Prep Journal

08/16/2019

to

09/13/2019

08/16/2019 TO 09/13/2019

P-146

0036 EXITS TO DIO DENNIS SERVING CHOW. WATCHTOUR & HEADCOUNT STARTS.

@ 0038 WATCHTOUR & HEADCOUNT COMPLETE. NC 07/07/0

0038 CALLS OPS WITH HEADCOUNT.

0038 CALLS SUPERVISOR OFFICE WITH HEADCOUNT.

0044 COUNT CLEARS. CODE WHITE.

0044 PASS ON RECEIVED. THE FOLLOWING WAS HANDED OVER.

FIRE EXTINGUISHER	KEYS (3)
POST ORDERS	UNIT PC
SECURITY JOURNAL	TELEPHONE
WALKIE	BULLETIN BOARD
RADIO	CONTROL PANEL
DOOR ROSTER	CLEAN UP ROSTER
WORK ORDER FOLDER	SPECIAL NEEDS BOX
MONITOR	KIOSK
SAFETY GOGGLES (2)	TELOC (1)

0047 CODE BLUE - UNIT PODD
- INMATES, RHONDA #03060609

0111 EMS ARRIVES TO FACILITY.
CODE ENTRY AT 0048 HRS, UNIT IS PLACED ON LOCKDOWN.
CODE ENTRY MITCHELL, WANDA #48439 EXAS FOR RAE.
NC 00/00/0

0141 EMS EXAS UNIT WITH DEPUTIES JAMES, RHONDA #03060609.

HOSPITAL LOGBOOK

6-18-17

to

9-13-19

Hosp-39

HOSPITAL LOGBOOK

Lt McCollough A-am 0600-1830 9-13-19

0800 Arrive to Dorm Veteran Hospital with detainee Rhonda James transported by EMS.

— Escorted to Pod #6 in Emergency Room.

Hospital Staff enter the room assist with CPR on detainee Rhonda James.

0820 Dr Lopez pronounced detainee Rhonda James dead.

Office Mitchell called the Alvin S. Glenn Detention Center and inform Lt McCollough of the location and that Dr. Lopez pronounced detainee Rhonda Jame dead.

0917 Ms Amber Hynes and Rachel Manley "deputy Coroner" from the
0917 Coroner's office.

0950 Officer Mitchell contact Alvin S. Glenn Detention Center and spoke with Sgt T Brown to inform them we're waiting on body removal.

0955 Ansha Bradley (Knights Systems) for body removal.

1010 Detainee Rhonda James body exit the room (Pod #6) with Ansha Bradley (Knight System) body removal



JAMES, RHONDA

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Address
[redacted]
COLA, SC 29206

BirthDate	08/25/1979
Social Security	[redacted]
Race	Black
Sex	Female
Eyes	Brown
Hair	Black
Height	69
Weight	179

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
DNA REQMURDER								
2018A4010201823	COUNTY	RCGS	$0.00			09/13/2019	GSTV	BOND TO BE SET IN GENERAL SESSION/ DECEASED SG231210

Detainer

Sgt. Teraine Brown

From: RONALDO MYERS
Sent: Monday, September 16, 2019 10:52 AM
To: Sgt. Teraine Brown
Subject: FW: Detainee's Rhonda James Death
Attachments: AttmptSuicideForm.doc; Death of Inmate_Jail_PrisonForm.doc; IncidentReportForm.doc

From: Blake Taylor (taylrbl) <Taylor.Blake@doc.sc.gov>
Sent: Friday, September 13, 2019 12:05 PM
To: RONALDO MYERS <MYERS.RONALDO@richlandcountysc.gov>
Subject: RE: Detainee's Rhonda James Death

Thanks. I assume that you all have our forms on hand; but just in case you are lacking the user friendly electronic versions which can be filled out online and then printed for signature, they are attached for your convenience. Internal incident reports, warrants, etc., can then simply be attached to our one page forms prior to mailing. Let me know if you need anything else.

From: RONALDO MYERS [mailto:MYERS.RONALDO@richlandcountysc.gov]
Sent: Friday, September 13, 2019 11:45 AM
To: Blake Taylor (taylrbl) <Taylor.Blake@doc.sc.gov>
Subject: Detainee's Rhonda James Death

***** This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. *****

Blake, I tried to call your office but your voice mail is full. We had an to die at PRIMSA Hospital. It looks like a natural cause but we will not know until the corners office release its report. Inmate was transported to the hospital. The told the inmate to stop passing a note under an inmate's cell door. The inmate stood up and passed out. The inmate had health issue.

RONALDO D. MYERS, MA, CJM, CCT
Director
Richland County Government
Alvin S. Glenn Detention Center
myers.ronaldo@richlandcountysc.gov
P 803-576-3209 F 803-576-3292
201 John Mark Dial Drive
Columbia, SC 29209

richlandcountysc.gov

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Sgt. Teraine Brown

From: Sgt. Teraine Brown
Sent: Monday, September 16, 2019 12:38 PM
To: 'Taylor.Blake@doc.sc.gov'
Cc: Sgt. Teraine Brown; Lt. Robert Waters
Subject: REPORT: DEATH OF INMATE IN JAIL
Attachments: SKM_368e19091612400.pdf

Good Afternoon, Mr. Taylor,

Please find attached the report for James, Rhonda from Alvin S. Glenn Detention Center.

Thank you,

TERAINE BROWN
Assistant Watch Commander
Professional Standards
Alvin S. Glenn Detention Center
P 803 576-3206 F 803 576-3292

-----Original Message-----
From: scan@rcgov.us <scan@rcgov.us>
Sent: Monday, September 16, 2019 12:41 PM
To: Sgt. Teraine Brown <Brown.Teraine@richlandcountysc.gov>
Subject: Message from KM_368e

Scanned from a Pollock Company Device.

DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REPORT -- DEATH OF ANY INMATE IN JAIL OR PRISON
(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies HS-18.04 and PS-10.05)

1. FACILITY: Alvin S. Glenn Detention Center

   ADDRESS: 201 John Mark Dial Drive, Columbia, SC 29209

2. NAME OF DECEASED: Rhonda James SCDC #: 636669

3. HOME ADDRESS: [redacted] Columbia, SC 29206

4. DESCRIPTION: DOB 08/25/1979 HEIGHT 5'9 WEIGHT 179 HAIR Black
   EYES Brown SEX Female RACE Black SOC SEC# [redacted]

5. ARRESTING OFFENSE(S): Murder

6. DATE AND TIME OF COMMITMENT: 05/16/2018 TRIED UNTRIED XX

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Dorothy Gainey
   [redacted] Columbia SC 29206

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Fair

9. CAUSE OF DEATH: Unknown

10. TIME AND DATE OF DEATH: 0820 a.m. p.m. 09/13/2019

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Doctor Carl Herman Lopez

12. NAME OF CORONER WHO ORDERED AUTOPSY: Deputy Coroner Amber Hynes

13. AUTOPSY PERFORMED BY:

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Detainee died at Dorn VA Hospital, Sergeant Chandra Scott was present

15. AT THE TIME OF DEATH: 823 (Actual Count) 44 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: September 13, 2019

NOTIFY BY TELEPHONE: (803) 896-8506
MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
Post Office Box 21787
Columbia, South Carolina 29221

SIGNATURE OF OFFICIAL MAKING REPORT

Assistant Watch Commander
TYPED OR PRINTED TITLE OF OFFICIAL

September 13, 2019
DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)

DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REPORT -- DEATH OF ANY INMATE IN JAIL OR PRISON
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   ADDRESS: 201 John Mark Dial Drive, Columbia, SC 29209

2. NAME OF DECEASED: Rhonda James SCDC #: 636669

3. HOME ADDRESS: [redacted] Columbia, SC 29206

4. DESCRIPTION: DOB 08/25/1979 HEIGHT 5'9 WEIGHT 179 HAIR Black
   EYES Brown SEX Female RACE Black SOC SEC# [redacted]

5. ARRESTING OFFENSE(S): Murder

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11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Doctor Carl Herman Lopez

12. NAME OF CORONER WHO ORDERED AUTOPSY: Deputy Coroner Amber Hynes

13. AUTOPSY PERFORMED BY:

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Detainee died at Dorn VA Hospital, Sergeant Chandra Scott was present

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TYPED OR PRINTED TITLE OF OFFICIAL

September 13, 2019
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DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
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REPORT -- DEATH OF ANY INMATE IN JAIL OR PRISON
(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies HS-18.04 and PS-10.05)

1. FACILITY: Alvin S. Glenn Detention Center
   ADDRESS: 201 John Mark Dial Drive
2. NAME OF DECEASED: James, Rhonda SCDC #: 63666669
3. HOME ADDRESS: [redacted] Columbia, SC 29206
4. DESCRIPTION: DOB 8/25/79 HEIGHT _____ WEIGHT 179 HAIR _____
   EYES Brown SEX F RACE Black SOC SEC [redacted]
5. ARRESTING OFFENSE(S): Murder
6. DATE AND TIME OF COMMITMENT: _____ TRIED _____ UNTRIED ✓
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Dorothy Gainey
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: _____
9. CAUSE OF DEATH: unknown
10. TIME AND DATE OF DEATH: 0820 a.m. _____ p.m. 9/13 20 19
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Lopez
12. NAME OF CORONER WHO ORDERED AUTOPSY: Aesha Bradley
13. AUTOPSY PERFORMED BY: _____
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: _____
15. AT THE TIME OF DEATH: 823 (Actual Count) 42 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: _____

NOTIFY BY TELEPHONE: (803) 896-8506
MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
Post Office Box 21787
Columbia, South Carolina 29221

_____
SIGNATURE OF OFFICIAL MAKING REPORT

_____
TYPED OR PRINTED TITLE OF OFFICIAL

_____
DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)

1012

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0047 **Incident Date:** 9.13.19 **Incident Location:** POPO DAYROOM UPPER

Staff Member Reporting Incident: OFFICER RICHARDSON

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: JAMES, RHONDA **Inmate #:** 00366669 **Charge:** _____

2nd Inmate Involved: GREEN, WHITNEY **Inmate #:** 00180105 **Charge:** _____

On the above date and approximate time I, Officer Richardson, was serving chow to POPO when I, Officer Richardson, observed Detainee James, Rhonda #00366669 reaching down to the floor and obtain a note that was slide under the door by Detainee Green, Whitney # 00180105. Both Detainees were given the directive to move away from the door. I, Officer Richardson, observed Detainee James, Rhonda #00366669 fall to the floor of the dayroom of POPO. A code Blue was called and the unit was placed on lockdown.

Reporting Staff Member's Signature: O. Richardson **Report Completion Date:** 9/13/19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0650 **Incident Date:** 9-13-19 **Incident Location:** Papa

Staff Member Reporting Incident: Kevin McCollough

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** 636669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and approximate time I, Lt Kevin McCollough responded to a code blue in unit Papa. I observe the medical staff about to place detainee Rhonda James #636669 in wheel chair. I was inform by Sgt. Burnette that detainee James was being sent to the hospital. I, Lt McCollough exit unit Papa to prepare officers to escort detainee James to PRISMA Health. Detainee James was observe laying on the floor while Sgt Starling was doing CPR. When EMS arrive I was inform to call 911 again for a 1165 down at the jail with Cardiac arrest. EMS along with our medical continue to treat detainee James. She was transported to The Va Hospital where she was pronounce dead a 0820 by Dr. Lopez. Detainee James body was

Reporting Staff Member's Signature: K. McC **Report Completion Date:** 9-13-19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

_____

_____

_____

_____

_____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT SUPPLEMENT

Incident Category:

Incident Time: 0650 **Incident Date:** 9-13-19 **Incident Location:** Papa

Staff Member Reporting Incident: Kevin McCollough

Supplement Narrative

to Aisha Bradley (Knights Systems) at approximate 0905. Unit Papa log was taken and new one was sent down. The area was also block and unit Papa was placed on lock down. An Inmate death Form was generated. All Staff that was at the incident was after EAP. The incident was recorded and a copy will be forward to investigation. Detainee James was seen by Nurse Jinal carol

Reporting Staff Member's Signature: [signature] **Report Completion Date:** 9-13-19

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0651 **Incident Date:** 9-13-19 **Incident Location:** Dorm A

Staff Member Reporting Incident: Ernest Starling

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James Rhonda **Inmate #:** 63669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and time I SGT. Ernest Starling responded to the code blue in unit [redacted] I observed and recorded detainee Rhonda James was lying on the floor nurses Carol Jirel, Bertha Riley, Nadenica Jenkins, and Ernestine Jenkins began assessing her, they began taking her blood pressure, and stated she still had food in her mouth, several attempts was made to clear her mouth, a few minutes later it was stated she she was unconscious, and was not responding, Nurse Carol Jirel stated call Ems at this time. Nurses Nadenica Jenkins Bertha Riley, and Ernestine Jackson began CPR and use the breathing tube. I SGT Ernest Starling assisted with CPR until Ems arrived. Incident was Recorded on SGT. Ernest Starling, Camera

Reporting Staff Member's Signature: Ernest Starling **Report Completion Date:** 9-13-19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0650 **Incident Date:** 9/13/19 **Incident Location:** PAPA

Staff Member Reporting Incident: Sgt. Marcus Burnette

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** 436069 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and Approximate Time I Sgt. Burnette enters Unit Papa to assist with a code blue. I Sgt. Burnette video EMS giving Compressions to detainee James, Rhonda. I Sgt. Burnette record EMS and the detainee up to enters the Vehicle to be transport to the hospital.

Reporting Staff Member's Signature: Sgt. M. Burnette **Report Completion Date:** 9/13/19

Other Staff Members Involved

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0650 **Incident Date:** 9/13/19 **Incident Location:** Papa

Staff Member Reporting Incident: Kalema Grant

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** #00366669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and approximate time I officer Grant responded to the code blue in unit papa pushing the wheel chair along with medical staff Nadreka Jenkins Bertha, Riley Carol, Direl and Jackson, Earnestine upon arrival I officer Grant saw detainee James, Rhonda #00366669 laying on the floor of pod A shaking on the floor at this time medical staff placed oxygen mask on detainee James and began to assist detainee James with breathing ten minutes later medical staff began to perform cpr on detainee James up unil the paramedics arrived at this time paramedics began to perform cpr on detainee James several time I officer Grant assisted paramedics in lifting detainee James on the stretcher and assisted in escorting paramedics up the hallway at this time

Reporting Staff Member's Signature: Kalema Grant **Report Completion Date:** 9/13/19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT SUPPLEMENT

Incident Category:

Incident Time: 0650 **Incident Date:** 9/13/19 **Incident Location:** pod 9

Staff Member Reporting Incident: Kalema Grant

Supplement Narrative

paramedics were continuing to perform cpr on detainee James at this time. I officer Grant returned to medical report generated

Reporting Staff Member's Signature: Kalema Grant **Report Completion Date:** 9/13/19

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0725 **Incident Date:** 9-13-19. **Incident Location:** Papa

Staff Member Reporting Incident: Kara Tucker

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and approximately time, I Officer Kara Tucker escorted Emergency medical Service to Unit Papa.

Reporting Staff Member's Signature: Kara Tucker **Report Completion Date:** 9-13-19

Other Staff Members Involved

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: 0450

Incident Time: ~~0730~~ **Incident Date:** 09/13/2019 **Incident Location:** Papa

Staff Member Reporting Incident: Jenkins, Tyeshia

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James Rhonda **Inmate #:** _____ **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

I Sergeant Tyeshia Jenkins entered unit Papa and saw detainee Rhonda James # 03666669 laying on her back with EMS surrounded around her.

Reporting Staff Member's Signature: Tyeshia Jenkins **Report Completion Date:** 09/13/19

Other Staff Members Involved

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0650 **Incident Date:** 9/13/2019 **Incident Location:** Papa

Staff Member Reporting Incident: Detention Officer Adrienne Mitchell

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** 163616649 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and time I detention officer Adrienne mitchell observed detainee James, Rhonda #163616649 fall to the floor in pod D unresponsive. Detention Officer Olivia Richardson called Code Blue. Sgt. Burnette, Nurse Jirel, and Nurse Jenkins enter the pod and started checking detainee James, Rhonda #163616649 vitals. Ems enter the pod and began CPR on detainee James, Rhonda. Detainee James, Rhonda was escorted to Dorm Veteran Hospital. Upon arrival hospital staff continued performing CPR on detainee James, Rhonda. At 0820 Dr. Lopez directed staff to stop CPR on detainee James, Rhonda, and announced detainee James, Rhonda #163616649 dead. I Detention officer Adrienne mitchell contacted supervisior and spoke with Lt-McCollough to inform him of our location

Reporting Staff Member's Signature: [signature] **Report Completion Date:** 9/13/19

Other Staff Members Involved

Sgt. Burnette, Sgt. Starling,

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes _____ **No** _____ **Use of Force Necessary: Yes** _____ **No** _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0651 **Incident Date:** 9-13-19 **Incident Location:** Papa

Staff Member Reporting Incident: Latasha McClendon

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James Rhonda **Inmate #:** 636669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and the approximate time I Officer Latasha McClendon along with nurses Bertha Riley, Nadreka Jenkins officer Kalema Grant, Adrianne Mitchell, Sergeants Marcus Burnette and Ernest Starling responded to a code blue in Unit Papa for a detainee James Rhonda # 636669 upon entering the unit I observed detainee James laying on the floor appearing to be unresponsive at that time nurse Jenkins and nurse Riley begin to perform medical attention on detainee James later followed by nurse Ernestine Jackson and nurse Carol Sirel continuing to assist detainee James medically until EMS arrived on the scene to take over detainee

Reporting Staff Member's Signature: Latasha McClendon **Report Completion Date:** 9-13-19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

_____

_____

_____

_____

_____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT SUPPLEMENT

Incident Category:

Incident Time: 0651 **Incident Date:** 9-13-19 **Incident Location:** Papa

Staff Member Reporting Incident: Latoka McClendon

Supplement Narrative

James medical attention until leaving the facility. Report Generated

Reporting Staff Member's Signature: Latoka McClendon **Report Completion Date:** 9-13-19

Let him turn away
from evil and do good;
Let him seek peace N .
pursue it.

Who ever confesses
that Jesus is the
Son of God, God
abides in him, N he in
God.

He who testifies
to these things "says Surely
I am coming Quickly"↓

Wet

Hey, you can leave a girl hang being honest with you. I know that you be asking about me because the clobe tell me special the was be coming from medical I went you to know that im still feeling you. I hope you will write me back after what I tell you in this letter man you is so fine to be honest I mean be making a girl smile everything I hear your name be waiting on them photo that I hope you sent me. This letter will get all your attention I promise wish that you was here with me be having dreams about you like you say you trying to be my nigga whats up with that I went you to keep your head up for me and I'll be witing on them picture's. I been busy so much that I have not been writing you im very sorry trying to get som money to batteries for my radio and plus somebody die in my family so have been down to stress so much. But every-thing can't wait unt'll you write me back so tty l.

TO8

My love

From Kiki

9/12/19

Preston,

Hey baby! I went to court today & got a plea deal. But b/c the judge & soliciter got into an arguement, they couldnt agree on anything so the judge got upset & left! So 10 of us didnt get seen & I was the only chick left! I was so upset, but I guess it all happens for a reason. So Im not going to stress it & stress myself out. Hopefully I'll go again in the morning. Yes I've spoken to a couple of guys here but I always end up at your feet. You're the one I want. Not them. It never goes anywhere else other than one or two letters & then its nothing. But that was in the beginning. My ♡ is yours. Period! Okay I'll speak to Lucas Hawks about the CDL. Idk who else to talk too to get them to drop it down. Ask her would it do any good if she spoke to me? All you really did was move me to the wall so we could close the door while I was in the bathroom. But if they dont drop it down, then what? I made a plea & Im getting time served on possession of a controlled substance, Lucas Hawks got the needle charged dropped & he's getting me time served on the prostitution 1st. So as soon as I go to court (hopefully) tomorrow, I'll be released baby! I know about

that place called Turning Point, but your not gonna live off campus. You will be a resident THERE. They dont do off campus baby. I'll get ms. Regina to get me the info & I'll send it to you. And Im not so sure I believe that youre staying clean if theyre are strips & clear in your dorm. I know how hard it is for you to stay off of it. If I find out Preston Stokes Scoggins that youre on that shit again, not only will I make your ass wear that CDV charge, but I will never speak to you ever again! I will make sure you go to prison! Ive been more than loving & fair to you. Do NOT hurt me & disappoint me! Im tired of that shit. My life consist of all of you! You're my whole life & everything that is involved in it! So your my one & only! I promise. Look stop listening to everything you hear. Im a hustler! Im trying/was trying to get money in my account. That was all. Nothing more baby. When you go to court for CDV you need to ask for help! Tell your PO, I want to talk to the judge. I want to help you & I dont think sending you to prison would help you. You need court ordered mental help & anger management, intense anger management! And Im not downing you Im just really in love w/ you & I want to see you

doing well. And I want to be the reason & your son be the reason that you want to be better, & do better. You do know that if you straighten up completely, get a job, a house & get your life on track that we could file a motion to reconsider w/ DSS so you could possibly get your son back? Or at least get visitation w/ him & gradually get him back? Yes, we can do that. I want that for you my love! I've got your necklace & ring in my property here at the jail. I'll never lose that. My head is in the clouds but my ♡ is always w/ you. I truly hope you are serious about your recovery. I want that so bad for you! I was going to surprise you later tonight by putting money on the phone & video & email when I got out, but I'm still here! But pray it go tomorrow. Again! I think if you get out of jail you should go straight into rehab! Let that help my love. I remember when I use to tell you that you needed help & you would flip out & say no the fuck I don't but the whole time deep in your ♡ & soul, you knew damn well you did, you just didn't want to face the facts, or truth! I'm in love w/ you! Why wouldn't I keep it 100% or honest w/ you? I know I've lied a bit but, you would make me feel some type of way

right before I lied & it would scare me to the point to where I thought I had to lie. Did you ever get that info I asked for babe? Even tho Im gonna get time served, I still was gonna hit him up to help me out w/ taking care of you a bit. I know, I know, you don't want me too, but I'll give me the info anyways. Again, Im back to this... PRESTON STOKES SCOGGINS you better NOT be on any of that fuckin shit in that dorm! Im gonna ask the nurse to give you a drug test for me & I promise you, she will! So you wanna be honest now or lie? On your love for me & our relationship & soon to be husband, I hope. B/c as of now you're still engaged. You okay w/ that until you come home & do the right thing & do it in the right way? I love you! I love you so much! You are my one & only, one TRUE LOVE! And the COV? Im trying to fix it, but I shouldn't have to fix something You did, you caused it! Not me! I shouldn't have to keep gluing pieces back together! Not none that You Broke! It's your fault & you should pay for it, but I love you & I don't want your punishment being so harsh! I'll always write you back daddy! I love you so much!

Yours forever,
Wifey



JAMES, RHONDA

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Address
[redacted]
COLA, SC 29206

BirthDate	08/25/1979
Social Security	[redacted]
Race	Black
Sex	Female
Eyes	Brown
Hair	Black
Height	69
Weight	179

Offense Description

Warrant Code	Bond Court	Trial Court	Bond Amount	Bond Type	Sentence	Release Date	High Code	Offense Comments
Murder / Murder								
2018A4010201823	COUNTY	RCGS	$0.00				GSTV	BOND TO BE SET IN GENERAL SESSION

Detainer



JAMES, RHONDA

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Address
[redacted]
COLA, SC 29206

BirthDate	08/25/1979
Social Security	[redacted]
Race	Black
Sex	Female
Eyes	Brown
Hair	Black
Height	69
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Offense Description								
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Murder / Murder								
2018A4010201823	COUNTY	RCGS	$0.00				GSTV	

Detainer

JAMES, RHONDA

Image Not Found

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Address
[redacted]
COLA, SC 29206

BirthDate	08/25/1979
Social Security	[redacted]
Race	Black
Sex	Female
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Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Murder / Murder								
2018A4010201823	COUNTY	RCGS	$0.00				GSTV	

Detainer

COMMITMENT

☐ Original Commitment

☐ Additional Charge(s)

TO: Director Richland County Detention Center Date: 5/16/2018

You are hereby commanded by this Court to hold in your custody,

Rhonda Gainey James DOB: 08/25/1979 Race: B Sex:F

(Defendant's name)

[redacted]

Columbia, SC 29209

(Address)

Bonding Company:

Case number	Charge	Trial Court	Bond Type	Amount
2018A4010201823	Murder / Murder	Richland County General Sessions		

125364

Bond to be set in General Session

That you are commanded by this Court to continue custody of the named person until the person in custody is ordered to be released by a Judicial Officer.

Judge Benjamin Byrd Richland County, SC

ARREST WARRANT

2018A4010201823

STATE OF SOUTH CAROLINA

[X] County/ [ ] Municipality of

Richland Bond Court

THE STATE 180504142 R1

against

Rhonda Gainey James

Address: [redacted]

Columbia, SC 29209-

Phone: SSN: [redacted]

Sex: F Race: B Height: 5 9 Weight: 174

DL State: SC DL #: [redacted]

DOB: 8/25/1979 Agency ORI #: SC0400000

Prosecuting Agency: Richland County Sheriff

Prosecuting Officer: Joseph A Clarke - S00509

Offense: Murder / Murder

Offense Code: 0116

Code/Ordinance Sec: 16-03-0010

This warrant is CERTIFIED FOR SERVICE in the [ ] County/ [ ] Municipality of

The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant Rhonda James on 05-15-18

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

Richland County General Sessions
1701 Main Street
P O Box 192
Columbia, SC 29202

ORIGINAL ORIGINAL ORIGINAL ORIGINAL

STATE OF SOUTH CAROLINA)
[X] County/ [ ] Municipality of)
Richland Bond Court)

AFFIDAVIT

ORIGINAL

Form Approved by S.C. Attorney General April 21, 2003 SCCA 518

Personally appeared before me the affiant Joseph A Clarke S.C. who being duly sworn deposes and says that defendant Rhonda Gainey James did within this county and state on or about 5/12/2018 violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland Bond Court) in the following particulars:

DESCRIPTION OF OFFENSE: Murder / Murder

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

That on or about 5/12/18 while at 2017 Smith Street Columbia, SC 29209 in the Olympia Magisterial District of Richland County, it is believed that the defendant did commit the crime of Murder because on 5/12/18 while at 2017 Smith Street located in Richland County, Rhonda G. James did use a handgun to kill Joseph Lanard James. This killing came as a result of an earlier altercation involving both victim and subject. The murder was witnessed by no less than (3) persons. All witnesses have come forward to both positively identify Rhonda James as the shooter; as well as provide sworn written statements to the same. This murder comes as a result of premeditation on the part of the subject. The victim was shot multiple times at close range. Affiant and others are witness to prove same.

