



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

November 29 - December 2, 2021

**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 November 29 to December 2, 2021.¹ 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 in New Orleans (ERO New Orleans). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned deportation officers and a detention services manager to the facility. An ECDC chief handles daily facility operations and manages ■ support personnel. Alabama Institutional Services provides food services, Doctors Care provides medical care, and Keefe Commissary 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 ² | ■ |
| Average ICE Detainee Population ³ | ■ |
| Male Detainee Population (as of November 29, 2021) | ■ |
| Female Detainee Population (as of November 29, 2021) | ■ |

During its last inspection, in Fiscal Year (FY) 2021, ODO found six deficiencies in the following areas: Detainee Classification System (1); Environmental Health and Safety (1); Special Management Unit (Administrative Segregation) (2); Special Management Unit (Disciplinary Segregation) (1); and Medical Care (1).

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 October 12, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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 its 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 ^{5,6} | Deficiencies |
|---|--------------|
| Part 1 – Detainee Services | |
| Admission and Release | 1 |
| Correspondence and Other Mail | 0 |
| Detainee Classification System | 0 |
| Food Service | 0 |
| Funds and Personal Property | 0 |
| Group Presentations on Legal Rights | 0 |
| Issuance and Exchange of Clothing, Bedding and Towels | 0 |
| Marriage Requests | 0 |
| Non-Medical Emergency Escorted Trips | 0 |
| Voluntary Work Program | 0 |
| Sub-Total | 1 |
| Part 2 – Security and Control | |
| Detention Files | 0 |
| Detainee Transfers | 0 |
| Emergency Plans | 0 |
| Environmental Health and Safety | 0 |
| Post Orders | 0 |
| Special Management Unit (Administrative Segregation) | 0 |
| Special Management Unit (Disciplinary Segregation) | 0 |
| Use of Force | 0 |
| Sub-Total | 0 |
| Part 3 – Health Services | |
| Hunger Strikes | 0 |
| Medical Care | 0 |
| Suicide Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Other Standards Reviewed | |
| NDS 2019 Sexual Abuse and Assault Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 1 |

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all inspections.

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 concern listed below. ODO conducted detainee interviews via video teleconference.

Funds and Personal Property: One detainee stated an unknown person has been using his personal identification number (PIN) to access his funds without his consent, and the facility has not changed his PIN for the vending machine.

- Action Taken: ODO interviewed a facility captain and found the detainee shared his PIN with a county inmate who purchased commissary items for the detainee; however, the inmate made additional purchases without the detainee's consent for a total amount of \$46.25. The captain stated the facility has flagged the inmate's account to collect any future deposited funds to reimburse the detainee \$46.25. On December 2, 2021, the facility released the detainee, and the captain stated the facility will mail the funds to the detainee's forwarding address.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed ■ detainee detention files and found ■ out of ■ files did not contain an Order to Detain (Form I-203) bearing the appropriate official's signature (**Deficiency AR-34**⁷).

FOOD SERVICE (FS)

ODO reviewed an email, dated May 26, 2021, from the Alabama Department of Public Health, which stated the facility would not receive an annual food service inspection in calendar year 2021, due to the COVID-19 pandemic. As a result, ODO notes this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 21 of those standards. ODO found one deficiency in the remaining standard. ODO recommends ERO work with the facility to resolve the deficiency that remains outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of ECDC on October 27, 2021.

⁷ "An order to detain or an order to release the detainee (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

| Compliance Inspection Results Compared | Second FY 2021 (NDS 2000) | First FY 2022 (NDS 2000/NDS 2019) |
|---|--------------------------------------|--|
| Standards Reviewed | 12 | 21/1 |
| Deficient Standards | 5 | 1 |
| Overall Number of Deficiencies | 6 | 1 |
| Repeat Deficiencies | 0 | 0 |
| Areas of Concern | 1 | 1 |
| Corrective Actions | 1 | 0 |
| Facility Rating | N/A | Superior |