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Office of Detention Oversight
Follow-Up/Interim Compliance Inspection

Enforcement and Removal Operations
ERO New Orleans Field Office

Etowah County Detention Center
Gadsden, Alabama

May 24-28, 2021

**FOLLOW-UP/INTERIM COMPLIANCE INSPECTION
of the
ETOWAH COUNTY DETENTION CENTER
Gadsden, Alabama**

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FOLLOW-UP/INTERIM 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 follow-up compliance inspection of the Etowah County Detention Center (ECDC) in Gadsden, Alabama, from May 24 to 28, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of the ECDC from January 25 to 29, 2021. The facility opened in 1994 and is owned and operated by Etowah County. 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) 2000.²

ERO has assigned deportation officers and a detention services manager to the facility. An ECDC chief handles daily facility operation and manages support personnel. Alabama Institutional Services provides food services, facility staff provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in November 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	350
Average ICE Detainee Population ⁴	
Male Detainee Population (as of May 24, 2021)	
Female Detainee Population (as of May 24, 2021)	

During its last inspection, in Fiscal Year (FY) 2021, ODO found 25 deficiencies in the following areas: Admission and Release (6); Custody Classification System (3); Facility Security and Control (5); Funds and Personal Property (3); Hunger Strikes (2); Significant Self-Harm and Suicide Prevention and Intervention (1); and Special Management Units (5).

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

² ODO inspected ECDC in January 2021 against the NDS 2019; however, ERO Custody Management provided ODO with an updated list of United States Marshals Service facilities and standards to inspect those facilities to, which changed ECDC from NDS 2019 back to NDS 2000. As such, ODO conducted this follow-up inspection in accordance with NDS 2000.

³ Data Source: ERO Facility List Report as of May 24, 2021.

⁴ *Ibid.*

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

Follow-Up/Interim Compliance Inspections focus on facilities that changed their contractually required ICE National Detention Standards (i.e., from NDS 2000 to NDS 2019 or vice versa) following their first ODO inspection of the FY. ODO will conduct a complete review of several core standards, in accordance with the facility's new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards.

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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Admission and Release	0
Detainee Classification System	1
Food Service	0
Funds and Personal Property	0
Sub-Total	1
Part 2 – Security and Control	
Emergency Plans	0
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	1
Use of Force	0
Sub-Total	4
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
Total Deficiencies	6

⁵ 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 conducted detainee interviews via video teleconference.

Medical Care: One detainee stated he had missing front teeth and was unable to eat. Additionally, the detainee stated medical staff informed him ICE would decide on any procedure to replace his missing teeth.

- Action Taken: ODO interviewed the facility health service administrator (HSA), confirmed the detainee's arrival on April 15, 2021, and completion of his initial physical examination on the same day. On May 17, 2021, the registered nurse (RN) examined the detainee for a physical and referred him to the dentist. On May 21, 2021, the dentist examined the detainee and found advanced cavities and multiple broken teeth. The dentist extracted two teeth, completed four fillings, and prescribed the detainee antibiotics and ibuprofen. ODO requested the facility's medical staff evaluate the detainee and on May 26, 2021, and the RN examined the detainee. The RN found the detainee lost 4 pounds since his arrival and placed him on a soft diet, noting his molars were in good condition for chewing. The RN also placed the detainee on the follow-up dental visit list, pending dentist availability.

Medical Care: One detainee stated the medical staff had not provided any care to him after submitting a request for a doctor to examine him and to treat the numbness on the left side of his face, chest, and arms. Additionally, the detainee stated medical staff did not allow him to receive a COVID-19 vaccine.

- Action Taken: ODO interviewed the facility HSA, confirmed the detainee's arrival on April 11, 2021, and learned of his history of high blood pressure, and the medical staff's action to start his blood pressure medication on the following morning. On April 19, 2021, the RN completed the detainee's initial physical and noted no complaints of numbness from him. On May 17, 2021, the nurse practitioner (NP) examined the detainee for a chronic care visit and noted the detainee's disclosure of occasional chest pain and fatigue. The NP ordered an electrocardiogram, which medical staff completed on May 19, 2021, with normal results. On May 26, 2021, the RN examined the detainee, based on ODO's referral, and noted his blood pressure as normal and his complaint of a headache. The RN prescribed medication for the detainee's headache.

On May 11, 2021, the National Guard and the Alabama Department of Public Health came to vaccinate the entire facility population. COVID-19 vaccination was voluntary, and the on-hand quantity of vaccines was sufficient to cover all detainees at the facility. The HSA stated the staff offered the vaccine multiple times throughout that day to any detainee wanting it.

Medical Care: One detainee stated the medical staff had not approved his shoe profile request to alleviate his lower back pain.

- Action Taken: ODO interviewed the facility HSA, confirmed the detainee's arrival on May 12, 2021, and his initial physical on May 21, 2021. During the physical, the detainee stated his history of a pinched nerve and a slipped disk, and the RN prescribed ibuprofen for him. The RN requested a release of records from the previous medical provider on May 12, 2021, and received the records the same day. On May 25, 2021, the NP ordered x-rays for the lumbar and thoracic sections of the spine and wrote a bottom-bunk profile for the detainee. On May 27, 2021, medical staff reviewed the x-ray results and confirmed spondylosis (a degenerative disease of the spine). Medical staff prescribed anti-inflammatory medication, muscle relaxers, and a steroid dose pack and met with the facility captain to discuss approval of a shoe profile for the detainee.