Signature of Affiant

STATE OF SOUTH CAROLINA)
[X] County/ [ ] Municipality of)
Richland Bond Court)

Affiant's Address 5623 Two Notch Road
Columbia, SC 29223-

Affiant's Telephone (803)576-3000

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe th. on or about 5/12/2018 defendant Rhonda Gainey James did violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland Bond Court) as set forth below:

DESCRIPTION OF OFFENSE: Murder / Murder

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable

Sworn to and subscribed before me on 5/14/2018 (L.S.)

Signature of Issuing Judge

Deirdre L Simmons

Judge Code: 7302

Judge's Address Post Office Box 192
Columbia, SC 29202-

Judge's Telephone (803)576-3281

Issuing Court: [X] Magistrate [ ] Municipal [ ] Circuit

ORIGINAL ORIGINAL ORIGINAL

ARREST WARRANT

2018A4010201823

STATE OF SOUTH CAROLINA

[X] County/ [ ] Municipality of

Richland Bond Court

THE STATE 180504142 R1

against

Rhonda Gainey James

Address: [redacted]

Columbia, SC 29209-

Phone: SSN [redacted]

Sex: F Race: B Height: 5 9 Weight: 174

DL State: SC DL #: [redacted]

DOB: 8/25/1979 Agency ORI #: SC0400000

Prosecuting Agency: Richland County Sheriff

Prosecuting Officer: Joseph A Clarke - S00509

Offense: Murder / Murder

Offense Code: 0116

Code/Ordinance Sec: 16-03-0010

This warrant is CERTIFIED FOR SERVICE in the

[ ] County/ [ ] Municipality of

The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant Rhonda James on 05.15.18

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

Richland County General Sessions
1701 Main Street
P O Box 192
Columbia, SC 29202

ORIGINAL ORIGINAL ORIGINAL ORIGINAL

STATE OF SOUTH CAROLINA)
[X] County/ [ ] Municipality of)
Richland Bond Court)

AFFIDAVIT

ORIGINAL

Form Approved by S.C. Attorney General April 21, 2003 SCCA 518

Personally appeared before me the affiant Joseph A Clarke who being duly sworn deposes and says that defendant Rhonda Gainey James did within this county and state on or about 5/12/2018 violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland Bond Court) in the following particulars:

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Signature of Affiant

STATE OF SOUTH CAROLINA)
[X] County/ [ ] Municipality of)
Richland Bond Court)

Affiant's Address 5623 Two Notch Road
Columbia, SC 29223-
Affiant's Telephone (803)576-3000

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe th

on or about 5/12/2018 defendant Rhonda Gainey James did violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland Bond Court) as set forth below:

DESCRIPTION OF OFFENSE: Murder / Murder

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable

Sworn to and subscribed before me)
on 5/14/2018)
(L.S.))
Signature of Presiding Judge
Deirdre L Simmons)
Judge Code: 7302)

Judge's Address Post Office Box 192
Columbia, SC 29202-
Judge's Telephone (803)576-3281

Issuing Court: [X] Magistrate [ ] Municipal [ ] Circuit

ORIGINAL ORIGINAL ORIGINAL

AGENCY I.D.
SCO 400000

DATE/TIME
05.15.18 / 10:30

RICHLAND COUNTY SHERIFF'S DEPARTMENT

ARREST REPORT

CASE NUMBER
18050414 92

DEFENDENT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	DATE OF BIRTH	PHOTO NUMBER
JAMES Rhonda Gainey	B	F	8.25.79	

AGE	ETH.	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS	NCIC	I.D. NUMBER
	N	509	174	Blk	Brn	[redacted]			

ADDRESS (NUMBER & STREET)	CITY	STATE	ZIP CODE	RESIDENT	PHONE NUMBER
[redacted]	Columbia	SC	29209		

PLACE OF BIRTH	DRIVERS LICENSE NUMBER	STATE
Withers Bamberg SC	[redacted]	SC

EMPLOYER OR OCCUPATION OR SCHOOL	PARENT / GUARDIAN	ADDRESS (CITY AND STATE)

BOOKING OFFICER'S NAME	ARRESTING OFFICER	AGENCY	DEPT. NUMBER
RICHLAND COUNTY DETENTION CTR.	Sgt. J.A. Clarke	RCSO	1241

ARRESTEE ARMED ☐ YES ☐ NO WEAPON TYPE: ☐ SEMI-AUTO ☐ FULL-AUTO ☐ ON VIEW ARREST ☐ SUMMONED ☐ CUSTODY

JUVENILE DISPOSITION: 1. ☐ HANDLED, RELEASED 2. ☐ REFERRED TO OTHER AUTHORITY * This Jurisdiction S - State O - Out of State U - Unknown

ARREST LOCATION	ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
	2041 Saint St	Columbia	SC	29209

CHARGE	Murder		
STATUTE	16-3-10		
WARRANT NUMBER	2018440107001823		
ENTERED DATE	05-14-18		
ISSUING MAGISTRATE	1) Simmons		
BOND AMOUNT			
BOND TYPE / MAGISTRATE			
COMPLAINANT	State of SC		
DATE OF INCIDENT	05-12-18		
ADDITIONAL CASE NUMBER			

CHARGE			
STATUTE			
WARRANT NUMBER			
ENTERED DATE			
ISSUING MAGISTRATE			
BOND AMOUNT			
BOND TYPE / MAGISTRATE			
COMPLAINANT			
DATE OF INCIDENT			
ADDITIONAL CASE NUMBER			

CHARGE			
STATUTE			
WARRANT NUMBER			
ENTERED DATE			
ISSUING MAGISTRATE			
BOND AMOUNT			
BOND TYPE / MAGISTRATE			
COMPLAINANT			
DATE OF INCIDENT			
ADDITIONAL CASE NUMBER			

VICTIM NAME OR NEXT OF KIN (LAST, FIRST, MIDDLE)	ADDRESS (NUMBER AND STREET NAME)
JAMES Edith	2008 Saint St

CITY	STATE	ZIP CODE	HOME PHONE NUMBER	WORK PHONE NUMBER
Columbia	SC	29209	( ) 803-783-4643	( )

WAS VICTIM NOTIFIED OF ARREST YES____ DATE____ NO____ TIME____

VICTIM OR NEXT OF KIN WISHES TO BE PRESENT AT BOND HEARING YES____ NO____

REPORTING OFFICER	DATE	DEPT. NO.	APPROVING OFFICER	DATE	DEPT. NO.
J.A. Clarke	05-15-18	1241		05-15-18	1241

FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER

Richland County Detention Center
Victim Notification Documentation

This form is to be attached to inmate's booking sheet when victim notification is necessary and you should document each time you attempt contact or if you make contact with the victim.

Inmate's Name: Lamas, Rhonda **Charges:** Murder

Arresting Agency: RCSD **Warrant/Ticket:** 2018A4010201823

[redacted]

Richland County Detention Center
Victim Notification Documentation

This form is to be attached to inmate's booking sheet when victim notification is necessary and you should document each time you attempt contact or if you make contact with the victim.

Inmate's Name: James, Rhonda **Charges:** Murder

Arresting Agency: RCSD **Warrant/Ticket:** 2018A4010201823

[redacted]

RCDC V-1 (2005) ORIGINAL – INMATE FILE COPY – BOND COURT

Richland County Detention Center
Victim Notification Documentation

This form is to be attached to inmate's booking sheet when victim notification is necessary and you should document each time you attempt contact or if you make contact with the victim.

Inmate's Name: Sanders, Rhonda **Charges:** Murder

Arresting Agency: RCSD **Warrant/Ticket:** 2018A4010201823

[redacted]

Richland County Detention Center
Victim Notification Documentation

This form is to be attached to inmate's booking sheet when victim notification is necessary and you should document each time you attempt contact or if you make contact with the victim.

Inmate's Name: James, Rhonda **Charges:** Murder

Arresting Agency: RCSD **Warrant/Ticket:** 2018A4010201823

[redacted]

Offender Name:
RHONDA JAMES

Date of Birth:
08/25/1979

Booking Date:	Booking Time:	Offender ID:
05/16/2018	5/16/2018 1:11:00 AM	636669

Property:
SC DL;WHITE METAL TONGUE RING;WHITE METAL BELLY PIERCING;

Property Box:

Comments:
TAG 9247725
NO CASH AT BOOKING

The personal property inventoried and described above is an accurate listing of property taken from me for storage. I understand should I have any property values at $50.00 or more, that prior to my 11th day of confinement at the Detention Center I must dispose of the property by either mailing the property home at my own expense or by having an individual of my choosing pick-up the property during designated hours. I further understand that the Detention Center is not responsible for any personal property maintained in my possession and/or that is not listed. I have been informed that I have a blood sample that immediately upon discharge I must take it with me. I understand that upon my discharge from the Detention Center, any personal property I leave behind in my housing and/or holding area will be immediately disposed of by the Detention Center. Any personal property left in storage will be disposed of thirty (30) days after my discharge. I further understand should I have any missing or damaged property from the inventory above, upon discharge I must submit to the Detention Center within seventy-two (72) hours in writing a description of the property and/or damage. When making a property claim I will make every attempt possible to supply the Detention Center with proof of purchase for the property in question.

23499 / 23405
DesPres / Tarby
(Inventorying Officer's Signature)

5/16/18
(Date)

Rhonda James
(Inmate's Signature)

With the exeception of any personal property listed above which I released earlier, all of the above inventoried and described property has been returned to me in full and I hereby acknowledge receipt or same.

(Returning Officer's Signature)

(Date)

(Inmate's Signature)

[illegible]IN S. GLENN DETENTION CEN[illegible]ER
PERSONAL CLOTHING STORAGE AND COUNTY ISSUE

Inmate's Name: James (Last Name) Rhonda (First Name) (Middle Name) Date of Birth: (Month/Day/Year)

Inmate Number: 6366669 Dress-In Date: 5/16/2018 (Month/Day/Year) Storage Location: C934

INVENTORY DESCRIPTION OF CLOTHING/PROPERTY TAKEN FOR STORAGE

[/] Pants Grey [/] Shirt Grey [ ] Coat:

[ ] Sweater: [ ] Sweat Suit: [ ] Suit:

[ ] Dress: [ ] Pants Suit [ ] Jacket:

[ ] Dress Shoes: [ ] Tennis Shoes [ ] Hat:

[/] Other Property (Purse, etc.): Black/Red Shower Shoes

The personal property inventoried and descried above is an accurate listing of property taken for storage.

[signature] 5/16/18 [signature]
(Receiving Officer's Signature) (Date) (Inmate's Signature)

With the exception of any personal property listed above which was released by the inmate after booking, all of the above inventoried and described property has been returned in full to the inmate.

(Returning Officer's Signature) (Date) (Inmate's Signature)

COUNTY PROPERTY ISSUE AND REPLACEMENT COST

[ ] Blanket $11.00 [ ] Sheet $4.08 [ ] Towel $1.55 [ ] Wash Cloth .50¢ [/] Shower Shoes $2.49

[/] Uniform Pants $10.00 [/] Uniform Shirt $6.50 [ ] Laundry Bag $2.10 [/] Beverage Cup .75¢

[ ] Property Storage Container $8.00 [ ] Inmate Guide $5.50 [ ] Other

The inmate has been issued the above indicated County property. It has been explained to the inmate that he/she is responsible for returning this property except for normal wear and tear in the same condition as issued. Destruction of or failure to return issued property will result in the inmate having to replace or make monetary reimbursement for the property at the above indicated cost prior to discharge.

[signature] 5/16/18 [signature]
(Issuing Officer's Signature) (Date) (Inmate's Signature)

The above issued County property was returned by the inmate in full and in acceptable condition.

(Receiving Officer's Signature) (Date) (Inmate's Signature)

DESTROYED OR UNRETURNED COUNTY PROPERTY AND ACTIONS TAKEN

[ ] Blanket [ ] Sheet [ ] Towel [ ] Wash Cloth [ ] Shower Shoes [ ] Uniform Pants

[ ] Uniform Shirt [ ] Laundry Bag [ ] Beverage Cup [ ] Property Storage Container [ ] Inmate Guide

[ ] Action Taken

(Receiving Officer's Signature) (Date) (Inmate's Signature)

The above issued County property was destroyed or not returned by the inmate and the following action was taken.

Offender Name:
RHONDA JAMES

Date of Birth:
08/25/1979

Booking Date:	Booking Time:	Offender ID:
05/16/2018	5/16/2018 1:11:00 AM	636669

Property:
GRAY PANTS;BLACK/RED SLIDES;GRAY SHIRT;

Property Box:

Comments:
C934

The personal property inventoried and described above is an accurate listing of property taken from me for storage. I understand should I have any property values at $50.00 or more, that prior to my 11th day of confinement at the Detention Center I must dispose of the property by either mailing the property home at my own expense or by having an individual of my choosing pick-up the property during designated hours. I further understand that the Detention Center is not responsible for any personal property maintained in my possession and/or that is not listed. I have been informed that I have a blood sample that immediately upon discharge I must take it with me. I understand that upon my discharge from the Detention Center, any personal property I leave behind in my housing and/or holding area will be immediately disposed of by the Detention Center. Any personal property left in storage will be disposed of thirty (30) days after my discharge. I further understand should I have any missing or damaged property from the inventory above, upon discharge I must submit to the Detention Center within seventy-two (72) hours in writing a description of the property and/or damage. When making a property claim I will make every attempt possible to supply the Detention Center with proof of purchase for the property in question.

(Inventorying Officer's Signature)	(Date)	(Inmate's Signature)
	5-16-15	Rhonda James

With the exeception of any personal property listed above which I released earlier, all of the above inventoried and described property has been returned to me in full and I hereby acknowledge receipt or same.

(Returning Officer's Signature)	(Date)	(Inmate's Signature)

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☑ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
JAMES, RHONDA	636669	1673015	8/25/1979	8/26/2019

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☐Housing Med Isolation until 8/30/19
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (If applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: [signature] / L Randolph MD Date: 8-26-19

Correctional Staff Member Notified: CO / Sgt / Cpl

Date and time notified: 8-26-19 6:30pm

Notification Type: ☐Verbal ☑Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: [signature]

SP102UN000ACCEN071513



Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☒ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
JAMES, RHONDA	636669	1673015	8/25/1979	8/25/2019

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
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☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☒Housing Pa Pn
☐Medical Housing / Medical Watch
☒Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Medical

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: _____ LPN Date: 25 Aug 19

Correctional Staff Member Notified: Supervisor

Date and time notified: 25 Aug 19 1810

Notification Type: ☒Verbal ☐Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: _____ LPN

SP102UN000ACCEN071513

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs

Status: ☐ Adult ☐ Juvenile

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
JAMES, RIONDA	636669	1673015	8/25/1979	8/17/2019

Special Needs Noted:
☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☒Other extra blanket

No shower x 2 Days May shower on 8-19-18

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:
☒Bottom Bunk required
☒Bottom Tier
☐Single Cell
☒Housing Papa
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: Note shower Notations above

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: medical

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: Carol Juil RN Date: 8-17-19

Correctional Staff Member Notified: Sup. DO. C. R. O

Date and time notified: 8-17-19 @ 0830

Notification Type: ☒Verbal ☒Fax ☒Hand delivered ☐Other _____

Notified by CCS Staff Member: Carol Juil RN

SP1Q2UN000ACCEN071513

Alvin S. Glenn Detention Cen. , SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ■ Adult ☐ Juvenile	
Patient Name JAMES, RHONDA	Patient Number 636669	Booking Number 1673015	Date of Birth 8/25/1979	Today's Date: 8/15/2019

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
■Single Cell
■Housing _____
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: Nothing to eat or drink > 1AM on 8-16-19

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: move patient to room by self, enure NO FOOD OR Drink is possible > 1am on 8-16-19
Medical procedure scheduled for 8-16-19

If temporary condition: review date: 8-17-19 expiration date: _____

CCS Staff Signature: Carol Jul RN Date: 8-15-19

Correctional Staff Member Notified: Sup. / DO / Rec. / Opts. / Class.

Date and time notified: 8-15-19 @ 2100

Notification Type: ■Verbal ■Fax ■Hand delivered ☐Other _____

Notified by CCS Staff Member: Carol Jul, RN

SP102UN000ACCEN071513

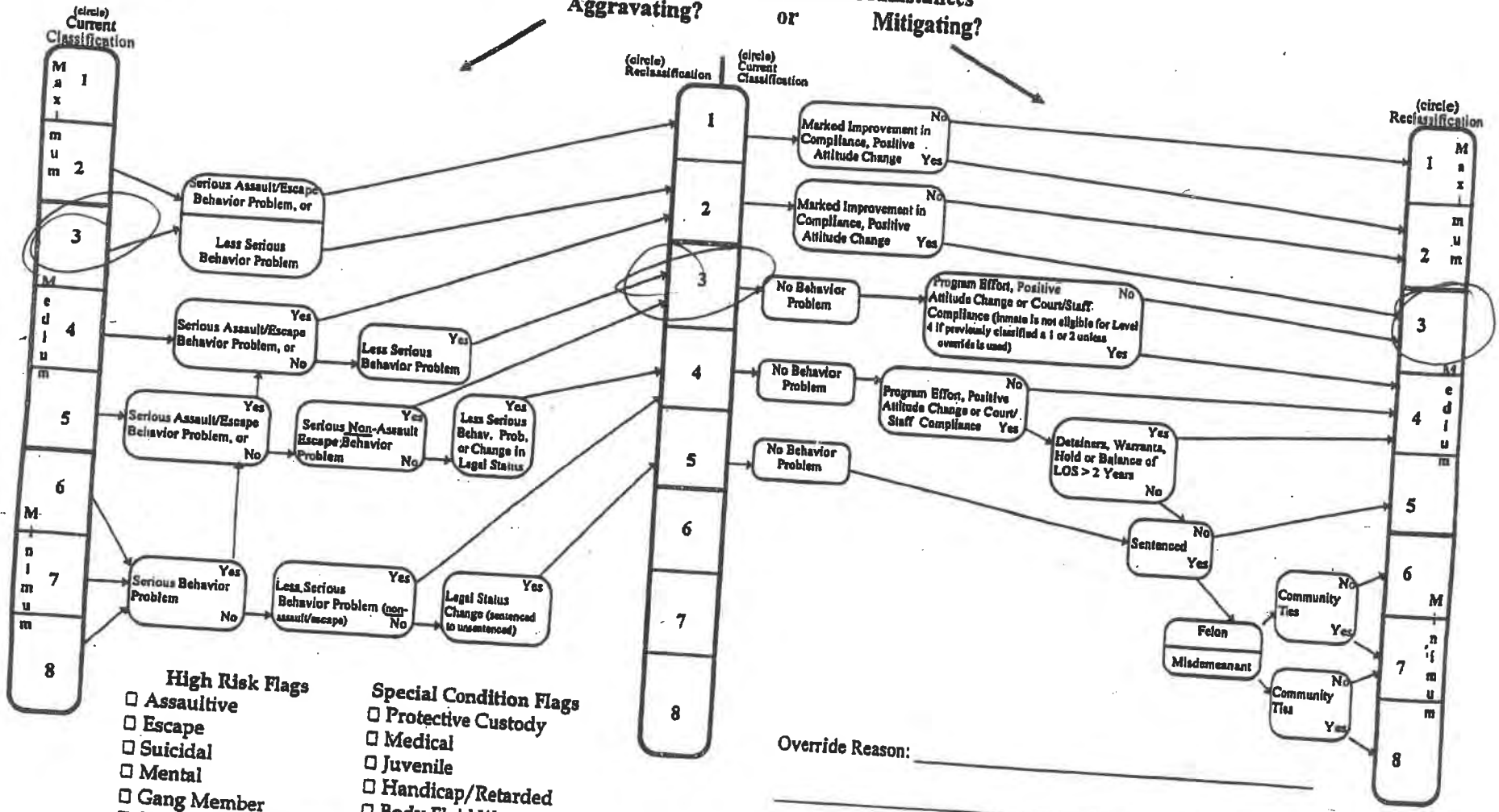


Inmate No. 636449

Name: James, Rhonda

JICS Reclassification Tree

Are Classification review Circumstances Aggravating? or Mitigating?



High Risk Flags

- ☐ Assaultive
- ☐ Escape
- ☐ Suicidal
- ☐ Mental
- ☐ Gang Member
- ☐ Other _____

Special Condition Flags

- ☐ Protective Custody
- ☐ Medical
- ☐ Juvenile
- ☐ Handicap/Retarded
- ☐ Body Fluid Watch
- ☐ Other _____

Comments: 90 Day Review
NO W/Ops

Override Reason: _____

Override Assignment: (circle) 1 2 3 4 5 6 7 8

Review Officer: A Brown Date: 4/15/19

☐ No Change in Current Classification (check)

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P-P



JAMES, RHONDA

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Race	Black
Sex	Female
Eyes	Brown
Hair	Black
Height	69
Weight	179

Address
[redacted]
COLA, SC 29206

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Murder / Murder								
2018A4010201823	COUNTY	RCGS	$0.00				GSTV	BOND TO BE SET IN GENERAL SESSION

Detainer

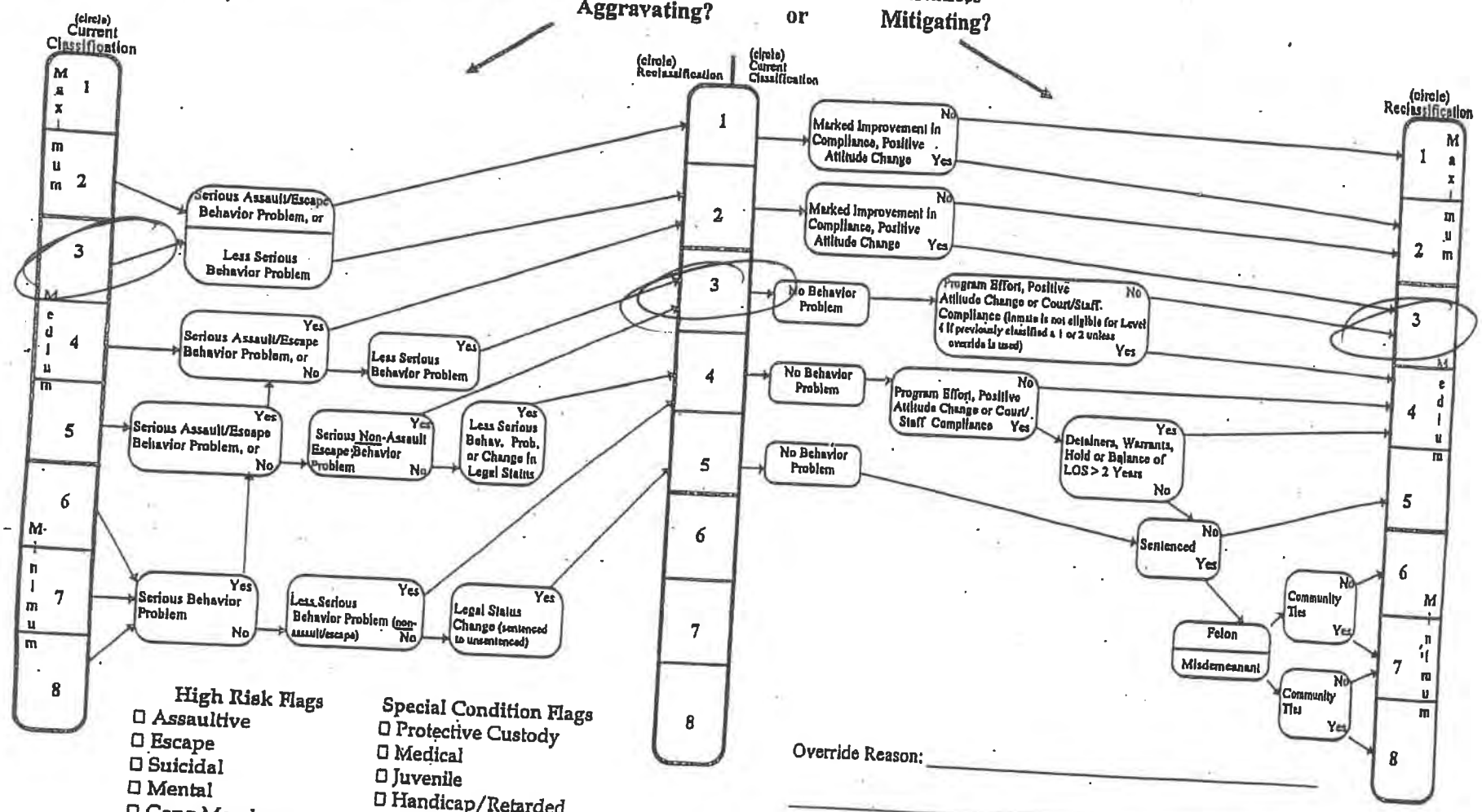
P-P

Inmate No. L36669

Name: James, Rhonda

JICS Reclassification Tree

Are Classification review Circumstances Aggravating? or Mitigating?



High Risk Flags

- ☐ Assaultive
- ☐ Escape
- ☐ Suicidal
- ☐ Mental
- ☐ Gang Member
- ☐ Other _____

Special Condition Flags

- ☐ Protective Custody
- ☐ Medical
- ☐ Juvenile
- ☐ Handicap/Retarded
- ☐ Body Fluid Watch
- ☐ Other _____

Override Reason: _____

Override Assignment: (circle) 1 2 3 4 5 6 7 8

Comments: 90 Day Reclass
NO W/UPS

Review Officer: _____ Date: 03/09/19

X No Change in Current Classification (check)

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ALVIN S. GLENN DETENTION CENTER
REFUSAL OF PROTECTIVE CUSTODY

STATE OF SOUTH CAROLINA)
) **AFFIDAVIT**
COUNTY OF **RICHLAND**)

PERSONALLY APPEAR before me, **JAMES, RHONDA #636669**

I am an inmate of the Alvin S. Glenn Detention Center, the following is my statement regarding my refusal to be placed in the protective custody.

