



**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

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**Office of Detention Oversight  
Compliance Inspection**

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

**Etowah County Detention Center  
Gadsden, Alabama**

**January 25-29, 2021**

**COMPLIANCE INSPECTION  
of the  
Etowah County Detention Center  
Gadsden, Alabama**

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
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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 January 25 to 29, 2021.<sup>1</sup> The facility opened in March 1994 and is owned and operated by the Etowah County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ECDC in October 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) 2019.<sup>2</sup>

ERO has assigned deportation officers to the facility. An ECDC chief handles daily facility operations and is supported by █ personnel. Alabama Institutional Service provides food services, Doctor's Care provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in October 2018 and by the National Commission on Correctional Health Care in November 2018. In May 2020, ECDC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA Certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	325
Average ICE Detainee Population <sup>4</sup>	█
Male Detainee Population (as of 01/25/2021)	█
Female Detainee Population (as of 01/25/2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 11 deficiencies in the following areas: Access to Legal Material (5), Funds and Personal Property (1), Recreation (1), Environmental Health and Safety (1), Use of force (2), and Medical Care (1).

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

<sup>2</sup> This was ECDC's first ODO inspection under the NDS 2019 standard.

<sup>3</sup> Data Source: ERO Facility List Report as of January 25, 2021.

<sup>4</sup> *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.<sup>5</sup>

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, because 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.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>6&amp;7</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	6
Custody Classification System	3
Facility Security and Control	5
Funds and Personal Property	3
Special Management Units	5
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>22</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	2
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance Systems	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>25</b>

<sup>6</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>7</sup> Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. Two detainees made allegations of discrimination and verbal abuse by a facility staff member. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Staff-Detainee communication:* Two detainees advised ODO, a facility detention officer sergeant assigned to their unit is verbally abusive, openly racist, and aggressive towards them. Both detainees stated they have submitted multiple grievances, which the sergeant removed to protect himself.

- Action Taken: ODO informed the facility's captain and assigned ERO New Orleans supervisory detention and deportation officer of the detainees' complaint. The facility's captain advised ODO, the facility has opened an internal investigation into the complaints made against the facility's sergeant and will be reviewing camera and audio files to determine if mistreatment of detainees is occurring at the facility. On March 2, 2021, ERO New Orleans advised ODO, the facility detention officer sergeant was issued a formal counseling on February 3, 2021, regarding the complaints made against him. There was no information found to support the allegation of racial discrimination; therefore, the sergeant was not removed from his position.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's A&R program, interviewed facility staff, and found the facility did not make a copy of the detainee's identity documentation (**A&R-12<sup>8</sup>**).

ODO reviewed the facility's A&R program, interviewed facility staff, and found the facility does not provide the detainees with receipts for their confiscated identity documents (**A&R-13<sup>9</sup>**).

ODO reviewed the facility's A&R program, interviewed facility staff, and found the facility's written policy does not permit the provision for detainees to be provided copies of their identity documents upon their request (**A&R-14<sup>10</sup>**).

ODO reviewed 12 detainee files and found 1 out of 12 detainee files did not contain official documentation from ERO New Orleans. Specifically, the detainee file did not include an Order to

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<sup>8</sup> "Identity documents, such as passports, birth certificates, etc., will be copied for the detention file, and the original forwarded to ICE/ERO." See ICE NDS 2019, Standard Admission and Release, Section (II)(C).

<sup>9</sup> "Detainees will receive a receipt for confiscated identity documents." See ICE NDS 2019, Standard Admission and Release, Section (II)(C).

<sup>10</sup> "Upon request, staff will provide the detainee with a copy of the document." See ICE NDS 2019, Standard Admission and Release, Section (II)(C).

Detain (Form I-203) nor a Record of Persons and Property Transferred (Form I-216) (**A&R-18<sup>11</sup>**).

ODO reviewed 12 detainee and found 9 out of 12 detainee files indicated detainees did not receive their facility detainee handbooks and 12 out of 12 detainee files indicated detainees did not receive their ICE National Detainee Handbooks. Additionally, 9 out of 12 detainees interviewed informed ODO the facility did not provide them a copy of the facility's detainee handbook nor the ICE National Detainee Handbook (**A&R-26<sup>12</sup>**).

ODO reviewed 26 detainee property forms and found 10 out of 26 detainee property forms did not contain the detainee's signature, indicating receipt of their property and funds (**A&R-28<sup>13</sup>**).

