

Office of Professional Responsibility

Pickens County Detention Center Inspection (2024-002-377)

August 8, 2024



U.S. Immigration
and Customs
Enforcement



U.S. Department of Homeland Security
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**Office of Detention Oversight
Follow-Up Compliance Inspection
2024-002-377**

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

**Pickens County Detention Center
Carrollton, Alabama**

August 6-8, 2024

FOLLOW-UP COMPLIANCE INSPECTION
of the
PICKENS COUNTY DETENTION CENTER
Carrollton, Alabama

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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 Pickens County Detention Center (PCDC) in Carrollton, Alabama, from August 6 to 8, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCDC from November 28 to 30, 2023. The facility opened in 1999 and is owned by the Pickens County Commission and operated by the Pickens County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCDC in 2020 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.

████████████████████ facility supervisor handles daily facility operations and manages ██████ support personnel. Sysco provides food services, Quality Correctional Health provides medical care, and Kimbel provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Bed Capacity ² | ████ |
| Average ICE Population ³ | ████ |
| Adult Male Population (as of August 6, 2024) | ████ |
| Adult Female Population (as of August 6, 2024) | ████ |

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 29 deficiencies in the following areas: Custody Classification System (3); Detention Files (1); Facility Security and Control (8); Food Service (2); Funds and Personal Property (5); Grievance System (1); Hunger Strikes (1); Post Orders (3); Searches of Detainees (1); Sexual Abuse and Assault Prevention and Intervention (1); Telephone Access (1); Use of Force and Restraints (1); and Visitation (1).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of August 5, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as "deficiencies." ODO highlights instances when 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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, 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 uniform corrective action plan (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. Any areas found non-compliant during both the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

| NDS 2019 Standards Inspected ^{5,6} | Deficiencies |
|---|--------------|
| Part 1 – Safety | |
| Environmental Health and Safety | 0 |
| Sub-Total | 0 |
| Part 2 – Security | |
| Admission and Release | 3 |
| Custody Classification System | 6 |
| Facility Security and Control | 2 |
| Funds and Personal Property | 3 |
| Post Orders | 1 |
| Searches of Detainees | 0 |
| Use of Force and Restraints | 1 |
| Special Management Units | 0 |
| Sexual Abuse and Assault Prevention and Intervention | 0 |
| Sub-Total | 16 |
| Part 4 – Care | |
| Food Service | 4 |
| Hunger Strikes | 1 |
| Medical Care | 2 |
| Significant Self-Harm and Suicide Prevention and Intervention | 2 |
| Sub-Total | 9 |
| Part 5 – Activities | |
| Telephone Access | 2 |
| Visitation | 0 |
| Sub-Total | 2 |
| Part 6 – Justice | |
| Grievance System | 0 |
| Law Libraries and Legal Materials | 0 |
| Sub-Total | 0 |
| Part 7 – Administration and Management | |
| Detention Files | 2 |
| Sub-Total | 2 |
| Total Deficiencies | 29 |

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees as an over 72-hour facility and had an FY 2023 ADP of 15, meeting the ODO requirement for biannual inspections.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed the facility AR policy and ■ detainee files, interviewed a facility supervisor, and found the following deficiencies:

- The facility did not provide detainees an orientation when booked into the facility (**Deficiency AR-22⁷**). **This is a priority component;**
- No orientation including facility operations, programs and services, grievance process information, and other rules and requirements (**Deficiency AR-23⁸**). **This is a priority component;** and
- No procedures to contact the ERO deportation officer handling the detainee's case nor how to make calls using facility telephones (**Deficiency AR-24⁹**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility CCS program and ■ detainee files, interviewed a facility supervisor, and found the following deficiencies:

- No system implemented for classifying detainees (**Deficiency CCS-1¹⁰**);
- No classification of detainees upon arrival, before admission to general population (**Deficiency CCS-2¹¹**);
- No initial classification nor initial housing assignment completed within 12 hours of

⁷ "All facilities shall provide detainees an orientation to the facility as soon as practicable, in a language or manner detainees can understand." See ICE NDS 2019, Standard, Admission and Release, Section (II)(H).

⁸ "The orientation must include facility operations, programs and services, grievance process information, and other rules and requirements." See ICE NDS 2019, Standard, Admission and Release, Section (II)(H).

⁹ "The facility orientation shall also include the following information: ...

1. Procedures for the detainee to contact the ERO deportation officer handling his/her case; and
2. How to use the telephone system to make telephone calls."

See ICE NDS 2019, Standard, Admission and Release, Section (II)(H)(1-2).

¹⁰ "The facility shall develop and implement a system for classifying detainees in accordance with the guidelines set forth in this Standard." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A).

¹¹ "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).