As of the **19th** day of **MAY**, **2018** am not in any immediate danger of harm from anyone in the general population of this facility, there fore, it is my request that I not be placed in protective custody. I have been offered protective custody on this date by the authorities if this facility, however, I decline to accept it for the above stated reasons.

I make this decision with the full knowledge that the Alvin S. Glenn Detention Center and the County of Richland cannot provide me the same protection in the general population as can be afforded me in protective custody status.

I have this day been provided a copy of this affidavit and hereby acknowledge receipt thereof.

R Rhonda James
(Affiant's Signature)

Sworn to and subscribed
before me this **19th** day of
MAY, **2018**
Melissa Y Vinson (L.S.)

My Commission Expires: July 30, 2024

DISTRIBUTION : Department File
Inmate

P 2

INITIAL INMATE CUSTODY ASSESSMENT SCALE
ALVIN S. GLENN DETENTION CENTER
CLASSIFICATION NOTICE

Name:
(last) James (first) Rhonda (middle)

JCA No. 436669 D.O.B. 8/25/71 Race B Sex F SS# [redacted]

Charges (1) Murder 2) _____ 3) _____

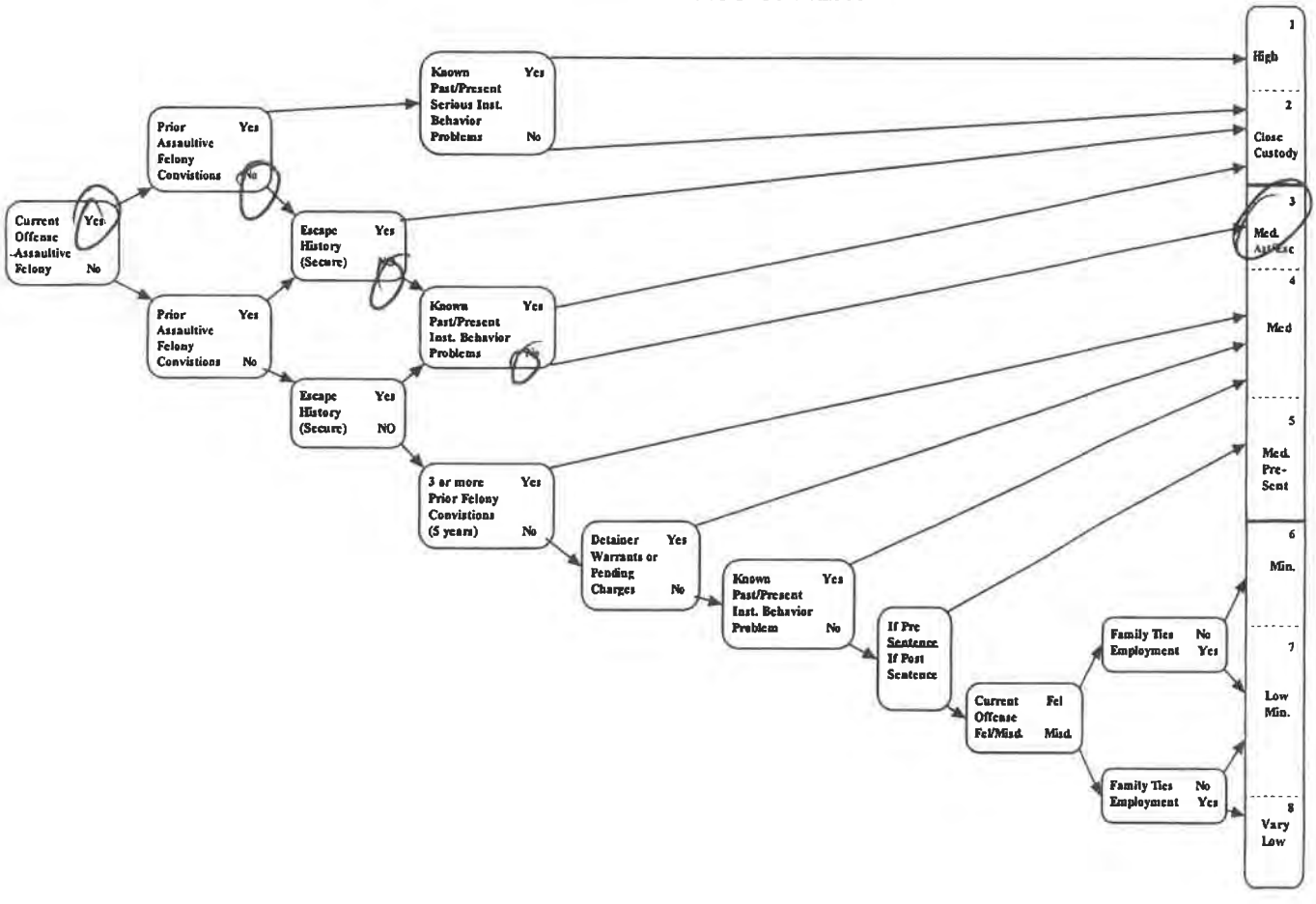
You have been placed in the following classification: Med by the Alvin S. Glenn Detention. This classification is determined by: current/past convictions: current/ past institutional behavior; pending charges or holds in other jurisdictions (if any): sentenced or unsentenced: and/or any other information that may be deemed appropriate with regard to your personal security or the security of the facility. NOTE: your classification can change when charges are altered or reduced: you are sentenced: due to administrative hearings: due to regular periodic review: and/or other reasons recommended by jail staff.

Appeal Process: any inmate who so desires may appeal his/her classification (in writing) in any of the three basic areas (security level, housing assignment or programs) with ten (10) days of the primary classification or reclassification by addressing the appeal to: CLASSIFICTION DEPARTMENT – APPEAL OF CLASSIFICATION:

Classified by: [signature] Date: 05/19/18

Comments by Staff: New Class

PRIMARY SECURITY LEVEL ASSIGNMENT



ALVIN S. GLENN DETENTION CENTER
COLUMBIA, SOUTH CAROLINA
CLASSIFICATION SCALE SUMMARY AND RECOMMENDATION

Inmate name James, Rhonda R/S B/F DOB 8/25/79

CODE 3 DATE: 05/19/18

Custody Level Indicated By Scale

1-2	MAXIMUM
(3)-4-5	MEDIUM
6-7-8	MINIMUM

SPECIAL MANAGEMENT CONCERNS WHICH APPLY TO INMATE
(CHECK (x) ALLBOXES WHICH APPLY)

- ☐ Protective Custody NO
- ☐ Psychological Impairment
- ☐ Mental Deficiency
- ☐ Escape Threat
- ☐ Serious Violence Threat
- ☐ Known Gang Affiliation NO
- ☐ Substance Abuse
- ☐ Pregnant NOT Sure
- ☐ Known Management Problem
- ☐ Suspected Drug Trafficker
- ☐ Suicide Risk AH 5/14/18
- ☐ Medical Problem
- ☐ Physical Impairment
- ☐ Military: NO Years: ___ to ___
- ☐ Kids under 6yrs: 2

OVERRIDE OF SCALE CUSTODY LEVEL IS RECOMMENDED

☐ 1: Yes ☐ 2: No (If yes, rational is required to be given)

CODE _____

_____

RECOMMENDED CUSTODY LEVEL: CODE 3

1-2	MAXIMUM
(3)-4-5	MEDIMUM
6-7-8	MINIMUM

Classification Officer Signature: AB Date: 05/19/18

SUPERVISOR APPROVAL OF OVERRIDE: ☐ 1: APPROVED ☐ 2: DISAPPROVED

FINAL CUSTODY LEVEL IF OVERRIDE IS DISAPPROVED

CODE _____

1-2	MAXIMUM
3-4-5	MEDIMUM
6-7-8	MINIMUM

RECOMMENDED HOUSING ASSIGNMENT _____

RATIONAL (if different from recommendation): _____

SUPERVISOR SIGNATURE: Sgt. Vinson

ALVIN S. GLENN DETENTION CENTER
INITIAL INMATE NEEDS ASSESSEMENT FORM
COLUMBIA, SOUTH CAROLINA

INMATE NAME (Last, First, Middle) James, Rhonda R/S BF

JCA # 636469 Assess Date: 05/19/18 Class Officer: JB

HEALTH Leukemia Asthma HBP Code 2

1 - Limited Physical Capacity; acute illness; needs hospitalization or *Outpatient treatment*

(2) Mild disability or illness; *Outpatient treatment* required; Non-strenuous work

3 - No problems which limit housing code work assignments

EMOTIONAL STABILITY Bipolar, Schizophrenia, Depression Code 2

1 - Severe impairment; danger to self and others; needs hospital environment

(2) Moderate impairment requires monitoring, Individual or group therapy

3 - Emotionally stable no indications of mental illness

EDUCATION Code 3

1-5th grade or below reading math skills; needs remedial Special education classes

2 - No High School Diploma; adult education or G.E.D. program

(3) High School Diploma, G.E.D.. or equivalent

VOCATIONAL SKILL Code 3

1 - No discernable skills; needs training

2 - Limited skills; ability to hold semi-skilled position; needs training

(3) Possess marketable skills or trade

SUBSTANCE ABUSE Code 3

1 - Frequent abuse resulting in social, economic or legal problems; needs treatment

2 - Occasional abuse causing disruption of functioning

(3) No disruption of functioning, or legal difficulties

MENTAL ABILITY Mental Health Patient Code 2

1 - Serious disability limiting ability to function; needs sheltered living and work situations

(2) Mild disability limiting educational and vocational potential

3 - No disruption disability

OTHER (describe) _____ Code _____

INITIAL PROGRAM RECOMMENDATIONS	PROGRAM CODE	PRIORITY CODE*
1.		
2.		
3.		
4.		

*Priority Codes: 1 - Urgent Immediate Need
2 - Problem directly related to criminal behavior *High Priority*
3 - Problem resolution would enhance ability to succeed in community

Sexual Predator / Vulnerability PREA Screening Checklist

Inmate Name: James, Rhonda **Inmate No:** 424669

Employee Name: T Burns **Date:** 05/19/18

Reason for Screening: (Circle One) (New Admission) Regular Review Special Referral

Possible Victim Factors:	**Source:**
1. Former victim of prison rape or sexual assault within the past ten years	Yes / (No)
2. Youthful age (under 25)	Yes / (No) 36
3. Elderly (65 or older)	Yes / (No)
4. Small physical stature (Males only) (5'6" or less and/or 140 lbs. or less)	Yes / No
5. Developmental disability / mental health history	~~Yes~~ / No
6. First time being incarcerated	Yes / (No)
7. LGBTI	Yes / (No)
8. History of any sexual abuse within the past ten years	Yes / (No) 10 yrs old
9. History of correctional facility consensual sex within the past ten years	Yes / (No)
10. Placement in protective custody within the past ten years	Yes / (No) Asym Referral

Sexually Vulnerable Designation Process:

If "yes" to item #1, enter inmate as a "Known Victim" code
If "yes" to three or more items other than item #1, enter inmate as a "Potential Victim"
Otherwise deisgnate inmate as a "Non-Victim"

Scored designation: (Circle One) Known Victim Potential Victim (Non-Victim
Victim Over-ride: (Circle One) No Yes – "Potential victim to non-victim"
Yes – "Non-victim to potential victim" (Cannot override a known victim, ONLY a potential victim)
Basis for override: _____

Possible Predator Factors:	**Source:**
1. Institutional predatory sexual behavior within the past ten years	Yes / (No)
2. Current or prior convictions for rape, child abuse or neglect within the past ten years	Yes / (No)
3. Sexual abuse or sexual assault toward others or domestic violence within the past ten years (circle behaviors noted)	Yes / (No)
4. Current gang affiliation	Yes / (No)
5. Institutional Strong-arming / assaults within the past ten years	Yes / (No)
6. Institutional consensual sex within the past ten years	Yes / (No)
7. Institutional sexual taunting toward staff or offenders within the past ten years	Yes / (No)
8. Overtly masculine (Females Only)	(Yes) / No

Sexually Predatory Designation Process:
If "yes" to item #1, enter inmate as a "Known Predator" code
If "yes" to two or more items other than item #1, enter inmate as a "Potential Predator"
Otherwise designate inmate as a "Non-Predator"

Scored designation: (Circle One) Known Predator Potential Predator (Non-Predator
Predator Over-ride: (Circle One) No Yes – "Potential predator to non-predator"
Yes – "Non-predator to potential predator" (Cannot over-ride a known predator, ONLY a potential predator)
Basis for over-ride: _____



JAMES, RHONDA SC01097874

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Address
[redacted]
COLA, SC 29206

BirthDate	08/25/1979
Social Security	[redacted]
Race	Black
Sex	Female
Eyes	Brown
Hair	Black
Height	69
Weight	179

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Murder / Murder								
2018A4010201823	COUNTY	RCGS	$0.00				GSTV	BOND TO BE SET IN GENERAL SESSION

Detainer

ALVIN S. GLENN DETENTION CEN ER

INITIAL SCREENING AND CLASSIFICATION INTERVIEW FORM

(to be completed at Booking **by Booking Staff**)

Arrestee Name: James, Rhonda DOB: 8/25/2018

Arresting Agency and Transporting Officer Name: RCSD (Bonifas)

Pending Charge(s): Murder

ffirmative answers require Medical consultation.

Have you been in a car accident within the past 24 hours? Yes ☐ No ☑

Have you been tased within the past 24 hours? Yes ☐ No ☑

Have you attempted suicide within the past 24 hours? Yes ☑ No ☐

Have you hospitalized within the past 24 hours? Yes ☐ No ☑

Do you have any injuries that medical staff needs to be aware of? Yes ☐ No ☑

Gang affiliation? Yes ☐ No ☑ What Gang? _____

Ever been an informant? Yes ☐ No ☑ What Agency? _____

Sex Offender? Yes ☐ No ☑ Where? _____

Known enemies? Yes ☐ No ☑ Who? _____

Do you have any co-defendants? Yes ☐ No ☑ Who? _____

Do you need Protective Custody? Yes ☐ No ☐ Reason: _____

If "Yes" answer to needing PC complete **Request for Protective Custody** form and **Incident Report**; attach to this form, and forward to Classification for review and file.

Arresting or transporting officer believes subject may be at risk regarding his/her safety:

Yes ☐ No ☐ Reason if "Yes": _____

Suggested transfer to Orientation Housing (Yankee/Papa) Yes ☐ No ☐

Suggested transfer to Segregation (SHU/Mike/Papa) Yes ☐ No ☐

I have answered all questions fully as they relate to my safety and ASGDC security issues:

Inmate Signature: Rhonda James Inmate #: 636669

Prior to accepting custody of an inmate, staff must determine that the arrestee is legally committed to the facility, and that the arrestee is not in need of immediate medical attention. Booking Officer signature below indicates that ASGDC has determined the arrestee to be legally and medically committable and accepts custody of arrestee for admission into the facility. Before reassignment from Intake and short-term holding, there is an initial classification of the inmate that considers safety and security needs.

Interviewer's Signature: _____ Emp. No. 28499

Date: 5/10/2018 Time: 0114

ICHR 003F9CE2D8 from SCCH

RICDC427
.ICHR.003F9CE2D8.SCCH.20180519 08:08:55
TO: RICDC427-53780 20180519 08:08:55 003F9CE2D8
FROM: SCCH-10281688 20180519 08:08:55

ICHR REQUEST FOR RAP SHEET
ORI-SC040013C SID-SC01097874 PUR-C
ATN-BROWN, SUSAN

AUTHORIZED CRIMINAL JUSTICE AGENCY USE ONLY. CONTACT CONTRIBUTING AGENCY FOR SPECIFIC/MORE DATA ABOUT CHARGES AND/OR DISPOSITIONS. BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

PAGE-01 DATE-05/19/2018 TIME-08:08:55
REQ ORI-SC040013C CNTY DET CENTER COLA
SID-SC01097874 FBI-909073DB4
NAME-GAINEY, RHONDA COLLEEN SEX-F RACE-B
HEIGHT-509 WEIGHT-167 EYES-BRO HAIR-BRO SKIN- BORN-SC
FPC-AA09131515AAPI121514 HENRY- 9 1AU IOO 15
3AW IOO
1-FINGERPRINT IMAGES ON THIS SUBJECT ARE STORED ON SCAFIS

DATE RECORD ENTERED--02/05/1997 DATE OF LAST UPDATE--05/16/2018

ADDITIONAL IDENTIFIERS NAME	BIRTH DATES	MARKS	SOC SEC	MISC NUM
JAMES, RHONDA	08251979		[redacted]	

CONTRIBUTOR/SUBJECT DOA/RCVD CHARGE/DISPOSITION/ETC

GAINEY, RHONDA COLLEEN 12/10/1996
SC0430100 SUMTER PD
CASE-96090741
WARR-F179623
ARREST CHARGE 1-ASSAULT & BATTERY

WARR-F179624
ARREST CHARGE 2-MALICIOUS INJURY PROPERTY

CIT-C/L,
DOC-R84
WARR-F179623
COURT CHARGE 01-SIMPLE ASSAUL T AND BATTERY
COURT DISP-CONVICTED;30 DAYS SUSPENDED

CIT-16-11-520(B)(3) MISDEMEANOR
DOC-R84
WARR-F179624
COURT CHARGE 02-MAL INJURY TO PROPERTY, $1000 OR LESS
COURT DISP-CONVICTED;$152 OR 30 DAYS

JAMES, RHONDA 12/25/2016
SC0400000 RICHLAND CNTY SO
CASE-1612001825

ATN-40D100089941
WARR-2016A4010204223
CIT-16-25-20(A)-MISDEMEANOR

ARREST CHARGE 1-CRIMINAL
DOMESTIC VIOLENCE*
OFFENSE DATE-12/25/2016
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

CIT-16-3-600(E)(2)-MISDEMEANOR
DOC-17GS4003621
WARR-2016A4010204223

COURT CHARGE 01-ASSAULT AND
BATTERY 3RD DEGREE
COURT DISP-CONVICTED;30 Days
or pay a fine of 300;provi
ded that upon t
COURT DATE-05/26/2017
ATN-40D100089941

JAMES, RHONDA 05/16/2018
SC0400000 RICHLAND CNTY SO
CASE-1673015
ATN-40D100105473
WARR-2018A4010201823
CIT-16-3-10-FELONY

ARREST CHARGE 1-MURDER
OFFENSE DATE-05/16/2018
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

BASED ON SEARCH OF SCLED CJIS CCH FILE USING SID/SC01097874
REQUESTED FOR CRIMINAL JUSTICE PURPOSES

SCLED CJIS RECORD INDICATES SUBJECT HAS OUT OF STATE ARREST INFORMATION
REQUEST FORWARDED TO NCIC FOR OUT-OF-STATE INFORMATION
INFORMATION FROM OTHER STATES TO FOLLOW THRU NLETS VIA YOUR TERMINAL

INQUIRY WILL BE FORWARDED TO: N C I C W A N T E D P E R S O N S

** S C CJIS END OF RECORD **

LEMS.Web

QWA 0006755F01 from NC2K

```
RICDC427
.QWA.0006755F01.NC2K.20180519 08:08:56
  TO: RICDC427-53781     20180519 08:08:56  0006755F01
FROM:     NC2K-7692033   20180519 08:08:56
1L010DA70062C32QWA
SC040013C

NO NCIC WANT FBI/909073DB4
NO NCIC WANT SOC/249452254
***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.
```

LEMS.Web

QR 0035F4D771 from III

```
RICDC427
.QR.0035F4D771.III.20180519 08:08:58
  TO: RICDC427-53782     20180519 08:08:58  0035F4D771
FROM:      III-16045937  20180519 08:08:58
FL010DA70062C42QR
SC040013C
THIS INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR
RECORD REQUEST FOR SID/SC01097874. INDIVIDUAL'S RECORD WILL BE
COMPLETE WHEN ALL RESPONSES ARE RECEIVED FROM THE FOLLOWING SOURCES:
 FBI            - FBI/909073DB4

AN ADDITIONAL RECORD MAY BE OBTAINED FROM FILES WITHIN YOUR STATE.
END
```

CR 0AC5203C30 from NLETSWS

RICDC427
.CR.0AC5203C30.NLETSWS.20180519 08:09:01
TO: RICDC427-53783 20180519 08:09:01 0AC5203C30
FROM: NLETSWS-2112560 20180519 08:09:01
CR.WVFBINF00
05:09 03491
05/19/2018 01302 SC040013C
*0DA70062C4
TXT
HDR/2L010DA70062C42QR
ATN/BROWN, SUSAN

********** CRIMINAL HISTORY RECORD **********

********** Introduction **********

This rap sheet was produced in response to the following request:

Purpose Code	C
Attention	BROWN, SUSAN

The information in this rap sheet is subject to the following caveats:

This record is based only on the SID number in your request-SC01097874
Because additions or deletions may be made at any time, a new copy should be requested when needed for subsequent use. (US)
All arrest entries contained in this FBI record are based on fingerprint comparisons and pertain to the same individual. (US)
The use of this record is regulated by law. It is provided for official use only and may be used only for the purpose requested. (US)

********** IDENTIFICATION **********

Subject Name(s)

GAINEY, RHONDA COLLEEN
GAINEY, RHONDA C (AKA)
GAINEY, RHONDA COEEN (AKA)
JAMES, RHONDA (AKA)

Subject Description

FBI Number	State Id Number
909073DB4	SC01097874

Social Security Number
[redacted]

Sex	Race	
Female	Black	
Height	Weight	Date of Birth
5'09"	167	1979-08-25

Hair Color	Eye Color
Blonde Or Strawberry	Blue

Scars, Marks, and Tattoos

Code	Description, Comments, and Images
TAT UL ARM	, TATTOO ON UPPER LEFT ARM

Place of Birth	Citizenship
South Carolina	United States

********** CRIMINAL HISTORY **********

========== Cycle 1 ==========

Earliest Event Date	2008-10-06
Arrest Date	2008-10-06
Arrest Case Number	
Arresting Agency	SCATFC000 ATF
Subject's Name	GAINEY,RHONDA COEEN
Charge	1
Charge Literal	5299 - WEAPON OFFENSE
Severity	Unknown

Court Disposition	(Cycle 1)
Court Case Number	
Court Agency	
Charge	1
Charge Literal	WEAPON OFFENSE
Charge Description	Charge Severity:Unknown
Disposition	(; 05-04-09 GUILTY PLEA SENTENCED 3 YRS PROBATION)

Corrections	(Cycle 1)
Date Supervision Began	2009-05-04
Corrections Agency	SCUCP017G US PROB
Correction Action	STATUS--PROBATION
Release Date	

********** INDEX OF AGENCIES **********

Agency	ATF; SCATFC000;
Agency	US PROB; SCUCP017G;

* * * END OF RECORD * * *

Triple I Status: Multi-state

Alvin S. Glenn Detention Cent C
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

Stop by medical

CCS
CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☑ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
JAMES, RHONDA	636669	1673015	8/25/1979	5/16/2018

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☑Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☑Housing General Pop
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☑Suicide Watch
☐ Continuous ☐15 min ☑30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

_____

_____

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: [signature] Date: 5-16-18

Correctional Staff Member Notified: records classification operations Mental Health

Date and time notified: 5-16-18

Notification Type: ☐Verbal ☑Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: [signature]

SP102UN000ACCEN071513



ALVIN S. GLENN DETENTION CEN R

INITIAL SCREENING AND CLASSIFICATION INTERVIEW FORM

(to be completed at Booking **by Booking Staff**)

Arrestee Name: James, Rhonda DOB: 8/25/2018

Arresting Agency and Transporting Officer Name: RCSD (Bonifas)

Pending Charge(s): Murder

Affirmative answers require Medical consultation.

Have you been in a car accident within the past 24 hours? Yes ☐ No ☑

Have you been tased within the past 24 hours? Yes ☐ No ☑

Have you attempted suicide within the past 24 hours? Yes ☑ No ☐

Have you hospitalized within the past 24 hours? Yes ☐ No ☑

Do you have any injuries that medical staff needs to be aware of? Yes ☐ No ☑

Gang affiliation? Yes ☐ No ☑ What Gang? _____

Ever been an informant? Yes ☐ No ☑ What Agency? _____

Sex Offender? Yes ☐ No ☑ Where? _____

Known enemies? Yes ☐ No ☑ Who? _____

Do you have any co-defendants? Yes ☐ No ☑ Who? _____

Do you need Protective Custody? Yes ☐ No ☐ Reason: _____

If "Yes" answer to needing PC, complete **Request for Protective Custody** form and **Incident Report**, attach to this form, and forward to Classification for review and file.

Arresting or transporting officer believes subject may be at risk regarding his/her safety:

Yes ☐ No ☐ Reason if "Yes": _____

Suggested transfer to Orientation Housing (Yankee/Papa) Yes ☐ No ☐

Suggested transfer to Segregation (SHU/Mike/Papa) Yes ☐ No ☐

I have answered all questions fully as they relate to my safety and ASGDC security issues:

Inmate Signature: Rhonda James Inmate #: 636669

Prior to accepting custody of an inmate, staff must determine that the arrestee is legally committed to the facility, and that the arrestee is not in need of immediate medical attention. Booking Officer signature below indicates that ASGDC has determined the arrestee to be legally and medically committable and accepts custody of arrestee for admission into the facility. Before reassignment from Intake and short-term holding, there is an initial classification of the inmate that considers safety and security needs.

Interviewer's Signature: _____ Emp. No. 23495

Date: 5/10/2018 Time: 0114

Sgt. Teraine Brown

From: Lt. Kevin McCollough
Sent: Friday, September 13, 2019 8:56 AM
To: RONALDO MYERS; SHANE KITCHEN; CAPT. CURTIS BUFFORD; Capt. Washava Moye; CAPT. HIGGINS
Cc: LT. JOLI RISH; Lt. Kevin McCollough; Lt. Robert Waters; Sgt. Teraine Brown; Lt. Timothy Lippett; Lt. Jonathan Williams; Lt. Darren Seward
Subject: Code blue

Officer Richardson was serving breakfast in unit Papa around 0651. She observe detainee Rhonda James #63669 reach down to retrieve a letter that was being pass under the cell door to her from detainee White Green 608065. Detainee James was observe falling to the floor and a code blue was called. Detainee James was unresponsive and the staff started CPR until EMS arrive. Detainee was transported to the VA Hospital and pronounce dead at 0820 hours by Dr. Lopez. The Log book was taken and the area where the incident happen was block off by Ms. Lee in maintenance. No one has enter detainee James cell. The Incident was recorded and a copy will be forward to investigation. The officer at the hospital was instructed to stay with the body until the corners come and to generate an incident report. Unit Papa is currently on lockdown at the moment. We are about to start talking to the staff that was at the incident to offer them EAP.