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed 12 detainee classification files and found the facility did not to classify 2 out of 12 detainees prior to their admittance into the general population (**CCS-2<sup>14</sup>**).

ODO reviewed the facility's housing unit rosters and found the facility does not seclude detainees from the general population while pending receipt of documentation needed to complete the classification (**CCS-5<sup>15</sup>**).

ODO reviewed 12 detainee classification files and found 10 out of 12 detainee classification files required reclassification; however, the facility did not conduct reclassifications at regular intervals nor following the occurrence of a relevant event (**CCS-23<sup>16</sup>**).

### **FACILITY SECURITY AND CONTROL (FS&C)**

ODO reviewed the facility's FS&C program, interviewed facility staff, and found the facility does not have comprehensive detainee supervision guidelines, a comprehensive staffing analysis, nor a staffing plan (**FS&C-4<sup>17</sup>**).

ODO reviewed the facility's FS&C program, interviewed facility staff, and found the facility does not have comprehensive detainee supervision guidelines, a comprehensive staffing analysis, nor a

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<sup>11</sup> "Official documentation from ICE/ERO (e.g. Form I-203, I-203a, or I-216) shall accompany each newly arriving detainee." *See* ICE NDS 2019, Standard Admission and Release, Section (II)(F).

<sup>12</sup> "Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook." *See* ICE NDS 2019, Standard Admission and Release, Section (II)(I).

<sup>13</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc." *See* ICE NDS 2019, Standard Admission and Release, Section (II)(J).

<sup>14</sup> "The classification system shall ensure: (1) All detainees are classified upon arrival, before being admitted into the general population." *See* ICE NDS 2019, Standard Custody Classification System, Section (II)(A)(1).

<sup>15</sup> "The classification system shall ensure: (1) All detainees are classified upon arrival, before being admitted into general population." *See* ICE NDS 2019, Standard Custody Classification System, Section (II)(A)(3).

<sup>16</sup> "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events." *See* ICE NDS 2019, Standard Custody Classification System, Section (II)(F).

<sup>17</sup> "The facility shall develop and document comprehensive detainee supervision guidelines, as well as a comprehensive staffing analysis and staffing plan, to determine and meet the facility's detainee supervision needs; these shall be reviewed and updated at least annually." *See* ICE NDS 2019, Standard Facility Security and Control, Section (II)(A).



staffing plan that is reviewed and updated annually (**FS&C-5<sup>18</sup>**).

ODO reviewed the facility's FS&C program, interviewed facility staff, and found the facility does not consider generally accepted detention and correctional practices nor use any other relevant factors to determine adequate levels of detainee supervision or the need for video monitoring (**FS&C-7<sup>19</sup>**).

ODO reviewed the facility's FS&C program, interviewed facility staff, and found the facility has not established a comprehensive security inspection system that addresses the perimeter fence line (**FS&C-8<sup>20</sup>**).

ODO reviewed the visitor's logbook and found the visitor's logbook did not identify the visitor's time of departure from the facility (**FS&C-17<sup>21</sup>**).

### **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO reviewed the facility's F&PP program, interviewed facility staff, and found the facility did not to copy the detainees' identity documents to their respective detention files (**F&PP-10<sup>22</sup>**).

ODO reviewed the facility's F&PP program, interviewed facility staff, and found the facility does not provide detainees with a copy of identity documents upon their request (**F&PP-11<sup>23</sup>**).

ODO reviewed 26 detainee property forms and found 10 out of 26 property forms did not contain the detainees' signatures, indicating receipt of their property and funds (**F&PP-24<sup>24</sup>**).

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed one administrative segregation (AS) order, interviewed facility staff, and found the

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<sup>18</sup> "The facility shall develop and document comprehensive detainee supervision guidelines, as well as a comprehensive staffing analysis and staffing plan, to determine and meet the facility's detainee supervision needs; these shall be reviewed and updated at least annually." See ICE NDS 2019, Standard Facility Security and Control, Section (II)(A).

<sup>19</sup> "In determining adequate levels of detainee supervision and the need for video monitoring, the facility shall consider generally accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse as well as other incidents reflecting on facility security and detainee safety, the findings and recommendations of sexual abuse incident review reports or other findings reflecting on facility security and detainee safety, the length of time detainees spend in facility custody, and any other relevant factors." See ICE NDS 2019, Standard Facility Security and Control, Section (II)(A).