- admission to the facility (**Deficiency CCS-4¹²**);
- No supervisory review of a detainee’s classification (**Deficiency CCS-6¹³**); and
- No supervisory review of the intake/processing officer’s classification file for accuracy and completeness (**Deficiency CCS-10¹⁴**).

ODO reviewed the facility detainee handbook and found no explanation of the classification levels with conditions and restrictions applicable to each level (**Deficiency CCS-30¹⁵**). **This is a repeat deficiency.**

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility’s security and control policies and procedures, interviewed a facility supervisor, and found the facility conducts housing unit inspections only after a detainee departs the facility (**Deficiency FSC-9¹⁶**).

ODO attempted to review cell and area search documentation, interviewed a facility supervisor, and found the facility did not maintain documentation of cell and area searches (**Deficiency FSC-11¹⁷**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed a facility supervisor, reviewed FPP policy and procedures, and found the following deficiencies:

- No quarterly inventory of detainee baggage nor other non-valuable property (**Deficiency FPP-19¹⁸**). **This is a repeat deficiency;**
- No date, time, nor name of the officer on quarterly inventory logs (**Deficiency FPP-**

¹² “The classification system shall ensure: ...

2. All officers assigned to classification duties shall be trained in the facility’s classification process. The initial classification process and initial housing assignment should be completed within 12 hours of admission to the facility.”

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(2).

¹³ “The classification system shall ensure: ...

4. A supervisor will review each detainee’s classification.”

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

¹⁴ “A supervisor will review the intake/processing officer’s classification file for each detainee for accuracy and completeness.” See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

¹⁵ “The facility shall include a classification section in its detainee handbook which will include the following: ...

1. An explanation of the classification levels, with the conditions and restrictions applicable to each.”

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(H)(1).

¹⁶ “Frequent unannounced security inspections shall be conducted on both day and night shifts to control contraband; identify and deter sexual abuse of detainees; ensure facility safety, security and good order; prevent escapes; maintain sanitary standards; and eliminate fire and safety hazards.” See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(B).

¹⁷ “Each housing unit, including the Special Management Unit (SMU), will document cell and area searches including the date, time, and findings, including location(s) where contraband is found, type(s) of contraband, and the searching officers’ names.” See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(B)(1).

¹⁸ “An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter.” See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

- **20¹⁹). This is a repeat deficiency;** and
- No detainee notification of facility policies and procedures concerning personal property (**Deficiency FPP-34²⁰**). **This is a repeat deficiency.**

POST ORDERS (PO)

ODO reviewed the facility’s PO for posts with control access to the institution perimeter and found it did not clearly state to consider any staff member taken hostage to be under duress (**Deficiency PO-11²¹**). **This is a repeat deficiency.**

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility UOF policy, interviewed a facility supervisor, and found no written procedures to govern the mandatory after-action review for UOF incidents (whether calculated or immediate) nor for the application of restraints (**Deficiency UOFR-94²²**). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO interviewed the facility’s food service administrator (FSA), reviewed the master-cycle menus, and found the following discrepancies:

- No documented nutritional analysis or program to confirm menu selections met or exceeded U.S. recommended daily allowances (**Deficiency FS-30²³**);
- No annual complete nutritional analysis of every master-cycle menu conducted by a registered dietitian (**Deficiency FS-32²⁴**). **This is a repeat deficiency and a priority component;**

¹⁹ “The facility’s logs will indicate the date, time, and name of the officer(s) conducting the inventory.” *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

²⁰ “The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

1. Which items they may retain in their possession;
2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files;
4. The procedures for claiming property upon release, transfer, or removal; and
5. The procedures for filing a claim for lost or damaged property.”

See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(1-5).

²¹ “Post orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that any staff member who is taken hostage is considered to be under duress.” *See* ICE NDS 2019, Standard, Post Orders, Section (II)(D).

²² “Written procedures shall govern the mandatory after-action review for use-of-force incidents (whether calculated or immediate), and for the application of restraints.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K).

²³ “The FSA shall base menu selections on a nutritional program meeting or exceeding minimum U.S. recommended daily allowances.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(D)(1).

²⁴ “A registered dietitian shall conduct an annual complete nutritional analysis of every master-cycle menu planned by the FSA.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(D)(2).

- No menus certified by a dietitian before implementation (**Deficiency FS-33²⁵**). **This is a repeat deficiency and a priority component;** and
- No modifications to the menu considering the nutritional analysis to ensure nutritional adequacy (**Deficiency FS-34²⁶**).

HUNGER STRIKES (HS)

ODO reviewed █ facility staff training files and found in █ out of █ files, no initial nor subsequent annual training to recognize the signs of a hunger strike (**Deficiency HS-1²⁷**). **This is a repeat deficiency.**

MEDICAL CARE (MC)

ODO interviewed the facility’s health services administrator (HSA), reviewed two facility non-dental clinicians’ training files and found the clinicians did not receive annual training on conducting an initial dental screening by a dentist (**Deficiency MC-45²⁸**).