Medical Care: One detainee stated the facility medical staff did not provide him with frequent blood pressure checks.

- Action Taken: ODO interviewed the facility HSA, confirmed the detainee's arrival on April 15, 2021, learned of his history of high blood pressure and the medical staff's action to place him on blood pressure medication that same day. From April 15 to 30, 2021, medical staff checked the detainee's blood pressure on four occasions. From May 1 to 26, 2021, medical staff checked the detainee's blood pressure on seven occasions. On May 6, 2021 and May 20, 2021, the physician adjusted the detainee's blood pressure medication, based on previous blood pressure readings. Medical staff scheduled the detainee for a three-day blood pressure check to test the effectiveness of the latest medication adjustment, starting May 31, 2021.

Medical Care: One detainee stated the facility's lack of medical response to treat him for scabies is the cause of his anxiety and depression.

- Action Taken: ODO interviewed the facility HSA, confirmed the detainee's arrival on June 28, 2020, the completion of his initial physical examination on June 30, 2020, and the medical staff's action to continue his allergy medication. During sick call on October 20, 2020, medical staff examined the detainee for itching and prescribed Zyrtec and hydrocortisone. On December 1, 2020, the RN examined the detainee who stated he currently had scabies and had had it previously. Medical staff prescribed Ivermectin and notified officers to provide clean bedding and clothing and to wash contaminated clothing and bedding in hot water. On December 15, 2021, the physician examined the detainee and prescribed Stromectol and Clobetasol. On February 19, 2021, mental health staff evaluated the detainee, prescribed Citalopram, and scheduled him for regular mental health follow-up checks. During sick call on May 16, 2021, the RN evaluated the detainee for red bumps on his hands and prescribed a Cetaphil cleansing bar and Cetaphil moisture lotion. The detainee stated the rest of his body was clear of any red bumps. On May 26, 2021, the RN examined the detainee for red bumps on his hands and submitted a referral for an outside dermatologist to evaluate his condition. At the conclusion of the inspection, the referral was still pending with ICE Health Service Corps.

Food Service: Multiple detainees stated their dissatisfaction with food service for the following reasons: repetitive food service menus, small portions, and the lack of good-tasting food.

- Action Taken: ODO interviewed the facility captain and food service administrator and reviewed the food cycle menus provided. ODO found a dietician had approved the food cycle menus with listed meals at 2,200 to 2,400 calories per day. The menu specifies weight of food in ounces or the number of individual pieces. ODO reviewed pictures of the serving line and food service staff using measured utensils to serve the proper amount of food per the menu. The pictures showed facility staff had covered the insulated trays, placed the trays on a cart, and delivered the trays to the housing units. Additionally, photos showed temperature checks of the food served to the housing units were in the required range. ODO was not on-site for this inspection and was unable to verify the taste of food.

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO found the facility's orientation video to be outdated. The exact recording date was unknown, but a facility officer estimated the video to be 5 to 7 years old. Facility staff provided ODO a written outline of the video. ODO found the video was an abbreviated version of the outline and did not include current information and details of items such as pro-bono services, daily activities and programs, telephone use, etc. ODO noted this as an **Area of Concern**.

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the classification documents in 12 detainee detention files and found the classification documents in █ out of █ files did not have a supervisory signature nor initials verifying the supervisor reviewed and approved the detainee's classification (**Deficiency DCS-10⁶**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed seven fire evacuation diagrams and found the existing signs did not include "You Are Here" markers nor emergency equipment locations in English and Spanish (**Deficiency EHS-71⁷**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective

⁶ "The classification system ensures: The first-line supervisor will review and approve each detainee's classification." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3).

⁷ "In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. "You Are Here" markers;

c. Emergency equipment locations." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(a-c).

action. Specifically, the facility updated the fire evacuation diagrams with the missing information and posted the corrected fire evacuation diagrams (C-1).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO found the facility did not log visits in the jail log reports nor use Form I-888 or any other form to document when a health care professional or shift supervisor visited each segregated detainee (Deficiency SMU AS-61⁸).

ODO found the facility did not maintain a permanent log in the SMU to record all activities concerning the SMU detainees (Deficiency SMU AS-78⁹).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ODO found the facility did not log visits in the jail log reports nor use Form I-888 or any other form to document when a health care professional or shift supervisor visited each segregated detainee (Deficiency SMU DS-50¹⁰).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 12 detainee medical files and found in █ out of █ files, medical staff did not complete physical examinations within 14 days of the detainee's arrival. Specifically, medical staff performed physical examinations █ days after arrival for one detainee and █ days after arrival for the second detainee (Deficiency MC-1¹¹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 12 standards under NDS 2000 and found the facility in compliance with 7 of those standards. ODO found six deficiencies in the remaining five standards. ODO commends facility staff for its responsiveness during this inspection and notes there was one instance 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.

⁸ "A medical professional shall visit every detainee in administrative segregation at least three times a week. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(D)12).

⁹ "A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc. ..." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(E)(1).

¹⁰ "A medical professional shall visit every detainee in administrative segregation at least three times a week. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(D)(16).

¹¹ "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2000)
Standards Reviewed	18	12
Deficient Standards	7	5
Overall Number of Deficiencies	25	6
Repeat Deficiencies	N/A	N/A
Areas of Concern	0	1
Corrective Actions	0	1