KEVIN MCCOLLOUGH
Watch Commander/ Lieutenant
Richland County Government
Alvin S. Glenn Detention Center
Security Division
MCCOLLOUGHK@RCGOV.US

P 803-576-3260 **F** 803-576-3298

201 John Mark Dial Dr.
Columbia, SC 29209
rcgov.us

Confidential and Privileged:
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If you have received this communication in error or are not sure weather it is privileged, please immediately notify me by return email and destroy any copies, electronic, paper or otherwise, which you may have of this communication.

Alvin S. Glenn Detention Center

INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: James, Rhonda Cell #: 19 Date: 5-16-18

Inmate #: 636669 Race: BF Sex: F Date of Birth: _____

OFFICERS **MUST** ACCOMPANY WHEN OUT OF CELL? ☒ Yes ☐ No

Visitor Restriction ☐ Yes ☒ No

Telephone Restriction ☒ Yes ☐ No

Commissary Restriction ☐ Yes ☐ No

Is inmate a danger to officers? ☐ Yes ☒ No

Cell Checks: Within 5 Min (irregular intervals) ☒

Constant Observation ☐

Start Time: 06:35 [Military Time Only] End Time: ____:____

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
0637	resting	TKS	0848	sitting	TKS	1049	shower	TKS	1306	resting	VS
0644	resting	TKS	0854	resting	TKS	1059	resting	TKS	1310	Court	TKS
0650	resting	TKS	0902	resting	TKS	1102	resting	TKS	1320	Court	TKS
0701	resting	TKS	0905	resting	TKS	1110	resting	TKS	1330	court	TKS
0707	resting	TKS	0911	resting	TKS	1116	resting	TKS	1340	court	TKS
0711	resting	TKS	0915	resting	TKS	1620	resting	TKS	1350	court	TKS
0715	resting	TKS	0921	resting	TKS	1125	resting	TKS	1400	Court	TKS
0719	resting	TKS	0925	resting	TKS	1131	resting	TKS	1410	court	TKS
0726	resting	TKS	0929	resting	TKS	1135	resting	TKS	1415	Court	TKS
0730	resting	TKS	0933	resting	TKS	1138	resting	TKS	1422	court	TKS
0733	resting	TKS	0936	resting	TKS	1144	resting	TKS	1430	court	TKS
0738	resting	TKS	0943	resting	TKS	1151	resting	TKS	434	court	TKS
0742	resting	TKS	0949	resting	TKS	1155	eating	TKS	1642	enter pod	TKS
0748	sitting	TKS	0954	resting	TKS	1158	eating	TKS	1646	DRESSED	TKS
0750	sitting	TKS	0959	resting	TKS	1205	drinking	TKS	1655	drinking	TKS
0754	resting	TKS	1005	resting	TKS	1208	resting	TKS	1702	resting	TKS
0800	resting	TKS	1008	resting	TKS	1215	resting	TKS	1710	resting	TKS
0804	resting	TKS	1012	resting	TKS	1224	resting	VS	1715	resting	TKS
0808	resting	TKS	1016	resting	TKS	1225	standing	VS	1725	Med pass	Suttle
0812	resting	TKS	1020	resting	TKS	1230	standing talking	VS	1732	resting	TKS
0816	resting	TKS	1024	resting	TKS	1235	standing talking	VS	1742	resting	TKS
0823	eating	TKS	1028	resting	TKS	1239	standing talking	VS	1748	resting	TKS
0825	eating	TKS	1033	resting	TKS	1241	resting	VS	1752	resting	TKS
0831	sitting	VS	1032	resting	TKS	1246	resting	VS	1758	resting	TKS
0836	sitting	VS	1036	Resting	Suttle	1251	resting	VS	1803	resting	TKS
0841	sitting	VS	1037	drinking	TKS	1256	resting	VS	1808	resting	TKS
0843	standing	VS	1038	shower	TKS	1301	resting	VS	1814	resting	TKS

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

INMATE SUICIDE WATCH OBSERVATION LOG

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
1820	resting	TKS									
1827	resting	TKS									

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED	yes	yes	Y
	CONSUMED	yes	yes	

yes

SHOWER	TIME IN	TIME OUT
	1038	1059

Comments:

Officers Print Name: Tabitha K. Sillah Date: 5-16-18 Time: 1836

Supervisor comments: Sgt Smith checked detainee James, Rhonda who is currently resting on her bunk. She did consume her breakfast meal. Detainee was given a shower.

Supervisors Signature: Sgt Valarie Smith Date: 16 May 18 Time: 1036

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

* Detainee is currently taking her meds @ 1725 hrs.

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

Alvin S. Glenn Detention Center
INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: RHONDA JAMES Cell # 19 Date: MAY 16 20

Inmate #: 636669 Race: B Sex: F Date of Birth: _____

OFFICERS **MUST** ACCOMPANY WHEN OUT OF CELL? ☐ Yes ☐ No

Visitor Restriction ☐ Yes ☐ No

Telephone Restriction ☐ Yes ☐ No

Commissary Restriction ☐ Yes ☐ No

Is inmate a danger to officers? ☐ Yes ☐ No

Cell Checks: Within 5 Min (irregular intervals) ☐

Constant Observation ☐

Start Time 1834 pm [Military Time Only] End Time _____ : _____

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
1834	LAYING DOWN	EM	2050	LAYING DOWN	EM	2310	RESTING	EM	0135	RESTING	EM
1840	LAYING DOWN	EM	2056	LAYING DOWN	EM	2315	RESTING	EM	0140	RESTING	EM
1845	LAYING DOWN	EM	2102	LAYING DOWN	EM	2320	RESTING	EM	0145	RESTING	EM
1850	STANDING	EM	2110	LAYING DOW	EM	2325	RESTING	EM	0150	RESTING	EM
1855	LAYING DOWN	EM	2115	LAYING DOW	EM	2330	RESTS	EM	0155	RESTING	EM
1900	LAYING DOWN	EM	2120	LAYING DOWN	EM	2337	RESTING	EM	0200	BATHROOM	EM
1905	LAYING DOWN	EM	2125	LAYING DOWN	EM	2345	RESTING	EM	0205	RESTING	EM
1910	LAYING DOWN	EM	2130	LAYING DOWN	EM	2350	RESTING	EM	0211	RESTING	EM
1915	LAYING DOWN	EM	2135	LAYING DOWN	EM	2355	RESTING	EM	0220	RESTING	EM
1920	LAYING DOWN	EM	2140	LAYING DOWN	EM	0000	RESTING	EM	0225	RESTING	EM
1925	LAYING DOWN	EM	2145	LAYING DOWN	EM	0005	RESTING	EM	0230	RESTING	EM
1930	SITTING UP	EM	2150	SAT UP	EM	0010	RESTING	EM	0235	RESTING	EM
1935	LAYING DOWN	EM	2155	LAYING DOWN	EM	0015	TURNING	EM	0240	SLEEPING	EM
1940	LAYING DOWN	EM	2200	LAYING DOWN	EM	0020	TURNING	EM	0245	SLEEPING	EM
1945	LAYING DOWN	EM	2205	Resting	BT	0025	RESTING	EM	0250	Sleeping	EM
1950	EATING	EM	2210	Resting	BT	0030	RESTING	EM	0255	Sleeping	EM
1955	EATING	EM	2215	Resting	BT	0035	RESTING	EM	0300	Sleeping	EM
2000	EATING	EM	2220	Sitting up	BT	0040	RESTING	EM	0305	Sleeping	EM
2005	EATING	EM	2225	Resting	BT	0045	RESTING	EM	0310	Sleeping	EM
2010	EATING	EM	2230	Resting	BT	0050	RESTING	EM	0315	Sleeping	EM
2015	LAYING DOWN	EM	2235	Resting	BT	0055	RESTING	EM	0320	Sleeping	EM
2020	LAYING DOWN	EM	2240	Resting	BT	0100	RESTING	EM	0325	Sleeping	EM
2025	LAYING DOWN	EM	2245	Resting	BT	0105	RESTING	EM	0330	Sleeping	EM
2030	LAYING DOWN	EM	2250	Resting	BT	0110	RESTING	EM	0331	resting	AM
2035	LAYING DOWN	EM	2255	Resting	BT	0115	RESTING	EM	0336	resting	AM
2040	LAYING DOWN	EM	2300	Resting	BT	0120	DRINKING WATER	EM	0341	resting	AM
2045	LAYING DOWN	EM	2305	Resting	BT	0126	RESTING	EM	0342	EXIT/RETURN	AM

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

RHONDA JAMES #636669

INMATE SUICIDE WATCH OBSERVATION LOG

ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
Sleeping	EM	0600	Resting	EM						
Sleeping	EM	0610	Resting	EM						
Sleeping	EM	0620	Eating	EM						
Sleeping	EM	0620	Eating	EM						
Sleeping	EM	0625	Resting	EM						
Sleeping	EM	0630	Resting	EM						
Sleeping	EM	0636	Resting	EM						
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Sleeping	EM									
Resting	EM									
Resting	EM									
Resting	EM									
Resting	EM									
Resting	EM									
Resting	EM									
Resting	EM									
Resting	EM									
Resting	EM									

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED			
	CONSUMED	✓		✓

SHOWER	TIME IN	TIME OUT

ients: NOTE: DETAINEE RECEIVED SNACK BAG FOR MEAL. CONTINUE MEAL S-16-18
NOTE: NURSE S. SIDNEY CHECKED ON AND SPOKE WITH DETAINEE Rhonda James
s Print Name: E. McKNIGHT Date: MAY 16 2018 Time: 6:36 AM

visor comments: _____

_____

isors Signature: Sgt. [signature] Date: 5/16/18 Time: 2300

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

erences: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/1

Alvin S. Glenn Detention Center
INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: James Rhonda Cell #: 19 Date: 5-16-18

Inmate #: 636669 Race: B Sex: F Date of Birth:

OFFICERS MUST ACCOMPANY WHEN OUT OF CELL? ☑ Yes ☐ No

Visitor Restriction ☐ Yes ☑ No

Telephone Restriction ☐ Yes ☑ No

Commissary Restriction ☐ Yes ☑ No

Is inmate a danger to officers? ☐ Yes ☑ No

Cell Checks: Within 5 Min (irregular intervals) ☑

Constant Observation ☐

Start Time 02:15 **[Military Time Only]** **End Time** 06:35

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
0216	laying down	as	0418	use bathroom	as	0630	resting	Lm			
0217	laying down	as	0419	drink water	as	0635	resting	Lm			
0220	resting	as	0422	resting	as						
0224	resting	as	0425	resting	as						
0230	Resting	as	0430	resting	as						
0235	Resting	as	0435	resting	as						
0240	resting	as	0440	resting	as						
0244	resting	as	0445	resting	as						
0248	resting	as	0450	resting	as						
0253	resting	as	0455	resting	as						
0258	resting	as	0500	resting	as						
0302	resting	as	0505	resting	Lm						
0306	resting	as	0510	resting	Lm						
0311	resting	as	0515	resting	Lm						
0316	resting	as	0525	resting	Lm						
0320	resting	as	0530	resting	Lm						
0325	resting	as	0535	resting	Lm						
0330	resting	as	0540	resting	Lm						
0340	resting	as	0545	resting	Lm						
0344	resting	as	0550	resting	Lm						
0349	resting	as	0555	resting	Lm						
0352	resting	as	0600	resting	Lm						
0355	resting	as	0605	resting	Lm						
0400	resting	as	0610	resting	Lm						
0405	resting	as	0615	resting	Lm						
0410	resting	as	0620	resting	Lm						
0415	resting	as	0625	resting	Lm						

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

INMATE SUICIDE WATCH OBSERVATION LOG

E	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED			
	CONSUMED			

SHOWER	TIME IN	TIME OUT
	no	no

ments: Detainee James Honda has been quiet and asleep since his arrival.

ers Print Name: Simonis Amelie Date: 5-16-18 Time: 0500 hours

rvisor comments: Detainee James appears to be resting; quietly.

rvisors Signature: Jemia Ross Date: 5/16/2018 Time: 0349

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

eferences: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

Alvin S. Glenn Detention Center
INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: James, Rhonda Cell # 19 Date: 05/17/18

Inmate #: 636669 Race: Black Sex: Female Date of Birth: _____

OFFICERS MUST ACCOMPANY WHEN OUT OF CELL? ☐ Yes ☐ No

Visitor Restriction ☐ Yes ☐ No

Telephone Restriction ☐ Yes ☐ No

Commissary Restriction ☐ Yes ☐ No

Is inmate a danger to officers? ☐ Yes ☐ No

Cell Checks: Within 5 Min (irregular intervals) ☐

Constant Observation ☐

Start Time 06:37 [Military Time Only] End Time ____:____

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
1643	Resting	MA	0855	Shower	MA	1055	resting	TKS	1308	Chow	TKS
2648	Resting	MA	0900	Shower	MA	1106	resting	TKS	1315	chow	TKS
2653	Resting	MA	0905	Shower	MA	1109	resting	TKS	1320	resting	TKS
0700	Resting	MA	0906	Sitting	MA	1113	resting	TKS	1325	dressing to talking to Atty	TKS
0705	Resting	MA	0910	laying down	MA	1117	resting	TKS	1328		TKS
2711	Resting	MA	0915	Resting	MA	1121	resting	TKS	1334	Atty	TKS
2712	talking	MA	0922	Resting	MA	1126	resting	TKS	1345	Atty	Out TKS
2714	drinking water	MA	0927	Resting	MA	1132	resting	TKS	1351	Atty	TKS
2716	laying down	MA	0935	Resting	MA	1135	resting	TKS	1404	resting	TKS
2720	Resting	MA	0940	Resting	MA	1139	resting	TKS	1408	MHP	TKS
2726	Resting	MA	0945	Resting	MA	1144	resting	TKS	1412	MHP	TKS
2731	restroom	MA	0950	Sitting	MA	1150	resting	TKS	1415	resting	TKS
2735	standing	MA	0955	restroom	MA	1154	resting	TKS	1421	resting	TKS
2737	laying down	MA	0958	laying down	MA	1158	resting	TKS	1425	resting	TKS
2741	Resting	MA	1005	Resting	MA	1203	resting	TKS	1431	resting	TKS
2746	Resting	MA	1010	sitting	MA	1208	resting	TKS	1439	resting	TKS
2752	Resting	MA	1011	search	TKS	1212	resting	TKS	1444	resting	TKS
2757	Resting	MA	1012	Sitting	TKS	1218	resting	TKS	1450	resting	TKS
2804	Resting	MA	1015	sitting	TKS	1225	resting	TKS	1505	resting	TKS
2810	Resting	MA	1016	resting	TKS	1228	resting	TKS	1510	resting	TKS
2816	Resting	MA	1021	resting	TKS	1235	resting	TKS	1519	OC Suicide	TKS
2824	Resting	MA	1030	resting	TKS	1240	resting	TKS			
2830	Resting	MA	1034	resting	TKS	1244	resting	TKS			
2836	Resting	MA	1038	resting	TKS	1250	resting	TKS			
2842	Resting	MA	1042	resting	TKS	1256	resting	TKS			
2847	Resting	MA	1046	resting	TKS	1302	resting	TKS			
2850	shower	MA	1050	drinking	TKS	1305	resting	TKS			

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

INMATE SUICIDE WATCH OBSERVATION LOG

E	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED	yes	yes	
	CONSUMED	yes	yes	

SHOWER	TIME IN	TIME OUT
	0850	0906

ıments: ______________________________

ers Print Name: Tabatha K. Sillah Date: 5-17-18 Time: 1520

ervisor comments: Detainee James, Rhonda is currently speaking with her Attorney. She did consume her breakfast and lunch meal.

ervisors Signature: Sgt Valarie Smith Date: 17May18 Time: 1345

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

ₗeferences: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0116 **Incident Date:** 5/16/2018 **Incident Location:** Intake

Staff Member Reporting Incident: Officer Iesha S. DuPree

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** 636669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and approximate time detainee Rhonda, James inmate number 636669 entered into Alvin S. Glenn pre-booking with Richland County Sheriff's Department. As I officer Iesha DuPree asked detainee James the initial classification questions, she answered yes to having suicidal ideations in the past 24 hrs. I asked detainee James was she feeling suicidal currently and she replied "yes because I didn't kill my husband and I have nothing to live for". Medical was notified (Nurse Loretta Simpson) and the supervisor was notified (Sgt. Ross), a incident report was generated.

Reporting Staff Member's Signature: Iesha S. DuPree Iesha S. DuPree **Report Completion Date:** 5/16/2018

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes _____ **No** _____ **Use of Force Necessary: Yes** _____ **No** _____

Supervisor's Narrative

During the Book in Process, Detainee James, Rhonda #686669 stated that she "Had nothing to live for and had thoughts of killing herself". Detainee James was placed on suicide watch by Medical staff member Nurse Simpson, LVN#[illegible].

Supervisor's Signature: [signature] Date: 5/16/2018
Regina Smith #2266893

Inmate Movement and Status Information

1st Inmate: James, Rhonda Inmate Number: #686669 Moved to Unit: P4A4

Pre-Hearing: ____ Cool Down: ____ Suicide Watch: ✓ Medical Watch: ____ Protective Custody: ____

Administrative: ____ Classification: ____ Other Movement Reason: ____

Property Inventoried By: Officer Dupree Inmate Moved By: Officer Simonville

2nd Inmate: ____ Inmate Number: ____ Moved to Unit: ____

Pre-Hearing: ____ Cool Down: ____ Suicide Watch: ____ Medical Watch: ____ Protective Custody: ____

Administrative: ____ Classification: ____ Other Movement Reason: ____

Property Inventoried By: ____ Inmate Moved By: ____

Watch Commander's Review and Narrative

Detainee James was given a suicide gown in exchange for her clothing. She was given a suicide mattress.

Watch Commander's Signature: [signature] Date: 5.16.18

Incident Report Distribution

Medical: ____ Maintenance: ____ Operations: ____ Classification: ____ Professional Standards: ____ RCSO: ____

Administration: ____ Hearing Officer: ____ Other Distribution: ____

Division Manger's Review and Narrative

Division Manager's Signature: ____ Date: ____

Alvin S. Glenn Detention Center
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

Stop by medical

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs

Patient Name	Patient Number	Booking Number	Status: ☑ Adult ☐ Juvenile	
JAMES, RHONDA	636669	1673015	Date of Birth: 8/25/1979	Today's Date: 5/16/2018

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☑Housing ~~General Pop~~
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☑Suicide Watch
☐ Continuous ☐15 min ☑30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders):*

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: Tina Lupi Date: 5-16-18

Correctional Staff Member Notified: records classification operator Mental Health

Date and time notified: 5-16-18

Notification Type: ☐Verbal ☑Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: Tina Lupi

SP102UN000ACCEN071513

D18559D13164768IC75590910CP17498P

INMATE REQUEST FORM

ALVIN S. GLENN DETENTION CENTER

DATE: 12-4-2018

NAME: Rhonda James

INMATE NUMBER:

UNIT: PAPA

BUNK/CELL: D 206

NATURE OF REQUEST

- [ ] CLASSIFICATION INFORMATION
- [ ] BOND INFORMATION
- [ ] CHARGES INFORMATION
- [ ] COMMISSARY/MONEY INFORMATION
- [ ] COURT DATE INFORMATION
- [ ] VISITATION INFORMATION
- [ ] PROGRAMS INFORMATION
- [x] OTHER — Log in info for email kiosk

Lt. Water It says my log in information on the email machine is not correct, how can I reset it or can you provide my log in information. thanks

<<<<<<<<<<<< FOR STAFF USE ONLY>>>>>>>>>>>>

OFFICER RECEIVING REQUEST: [signature] DATE: 12/4/18 TIME: 1522

Request Route
- [ ] Shift Watch Commander
- [ ] Records/Ops
- [ ] Visitation
- [ ] Classification
- [ ] Internal Affairs
- [ ] Commissary
- [ ] Programs

Date 12/10/18

ACTION TAKEN

Time 1540

Pin re-set unit officer notified

Lt. Waters

SIGNATURE

Date

REVIEW OF ACTION

Time

PPROVED [ ]

DISAPPROVED [ ]

Reviewing Officer Signature

3A-07

INMATE REQUEST FORM

ALVIN S. GLENN DETENTION CENTER

File

DATE: 12-8-2018

NAME: Rhonda James
INMATE NUMBER: 636669
RACE/SEX: Female

UNIT: PADA

BUNK/CELL: D26

NATURE OF REQUEST

- [ ] APPEAL OF GRIEVANCE/DISCIPLINARY
- [ ] BOND INFORMATION
- [ ] CHARGES INFORMATION
- [ ] COMMISSARY/MONEY INFORMATION
- [ ] GRIEVANCE FORM
- [ ] MEDICAL INFORMATION
- [ ] CLASSIFICATION INFORMATION
- [ ] VISITATION INFORMATION
- [x] OTHER Lt. Water

Login Failed Enter your Inmates ID It's keep telling me these 636669- [redacted] 08-25

<<<<<<<<<<<< FOR STAFF USE ONLY>>>>>>>>>>>>

OFFICER RECEIVING REQUEST: _____ DATE: _____ TIME: _____

Request Route
- [ ] Shift Watch Commander
- [ ] Records/Ops
- [ ] Medical
- [ ] Classification
- [ ] Internal Affairs
- [ ] Commissary
- [ ] Programs
- [ ] Visitation

Date 12/10

ACTION TAKEN

Time 943 AM

Called the Pod. Was told the C/O your PIN was working today.

T. Ray Lee
SIGNATURE

Date _____

REVIEW OF ACTION

Time _____

APPROVED [ ] DISAPPROVED [ ]

Reviewing Officer Signature

3A-07


L T.
WATERS

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0628 **Incident Date:** 11/26/2018 **Incident Location:** PAPA

Staff Member Reporting Incident: MakeithA Corrington

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** 636669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and Approximate time I Officer Corrington was serving Breakfast. Detainee Laws, Lenora # 100885 coffee spilled on Detainee Rhonda James 636669 left hand.

Reporting Staff Member's Signature: MakeithA Corrington **Report Completion Date:** 11-26-2018

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes _____ **No** _____ **Use of Force Necessary: Yes** _____ **No** _____

Supervisor's Narrative

Detainee James, Rhonda #G36669 was seen in medical by Nurse Altonese Vitalis. Nurse Vitalis cleared detainee to return to unit Pod.

Supervisor's Signature: [signature] **Date:** 11-26-18

Inmate Movement and Status Information

1st Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

2nd Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

Watch Commander's Review and Narrative

Watch Commander's Signature: [signature] **Date:** 11-26-18

Incident Report Distribution

Medical: _____ **Maintenance:** _____ **Operations:** _____ **Classification:** _____ **Professional Standards:** _____ **RCSO:** _____

Administration: _____ **Hearing Officer:** _____ **Other Distribution:** _____

Division Manger's Review and Narrative

Division Manager's Signature: _____ **Date:** _____

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209
Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

DATE: 2/22/2019

INMATE NAME: JAMES, RHONDA

INMATE NUMBER: 636669

HOUSING UNIT: Papa

SENDER: Stewart [redacted] Winnsboro, SC 29180

RECIPIENT: Sign + Date Rhonda James 2-22-2019

REFUSED
U.S. POSTAL MONEY ORDERS ONLY
ALVIN S. GLENN DETENTION CENTER

You have had mail refused for the following reason(s)

☐ **Refusal due to unauthorized contents**
(Stamps, envelopes and/or writing paper, pictures larger than 5x7, etc.)

☒ Refusal due to wrong type Money Order ***(U.S. Postal Money orders only)***
MoneyGram money order, $25.00, (R208436432204)

☐ Refusal due to ***semi nude***, pornographic contents, or excessive content
No nude, semi nude, obscene, and/or inappropriate pictures allowed

☐ Hardback books (must be soft back only) or Books shipped from Individuals
All books and/or magazines must be shipped from a publisher or bookstore

☐ _____

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209
Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

To: Stewart
[redacted]
Winnsboro, SC 29180

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

Re: ***Wrong type money order***

Dear Stewart

Please be advised that we are returning the above referenced money order for ***JAMES, RHONDA*** in the amount of ***$25.00.*** We are unable to complete this action because we ***only*** accept and process **U.S. Postal money orders.**

Respectfully,

Mail Clerk

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209
Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

DATE: 8/20/2019

INMATE NAME: JAMES, RHONDA

INMATE NUMBER: 636669

HOUSING UNIT: Papa

SENDER: Laverne Demmons [redacted] Atlanta, GA 30312

RECIPIENT: Sign + Date Rhonda James Aug 20

REFUSED
U.S. POSTAL MONEY ORDERS ONLY
ALVIN S. GLENN DETENTION CENTER

You have had mail refused for the following reason(s)

☐ **Refusal due to unauthorized contents** ***(Stamps***, envelopes and/or writing paper, ***pictures larger than 5x7, etc.)***

☒ Refusal due to wrong type Money Order ***(U.S. Postal Money orders only)***
$5.00 cash money, (no cash money allowed at ASGDC)

☐ ***No nude, semi nude, obscene, and/or inappropriate pictures allowed***
Refusal due to semi nude, pornographic contents, or excessive content
No nude, semi nude, obscene, and/or inappropriate pictures allowed
Explicit/inappropriate/semi nude pictures (Not allowed at ASGDC)

☐ ***Hardback books (must be soft back only)*** or Books shipped from Individuals (must be purchased and shipped through publisher and/or bookstore)

☐ publisher or bookstore

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209

Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

To: Laverne Demmons
[redacted]
Atlanta, GA 30312

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

Re: ***Cash money***

Dear Laverne Demmons

Please be advised that we are returning the above referenced cash money for ***JAMES, RHONDA*** in the amount of ***$5.00.*** We are unable to complete this action because we ***only*** accept and process **U.S. postal money orders. Inmates are not allowed to receive cash money or checks at ASGDC. U.S. postal money orders only.**

Respectfully,

Mail Clerk

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 1250 **Incident Date:** 8/28/19 **Incident Location:** PHASE FIVE HALLWAY

Staff Member Reporting Incident: MICHAEL F. HIGGINS

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: RHONDA JAMES **Inmate #:** 636669 **Charge:** _____

2nd Inmate Involved: BRITTANY SMITH **Inmate #:** 643682 **Charge:** _____

ON THE ABOVE DATE AND APPROXIMATE TIME WHILE ESCORTING INMATE JAMES UP TO MEDICAL FROM PAPA DORM, SHE SUDDENLY APPEARED TO HAVE DIFFICULTY BREATHING AND STARTED TO FALL DOWN. INMATE SMITH WHO WAS ALSO BEING ESCORTED ALONG WITH INMATE JAMES, ASSISTED ME WITH LOWERING INMATE JAMES TO THE FLOOR. I THEN CALLED A CODE BLUE OVER THE RADIO AND THE FOLLOWING MEDICAL STAFF RESPONDED; DIRECTOR OF NURSING SANTANA SHANNON, LPN RENITTA TRIBBLE, LPN ERNESTINE JACKSON, LPN CHENELLE FORBES-LITTLE, AND CMA VERONICA MILTON. INMATE JAMES WAS TRANSPORTED UP TO MEDICAL IN A WHEEL CHAIR WHERE SHE WAS GIVEN AN ASTHMA TREATMENT AND THEN RETURNED TO PAPA DORM.