ODO reviewed █ facility staff training files and found in █ out of █ files, no documented cardiopulmonary resuscitation training (**Deficiency MC-57²⁹**). **This is a priority component.**

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed █ facility staff training records of staff who interact with or is responsible for detainees and found in █ out of █ records, no documented suicide prevention annual refresher training (**Deficiency SSHSPI-2³⁰**). **This is a priority component.**

ODO interviewed the facility’s HSA, observed three suicide-resistant cells in D-Unit, and found all cells contained tie off points, shelves with sharp edges, and bunk beds also with tie off points (**Deficiency SSHSPI-20³¹**). **This is a priority component.**

²⁵ “Menus must be certified by the dietitian before implementation.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(D)(2).

²⁶ “If necessary, the FSA shall modify the menu in light of the nutritional analysis, to ensure nutritional adequacy.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(D)(2).

²⁷ “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” *See* ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

²⁸ “Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(H).

²⁹ “Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(K).

³⁰ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

³¹ “A mental health provider may place a detainee in a suicide-resistant cell with constant monitoring (one-to-one). A suicide-resistant cell must be free of objects and structural elements that could facilitate a suicide attempt and must be approved by a health care practitioner.” *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed the facility detainee handbook, interviewed a facility supervisor, and found no written policy for monitoring detainee telephone calls (**Deficiency TA-39**³²).

ODO toured the facility and found no notice at each monitored telephone with procedures for obtaining an unmonitored call to a court, legal representative, or for obtaining legal representation (**Deficiency TA-41**³³).

Corrective Action: On August 7, 2024, the facility initiated corrective action and posted procedures for obtaining an unmonitored legal phone call near the monitored telephones. On the same day, the facility's jail administrator emailed facility staff, informing them of the postings and procedures (**C-1**).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO toured the facility's intake area, reviewed ■ DF, and found the facility did not identify detainee classification levels in all ■ files. Additionally, they did not provide copies of receipts for items issued to the detainees in ■ out of ■ files (**Deficiency DF-1**³⁴). **This is a repeat deficiency.**

ODO reviewed ■ DF and found no classification worksheet or acknowledgement form, documenting receipt of the handbook and orientation in all ■ files (**Deficiency DF-5**³⁵).

³² "The facility shall have a written policy on the monitoring of detainee telephone calls." See ICE NDS 2019, Standard, Telephone Access, Section (II)(K).

³³ "If telephone calls are monitored, the facility shall notify detainees of this in a language or manner that they understand and in the facility, handbook provided upon admission. The facility shall also place a notice at each monitored telephone stating: ...

2. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation."

See ICE NDS 2019, Standard, Telephone Access, Section (II)(K)(2).

³⁴ "The creation of a detention file is essential to maintaining a complete record of a detainee's time in facility custody. The file will contain the classification level and any copies of receipts for items issued to/surrendered by the detainee." See ICE NDS 2019, Standard, Detention Files, Section (II)(A).

³⁵ "The detention file will generally include the following information unless the information is maintained in a retrievable electronic format: ...

b. Classification Work Sheet; and

h. Acknowledgment form, documenting receipt of handbook, orientation, etc."

See ICE NDS 2019, Standard, Detention Files, Section (II)(C)(2)(b)(h).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under NDS 2019 and found the facility in compliance with 7 of those standards. ODO found 29 deficiencies in the remaining 12 standards. Since PCDC’s last rated inspection in November 2023, the facility has remained consistent. PCDC went from 13 deficient standards and 29 deficiencies in November 2023 to 12 deficient standards and 29 deficiencies during this most recent inspection. PCDC completed its UCAP³⁶ for its last inspection in November 2023, which likely resolved many of the deficiencies ODO previously cited. However, ODO identified the following repeat deficiencies: one deficiency in CCS, one in FSC, three in FPP, one in PO, one in UOFR, two in FS, one in HS, and one in DF. Additionally, ODO identified the following priority component deficiencies: two deficiencies in AR, two in FS, two in SSHSPI, and one in MC. ODO recommends ERO New Orleans continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

| Compliance Inspection Results Compared | FY 2024 Full Inspection (NDS 2019) | FY 2024 Follow-Up Inspection (NDS 2019) |
|---|---|--|
| Standards Reviewed | 25 | 19 |
| Deficient Standards | 13 | 12 |
| Overall Number of Deficiencies | 29 | 29 |
| Priority Component Deficiencies | 3 | 7 |
| Repeat Deficiencies | N/A | 11 |
| Areas Of Concern | 1 | 0 |
| Corrective Actions | 0 | 1 |
| Facility Rating | Acceptable/Adequate | N/A |

³⁶ ERO informed ODO onsite of the received UCAP’s rejection and return to ERO New Orleans on July 25, 2024.



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