<sup>20</sup> "Each facility shall establish a comprehensive security inspection system that addresses every area of the facility, including the perimeter fence line." See ICE NDS 2019, Standard Facility Security and Control, Section (II)(B)(2).

<sup>21</sup> "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard Facility Security and Control, Section (II)(C)(2)(b).

<sup>22</sup> "Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO." See ICE NDS 2019, Standard Funds and Personal Property, Section (II)(B)(2).

<sup>23</sup> "Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO. Upon request, facility staff will provide the detainee with a copy of the document." See ICE NDS 2019, Standard Funds and Personal Property, Section (II)(B)(2).

<sup>24</sup> "After a property check, the detainee will then sign a receipt for the property, indicating his or her receipt of all funds and property due to him or her." See ICE NDS 2019, Standard Funds and Personal Property, Section (II)(E).

AS order did not indicate the date and time the facility released the detainee (SMU-19<sup>25</sup>).

ODO reviewed the facility's SMU program, interviewed facility staff, and found the facility did not maintain a permanent log in the SMU to record all activities concerning detainees (SMU-61<sup>26</sup>).

ODO reviewed the facility's SMU program, interviewed facility staff, and found the facility's log does not record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date, the authorizing official, nor the date released (SMU-62<sup>27</sup>).

ODO reviewed the facility's SMU program, interviewed facility staff, and found for detainees the facility housed in their SMU the facility did not record whether the detainee ate, showered, recreated, took any medication, has a medical condition, nor has the detainee expressed or exhibited suicidal/assaultive ideation, intent, or behavior (SMU-65<sup>28</sup>).

ODO reviewed the facility's SMU program, interviewed facility staff, and found facility's staff does not initial the detainee's record after each medical visit is completed nor if the task was completed by the end of their shift (SMU-68<sup>29</sup>).

## CARE

### **HUNGER STRIKES (HS)**

ODO reviewed 17 detainee medical files and found 2 out of 17 medical files revealed a physician did not terminate the detainee's hunger strike treatments (HS-32<sup>30</sup>).

ODO reviewed 17 detainee medical files and found 2 out of 17 medical files revealed the orders did not contain documented orders to terminate the detainees' hunger strikes (HS-33<sup>31</sup>).

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<sup>25</sup> "When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." See ICE NDS 2019, Standard Special Management Unit, Section (II)(A)(2)(c).

<sup>26</sup> "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)." See ICE NDS 2019, Standard Special Management Unit, Section (II)(D)(1).

<sup>27</sup> "The SMU log shall record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, and date released." See ICE NDS 2019, Standard Special Management Unit, Section (II)(D)(1).

<sup>28</sup> "The special housing unit officer shall immediately record:

- 1) Whether the detainee ate, showered, recreated and took any medication; and
- 2) Any additional information, such as whether the detainee has a medical condition, or has expressed or exhibited suicidal/assaultive ideation, intent, or behavior.
- 3) The officer that conducts the activity shall print his or her name and sign the record." See ICE NDS 2019, Standard Special Management Unit, Section (II)(D)(2)(a)(1-2).

<sup>29</sup> "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE NDS 2019, Standard Special Management Unit, Section (II)(D)(2)(b).

<sup>30</sup> "Only a physician may order the termination of hunger strike treatment." See ICE NDS 2019, Standard Hunger Strikes, Section (II)(F).

<sup>31</sup> "The order shall be documented in the detainee's medical record." See ICE NDS 2019, Standard Hunger Strikes, Section (II)(F).

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SP&I)**

ODO reviewed the facility's SSH&SP&I program, three detainee suicide watch files, and found three out of three detainee suicide watch files did not document whether a mental health provider performed the detainee welfare checks every [REDACTED] (SSH&SP&I-22<sup>32</sup>).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 25 deficiencies in the remaining seven standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2000)</b>	<b>FY 2021 (NDS 2019)</b>
Standards Reviewed	18	18
Deficient Standards	6	7
Overall Number of Deficiencies	11	25
Repeat Deficiencies	3	0
Areas of Concern	0	0
Corrective Actions	7	0

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<sup>32</sup> "A mental health provider will perform welfare checks every [REDACTED]." See ICE NDS 2019, Standard Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).