Reporting Staff Member's Signature: michael F. Higgins **Report Completion Date:** 8/28/19

Other Staff Members Involved

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes ✓ No _____ **Use of Force Necessary:** Yes _____ No ✓

Supervisor's Narrative

At approximately 1250pm a code blue was called in the hallway. After being assesed by medical detainee James, Rhonda was cleared to be escorted back to unit 20A.

Supervisor's Signature: Lt. Williams, Jonathan **Date:** 8-28-19

Inmate Movement and Status Information

1st Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

2nd Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

Watch Commander's Review and Narrative

Watch Commander's Signature: Lt. Williams, Jonathan **Date:** 8-28-19

Incident Report Distribution

Medical: _____ **Maintenance:** _____ **Operations:** _____ **Classification:** _____ **Professional Standards:** _____ **RCSO:** _____

Administration: _____ **Hearing Officer:** _____ **Other Distribution:** _____

Division Manager's Review and Narrative

Division Manager's Signature: _____ **Date:** _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 1500 **Incident Date:** 8-28-19 **Incident Location:** Booking

Staff Member Reporting Incident: Michele Miller

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Benson, Keianna **Inmate #:** 648832 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date & approximate time detainee Benson, Keianna #648832 has a white metal nose ring in left nostril that couldn't be removed. To prevent any internal nose ring was left in place. Sgt Jackson is aware.

Reporting Staff Member's Signature: M. H **Report Completion Date:** 8/28/19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes ✓ No _____ **Use of Force Necessary:** Yes _____ No ✓

Supervisor's Narrative

The white metal @ nose ring, located on the left nostril of the nose, could not be removed. After a few attempts to remove the nose ring, it was left in place to avoid danger or injury. Seen by nurse Veronica Milton.

Supervisor's Signature: Sgt. Daniel Harris Date: 8-28-19

Inmate Movement and Status Information

1st Inmate: _____ Inmate Number: _____ Moved to Unit: _____

Pre-Hearing: _____ Cool Down: _____ Suicide Watch: _____ Medical Watch: _____ Protective Custody: _____

Administrative: _____ Classification: _____ Other Movement Reason: _____

Property Inventoried By: _____ Inmate Moved By: _____

2nd Inmate: _____ Inmate Number: _____ Moved to Unit: _____

Pre-Hearing: _____ Cool Down: _____ Suicide Watch: _____ Medical Watch: _____ Protective Custody: _____

Administrative: _____ Classification: _____ Other Movement Reason: _____

Property Inventoried By: _____ Inmate Moved By: _____

Watch Commander's Review and Narrative

Watch Commander's Signature: Lt. Williams-Jonathan Date: 8-28-19

Incident Report Distribution

Medical: ____ Maintenance: ____ Operations: ____ Classification: ____ Professional Standards: ____ RCSO: ____

Administration: ____ Hearing Officer: ____ Other Distribution: _____

Division Manager's Review and Narrative

Division Manager's Signature: _____ Date: _____

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209

Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

DATE: 8/29/2019

INMATE NAME: JAMES, RHONDA

INMATE NUMBER: 636669

HOUSING UNIT: Papa

SENDER: Lownzo Bacon 1096795 B-2 [redacted] Helena, GA 31307-0549

RECIPIENT: Sign + Date Rhonda James 8-29-19

You have had mail refused for the following reason(s)

REFUSED
UNAUTHORIZED CONTENTS
ALVIN S. GLENN DETENTION CENTER

[X] **Refusal due to unauthorized contents**
(Stamps, envelopes and/or writing paper, pictures larger than 5x7, etc.)
Clothing type item. (Inmates are not allowed to receive this item at ASGDC

[ ] Refusal due to wrong type Money Order ***(U.S. Postal Money orders only)***

[ ] ***No nude, semi nude, obscene, and/or inappropriate pictures allowed***
Refusal due to semi nude , pornographic contents, or excessive content
No nude, semi nude, obscene, and/or inappropriate pictures allowed
Explicit/inappropriate/semi nude pictures (Not allowed at ASGDC)

[ ] Hardback books (must be soft back only) or ***Books shipped from Individuals (must be purchased and shipped through publisher and/or bookstore)***

[ ]

ALVIN S. GLENN DETENTION CENTER

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Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

To: Lownzo Bacon 1096795 B-2
[redacted]
Helena, GA 31307-0549

Re: ***Clothing type item***

REFUSED
UNAUTHORIZED CONTENTS
ALVIN S. GLENN DETENTION CENTER

Dear Lownzo Bacon 1096795 B-2

Please be advised that we are returning the above mail for ***JAMES, RHONDA***. ***The mail contained*** stamps, envelopes, writing paper, stickers, composition notebooks/journals/notepads, sketch book, stationery, ink pens, laminated items, credit cards, debit cards, foreign objects/substance, ***clothing items*** and/or other ***items that inmates are not allowed to receive through the mail according to our facility policy.***

Respectfully,

Mail Clerk

REFUSED
UNAUTHORIZED CONTENTS
ALVIN S. GLENN DETENTION CENTER

REFUSED
UNAUTHORIZED CONTENTS
ALVIN S. GLENN DETENTION CENTER

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PADA Date and Time of Visit: Aug 31 1130530

Name 1st Visitor: Pam Gainey ✓

Name 2nd Visitor: Dot Gainey ✓

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: ✓ [redacted]

Address 1st Visitor: [redacted] Darlington S.C 29532

Name 2nd Visitor: ✓ [redacted]

Address 2nd Visitor: [redacted]

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 31 Aug 19 1130-33 Station utilized: 14 P 4

Name of Visitation Officer: [redacted]

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James # 636669

Housing Unit of Visit: PAPA Date and Time of Visit: Aug 24 @ 2:30 3:30

Name 1st Visitor: Charlie Lawson

Name 2nd Visitor: Michelle Mathis

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charlie Lawson

Address 1st Visitor: [redacted] Edmonton SC 29209

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 1425 8/24/19 Station utilized: LN

Name of Visitation Officer: Caldwell

Visit Completed: Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PADA Date and Time of Visit: Aug 3 - 430530

Name 1st Visitor: Maxie Lena Gainey

Name 2nd Visitor: Dothory Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

X Name 1st Visitor: Dorothy Lee Gainey

X Address 1st Visitor [redacted] Darlington S.C 29532

X Name 2nd Visitor: Maxie Gainey

X Address 2nd Visitor: [redacted] Florence S.C 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 8/3/2019 Station utilized: L16 | P4

Name of Visitation Officer: Holmes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAPA Date and Time of Visit: July [redacted]13 230 330

Name 1st Visitor: Charle Lawson

Name 2nd Visitor: Eugene Black

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charle Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Eugene Black

Address 2nd Visitor: [redacted] S.C. 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 7/13/19 Station utilized: WB14P2

Name of Visitation Officer: T. Haynes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669 430

Housing Unit of Visit: PAPA Date and Time of Visit: July 6 330 430

Name 1st Visitor: Jalya Patterson

Name 2nd Visitor: Dorthony Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visitor: [redacted] Darlington SC 29532

Name 2nd Visitor: Jayla Alicia Patterson

Address 2nd Visitor: [redacted] Mcbee SC, 29101

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 7-6-19 1630-1700 Station utilized: 5

Name of Visitation Officer: [illegible]

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #1036669

Housing Unit of Visit: PAPA Date and Time of Visit: June 15 2-30 3:30

Name 1st Visitor: Michelle Mathis

Name 2nd Visitor: Charle Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charlie Lawson

Address 1st Visitor: [redacted] Columbia, SC 29209

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 6-15-19 Station utilized: C-1 / P-4

Name of Visitation Officer: M. H.

Visit Completed: / Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Chonda James 626606

Housing Unit of Visit: PAPA Date and Time of Visit: May 11 2:30 330

Name 1st Visitor: Dorothy Gainey

Name 2nd Visitor: Stacie Eli

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visitor: [redacted] Darlington SC 29532

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 5-10-19 1420 Station utilized: LL4 04

Name of Visitation Officer: Yolanda

Visit Completed: Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 636669 M-630-173

Housing Unit of Visit: 6PAPA Date and Time of Visit: 3-30-19 2300-30

Name 1st Visitor: Dot Gainey ✓

Name 2nd Visitor: Pam Gainey ✓

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: K Gainey Dorothy

Address 1st Visitor: [redacted]

Name 2nd Visitor: K Gainey Pamela

Address 2nd Visitor: [redacted]

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 3/30/19 23:33 Station utilized: 11a.16

Name of Visitation Officer: D. Hall #10

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636664 March 2

Housing Unit of Visit: 9A 9B Date and Time of Visit: Wed 2 2030

Name 1st Visitor: Dot Gainey

Name 2nd Visitor: [redacted]

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visitor [redacted] Darlington SC 29532

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 3-2-19 1430 Station utilized: 12

Name of Visitation Officer: C Fe

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda Seimes #636669

Housing Unit of Visit: PAPA Date and Time of Visit: Feb 23 230330

Name 1st Visitor: Charle Lawson

Name 2nd Visitor: Jimmy Black

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charle Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 2-23-19 / 1430 1530 Station utilized: L-14/P6

Name of Visitation Officer: [signature]

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAPA Date and Time of Visit: Feb 9 230 330

Name 1st Visitor: Michelle Mathis

Name 2nd Visitor: Charle Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Michelle Mathis

Address 1st Visitor: [redacted] Columbia SC 2901

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 2-9-19 1430-1530 Station utilized: 14 P2

Name of Visitation Officer: J Turner

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAOD Date and Time of Visit: Wed 2nd 4305 30

Name 1st Visitor: Pam Gainey

Name 2nd Visitor: Dot Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visitor: [redacted] Darlington SC 29532

Name 2nd Visitor: Pamela Gainey

Address 2nd Visitor: [redacted] Flo. SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 2-2-19 1630-1730 Station utilized: 8

Name of Visitation Officer: Cole

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda Jones 362669

Housing Unit of Visit: PAPA Date and Time of Visit: Jan 12 2030 1:15pm

Name 1st Visitor: Chuck Lawson

Name 2nd Visitor: Michelle Mathis

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor:

Address 1st Visitor:

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: Station utilized:

Name of Visitation Officer: Brady

Visit Completed: Visit Cancelled: Visitor No Show: ✓

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: 12 upm Date and Time of Visit: Jan 5 4308:30

Name 1st Visitor: Mattie Gainey

Name 2nd Visitor: Pam Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

- This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: _____

Address 1st Visitor: _____

Name 2nd Visitor: _____

Address 2nd Visitor: _____

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 01052019 Station utilized: _____

Name of Visitation Officer: THolmes

Visit Completed: _____ Visit Cancelled: _____ Visitor No Show: ✓

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 436669

Housing Unit of Visit: PAOA Date and Time of Visit: Dec 29 430530

Name 1st Visitor: Elizebeth Mitchell

Name 2nd Visitor: Cynthia Washington

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Washington Cynthia

Address 1st Visitor: [redacted] Olasco 29

Name 2nd Visitor: Mitchell Elizabeth

Address 2nd Visitor: [redacted] Olanta 29143

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 12/29/18 1400 Station utilized: 11

Name of Visitation Officer: Hamilton

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAPA Date and Time of Visit: Dec [redacted] 22 9:30 3a

Name 1st Visitor: Dot Gainey

Name 2nd Visitor: Pam Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visit: [redacted] Darlington SC 29532

Name 2nd Visitor: Pamela Gainey

Address 2nd Visitor: [redacted] Flo. SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 12222018 Station utilized: 2nd

Name of Visitation Officer: Holmes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 6361610

Housing Unit of Visit: PM pm Date and Time of Visit: Dec 15 2019 3D 9:30

Name 1st Visitor: Charle Lawson

Name 2nd Visitor: Timmy Eugene Black

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charle F. Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Eugene Black

Address 2nd Visitor [redacted] Columbia S.C. 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 12-15-19 Station utilized: 11 03

Name of Visitation Officer: Telaine Brown

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Thomas Times # 636669 Movement 24

Housing Unit of Visit: PA04 Date and Time of Visit: [redacted] 2303 30

Name 1st Visitor: Michelle Mathis

Name 2nd Visitor: Charles Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Michelle Mathis

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Charles Lawson

Address 2nd Visitor: [redacted] Columbia SC 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 11/24/2018 Station utilized: 4P4

Name of Visitation Officer: I. Holmes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #436669

Housing Unit of Visit: PAPA Date and Time of Visit: 11-17 2330

Name 1st Visitor: Angela Mathis

Name 2nd Visitor:

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Angela Marie Mathis

Address 1st Visitor: [redacted] Sumter SC 29150

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 11/17/18 1430 Station utilized: 8

Name of Visitation Officer: D Roddy

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda Gainey James 66/0387

Housing Unit of Visit: D-A-1 Date and Time of Visit: Nov. 10 4:30-5:30

Name 1st Visitor: Pam Gainey

Name 2nd Visitor: Mavis Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Pamela Gainey

Address 1st Visitor: [redacted] Flo. SC 29501

Name 2nd Visitor: Mavis Gainey

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 11/10/18 1630 Station utilized: 15

Name of Visitation Officer: Lewis

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate's portion of the Video Visitation Request Form (printing all information). The inmate must obtain from the officer a date and time for the video visitation to be conducted and place this information on the request. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors must bring proper pictured identification. Visits must be scheduled on unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda Dame #636691

Housing Unit of Visit: PAPA Date and Time of Visit: [redacted] 3, 2018 230330

Name 1st Visitor: Eugene Black

Name 2nd Visitor: Chelle Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

Name 1st Visitor: Chadie Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 1st Visitor:

Address 1st Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: 11-3-2018 Stations Utilized: 12 04

Name of Visitation Officer: T Crawford

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James

Housing Unit of Visit: DORM Date and Time of Visit: [redacted] 2018 @ 1630

Name 1st Visitor: Pam Gainey ✓

Name 2nd Visitor: Pam Gainey ✓

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years of older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Pamela Gainey

Address 1st Visitor: [redacted] Flo SC 29501

Name 2nd Visitor: Dorothy Lee Gainey

Address 2nd Visitor: [redacted] Darlington SC 29532

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 10/27/2018 @ 1633 Station utilized: LOB 13 P3

Name of Visitation Officer: Stukes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: O'Neal Jr. Nick, 630645

Housing Unit of Visit: P.A.P.A Date and Time of Visit: OCT 26, 2017 2:30/3P

Name 1st Visitor: Michael Mathis

Name 2nd Visitor: Charles Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: _____

Address 1st Visitor: _____

Name 2nd Visitor: _____

Address 2nd Visitor: _____

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: _____ Station utilized: _____

Name of Visitation Officer: _____

Visit Completed: _____ Visit Cancelled: _____ Visitor No Show: ✓

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636660

Housing Unit of Visit: PAPA Date and Time of Visit: 9-22-18, 430530

Name 1st Visitor: Dot Gainey

Name 2nd Visitor: Pam Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: X Dorothy Lee Gainey

Address 1st Visitor: X [redacted] Darlington SC 29532

Name 2nd Visitor: X Pamela Gainey

Address 2nd Visitor: [redacted] Florence SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 9-22-18 — Station utilized: 18 04

Name of Visitation Officer: Michelle Higgins

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Rhonda Gainey-Jones #636669

Housing Unit of Visit: 7D-D Date and Time of Visit: Sept 1 2018 1305D

Name 1st Visitor: Marie Gainey

Name 2nd Visitor: Pam Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years of older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: _____

Address 1st Visitor: _____

Name 2nd Visitor: _____

Address 2nd Visitor: _____

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 9/1/2018 @ 1800 Station utilized: _____

Name of Visitation Officer: Stukes

Visit Completed: _____ Visit Cancelled: _____ Visitor No Show: ✓

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: James, Rhonda #634649

Housing Unit of Visit: Papa Date and Time of Visit: 8-25-18/1438-1530

Name 1st Visitor: Black, Eugene

Name 2nd Visitor: Lawson, Charles

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charlie Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Eugene Black

Address 2nd Visitor: [redacted] Columbia SC 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 8-25-18/1438-1530 Station utilized: 4

Name of Visitation Officer: K Tucker

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James # 336669

Housing Unit of Visit: PAPA Date and Time of Visit: Aug 18 20[redacted] 330 430 4:30-5:30

Name 1st Visitor: Dot Gainey

Name 2nd Visitor: Pam Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visitor: [redacted] Darlington SC 29532

Name 2nd Visitor: Pamela A Gainey

Address 2nd Visitor: [redacted] Flo SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 8-18-18 1630 Station utilized:

Name of Visitation Officer: Cole

Visit Completed: ✓ (09) Visit Cancelled: Visitor No Show:

Video Visitation Request Form rev. 9/2017

SG cancelled

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: PAPA Date and Time of Visit: Aug 11 2018 2:30-3:30

Name 1st Visitor: Michelle Mathis

Name 2nd Visitor: Charle Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Lawson Charlie

Address 1st Visitor: [redacted] Columbia 29209

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 8-11-2018 Station utilized: 16 62

Name of Visitation Officer: Terrine Brown

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda Rams 63669

Housing Unit of Visit: B-pod Date and Time of Visit: July 28 1530/1730

Name 1st Visitor: Charle Lawson

Name 2nd Visitor: Eugan Black

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charlie Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Eugene Black

Address 2nd Visitor: [redacted] Columbia S.C. 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 7-28-18 / 1430-1530 Station utilized: 16

Name of Visitation Officer: D Tuckson

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: PAPA Date and Time of Visit: July 21 2018 430/530

Name 1st Visitor: Dot Gainey ✓

Name 2nd Visitor: Tonya Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: X Dorothy Lee Gainey

Address 1st Visitor: X [redacted] Darlington, SC

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 21 July 18 4³-5³ Station utilized: P5/14

Name of Visitation Officer: D.W. Mack

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: PAPA Date and Time of Visit: [redacted] July 7 1330

Name 1st Visitor: Michelle Mathis

Name 2nd Visitor: Charle Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Michelle Mathis

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Charle Lawson

Address 2nd Visitor [redacted] Columbia SC 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 7-7-18 1430-1530 Station utilized: 8

Name of Visitation Officer: Geer

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James # 636669

Housing Unit of Visit: PAPA Date and Time of Visit: June [redacted]-2018 230 350

Name 1st Visitor: Charlie Lawson

Name 2nd Visitor: Michell Mathis

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charlie Lawson

Address 1st Visit [redacted] Columbia SC 29209

Name 2nd Visitor: Michelle Mathis

Address 2nd Visitor [redacted] Dr. Columbia SC 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

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Date and Time of Visit: 6/16 T8 Station utilized: 2 P5

Name of Visitation Officer: T. Laine Brown

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

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Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: PAPA Date and Time of Visit: June 9 · 2018 PM 430 53

Name 1st Visitor: Dot Gainey ✓ or [redacted]

Name 2nd Visitor: [redacted] or Tonya Gainey ✓

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: ✓ Dorothy See Gainey

Address 1st Visitor: ✓ Tonya M [redacted]

Name 2nd Visitor: ✓ [redacted]

Address 2nd Visitor: ✓ Columbia, SC 29223

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 6/9/18 4:3-3 Station utilized: 8/3

Name of Visitation Officer: [redacted]

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

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Inmate's Name and Number: RHonda James 636669

Housing Unit of Visit: PAPA Date and Time of Visit: June2 [redacted] 9:30 2018

Name 1st Visitor: ~~Bethany Lee Gainey~~ or Pam Gainey ✓

Name 2nd Visitor: Maxie Gainey ✓

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

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Name 1st Visitor: K Maxie Gainey

Address 1st Visitor: [redacted] Flo SC 29501

Name 2nd Visitor: Pamela Gainey

Address 2nd Visitor: [redacted] Flo. SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

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Date and Time of Visit: 6/2/2018 @ 1551 Station utilized: P3 Lobby

Name of Visitation Officer: Stukes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

PAPA JOURNAL

08/16/2019

TO

09/13/2019

08/16/2019 TO 09/13/2019

P-146

0036 CHECKS TO DIO DEPUTIES SERVING CHOW. WATCH TOUR & HEADCOUNT STARTS.

@ 0054 WATCH TOUR & HEADCOUNT COMPLETE. NVC 07/07/10

0056 CALLS OPS WITH HEADCOUNT.

0056 CALLS SUPERVISOR OFFICE WITH HEADCOUNT.

0057 COUNT CLEARS. CODE WHITE.

0059 PASS ON RECEIVED. THE FOLLOWING WAS HANDED OVER:

FIRE EXTINGUISHER	KEYS (3)
POST ORDERS	UNIT PC
SECURITY JOURNAL	TELEPHONE
W REMOTE	BULLETIN BOARD
RADIO	CONTROL PANEL
BED ROSTER	CLEAN UP ROSTER
WORK ORDER FOLDER	SPECIAL NEEDS BOX
MONITOR	KIOSK
SAFETY GOGGLES (2)	TELOC (1)

0047 CODE BLUE - UNIT PODS
- JAMES, RHONDA #03060609

0111 EMS ARRIVES TO FACILITY.
- *CORE ENTRY* AT 0048 HRS, UNIT IS PLACED ON LOCKDOWN
- *CORE ENTRY* MITCHELL, WANDA #48439 EXAS FOR REC.
- NVC 06/06/10

0141 EMS EXAS UNIT WITH DEPUTIES JAMES, RHONDA #03060609.

HOSPITAL LOGBOOK

6-18-17

to

9-13-19

Hosp-39

HOSPITAL LOGBOOK

Lt. McCollough A-am 0600-1830 9-13-19

0800 Arrive to Dorm Veteran Hospital with detainee Rhonda James transported by EMS.

— Escorted to Pod #6 in Emergency Room. Hospital Staff enter the room assist with CPR on detainee Rhonda James.

0820 Dr Lopez pronounced ~~dead~~ detainee Rhonda James dead.

Officer Mitchell called the Alvin S. Glenn Detention Center and inform Lt McCollough of the location and that Dr. Lopez pronounced detainee Rhonda Jame dead.

0917 Ms Amber Hypes and Rachel Manley "deputy Coroner" from the
0917 Coroner's Office.

0950 Officer Mitchell contact Alvin S. Glenn Detention Center and spoke with Sgt T Brown to inform them we're waiting on body removal.

0955 Ansha Bradley (Knights Systems) for body removal.

1010 Detainee Rhonda James body exit the room (Pod #6) with Ansha Bradley (Knight System) body removal.

DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REPORT -- DEATH OF ANY INMATE IN JAIL OR PRISON
(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies HS-18.04 and PS-10.05)

1. FACILITY: Alvin S. Glenn Detention Center

   ADDRESS: 201 John Mark Dial Drive, Columbia, SC 29209

2. NAME OF DECEASED: Rhonda James SCDC #: 636669

3. HOME ADDRESS: [redacted] Columbia, SC 29206

4. DESCRIPTION: DOB 08/25/1979 HEIGHT 5'9 WEIGHT 179 HAIR Black
   EYES Brown SEX Female RACE Black SOC SEC# [redacted]

5. ARRESTING OFFENSE(S): Murder

6. DATE AND TIME OF COMMITMENT: 05/16/2018 TRIED UNTRIED XX

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Dorothy Gainey
   [redacted] Columbia SC 29206

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Fair

9. CAUSE OF DEATH: Unknown

10. TIME AND DATE OF DEATH: 0820 a.m. p.m. 09/13/2019

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Doctor Carl Herman Lopez

12. NAME OF CORONER WHO ORDERED AUTOPSY: Deputy Coroner Amber Hynes

13. AUTOPSY PERFORMED BY:

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Detainee died at Dorn VA Hospital, Sergeant Chandra Scott was present

15. AT THE TIME OF DEATH: 823 (Actual Count) 44 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: September 13, 2019

NOTIFY BY TELEPHONE: (803) 896-8506
MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
Post Office Box 21787
Columbia, South Carolina 29221

SIGNATURE OF OFFICIAL MAKING REPORT

Assistant Watch Commander
TYPED OR PRINTED TITLE OF OFFICIAL

September 13, 2019
DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)

RICHLAND COUNTY
ALVIN S. GLENN DETENTION CENTER
201 John Mark Dial Drive
Columbia, SC 29209
Admin/tb

South Carolina Department of Corrections
Division of Inspections and Operational Review
Post Office Box 21787
Columbia, South Carolina 29221

Mailed
9.16.19

Sgt. Teraine Brown

From: RONALDO MYERS
Sent: Monday, September 16, 2019 10:52 AM
To: Sgt. Teraine Brown
Subject: FW: Detainee's Rhonda James Death
Attachments: AttmptSuicideForm.doc; Death of Inmate_Jail_PrisonForm.doc; IncidentReportForm.doc

From: Blake Taylor (taylrbl) <Taylor.Blake@doc.sc.gov>
Sent: Friday, September 13, 2019 12:05 PM
To: RONALDO MYERS <MYERS.RONALDO@richlandcountysc.gov>
Subject: RE: Detainee's Rhonda James Death

Thanks. I assume that you all have our forms on hand; but just in case you are lacking the user friendly electronic versions which can be filled out online and then printed for signature, they are attached for your convenience. Internal incident reports, warrants, etc., can then simply be attached to our one page forms prior to mailing. Let me know if you need anything else.

