not contained in the law library (**Deficiency ALM-3**⁸).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action by updating the facility detainee handbook to include the procedures for requesting legal reference materials not maintained in the law library. ODO reviewed a draft version of the updated facility detainee handbook and verified the missing procedure was included (**C-3**).

ODO found the facility detainee handbook did not inform detainees of the procedure for notifying a designated employee of law library material that was damaged or is missing (**Deficiency ALM-**

⁶ "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

3. the procedure for requesting access to the law library." See ICE National Detention Standards (NDS) 2000, Standard, Access to Legal Material, Section (III)(Q)(3).

⁷ " The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum)." See ICE National Detention Standards (NDS) 2000, Standard, Access to Legal Material, Section (III)(Q)(4).

⁸ "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

5. the procedure for requesting legal reference materials not maintained in the law library." See ICE National Detention Standards (NDS) 2000, Standard, Access to Legal Material, Section (III)(Q)(5).

4⁹).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action by updating the facility detainee handbook to include the procedure for notifying a designated employee of missing or damaged law library material. ODO reviewed a draft version of the updated facility detainee handbook and verified the missing procedure was included (C-4).

The facility provided ODO pictures of the postings inside the law library. ODO reviewed the pictures and found the facility had not posted their law library policies and procedures in the law library (**Deficiency ALM-5¹⁰**).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action by posting the facility law library policy and procedures in the law library. The facility provided ODO with pictures, which showed the policy and procedures were posted (C-5).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility detainee handbook and found a repeat deficiency from FY 2019. The facility detainee handbook did not inform detainees of the local policy or procedures for claiming property upon release, transfer, or removal (**Deficiency F&PP-1¹¹**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by updating the facility detainee handbook to include information, which informed detainees of the procedures for claiming property upon release, transfer, or removal. ODO reviewed a draft version of the updated facility detainee handbook and verified the missing procedure was included (C-6).

RECREATION (R)

ODO interviewed facility staff and determined the facility exercise area contained only a single pull-up bar for detainees to use instead of a variety of fixed and movable equipment (**Deficiency R-1¹²**).

⁹ “The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

6. the procedure for notifying a designated employee that library material is missing or damaged.” See ICE National Detention Standards (NDS) 2000, Standard, Access to Legal Material, Section (III)(Q)(6).

¹⁰ “The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

These policies and procedures shall also be posted in the law library along with a list of the law library’s holdings.” See ICE National Detention Standards (NDS) 2000, Standard, Access to Legal Material, Section (III)(Q).

¹¹ “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...

4. The procedure for claiming property upon release, transfer, or removal.” See ICE NDS 2011, Standard, Funds and Personal Property, Section (III)(J)(4). **This is a repeat deficiency.**

¹² “Exercise areas will offer a variety of fixed and movable equipment. Weight training if offered, will be limited to fixed equipment; free weights are prohibited.” See ICE NDS 2000, Standard, Recreation, Section (III)(G)(1).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO's review of the monthly fire safety reports and interviews with the fire safety officer and a facility captain identified a repeat deficiency from FY 2019. Specifically, ODO found fire drills were not conducted in all areas of the facility [REDACTED], as required by the standard (**Deficiency EH&S-1**¹³).

The facility provided ODO photographs of detainee cells in general population, administrative segregation, and disciplinary segregation to review. The photographs depicted clothes lines, which were hung from one end of a cell to the other end in all three types of detainee housing. ODO noted this as an **Area of Concern** since the unauthorized material detainees used to make these clothes lines can be a safety and security concern. This was a repeat **Area of Concern** from ODO's FY 2019 inspection.

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ECDC did not maintain a separate SMU for detainees placed on AS. Detainees placed on AS remained in their respective housing unit cell within the general population (GP) housing unit. The housing unit officer maintained a list of detainees placed on AS. Although ODO confirmed detainees on AS did not intermingle with GP detainees, ODO noted AS detainees housed in the same housing unit as GP detainees was an **Area of Concern**.

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ECDC did not maintain a separate SMU for detainees placed on DS. Detainees placed on AS remained in their respective housing unit cell within the GP housing unit. The housing unit officer maintained a list of detainees placed on DS. Although ODO confirmed detainees on DS did not intermingle with GP detainees, ODO noted DS detainees housed in the same housing unit as GP detainees was an **Area of Concern**.

USE OF FORCE (UOF)

ODO reviewed ECDC's UOF policy and procedures, and their current post orders. ODO found the facility had not incorporated the responsibility to check their [REDACTED] into any of the post orders (**Deficiency UOF-1**¹⁴).

Corrective Action: Prior to the completion of the inspection, the facility updated their

¹³ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A)(3). **This is a repeat deficiency.**

¹⁴ "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

General and Inmate Housing Area Post Orders. The revision stated the senior on-duty lieutenant would be responsible for maintaining the video cameras (C-7).

ODO reviewed ECDC's UOF policy and procedures and found the facility review team was allotted five days to submit their report to the facility administrator, following a UOF incident, instead of two working days as required by the standard (**Deficiency UOF-2**¹⁵).

[REDACTED]. The facility did not have hand-held audiovisual cameras, which should be used to record calculated UOF incidents in their entirety and immediate UOF incidents from when practicable thru the conclusion of the incident, including the medical examination of the detainee. ODO noted this as an **Area of Concern**.

HEALTH SERVICES

MEDICAL CARE (MC)

ODO's review of 19 detainee medical records found a repeat deficiency from FY 2019 in which a registered nurse (RN) and not a physician, physician's assistant, or nurse practitioner, completed 19 out of 19 initial dental screenings (**Deficiency MC-1**¹⁶). The RN was trained to perform the dental examinations and ODO noted this would not be a deficiency under the NDS 2019 or the PBNDS 2011 (Revised 2016).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and one standard under PBNDS 2011 and found the facility in compliance with 12 of those standards. ODO found 11 deficiencies in the remaining six standards, three of which were repeat deficiencies from ODO's FY 2019 inspection. ODO noted four **Areas of Concern** in three standards, which fall under the Security and Control section of the NDS 2000. ODO commends facility staff for their responsiveness during this inspection and notes there were seven instances where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

¹⁵ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. ...IGSA will pattern their incident review process after INS ...
The OIC, the Assistant OIC, the CDEO, and the Health Services Administrator shall conduct the after-action review. This [REDACTED] member After-Action Review Team shall convene on the workday after the incident. The After-Action Review Team shall gather relevant information, determine whether policy was followed, and complete an after-action r [sic] report, recording the nature of their review and findings. The after-action report is due within two working days of the detainee's removal from restraints." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

¹⁶ "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E). **This is a repeat deficiency.**

| Compliance Inspection Results Compared | FY 2019 (NDS 2000) | FY 2020 (NDS 2000) |
|---|-------------------------------|-------------------------------|
| Standards Reviewed | 17 | 18 |
| Deficient Standards | 10 | 6 |
| Overall Number of Deficiencies | 23 | 11 |
| Deficient Priority Components | 0 | 0 |
| Repeat Deficiencies | 0 | 3 |
| Corrective Actions | 11 | 7 |