

A. Type of Facility Reviewed

ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
 Field Office HQ Inspection
 Date[s] of Facility Review
September 3-5, 2008

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
September 17-18, 2007
 Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Etowah County Jail
 Address (Street and Name)
827 Forest Avenue
 City, State and Zip Code
Gadsden, Alabama 35901
 County
Etowah County
 Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
 b6,b7c **Jail Administrator**
 Telephone # (Include Area Code)
256 b6,b7c
 Field Office (List Office with oversight responsibilities)
New Orleans
 Distance from Field Office
6 hours

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
 b6,b7c **/ RIC / Security**
 Name of Team Member / Title / Duty Location
 b6 **SME Administrative /**
 Name of Team Member / Title / Duty Location
 b6 **/ SME Health Services /**
 Member / Title / Duty Location
 b6 **/ SME Food Services /**
 Member / Title / Duty Location
 b6 **/ SME Safety /**

F. CDF/IGSA Information Only

Contract Number 01-99-0132	Date of Contract or IGSA 2004
Basic Rates per Man-Day \$35.12	
Other Charges: (If None, Indicate N/A) separate contract for detainee transportation	

Estimated Man-days Per Year:
122,000

G. Accreditation Certificates

List all State or National Accreditation[s] received:
 Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
 Court Order Class Action Order
 The Facility has Significant Litigation Pending
 Major Litigation Life/Safety Issues
 Check if None.

I. Facility History

Date Built
March 1994
 Date Last Remodeled or Upgraded
April 2003
 Date New Construction / Bed space Added
April 2003, 420 beds
 Future Construction Planned
 Yes No Date:
 Current Bed space **856** Future Bed space (# New Beds only)
 Number: Date:

J. Total Facility Population

Total Facility Intake for previous 12 months
9,655
 Total ICE Man-days for Previous 12 months
120,363

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male			
Adult Female			

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	630		
Adult Female	226		
<input checked="" type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	216		
Adult Female	128		

N. Facility Staffing Level

ort:
 b2High

Significant Incident Summary Worksheet

For ICE to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	8	7	6	6
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	P	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	1	0
Number of Forced Moves, incl. Forced Cell moves ³		14	9	6	8
Disturbances ⁴		1	0	0	0
Number of Times Chemical Agents Used		2	6	4	4
Number of Times Special Reaction Team Deployed/Used		18	10	3	13
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	2=V	1=V
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	2=BB	1=BB
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	2	1
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	53	31	33	13
	# Resolved in favor of Offender/Detainee	10	16	4	4
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	S	S	0
	Number	0	1	1	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	60	35	71	39
	# Psychiatric Cases referred for Outside Care	0	0	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

~~FOR OFFICIAL USE~~ ~~NT SENSITIVE~~

RIC Review Assurance Statement

By signing below, the Reviewer-In-Charge (RIC) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Reviewer-In-Charge: (Print Name) b6,b7c ocation	Signature
Reviewer in Charge/Security	Date September 7, 2008

Team Members	
Print Name, Title, & Duty Location b6 Administrative	Print Name, Title, & Duty Location b6 Food Service
Print Name, Title, & Duty Location b6 Medical	Print Name, Title, & Duty Location b6 Environment Health and Safety

Recommended Rating:

- Superior
- Good
- Acceptable
- Deficient
- At-Risk

Comments:

Number of Times Special Teams Deployed/ Used: ECDC has established a 12-man emergency response team (ERT) which is broken down into four 3-man teams and a team is assigned to each shift. While assigned to the shift their sole responsibility is ERT duties, and their shift is 24 hours, similar to a firefighter. The team has sleeping quarters at the facility and they are the first responders to any facility incident or emergency. Each ERT member is also, a level 1 state certified fire fighter and first responder for all medical emergencies.

The facility stated the two (2) suicides were county inmates and not detainees. b6,b7c ECDC Sergeant, stated these cases are not closed and will not be closed for twenty-four (24) months. Consequently, the facility could not provide any further information.

The disturbance involved a housing unit of county inmates who refused to lock down for the evening. The Emergency Response Team was deployed and dispensed ten (10) rounds from a pepper ball gun into the unit striking a wall. The inmates then complied with staff orders to enter their cells. There were no injuries to staff or inmates.