From: RONALDO MYERS [mailto:MYERS.RONALDO@richlandcountysc.gov]
Sent: Friday, September 13, 2019 11:45 AM
To: Blake Taylor (taylrbl) <Taylor.Blake@doc.sc.gov>
Subject: Detainee's Rhonda James Death

***** This is an EXTERNAL email. Please do not click on a link or open any attachments unless you are confident it is from a trusted source. *****

Blake, I tried to call your office but your voice mail is full. We had an to die at PRIMSA Hospital. It looks like a natural cause but we will not know until the corners office release its report. Inmate was transported to the hospital. The told the inmate to stop passing a note under an inmate's cell door. The inmate stood up and passed out. The inmate had health issue.

RONALDO D. MYERS, MA, CJM, CCT
Director
Richland County Government
Alvin S. Glenn Detention Center
myers.ronaldo@richlandcountysc.gov
P 803-576-3209 F 803-576-3292
201 John Mark Dial Drive
Columbia, SC 29209

richlandcountysc.gov

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary, and/or privileged information protected by law. If you are not the intended recipient, you may not read, use, copy, or distribute this e-mail message or its attachments. If you believe you have received this e-mail message in error, please contact the sender by reply e-mail or telephone immediately, and destroy all copies of the original message.

Sgt. Teraine Brown

From: Sgt. Teraine Brown
Sent: Monday, September 16, 2019 12:38 PM
To: 'Taylor.Blake@doc.sc.gov'
Cc: Sgt. Teraine Brown; Lt. Robert Waters
Subject: REPORT: DEATH OF INMATE IN JAIL
Attachments: SKM_368e19091612400.pdf

Good Afternoon, Mr. Taylor,

Please find attached the report for James, Rhonda from Alvin S. Glenn Detention Center.

Thank you,

TERAINE BROWN
Assistant Watch Commander
Professional Standards
Alvin S. Glenn Detention Center
P 803 576-3206 F 803 576-3292

-----Original Message-----
From: scan@rcgov.us <scan@rcgov.us>
Sent: Monday, September 16, 2019 12:41 PM
To: Sgt. Teraine Brown <Brown.Teraine@richlandcountysc.gov>
Subject: Message from KM_368e

Scanned from a Pollock Company Device.

1012

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0047 **Incident Date:** 9·13·19 **Incident Location:** POPE DORM DPOD

Staff Member Reporting Incident: OFFICER RICHARDSON

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: JAMES, RHONDA **Inmate #:** 00366669 **Charge:** _____

2nd Inmate Involved: GREEN, WHITNEY **Inmate #:** 00370015 **Charge:** _____

On the above date and approximate time I, Officer Richardson, was serving chow to Pod B when I, Officer Richardson, observed Detainee James, Rhonda #00366669 reaching down to try and obtain a note that was slide under the door by Detainee Green, Whitney # 00370015. Both detainees were given the directive to move away from the door. I, Officer Richardson, observed Detainee James, Rhonda #00366669 fall to the floor of the dayroom of D Pod. A Code Blue was called and the unit was placed on lockdown.

Reporting Staff Member's Signature: O. Richardson **Report Completion Date:** 9/13/19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0650 **Incident Date:** 9-13-19 **Incident Location:** Papa

Staff Member Reporting Incident: Kevin McCollough

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** 636669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and approximate time I, Lt Kevin McCollough responded to a code blue in unit Papa. I observe the medical staff about to place detainee Rhonda James #636669 in wheel chair. I was inform by Sgt. Burnette that detainee James was being sent to the hospital. I, Lt McCollough exit unit Papa to prepare officers to escort detainee James to PRISMA Health. Detainee James was observe laying on the floor while Sgt Starling was doing CPR. When EMS arrive I was inform to call 911 again for a 165 down at the jail with cardiac arrest. EMS along with our medical continue to treat detainee James. She was transported to The Va Hospital where she was pronounce dead a 0820 by Dr. Kopez. Detainee James body was

Reporting Staff Member's Signature: K. McC. **Report Completion Date:** 9-13-19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

_____

_____

_____

_____

_____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT SUPPLEMENT

Incident Category:

Incident Time: 0650 **Incident Date:** 9-13-19 **Incident Location:** Papa

Staff Member Reporting Incident: Kevin McCollough

Supplement Narrative

to Aisha Bradley (Knight Systems) at approximate 0955. Unit Papa log was taken and new one was sent down. The area was also block and unit Papa was placed on lock down. An Inmate death Form was generated. All Staff that was at the incident was after EAP. The incident was recorded and a copy will be forward to investigation. Detainee James was seen by Nurse Jinel Carol

Reporting Staff Member's Signature: [signature] **Report Completion Date:** 9-13-19

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0651 **Incident Date:** 9-13-19 **Incident Location:** Papa

Staff Member Reporting Incident: Ernest Starling

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James Rhonda **Inmate #:** 63669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the Above date and time I SGT. Ernest Starling responded to the Code blue in unit Papa, I Observed and recorded detainee Rhonda James was Lying on the floor nurses Caral Jirel, Bertha Riley, Nadenka Jenkins, and Ernestine Jenkins began assesing her, they began taking her blood Pressure, and Stated She still had food in her mouth, Several Attempts was made to Clear her mouth, A few minutes Later it was Stated that She was unconscious, and was not responding, Nurse Caral Jirel stated call Ems at this Time. Nurses Nadenka Jenkins Bertha Riley, and Ernestine Jackson began CPR and use the breathing Tube, I SGT Ernest Starling assisted with CPR until Ems arrived. Incident was Recorded on SGT. Ernest Starling, Camera

Reporting Staff Member's Signature: Ernest Starling **Report Completion Date:** 9-13-19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0650 **Incident Date:** 9/13/19 **Incident Location:** Papa

Staff Member Reporting Incident: Sgt. Marcus Burnette

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** 634604 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and Approximate Time I Sgt. Burnette enters Unit Papa to assist with a code blue. I Sgt. Burnette Viedo EMS giving Compressions to detainee James, Rhonda. I Sgt. Burnette recond EMS and the detainee up to enters the Vehicle to be transport to the hospital.

Reporting Staff Member's Signature: Sgt. M. Burnette **Report Completion Date:** 9/13/19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0650 **Incident Date:** 9/13/19 **Incident Location:** Papa

Staff Member Reporting Incident: Kalema Grant

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** #630669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and approximate time I officer Grant responded to the code blue in unit papa pushing the wheel chair along with medical staff Nadreka, Jenkins Bertha, Riley Carol, Direl and Jackson, Earnestine upon arrival I officer Grant saw detainee James, Rhonda #630669 laying on the floor of pod A shaking on the floor at this time medical staff placed oxygen mask on detainee James and began to assist detainee James with breathing ten minutes later, medical staff began to perform cpr on detainee James up unil the paramedics arrived at this time paramedics began to perform cpr on detainee James several time. I officer Grant assisted paramedics in lifting detainee James on the stretcher and assisted in escorting paramedics up the hallway at this time

Reporting Staff Member's Signature: Kalema Grant **Report Completion Date:** 9/13/19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT SUPPLEMENT

Incident Category:

Incident Time: 0650 **Incident Date:** 9/13/19 **Incident Location:** papa

Staff Member Reporting Incident: Kalema Grant

Supplement Narrative

paramedics were continuing to perform cpr on detainee James at this time. I officer Grant returned to medical report generated

Reporting Staff Member's Signature: Kalema Grant **Report Completion Date:** 9/13/19

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0725 **Incident Date:** 9-13-19. **Incident Location:** Papa

Staff Member Reporting Incident: Kara Tucker

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and approximately time, I Officer Kara Tucker escorted Emergency medical Service to Unit Papa.

Reporting Staff Member's Signature: Kara Tucker. **Report Completion Date:** 9-13-19

Other Staff Members Involved

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: ~~0450~~

Incident Time: ~~0730~~ **Incident Date:** 09/13/2019 **Incident Location:** Papa

Staff Member Reporting Incident: Jenkins, Tyeshia

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James Rhonda **Inmate #:** _____ **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

I Sergeant Tyeshia Jenkins entered unit Papa and saw detainee Rhonda James # 636669 laying on her back with EMS surrounded around her.

Reporting Staff Member's Signature: Tyeshia Jenkins **Report Completion Date:** 09/13/19

Other Staff Members Involved

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0650 **Incident Date:** 9/13/2019 **Incident Location:** Papa

Staff Member Reporting Incident: Detention Officer Adrienne Mitchell

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** 436669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and time I detention officer Adrienne mitchell observed detainee James, Rhonda #436669 fall to the floor in pod D unresponsive. Detention Officer Olivia Richardson called Code Blue. Sgt. Burnette, Nurse Jirel, and Nurse Jenkins enter the pod and started checking detainee James, Rhonda #436669 vitals. Ems enter the pod and began CPR on detainee James, Rhonda. Detainee James, Rhonda, was escorted to Dorm Veteran Hospital. Upon arrival hospital staff continued performing CPR on detainee James, Rhonda. At 0820 Dr. Lopez directed staff to stop CPR on detainee James, Rhonda, and announced detainee James, Rhonda #436669 dead. I, Detention officer Adrienne mitchell contacted supervisior and spoke colvin Lt. McCullough to inform him of our location

Reporting Staff Member's Signature: [signature] **Report Completion Date:** 9/13/19

Other Staff Members Involved

Sgt. Burnette, Sgt. Starling,

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes _____ **No** _____ **Use of Force Necessary: Yes** _____ **No** _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 0651 **Incident Date:** 9-13-19 **Incident Location:** Papa

Staff Member Reporting Incident: Latasha McClendon

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James Rhonda **Inmate #:** 6361669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and the approximate time I Officer Latasha McClendon along with nurses Bertha Riley, Nadreka Jenkins Officer Kalema Grant, Adrianne Mitchell, Sergeants Marcus Burnette and Ernest Starling responded to a code blue in unit Papa for a detainee James Rhonda # 6361669 upon entering the unit I observed detainee James laying on the floor appearing to be unresponsive at that time nurse Jenkins and nurse Riley begin to perform medical attention on detainee James later followed by nurse Ernestine Jackson and nurse Carol Sirel continuing to assist detainee James medically until Ems arrived on the scene to take over detainee

Reporting Staff Member's Signature: Latasha McClendon **Report Completion Date:** 9-13-19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT SUPPLEMENT

Incident Category:

Incident Time: 0651 **Incident Date:** 9-13-19 **Incident Location:** Papa

Staff Member Reporting Incident: Latoka McClendon

Supplement Narrative

James medical attention until leaving the facility. Report Generated

Reporting Staff Member's Signature: Latoka McClendon **Report Completion Date:** 9-13-19

DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REPORT -- DEATH OF ANY INMATE IN JAIL OR PRISON
(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies HS-18.04 and PS-10.05)

1. FACILITY: Alvin S. Glenn Detention Center

   ADDRESS: 201 John Mark Dial Drive, Columbia, SC 29209

2. NAME OF DECEASED: Rhonda James SCDC #: 636669

3. HOME ADDRESS: [redacted] Columbia, SC 29206

4. DESCRIPTION: DOB 08/25/1979 HEIGHT 5'9 WEIGHT 179 HAIR Black
   EYES Brown SEX Female RACE Black SOC SEC# [redacted]

5. ARRESTING OFFENSE(S): Murder

6. DATE AND TIME OF COMMITMENT: 05/16/2018 TRIED UNTRIED XX

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Dorothy Gainey
   [redacted] Columbia SC 29206

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Fair

9. CAUSE OF DEATH: Unknown

10. TIME AND DATE OF DEATH: 0820 a.m. p.m. 09/13/2019

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Doctor Carl Herman Lopez

12. NAME OF CORONER WHO ORDERED AUTOPSY: Deputy Coroner Amber Hynes

13. AUTOPSY PERFORMED BY:

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Detainee died at Dorn VA Hospital, Sergeant Chandra Scott was present

15. AT THE TIME OF DEATH: 823 (Actual Count) 44 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: September 13, 2019

NOTIFY BY TELEPHONE: (803) 896-8506
MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
Post Office Box 21787
Columbia, South Carolina 29221

SIGNATURE OF OFFICIAL MAKING REPORT

Assistant Watch Commander
TYPED OR PRINTED TITLE OF OFFICIAL

September 13, 2019
DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)

DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REPORT -- DEATH OF ANY INMATE IN JAIL OR PRISON
(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies HS-18.04 and PS-10.05)

1. FACILITY: Alvin S. Glenn Detention Center
   ADDRESS: 201 John Mark Dial Drive
2. NAME OF DECEASED: James, Rhonda SCDC #: 63666669
3. HOME ADDRESS: [redacted] Columbia, SC 29206
4. DESCRIPTION: DOB 8/25/79 HEIGHT _____ WEIGHT 179 HAIR _____
   EYES Brown SEX F RACE Black SOC SEC# [redacted]
5. ARRESTING OFFENSE(S): Murder
6. DATE AND TIME OF COMMITMENT: _____ TRIED _____ UNTRIED ✓
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Dorothy Gainey
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: _____
9. CAUSE OF DEATH: unknown
10. TIME AND DATE OF DEATH: 0820 a.m. _____ p.m. 9/13 20 19
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Lopez
12. NAME OF CORONER WHO ORDERED AUTOPSY: Aisha Bradley
13. AUTOPSY PERFORMED BY: _____
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: _____
15. AT THE TIME OF DEATH: 823 (Actual Count) 42 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: _____

NOTIFY BY TELEPHONE: (803) 896-8506
MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
Post Office Box 21787
Columbia, South Carolina 29221

_____
SIGNATURE OF OFFICIAL MAKING REPORT

_____
TYPED OR PRINTED TITLE OF OFFICIAL

_____
DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)



JAMES, RHONDA

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Address
[redacted]
COLA, SC 29206

BirthDate	08/25/1979
Social Security	[redacted]
Race	Black
Sex	Female
Eyes	Brown
Hair	Black
Height	69
Weight	179

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Murder / Murder								
2018A4010201823	COUNTY	RCGS	$0.00				GSTV	BOND TO BE SET IN GENERAL SESSION

Detainer



JAMES, RHONDA

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Address
[redacted]
COLA, SC 29206

BirthDate	08/25/1979
Social Security	[redacted]
Race	Black
Sex	Female
Eyes	Brown
Hair	Black
Height	69
Weight	179

Offense Description	Warrant Code	Bond Court	Trial Court	Bond Amount	Bond Type	Sentence	Release Date	High Code	Offense Comments
Murder / Murder	2018A4010201823	COUNTY	RCGS	$0.00				GSTV	

Detainer

JAMES, RHONDA

Image Not Found

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Address
[redacted]
COLA, SC 29206

BirthDate	08/25/1979
Social Security	[redacted]
Race	Black
Sex	Female
Eyes	Brown
Hair	Black
Height	69
Weight	179

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Murder / Murder								
2018A4010201823	COUNTY	RCGS	$0.00				GSTV	

Detainer

COMMITMENT

☐ Original Commitment

☐ Additional Charge(s)

TO: Director Richland County Detention Center

Date: 5/16/2018

You are hereby commanded by this Court to hold in your custody,

Rhonda Gainey James
(Defendant's name)
[redacted]
Columbia, SC 29209
(Address)

DOB: 08/25/1979 Race: B Sex:F

Bonding Company:

Case number	Charge	Trial Court	Bond Type	Amount
2018A4010201823	Murder / Murder	Richland County General Sessions		

125364

Bond to be set in General Session

That you are commanded by this Court to continue custody of the named person until the person in custody is ordered to be released by a Judicial Officer.

Judge Benjamin Byrd Richland County, SC

ARREST WARRANT

2018A4010201823

STATE OF SOUTH CAROLINA

[X] County/ [ ] Municipality of

Richland Bond Court

THE STATE 180504142 R1

against

Rhonda Gainey James

Address: [redacted]

Columbia, SC 29209-

Phone: SSN [redacted]

Sex: F Race: B Height: 5 9 Weight: 174

DL State: SC DL #: [redacted]

DOB: 8/25/1979 Agency ORI #: SC0400000

Prosecuting Agency: Richland County Sheriff

Prosecuting Officer: Joseph A Clarke - S00509

Offense: Murder / Murder

Offense Code: 0116

Code/Ordinance Sec: 16-03-0010

This warrant is CERTIFIED FOR SERVICE in the [ ] County/ [ ] Municipality of _____. The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant Rhonda James on 05.15.18

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

Richland County General Sessions
1701 Main Street
P O Box 192
Columbia, SC 29202

ORIGINAL ORIGINAL ORIGINAL ORIGINAL

STATE OF SOUTH CAROLINA)
[X] County/ [ ] Municipality of)
Richland Bond Court)

AFFIDAVIT

ORIGINAL

Form Approved by S.C. Attorney General April 21, 2003 SCCA 518

Personally appeared before me the affiant Joseph A Clarke S.C. who being duly sworn deposes and says that defendant Rhonda Gainey James did within this county and state on or about 5/12/2018 violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland Bond Court) in the following particulars:

DESCRIPTION OF OFFENSE: Murder / Murder

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

That on or about 5/12/18 while at 2017 Smith Street Columbia, SC 29209 in the Olympia Magisterial District of Richland County, it is believed that the defendant did commit the crime of Murder because on 5/12/18 while at 2017 Smith Street located in Richland County, Rhonda G. James did use a handgun to kill Joseph Lanard James. This killing came as a result of an earlier altercation involving both victim and subject. The murder was witnessed by no less than (3) persons. All witnesses have come forward to both positively identify Rhonda James as the shooter; as well as provide sworn written statements to the same. This murder comes as a result of premeditation on the part of the subject. The victim was shot multiple times at close range. Affiant and others are witness to prove same.

Signature of Affiant

STATE OF SOUTH CAROLINA)
[X] County/ [ ] Municipality of)
Richland Bond Court)

Affiant's Address 5623 Two Notch Road
Columbia, SC 29223-
Affiant's Telephone (803)576-3000

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe th. on or about 5/12/2018 defendant Rhonda Gainey James did violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland Bond Court) as set forth below:

DESCRIPTION OF OFFENSE: Murder / Murder

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable

Sworn to and subscribed before me on 5/14/2018

(L.S.)

Signature of Presiding Judge

Deirdre L Simmons

Judge Code: 7302

Judge's Address Post Office Box 192
Columbia, SC 29202-
Judge's Telephone (803)576-3281

Issuing Court: [X] Magistrate [ ] Municipal [ ] Circuit

ORIGINAL ORIGINAL ORIGINAL

ARREST WARRANT

2018A4010201823

STATE OF SOUTH CAROLINA

[X] County/ [ ] Municipality of

Richland Bond Court

THE STATE 180504142 R1

against

Rhonda Gainey James

Address: [redacted]

Columbia, SC 29209-

Phone: SSN [redacted]

Sex: F Race: B Height: 5 9 Weight: 174

DL State: SC DL #: [redacted]

DOB: 8/25/1979 Agency ORI #: SC0400000

Prosecuting Agency: Richland County Sheriff

Prosecuting Officer: Joseph A Clarke - S00509

Offense: Murder / Murder

Offense Code: 0116

Code/Ordinance Sec: 16-03-0010

This warrant is CERTIFIED FOR SERVICE in the

[ ] County/ [ ] Municipality of

The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant Rhonda James on 05-15-18

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

Richland County General Sessions
1701 Main Street
P O Box 192
Columbia, SC 29202

ORIGINAL ORIGINAL ORIGINAL ORIGINAL

STATE OF SOUTH CAROLINA)
[X] County/ [ ] Municipality of)
Richland Bond Court)

AFFIDAVIT

ORIGINAL

Form Approved by S.C. Attorney General April 21, 2003 SCCA 518

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Signature of Affiant

STATE OF SOUTH CAROLINA)
[X] County/ [ ] Municipality of)
Richland Bond Court)

Affiant's Address 5623 Two Notch Road
Columbia, SC 29223-
Affiant's Telephone (803)576-3000

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe th

on or about 5/12/2018 defendant Rhonda Gainey James did violate the criminal laws of the State of South Carolina (or ordinance of [X] County/ [ ] Municipality of Richland Bond Court) as set forth below:

DESCRIPTION OF OFFENSE: Murder / Murder

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable

Sworn to and subscribed before me on 5/14/2018 (L.S.)

Signature of Presiding Judge

Deirdre L Simmons

Judge Code: 7302

Judge's Address Post Office Box 192
Columbia, SC 29202-
Judge's Telephone (803)576-3281

Issuing Court: [X] Magistrate [ ] Municipal [ ] Circuit

ORIGINAL ORIGINAL ORIGINAL

AGENCY I.D.	DATE/TIME
SCO 400000	05.15.18 / 10:30

RICHLAND COUNTY SHERIFF'S DEPARTMENT

ARREST REPORT

CASE NUMBER: 18050414 12

DEFENDENT NAME (LAST, FIRST, MIDDLE): JAMES RHONDA GAINEY

RACE	SEX	DATE OF BIRTH	PHOTO NUMBER
B	F	8.25.79	

AGE	ETH.	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS	NCIC	I.D. NUMBER
	N	509	174	BLK	BRN	[redacted]			

[redacted] ET)

CITY	STATE	ZIP CODE	RESIDENT	PHONE NUMBER
Columbia	SC	29209		

PLACE OF BIRTH	DRIVERS LICENSE NUMBER	STATE
Withers Bronx PA	[redacted]	SC

EMPLOYER OR OCCUPATION OR SCHOOL	PARENT / GUARDIAN	STATE

BOOKING OFFICER'S NAME	ARRESTING OFFICER	AGENCY	DEPT. NUMBER
RICHLAND COUNTY DETENTION CTR.	Sgt. J.A. Manke	RCSO	1241

ARRESTEE ARMED ☐ YES ☐ NO WEAPON TYPE: ☐ SEMI-AUTO ☐ FULL-AUTO ☐ ON VIEW ARREST ☐ SUMMONED ☐ CUSTODY

JUVENILE DISPOSITION. 1. ☐ HANDLED, RELEASED 2. ☐ REFERRED TO OTHER AUTHORITY * This Jurisdiction S - State O - Out of State U - Unknown

ARREST LOCATION: ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
2041 Smith St	Columbia	SC	29209

CHARGE	MURDER		
STATUTE	16-3-10		
WARRANT NUMBER	2016440102701823		
ENTERED DATE	05-14-18		
ISSUING MAGISTRATE	D. SIMMONS		
BOND AMOUNT			
BOND TYPE / MAGISTRATE			
COMPLAINANT	STATE OF SC		
DATE OF INCIDENT	05-12-18		
ADDITIONAL CASE NUMBER			

CHARGE			
STATUTE			
WARRANT NUMBER			
ENTERED DATE			
ISSUING MAGISTRATE			
BOND AMOUNT			
BOND TYPE / MAGISTRATE			
COMPLAINANT			
DATE OF INCIDENT			
ADDITIONAL CASE NUMBER			

CHARGE			
STATUTE			
WARRANT NUMBER			
ENTERED DATE			
ISSUING MAGISTRATE			
BOND AMOUNT			
BOND TYPE / MAGISTRATE			
COMPLAINANT			
DATE OF INCIDENT			
ADDITIONAL CASE NUMBER			

VICTIM NAME OR NEXT OF KIN (LAST, FIRST, MIDDLE): JAMES Edith

ADDRESS (NUMBER AND STREET NAME): 2008 Smith St

CITY	STATE	ZIP CODE	HOME PHONE NUMBER	WORK PHONE NUMBER
Columbia	SC	29209	( ) 803-783-4643	( )

WAS VICTIM NOTIFIED OF ARREST YES____ DATE____ NO____ TIME____

VICTIM OR NEXT OF KIN WISHES TO BE PRESENT AT BOND HEARING YES____ NO____

REPORTING OFFICER	DATE	DEPT. NO.	APPROVING OFFICER	DATE	DEPT. NO.
J.A. Manke	05.15.18	1241		05.15.18	1241
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

Richla[redacted] County Detention Center
Victim Notification Documentation

This form is to be attached to inmate's booking sheet when victim notification is necessary and you should document each time you attempt contact or if you make contact with the victim.

Inmate's Name: Lacey, Rhonda **Charges:** Murder

Arresting Agency: RCSD **Warrant/Ticket:** 2018A4010201823

[redacted]

Richland County Detention Center
Victim Notification Documentation

This form is to be attached to inmate's booking sheet when victim notification is necessary and you should document each time you attempt contact or if you make contact with the victim.

Inmate's Name: James, Rhonda **Charges:** Murder

Arresting Agency: RCSD **Warrant/Ticket:** 2018A4010201823

[redacted]

Richland County Detention Center
Victim Notification Documentation

This form is to be attached to inmate's booking sheet when victim notification is necessary and you should document each time you attempt contact or if you make contact with the victim.

Inmate's Name: James, Rhonda **Charges:** Murder

Arresting Agency: RCSD **Warrant/Ticket:** 2018A4010201823

[redacted]

Richland County Detention Center
Victim Notification Documentation

This form is to be attached to inmate's booking sheet when victim notification is necessary and you should document each time you attempt contact or if you make contact with the victim.

Inmate's Name: James, Rhonda **Charges:** Murder

Arresting Agency: RCSD **Warrant/Ticket:** 2018A4610201823

[redacted]

Offender Name:

RHONDA JAMES

Date of Birth:

08/25/1979

Booking Date:	**Booking Time:**	**Offender ID:**
05/16/2018	5/16/2018 1:11:00 AM	636669

Property:

SC DL;WHITE METAL TONGUE RING;WHITE METAL BELLY PIERCING;

Property Box:

Comments:

TAG 9247725
NO CASH AT BOOKING

The personal property inventoried and described above is an accurate listing of property taken from me for storage. I understand should I have any property values at $50.00 or more, that prior to my 11th day of confinement at the Detention Center I must dispose of the property by either mailing the property home at my own expense or by having an individual of my choosing pick-up the property during designated hours. I further understand that the Detention Center is not responsible for any personal property maintained in my possession and/or that is not listed. I have been informed that I have a blood sample that immediately upon discharge I must take it with me. I understand that upon my discharge from the Detention Center, any personal property I leave behind in my housing and/or holding area will be immediately disposed of by the Detention Center. Any personal property left in storage will be disposed of thirty (30) days after my discharge. I further understand should I have any missing or damaged property from the inventory above, upon discharge I must submit to the Detention Center within seventy-two (72) hours in writing a description of the property and/or damage. When making a property claim I will make every attempt possible to supply the Detention Center with proof of purchase for the property in question.

2334496 / 23405 — DesPres / Tarly
(Inventorying Officer's Signature)

5/16/18
(Date)

Rhonda James
(Inmate's Signature)

With the exeception of any personal property listed above which I released earlier, all of the above inventoried and described property has been returned to me in full and I hereby acknowledge receipt or same.

(Returning Officer's Signature)

(Date)

(Inmate's Signature)

JOHN S. GLENN DETENTION CENTER
PERSONAL CLOTHING STORAGE AND COUNTY ISSUE

Inmate's Name: James Rhonda (Last Name) (First Name) (Middle Name) Date of Birth: (Month/Day/Year)

Inmate Number: 6366669 Dress-In Date: 5/16/2018 (Month/Day/Year) Storage Location: C934

INVENTORY DESCRIPTION OF CLOTHING/PROPERTY TAKEN FOR STORAGE

[/] Pants Grey [/] Shirt Grey [ ] Coat:

[ ] Sweater: [ ] Sweat Suit: [ ] Suit:

[ ] Dress: [ ] Pants Suit: [ ] Jacket:

[ ] Dress Shoes: [ ] Tennis Shoes [ ] Hat:

[/] Other Property (Purse, etc.): Black / Red Shower Shoes

The personal property inventoried and descried above is an accurate listing of property taken for storage.

(Receiving Officer's Signature) 5/16/18 (Date) X Rhonda James (Inmate's Signature)

With the exception of any personal property listed above which was released by the inmate after booking, all of the above inventoried and described property has been returned in full to the inmate.

(Returning Officer's Signature) (Date) (Inmate's Signature)

COUNTY PROPERTY ISSUE AND REPLACEMENT COST

[ ] Blanket $11.00 [ ] Sheet $4.08 [ ] Towel $1.55 [ ] Wash Cloth .50¢ [/] Shower Shoes $2.49

[/] Uniform Pants $10.00 [/] Uniform Shirt $6.50 [ ] Laundry Bag $2.10 [/] Beverage Cup .75¢

[ ] Property Storage Container $8.00 [ ] Inmate Guide $5.50 [ ] Other

The inmate has been issued the above indicated County property. It has been explained to the inmate that he/she is responsible for returning this property except for normal wear and tear in the same condition as issued. Destruction of or failure to return issued property will result in the inmate having to replace or make monetary reimbursement for the property at the above indicated cost prior to discharge.

(Issuing Officer's Signature) 5/16/18 (Date) Rhonda James (Inmate's Signature)

The above issued County property was returned by the inmate in full and in acceptable condition.

(Receiving Officer's Signature) (Date) (Inmate's Signature)

DESTROYED OR UNRETURNED COUNTY PROPERTY AND ACTIONS TAKEN

[ ] Blanket [ ] Sheet [ ] Towel [ ] Wash Cloth [ ] Shower Shoes [ ] Uniform Pants

[ ] Uniform Shirt [ ] Laundry Bag [ ] Beverage Cup [ ] Property Storage Container [ ] Inmate Guide

[ ] Action Taken

(Receiving Officer's Signature) (Date) (Inmate's Signature)

The above issued County property was destroyed or not returned by the inmate and the following action was taken.

Offender Name:
RHONDA JAMES

Date of Birth:
08/25/1979

Booking Date:	**Booking Time:**	**Offender ID:**
05/16/2018	5/16/2018 1:11:00 AM	636669

Property:
GRAY PANTS;BLACK/RED SLIDES;GRAY SHIRT;

Property Box:

Comments:
C934

The personal property inventoried and described above is an accurate listing of property taken from me for storage. I understand should I have any property values at $50.00 or more, that prior to my 11th day of confinement at the Detention Center I must dispose of the property by either mailing the property home at my own expense or by having an individual of my choosing pick-up the property during designated hours. I further understand that the Detention Center is not responsible for any personal property maintained in my possession and/or that is not listed. I have been informed that I have a blood sample that immediately upon discharge I must take it with me. I understand that upon my discharge from the Detention Center, any personal property I leave behind in my housing and/or holding area will be immediately disposed of by the Detention Center. Any personal property left in storage will be disposed of thirty (30) days after my discharge. I further understand should I have any missing or damaged property from the inventory above, upon discharge I must submit to the Detention Center within seventy-two (72) hours in writing a description of the property and/or damage. When making a property claim I will make every attempt possible to supply the Detention Center with proof of purchase for the property in question.

(Inventorying Officer's Signature)	5-16-15 (Date)	Rhonda James (Inmate's Signature)

With the exeception of any personal property listed above which I released earlier, all of the above inventoried and described property has been returned to me in full and I hereby acknowledge receipt or same.

(Returning Officer's Signature)	(Date)	(Inmate's Signature)

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☒ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
JAMES, RHONDA	636669	1673015	8/25/1979	8/26/2019

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☐Housing Med Isolation until 8/28/19
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders):*

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

_____

_____

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: K Johnson-Tyndall / L Randolph MD Date: 8-26-19

Correctional Staff Member Notified: Ofc Rec / Class

Date and time notified: 8-26-19 6:30pm

Notification Type: ☐Verbal ☑Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: K Johnson-Tyndall

SP102UN000ACCEN071513



Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☒ Adult ☐ Juvenile	
Patient Name JAMES, RHONDA	Patient Number 636669	Booking Number 1673015	Date of Birth 8/25/1979	Today's Date: 8/25/2019

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☒Housing Pa Pa
☐Medical Housing / Medical Watch
☒Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Medical

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: [signature] LPN Date: 25 Aug 19

Correctional Staff Member Notified: Supervisor

Date and time notified: 25 Aug 19 1810

Notification Type: ☒Verbal ☐Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: [signature] LPN

SP102UN000ACCEN071513

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☐ Adult ☐ Juvenile	
Patient Name **JAMES, RIONDA**	Patient Number **636669**	Booking Number **1673015**	Date of Birth **8/25/1979**	Today's Date: **8/17/2019**

Special Needs Noted:
☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☒Other extra blanket

No shower x 2 Days May shower on 8-19-18

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:
☒Bottom Bunk required
☒Bottom Tier
☐Single Cell
☒Housing Papa
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: Note shower instructions above

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: medical

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: Carol Juil RN Date: 8-17-19

Correctional Staff Member Notified: Sup. DO C R O

Date and time notified: 8-17-19 @ 0830

Notification Type: ☒Verbal ☒Fax ☒Hand delivered ☐Other _____

Notified by CCS Staff Member: Carol Juil RN

SP102UN000ACCEN071513

Alvin S. Glenn Detention Cen. , SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ■ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
JAMES, RHONDA	636669	1673015	8/25/1979	8/15/2019

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
■Single Cell
■Housing _____
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: Nothing to eat or drink > 1AM on 8-16-19

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: move patient to room by self, enure NO FOOD OR Drink is possible > 1am on 8-16-19
Medical procedure scheduled for 8-16-19

If temporary condition: review date: 8-17-19 expiration date: _____

CCS Staff Signature: Carol Jull RN Date: 8-15-19

Correctional Staff Member Notified: Sup. / DO / Rec / Opts. / Class.

Date and time notified: 8-15-19 @ 2100

Notification Type: ■Verbal ■Fax ■Hand delivered ☐Other _____

Notified by CCS Staff Member: Carol Jull, RN

SP102UN000ACCEN071513

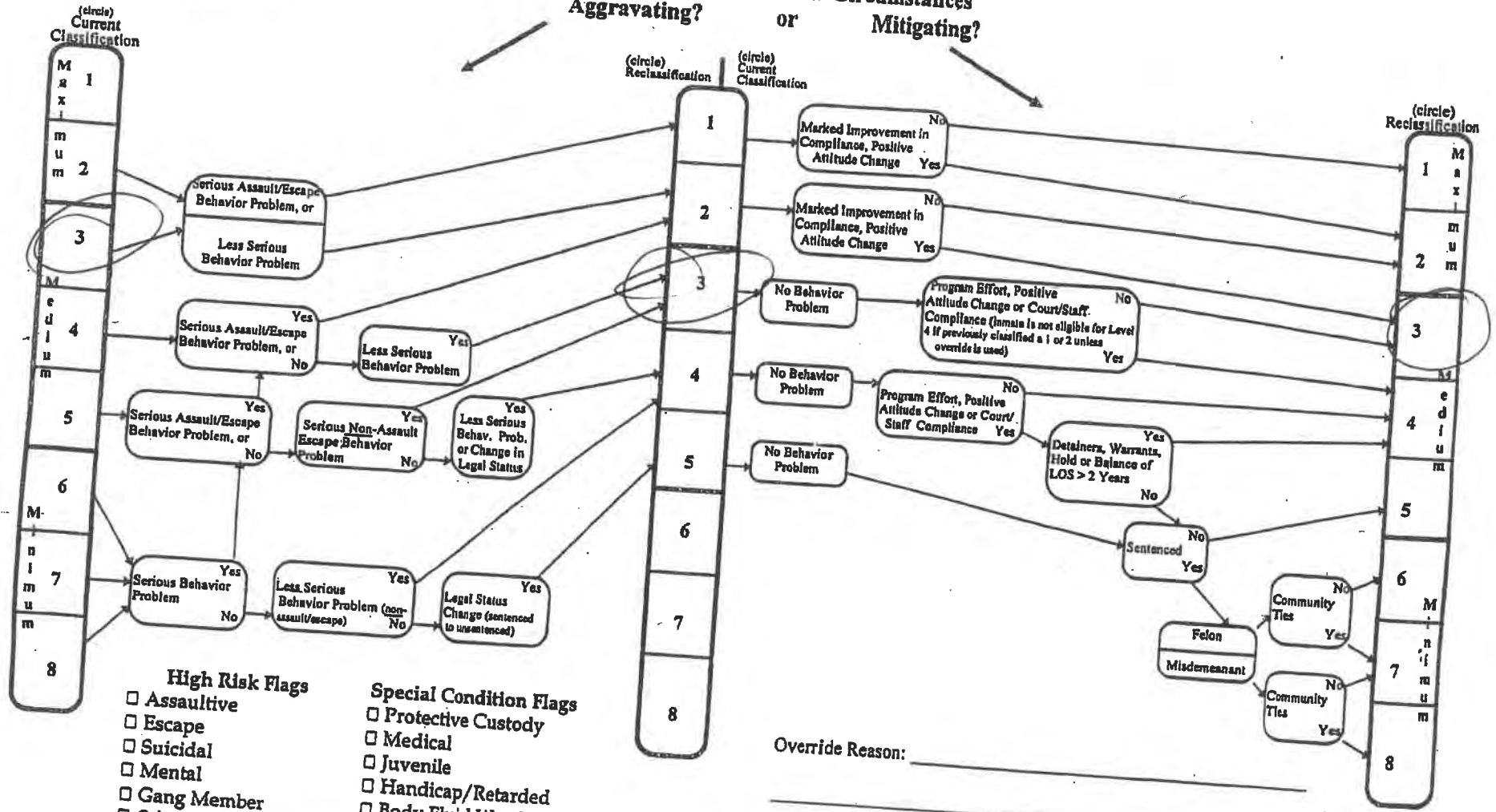
D16559D13164768167559091CPS770SP

Inmate No. 636449

Name: James, Rhonda

JICS Reclassification Tree

Are Classification review Circumstances Aggravating? or Mitigating?



High Risk Flags

- ☐ Assaultive
- ☐ Escape
- ☐ Suicidal
- ☐ Mental
- ☐ Gang Member
- ☐ Other _____

Special Condition Flags

- ☐ Protective Custody
- ☐ Medical
- ☐ Juvenile
- ☐ Handicap/Retarded
- ☐ Body Fluid Watch
- ☐ Other _____

Comments: 90 Day Review
NO W/Ops

Override Reason: _____

Override Assignment: (circle) 1 2 3 4 5 6 7 8

Review Officer: A Brun Date: 6/05/19

☒ No Change in Current Classification (check)

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P-P



JAMES, RHONDA

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Race	Black
Sex	Female
Eyes	Brown
Hair	Black
Height	69
Weight	179

Address
[redacted]
COLA, SC 29206

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Murder / Murder								
2018A4010201823	COUNTY	RCGS	$0.00				GSTV	BOND TO BE SET IN GENERAL SESSION

Detainer

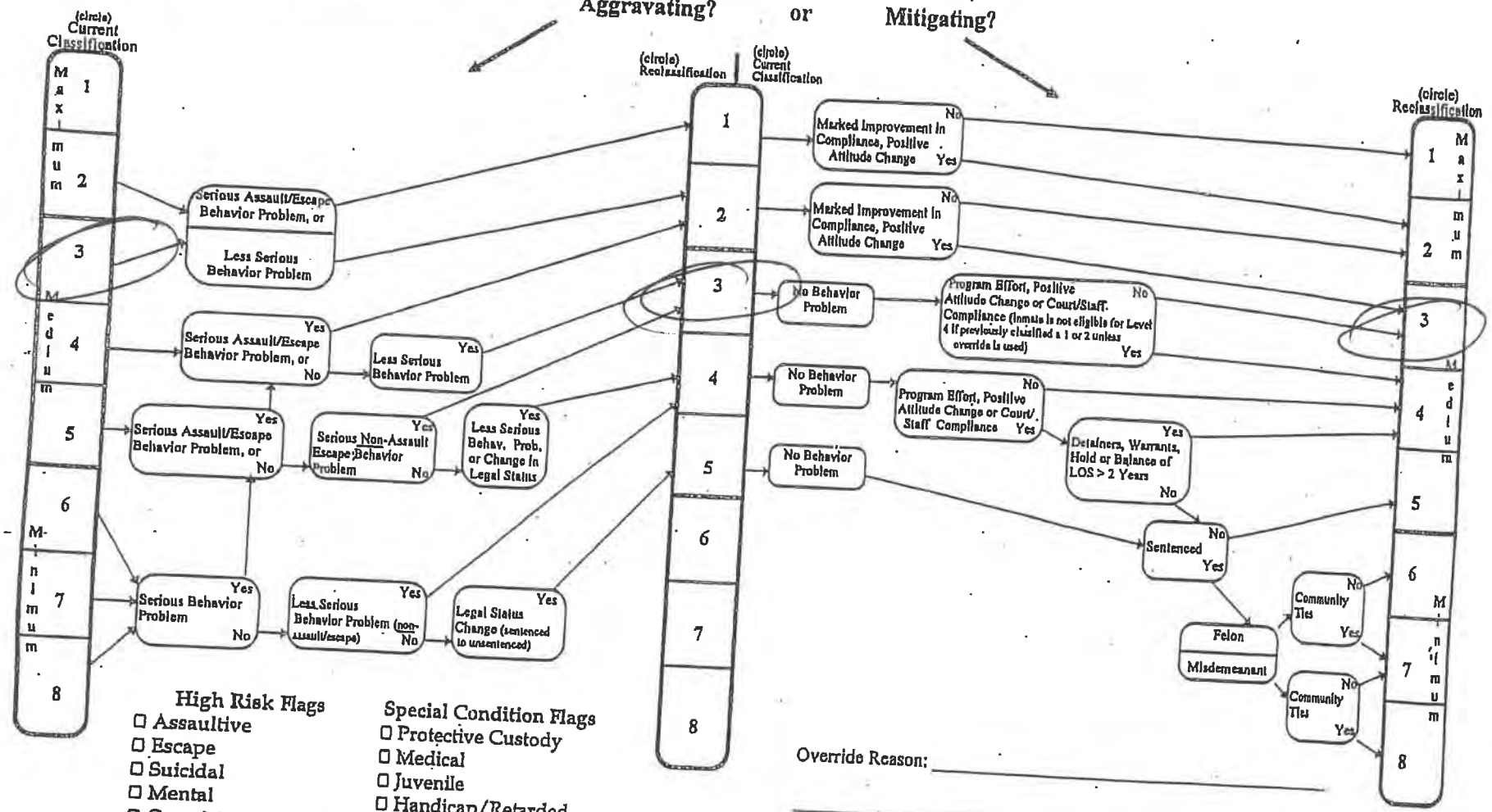
P-P

Inmate No. L36669

Name: James, Rhonda

JICS Reclassification Tree

Are Classification review Circumstances Aggravating? or Mitigating?



High Risk Flags

- ☐ Assaultive
- ☐ Escape
- ☐ Suicidal
- ☐ Mental
- ☐ Gang Member
- ☐ Other _____

Special Condition Flags

- ☐ Protective Custody
- ☐ Medical
- ☐ Juvenile
- ☐ Handicap/Retarded
- ☐ Body Fluid Watch
- ☐ Other _____

Override Reason: _____

Override Assignment: (circle) 1 2 3 4 5 6 7 8

Comments: 90 Day Reclass
NO WUPS

Review Officer: _____ Date: 03/09/19

☒ No Change in Current Classification (check)

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ALVIN S. GLENN DETENTION CENTER
REFUSAL OF PROTECTIVE CUSTODY

STATE OF SOUTH CAROLINA)
) **AFFIDAVIT**
COUNTY OF **RICHLAND**)

PERSONALLY APPEAR before me, **JAMES, RHONDA #636669** .

I am an inmate of the Alvin S. Glenn Detention Center, the following is my statement regarding my refusal to be placed in the protective custody.

As of the **19th** day of **MAY** , **2018** am not in any immediate danger of harm from anyone in the general population of this facility, there fore, it is my request that I not be placed in protective custody. I have been offered protective custody on this date by the authorities if this facility, however, I decline to accept it for the above stated reasons.

I make this decision with the full knowledge that the Alvin S. Glenn Detention Center and the County of Richland cannot provide me the same protection in the general population as can be afforded me in protective custody status.

I have this day been provided a copy of this affidavit and hereby acknowledge receipt thereof.

R Rhonda James
(Affiant's Signature)

Sworn to and subscribed
before me this **19th** day of
MAY , **2018**
Melissa Y Vinson (L.S.)

My Commission Expires: July 30, 2024

DISTRIBUTION : Department File
Inmate

P 2

INITIAL INMATE CUSTODY ASSESSMENT SCALE
ALVIN S. GLENN DETENTION CENTER
CLASSIFICATION NOTICE

Name:
(last) James (first) Rhonda (middle)

JCA No. 436669 D.O.B. 8/25/71 Race B Sex F SS# [redacted]

Charges (1) Murder 2) _____ 3) _____

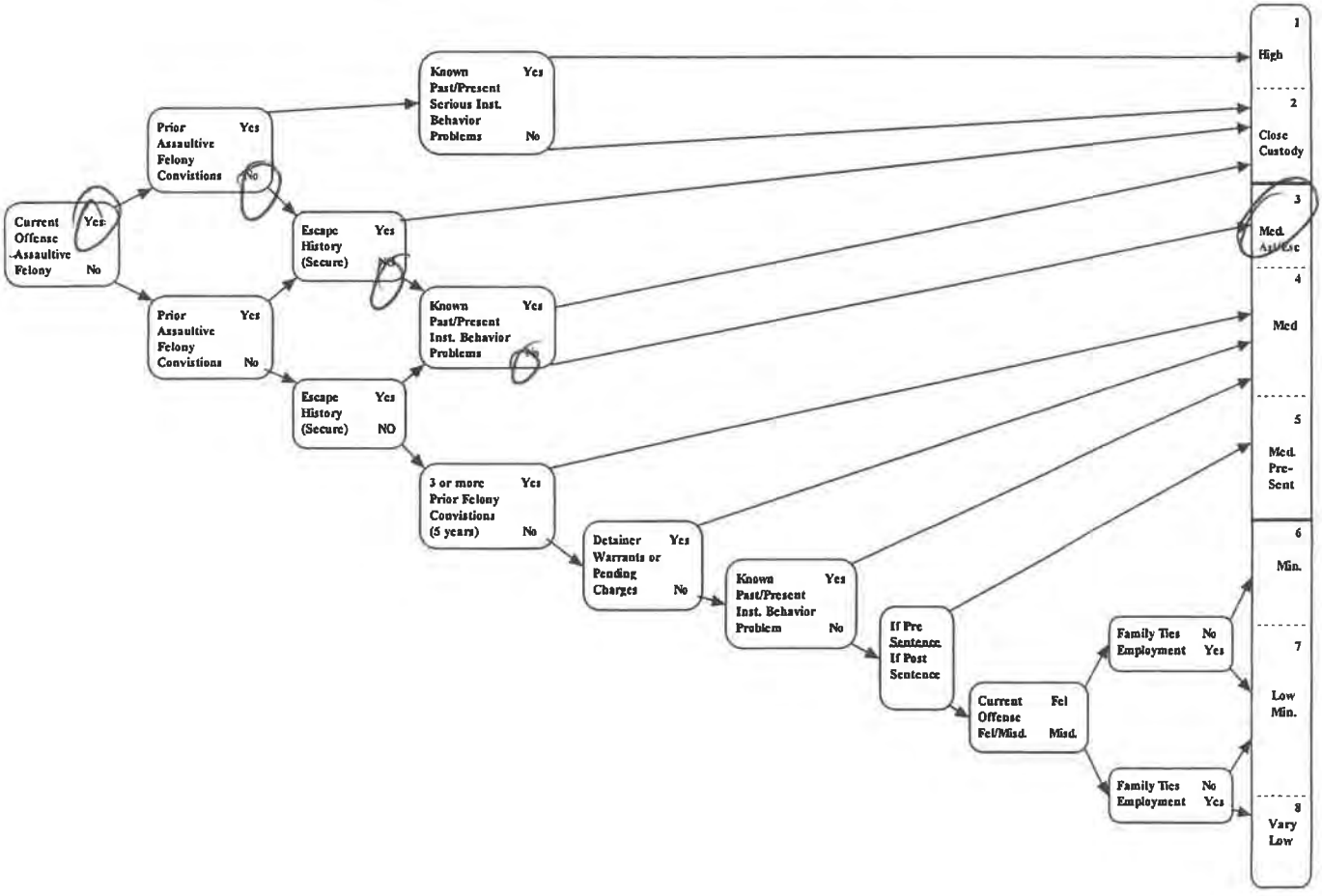
You have been placed in the following classification: Med by the Alvin S. Glenn Detention. This classification is determined by: current/past convictions: current/ past institutional behavior; pending charges or holds in other jurisdictions (if any): sentenced or unsentenced: and/or any other information that may be deemed appropriate with regard to your personal security or the security of the facility. NOTE: your classification can change when charges are altered or reduced: you are sentenced: due to administrative hearings: due to regular periodic review: and/or other reasons recommended by jail staff.

Appeal Process: any inmate who so desires may appeal his/her classification (in writing) in any of the three basic areas (security level, housing assignment or programs) with ten (10) days of the primary classification or reclassification by addressing the appeal to: CLASSIFICTION DEPARTMENT – APPEAL ~~OF CLASS~~IFICATION:

Classified by: [signature] Date: 05/19/18

Comments by Staff: New Class

PRIMARY SECURITY LEVEL ASSIGNMENT



ALVIN S. GLENN DETENTION CENTER
COLUMBIA, SOUTH CAROLINA
CLASSIFICATION SCALE SUMMARY AND RECOMMENDATION

Inmate name James, Rhonda R/S B/F DOB 8/25/79

CODE 3 DATE: 05/19/18

Custody Level Indicated By Scale

1-2	MAXIMUM
(3)-4-5	MEDIUM
6-7-8	MINIMUM

SPECIAL MANAGEMENT CONCERNS WHICH APPLY TO INMATE
(CHECK (x) ALLBOXES WHICH APPLY)

- ☐ Protective Custody NO
- ☐ Psychological Impairment
- ☐ Mental Deficiency
- ☐ Escape Threat
- ☐ Serious Violence Threat
- ☐ Known Gang Affiliation NO
- ☐ Substance Abuse
- ☐ Pregnant NOT Sure
- ☐ Known Management Problem
- ☐ Suspected Drug Trafficker
- ☐ Suicide Risk Att 5/14/18
- ☐ Medical Problem
- ☐ Physical Impairment
- ☐ Military: NO Years:____to____
- ☐ Kids under 6yrs: 2

OVERRIDE OF SCALE CUSTODY LEVEL IS RECOMMENDED

☐ 1: Yes ☐ 2: No (If yes, rational is required to be given)

CODE _____

_____

RECOMMENDED CUSTODY LEVEL:

CODE 3

1-2	MAXIMUM
(3)-4-5	MEDIMUM
6-7-8	MINIMUM

Classification Officer Signature: AB Date: 05/19/18

SUPERVISOR APPROVAL OF OVERRIDE: ☐ 1: APPROVED ☐ 2: DISAPPROVED

FINAL CUSTODY LEVEL IF OVERRIDE IS DISAPPROVED

CODE _____

1-2	MAXIMUM
3-4-5	MEDIMUM
6-7-8	MINIMUM

RECOMMENDED HOUSING ASSIGNMENT _____

RATIONAL (if different from recommendation): _____

_____

SUPERVISOR SIGNATURE: Sgt. Vinson

ALVIN S. GLENN DETENTION CENTER
INITIAL INMATE NEEDS ASSESSEMENT FORM
COLUMBIA, SOUTH CAROLINA

INMATE NAME (Last, First, Middle) James, Rhonda R/S BF

JCA # 636449 Assess Date: 05/19/18 Class Officer: JB

HEALTH Leukemia Asthma HBP **Code** 2

1 - Limited Physical Capacity; acute illness; needs hospitalization or *Outpatient treatment*

(2) - Mild disability or illness; *Outpatient treatment* required; Non-strenuous work

3 - No problems which limit housing code work assignments

EMOTIONAL STABILITY Bipolar, Schizophrenia, Depression **Code** 2

1 - Severe impairment; danger to self and others; needs hospital environment

(2) - Moderate impairment requires monitoring, Individual or group therapy

3 - Emotionally stable no indications of mental illness

EDUCATION **Code** 3

1-5th grade or below reading math skills; needs remedial Special education classes

2 - No High School Diploma; adult education or G.E.D. program

(3) - High School Diploma, G.E.D.. or equivalent

VOCATIONAL SKILL **Code** 3

1 - No discernable skills; needs training

2 - Limited skills; ability to hold semi-skilled position; needs training

(3) - Possess marketable skills or trade

SUBSTANCE ABUSE **Code** 3

1 - Frequent abuse resulting in social, economic or legal problems; needs treatment

2 - Occasional abuse causing disruption of functioning

(3) - No disruption of functioning, or legal difficulties

MENTAL ABILITY Mental Health Patient **Code** 2

1 - Serious disability limiting ability to function; needs sheltered living and work situations

(2) - Mild disability limiting educational and vocational potential

3 - No disruption disability

OTHER (describe) **Code**

INITIAL PROGRAM RECOMMENDATIONS	PROGRAM CODE	PRIORITY CODE*
1.		
2.		
3.		
4.		

*Priority Codes: 1 - Urgent Immediate Need
2 - Problem directly related to criminal behavior *High Priority*
3 - Problem resolution would enhance ability to succeed in community

Sexual Predator / Vulnerability PREA Screening Checklist

Inmate Name: James, Rhonda **Inmate No:** 436669

Employee Name: [illegible] Burns **Date:** 05/19/18

Reason for Screening: (Circle One) (New Admission) Regular Review Special Referral

Possible Victim Factors:		**Source:**
1. Former victim of prison rape or sexual assault within the past ten years	Yes / (No)	
2. Youthful age (under 25)	Yes / ~~No~~	36
3. Elderly (65 or older)	Yes / (No)	
4. Small physical stature (Males only) (5'6" or less and/or 140 lbs. or less)	Yes / No	
5. Developmental disability / mental health history	~~Yes~~ / No	
6. First time being incarcerated	Yes / ~~No~~	
7. LGBTI	Yes / (No)	
8. History of any sexual abuse within the past ten years	Yes / ~~No~~	16 yrs old
9. History of correctional facility consensual sex within the past ten years	Yes / (No)	
10. Placement in protective custody within the past ten years	Yes / ~~No~~	Asym Refused

Sexually Vulnerable Designation Process:

If "yes" to item #1, enter inmate as a "Known Victim" code
If "yes" to three or more items other than item #1, enter inmate as a "Potential Victim"
Otherwise deisgnate inmate as a "Non-Victim"

Scored designation: (Circle One) Known Victim Potential Victim (Non-Victim
Victim Over-ride: (Circle One) No Yes – "Potential victim to non-victim"
Yes – "Non-victim to potential victim" (Cannot override a known victim, ONLY a potential victim)
Basis for override: _____

Possible Predator Factors:		**Source:**
1. Institutional predatory sexual behavior within the past ten years	Yes / (No)	
2. Current or prior convictions for rape, child abuse or neglect within the past ten years	Yes / (No)	
3. Sexual abuse or sexual assault toward others or domestic violence within the past ten years (circle behaviors noted)	Yes / (No)	
4. Current gang affiliation	Yes / (No)	
5. Institutional Strong-arming / assaults within the past ten years	Yes / (No)	
6. Institutional consensual sex within the past ten years	Yes / (No)	
7. Institutional sexual taunting toward staff or offenders within the past ten years	Yes / (No)	
8. Overtly masculine (Females Only)	(Yes) / No	

Sexually Predatory Designation Process:
If "yes" to item #1, enter inmate as a "Known Predator" code
If "yes" to two or more items other than item #1, enter inmate as a "Potential Predator"
Otherwise designate inmate as a "Non-Predator"

Scored designation: (Circle One) Known Predator Potential Predator (Non-Predator
Predator Over-ride: (Circle One) No Yes – "Potential predator to non-predator"
Yes – "Non-predator to potential predator" (Cannot over-ride a known predator, ONLY a potential predator)
Basis for over-ride: _____



JAMES, RHONDA SC0109874

Offender ID	636669
Booking ID	1673015
Booking Date	05/16/2018

Address
[redacted]
COLA, SC 29206

BirthDate	08/25/1979
Social Security	[redacted]
Race	Black
Sex	Female
Eyes	Brown
Hair	Black
Height	69
Weight	179

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Murder / Murder								
2018A4010201823	COUNTY	RCGS	$0.00				GSTV	BOND TO BE SET IN GENERAL SESSION

Detainer

ALVIN S. GLENN DETENTION CEN ER

INITIAL SCREENING AND CLASSIFICATION INTERVIEW FORM

(to be completed at Booking **by Booking Staff**)

Arrestee Name: James, Rhonda DOB: 8/25/2018

Arresting Agency and Transporting Officer Name: RCSD (Bonifas)

Pending Charge(s): Murder

ffirmative answers require Medical consultation.

Have you been in a car accident within the past 24 hours? Yes ☐ No ☑

Have you been tased within the past 24 hours? Yes ☐ No ☑

Have you attempted suicide within the past 24 hours? Yes ☑ No ☐

Have you hospitalized within the past 24 hours? Yes ☐ No ☑

Do you have any injuries that medical staff needs to be aware of? Yes ☐ No ☑

Gang affiliation? Yes ☐ No ☑ What Gang? _____

Ever been an informant? Yes ☐ No ☑ What Agency? _____

Sex Offender? Yes ☐ No ☑ Where? _____

Known enemies? Yes ☐ No ☑ Who? _____

Do you have any co-defendants? Yes ☐ No ☑ Who? _____

Do you need Protective Custody? Yes ☐ No ☐ Reason: _____

If "Yes" answer to needing PC complete **Request for Protective Custody** form and **Incident Report**; attach to this form, and forward to Classification for review and file.

Arresting or transporting officer believes subject may be at risk regarding his/her safety:

Yes ☐ No ☐ Reason if "Yes": _____

Suggested transfer to Orientation Housing (Yankee/Papa) Yes ☐ No ☐

Suggested transfer to Segregation (SHU/Mike/Papa) Yes ☐ No ☐

I have answered all questions fully as they relate to my safety and ASGDC security issues:

Inmate Signature: Rhonda James Inmate #: 636669

Prior to accepting custody of an inmate, staff must determine that the arrestee is legally committed to the facility, and that the arrestee is not in need of immediate medical attention. Booking Officer signature below indicates that ASGDC has determined the arrestee to be legally and medically committable and accepts custody of arrestee for admission into the facility. Before reassignment from Intake and short-term holding, there is an initial classification of the inmate that considers safety and security needs.

Interviewer's Signature: _____ Emp. No. 238495

Date: 5/16/2018 Time: 0114

ICHR 003F9CE2D8 from SCCH

```
RICDC427
.ICHR.003F9CE2D8.SCCH.20180519 08:08:55
  TO: RICDC427-53780     20180519 08:08:55  003F9CE2D8
FROM:     SCCH-10281688  20180519 08:08:55

ICHR REQUEST FOR RAP SHEET
ORI-SC040013C  SID-SC01097874  PUR-C
ATN-BROWN, SUSAN

AUTHORIZED CRIMINAL JUSTICE AGENCY USE ONLY. CONTACT CONTRIBUTING
AGENCY FOR SPECIFIC/MORE DATA ABOUT CHARGES AND/OR DISPOSITIONS.
BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY
SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

PAGE-01  DATE-05/19/2018  TIME-08:08:55
REQ ORI-SC040013C  CNTY DET CENTER COLA
SID-SC01097874 FBI-909073DB4
NAME-GAINEY, RHONDA COLLEEN          SEX-F RACE-B
HEIGHT-509 WEIGHT-167 EYES-BRO HAIR-BRO SKIN-     BORN-SC
FPC-AA09131515AAPI121514          HENRY- 9    1AU    IOO 15
                                              3AW    IOO
1-FINGERPRINT IMAGES ON THIS SUBJECT ARE STORED ON SCAFIS

DATE RECORD ENTERED--02/05/1997    DATE OF LAST UPDATE--05/16/2018
-------------------------------------------------------------------
ADDITIONAL IDENTIFIERS          BIRTH
NAME                            DATES  MARKS      SOC SEC   MISC NUM
JAMES, RHONDA                 08251979
-------------------------------------------------------------------
CONTRIBUTOR/SUBJECT           DOA/RCVD CHARGE/DISPOSITION/ETC
-----------------------------------------------
GAINEY, RHONDA COLLEEN          12/10/1996
SC0430100 SUMTER PD
CASE-96090741
WARR-F179623
                                          ARREST CHARGE 1-ASSAULT &
                                             BATTERY
WARR-F179624
                                          ARREST CHARGE 2-MALICIOUS
                                             INJURY PROPERTY
CIT-C/L,
DOC-R84                                   COURT CHARGE 01-SIMPLE ASSAUL
WARR-F179623                                 T AND BATTERY
                                          COURT DISP-CONVICTED;30 DAYS
                                             SUSPENDED

CIT-16-11-520(B)(3) MISDEMEANOR
DOC-R84                                   COURT CHARGE 02-MAL INJURY
WARR-F179624                                 TO PROPERTY, $1000 OR LESS
                                          COURT DISP-CONVICTED;$152 OR
                                             30 DAYS
                          ----------------------
JAMES, RHONDA                   12/25/2016
SC0400000 RICHLAND CNTY SO
CASE-1612001825
```

ATN-40D100089941
WARR-2016A4010204223
CIT-16-25-20(A)-MISDEMEANOR

ARREST CHARGE 1-CRIMINAL
DOMESTIC VIOLENCE*
OFFENSE DATE-12/25/2016
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

CIT-16-3-600(E)(2)-MISDEMEANOR
DOC-17GS4003621
WARR-2016A4010204223

COURT CHARGE 01-ASSAULT AND
BATTERY 3RD DEGREE
COURT DISP-CONVICTED;30 Days
or pay a fine of 300;provi
ded that upon t
COURT DATE-05/26/2017
ATN-40D100089941

JAMES, RHONDA 05/16/2018
SC0400000 RICHLAND CNTY SO
CASE-1673015
ATN-40D100105473
WARR-2018A4010201823
CIT-16-3-10-FELONY

ARREST CHARGE 1-MURDER
OFFENSE DATE-05/16/2018
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

BASED ON SEARCH OF SCLED CJIS CCH FILE USING SID/SC01097874
REQUESTED FOR CRIMINAL JUSTICE PURPOSES

SCLED CJIS RECORD INDICATES SUBJECT HAS OUT OF STATE ARREST INFORMATION
REQUEST FORWARDED TO NCIC FOR OUT-OF-STATE INFORMATION
INFORMATION FROM OTHER STATES TO FOLLOW THRU NLETS VIA YOUR TERMINAL

INQUIRY WILL BE FORWARDED TO: N C I C W A N T E D P E R S O N S

** S C CJIS END OF RECORD **

NLETS LEMS.Web

QWA 0006755F01 from NC2K

```
RICDC427
.QWA.0006755F01.NC2K.20180519 08:08:56
  TO: RICDC427-53781     20180519 08:08:56  0006755F01
FROM:     NC2K-7692033   20180519 08:08:56
1L010DA70062C32QWA
SC040013C

NO NCIC WANT FBI/909073DB4
NO NCIC WANT SOC/249452254
***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.
```

NLETS LEMS.Web

QR 0035F4D771 from III

```
RICDC427
.QR.0035F4D771.III.20180519 08:08:58
  TO: RICDC427-53782     20180519 08:08:58  0035F4D771
FROM:      III-16045937  20180519 08:08:58
FL010DA70062C42QR
SC040013C
THIS INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR
RECORD REQUEST FOR SID/SC01097874. INDIVIDUAL'S RECORD WILL BE
COMPLETE WHEN ALL RESPONSES ARE RECEIVED FROM THE FOLLOWING SOURCES:
 FBI            - FBI/909073DB4

AN ADDITIONAL RECORD MAY BE OBTAINED FROM FILES WITHIN YOUR STATE.
END
```

CR 0AC5203C30 from NLETSWS

RICDC427
.CR.0AC5203C30.NLETSWS.20180519 08:09:01
TO: RICDC427-53783 20180519 08:09:01 0AC5203C30
FROM: NLETSWS-2112560 20180519 08:09:01
CR.WVFBINF00
05:09 03491
05/19/2018 01302 SC040013C
*0DA70062C4
TXT
HDR/2L010DA70062C42QR
ATN/BROWN, SUSAN
********** CRIMINAL HISTORY RECORD **********

********** Introduction **********

This rap sheet was produced in response to the following request:

Purpose Code	C
Attention	BROWN, SUSAN

The information in this rap sheet is subject to the following caveats:

This record is based only on the SID number in your request-SC01097874
Because additions or deletions may be made at any time, a new copy should be requested when needed for subsequent use. (US)
All arrest entries contained in this FBI record are based on fingerprint comparisons and pertain to the same individual. (US)
The use of this record is regulated by law. It is provided for official use only and may be used only for the purpose requested. (US)

********** IDENTIFICATION **********

Subject Name(s)

GAINEY, RHONDA COLLEEN
GAINEY, RHONDA C (AKA)
GAINEY, RHONDA COEEN (AKA)
JAMES, RHONDA (AKA)

Subject Description

FBI Number	State Id Number
909073DB4	[redacted]

Social Security Number
[redacted]

Sex	Race	
Female	Black	
Height	Weight	Date of Birth
5'09"	167	1979-08-25

Hair Color	Eye Color
Blonde Or Strawberry	Blue

Scars, Marks, and Tattoos

Code	Description, Comments, and Images
TAT UL ARM	, TATTOO ON UPPER LEFT ARM

Place of Birth	Citizenship
South Carolina	United States

********** CRIMINAL HISTORY **********

========== Cycle 1 ==========

Earliest Event Date	2008-10-06

Arrest Date	2008-10-06
Arrest Case Number	
Arresting Agency	SCATFC000 ATF
Subject's Name	GAINEY,RHONDA COEEN
Charge	1
Charge Literal	5299 - WEAPON OFFENSE
Severity	Unknown

Court Disposition	(Cycle 1)
Court Case Number	
Court Agency	
Charge	1
Charge Literal	WEAPON OFFENSE
Charge Description	Charge Severity:Unknown
Disposition	(; 05-04-09 GUILTY PLEA SENTENCED 3 YRS PROBATION)

Corrections	(Cycle 1)
Date Supervision Began	2009-05-04
Corrections Agency	SCUCP017G US PROB
Correction Action	STATUS--PROBATION
Release Date	

********** INDEX OF AGENCIES **********

Agency	ATF; SCATFC000;

Agency	US PROB; SCUCP017G;

* * * END OF RECORD * * *

Triple I Status: Multi-state

Alvin S. Glenn Detention Cent C
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

Stop by medical

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs

Status: ☑ Adult ☐ Juvenile

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
JAMES, RHONDA	636669	1673015	8/25/1979	5/16/2018

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☒Housing Crossed Papers
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☒Suicide Watch
☐ Continuous ☐15 min ☑ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders):*

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

_____

_____

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: [signature] Date: 5-16-18

Correctional Staff Member Notified: records, classification, operator, Mental Health

Date and time notified: 5-16-18

Notification Type: ☐Verbal ☑Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: [signature]

SP102UN000ACCEN071513

D18559DI3164768IC755909ICP17498P

ALVIN S. GLENN DETENTION CEN R

INITIAL SCREENING AND CLASSIFICATION INTERVIEW FORM

(to be completed at Booking **by Booking Staff**)

Arrestee Name: James, Rhonda DOB: 8/25/2018

Arresting Agency and Transporting Officer Name: RCSD (Bonifas)

Pending Charge(s): Murder

Affirmative answers require Medical consultation.

Have you been in a car accident within the past 24 hours? Yes ☐ No ☑

Have you been tased within the past 24 hours? Yes ☐ No ☑

Have you attempted suicide within the past 24 hours? Yes ☑ No ☐

Have you hospitalized within the past 24 hours? Yes ☐ No ☑

Do you have any injuries that medical staff needs to be aware of? Yes ☐ No ☑

Gang affiliation? Yes ☐ No ☑ What Gang? _____

Ever been an informant? Yes ☐ No ☑ What Agency? _____

Sex Offender? Yes ☐ No ☑ Where? _____

Known enemies? Yes ☐ No ☑ Who? _____

Do you have any co-defendants? Yes ☐ No ☑ Who? _____

Do you need Protective Custody? Yes ☐ No ☐ Reason: _____

If "Yes" answer to needing PC, complete **Request for Protective Custody** form and **Incident Report**; attach to this form, and forward to Classification for review and file.

Arresting or transporting officer believes subject may be at risk regarding his/her safety:

Yes ☐ No ☐ Reason if "Yes": _____

Suggested transfer to Orientation Housing (Yankee/Papa) Yes ☐ No ☐

Suggested transfer to Segregation (SHU/Mike/Papa) Yes ☐ No ☐

I have answered all questions fully as they relate to my safety and ASGDC security issues:

Inmate Signature: Rhonda James Inmate #: 636669

Prior to accepting custody of an inmate, staff must determine that the arrestee is legally committed to the facility, and that the arrestee is not in need of immediate medical attention. Booking Officer signature below indicates that ASGDC has determined the arrestee to be legally and medically committable and accepts custody of arrestee for admission into the facility. Before reassignment from Intake and short-term holding, there is an initial classification of the inmate that considers safety and security needs.

Interviewer's Signature: _____ Emp. No. 23499

Date: 5/16/2018 Time: 0114

Sgt. Teraine Brown

From: Lt. Kevin McCollough
Sent: Friday, September 13, 2019 8:56 AM
To: RONALDO MYERS; SHANE KITCHEN; CAPT. CURTIS BUFFORD; Capt. Washava Moye; CAPT. HIGGINS
Cc: LT. JOLI RISH; Lt. Kevin McCollough; Lt. Robert Waters; Sgt. Teraine Brown; Lt. Timothy Lippett; Lt. Jonathan Williams; Lt. Darren Seward
Subject: Code blue

Officer Richardson was serving breakfast in unit Papa around 0651. She observe detainee Rhonda James #63669 reach down to retrieve a letter that was being pass under the cell door to her from detainee White Green 608065. Detainee James was observe falling to the floor and a code blue was called. Detainee James was unresponsive and the staff started CPR until EMS arrive. Detainee was transported to the VA Hospital and pronounce dead at 0820 hours by Dr. Lopez. The Log book was taken and the area where the incident happen was block off by Ms. Lee in maintenance. No one has enter detainee James cell. The Incident was recorded and a copy will be forward to investigation. The officer at the hospital was instructed to stay with the body until the corners come and to generate an incident report. Unit Papa is currently on lockdown at the moment. We are about to start talking to the staff that was at the incident to offer them EAP.

KEVIN MCCOLLOUGH
Watch Commander/ Lieutenant
Richland County Government
Alvin S. Glenn Detention Center
Security Division
MCCOLLOUGHK@RCGOV.US

P 803-576-3260 F 803-576-3298

201 John Mark Dial Dr.
Columbia, SC 29209
rcgov.us

Confidential and Privileged:
Unless otherwise indicated or obvious from the nature of the communication, the information contained herein may be privileged and confidential information/ work product. The communication is intended for the use of the individual or entity name above. If the reader of this transmittal is not the intended recipient, you are hereby notified that any dissemination or copying of this communication is strictly prohibited.

If you have received this communication in error or are not sure weather it is privileged, please immediately notify me by return email and destroy any copies, electronic, paper or otherwise, which you may have of this communication.

Alvin S. Glenn Detention Center

INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: James, Rhonda Cell #: 19 Date: 5-16-18

Inmate #: 636669 Race: BF Sex: F Date of Birth: _____

OFFICERS **MUST** ACCOMPANY WHEN OUT OF CELL? ☒ Yes ☐ No

Visitor Restriction ☐ Yes ☒ No

Telephone Restriction ☒ Yes ☐ No

Commissary Restriction ☐ Yes ☐ No

Is inmate a danger to officers? ☐ Yes ☒ No

Cell Checks: Within 5 Min (irregular intervals) ☒

Constant Observation ☐

Start Time 06 35 [Military Time Only] End Time _____ : _____

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
0637	resting	TKS	0848	sitting	TKS	1049	shower	TKS	1306	resting	VS
0644	resting	TKS	0854	resting	TKS	1059	resting	TKS	1310	Court	TKS
0650	resting	TKS	0902	resting	TKS	1102	resting	TKS	1320	Court	TKS
0701	resting	TKS	0905	resting	TKS	1110	resting	TKS	1330	court	TKS
0707	resting	TKS	0911	resting	TKS	1116	resting	TKS	1340	court	TKS
0711	resting	TKS	0915	resting	TKS	1120	resting	TKS	1350	court	TKS
0715	resting	TKS	0921	resting	TKS	1125	resting	TKS	1400	Court	TKS
0719	resting	TKS	0925	resting	TKS	1131	resting	TKS	1410	court	TKS
0726	resting	TKS	0929	resting	TKS	1135	resting	TKS	1415	Court	TKS
0730	resting	TKS	0933	resting	TKS	1138	resting	TKS	1422	court	TKS
0733	resting	TKS	0936	resting	TKS	1144	resting	TKS	1430	court	TKS
0738	resting	TKS	0943	resting	TKS	1151	resting	TKS	434	court	TKS
0742	resting	TKS	0949	resting	TKS	1155	eating	TKS	1642	Left pod	TKS
0748	sitting	TKS	0954	resting	TKS	1158	eating	TKS	1646	DRESSED	TKS
0750	sitting	TKS	0959	resting	TKS	1205	drinking	TKS	1655	drinking	TKS
0754	resting	TKS	1005	resting	TKS	1208	resting	TKS	1702	resting	TKS
0800	resting	TKS	1008	resting	TKS	1215	resting	TKS	1710	resting	TKS
0804	resting	TKS	1012	resting	TKS	1224	resting	VS	1715	resting	TKS
0808	resting	TKS	1016	resting	TKS	1225	Standing	VS	1725	Med pass	Suttle
0812	resting	TKS	1020	resting	TKS	1230	Standing Talking	VS	1732	resting	TKS
0816	resting	TKS	1024	resting	TKS	1235	standing Talking	VS	1742	resting	TKS
0823	eating	TKS	1028	resting	TKS	1239	Standing Talking	VS	1748	resting	TKS
0825	eating	TKS	1033	resting	TKS	1241	resting	VS	1752	resting	TKS
0831	Sitting	VS	1032	resting	TKS	1246	resting	VS	1758	resting	TKS
0836	Sitting	VS	1036	Resting	Suttle	1251	resting	VS	1803	resting	TKS
0841	Sitting	VS	1037	drinking	TKS	1256	resting	VS	1808	resting	TKS
0843	Standing	VS	1038	shower	TKS	1301	resting	VS	1814	resting	TKS

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

INMATE SUICIDE WATCH OBSERVATION LOG

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
1820	resting	TKS									
1827	resting	TKS									

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED	Yes	Yes	Y
	CONSUMED	Yes	Yes	

Yes

SHOWER	TIME IN	TIME OUT
	1038	1059

Comments:

Officers Print Name: Tabatha K. Sillah Date: 5-16-18 Time: 1836 -

Supervisor comments: Sgt Smith checked detainee James, Rhonda who is currently resting on her bunk. She did consume her breakfast meal. Detainee

Supervisors Signature: Sgt Valerie Smith was given a May 18 shower Date: Time: 1036

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

* Detainee is currently taking her meds @ 1725 hrs.

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

Alvin S. Glenn Detention Center

INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: RHONDA JAMES Cell # 19 Date: MAY 16 20

Inmate #: 636669 Race: B Sex: F Date of Birth: _____

OFFICERS **MUST** ACCOMPANY WHEN OUT OF CELL? ☐ Yes ☐ No

Visitor Restriction ☐ Yes ☐ No

Telephone Restriction ☐ Yes ☐ No

Commissary Restriction ☐ Yes ☐ No

Is inmate a danger to officers? ☐ Yes ☐ No

Cell Checks: Within 5 Min (irregular intervals) ☐

Constant Observation ☐

Start Time 18:34 pm [Military Time Only] End Time _____ : _____

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
18:34	LAYING DOWN	EM	20:50	LAYING DOWN	EM	23:10	RESTING	EM	01:55	RESTING	EM
18:40	LAYING DOWN	EM	20:56	LAYING DOWN	EM	23:15	RESTING	EM	01:40	RESTING	EM
18:45	LAYING DOWN	EM	21:02	LAYING DOWN	EM	23:20	RESTING	EM	01:45	RESTING	EM
18:50	STANDING	EM	21:10	LAYING DOWN	EM	23:25	RESTING	EM	01:50	RESTING	EM
18:55	LAYING DOWN	EM	21:15	LAYING DOWN	EM	23:30	RESTING	EM	01:55	RESTING	EM
19:00	LAYING DOWN	EM	21:20	LAYING DOWN	EM	23:37	RESTING	EM	02:00	BATHROOM	EM
19:05	LAYING DOWN	EM	21:25	LAYING DOWN	EM	23:45	RESTING	EM	02:05	RESTING	EM
19:10	LAYING DOWN	EM	21:30	LAYING DOWN	EM	23:50	RESTING	EM	00:11	RESTING	EM
19:15	LAYING DOWN	EM	21:35	LAYING DOWN	EM	23:55	RESTING	EM	00:20	RESTING	EM
19:20	LAYING DOWN	EM	21:40	LAYING DOWN	EM	00:00	RESTING	EM	02:25	RESTING	EM
19:25	LAYING DOWN	EM	21:45	LAYING DOWN	EM	00:05	RESTING	EM	02:30	RESTING	EM
19:30	SITTING UP	EM	21:50	SAT UP	EM	00:10	RESTING	EM	02:35	RESTING	EM
19:35	LAYING DOWN	EM	21:55	LAYING DOWN	EM	00:15	TURNING	EM	02:40	SLEEPING	EM
19:40	LAYING DOWN	EM	22:00	LAYING DOWN	EM	00:20	TURNING	EM	02:45	SLEEPING	EM
19:45	LAYING DOWN	EM	2205	Resting	BT	00:25	RESTING	EM	02:50	Sleeping	EM
19:50	EATING	EM	2210	Resting	BT	00:30	RESTING	EM	02:55	Sleeping	EM
19:55	LAYING	EM	2215	Resting	BT	00:35	RESTING	EM	03:00	Sleeping	EM
20:00	LAYING	EM	2220	Sitting up	BT	00:40	RESTING	EM	03:05	Sleeping	EM
20:05	LAYING	EM	2225	Resting	BT	00:45	RESTING	EM	03:10	Sleeping	EM
20:10	LAYING	EM	2230	Resting	BT	00:50	RESTING	EM	03:15	Sleeping	EM
20:15	LAYING DOWN	EM	2235	Resting	BT	00:55	RESTING	EM	03:20	Sleeping	EM
20:20	LAYING DOWN	EM	2240	Resting	BT	01:00	RESTING	EM	03:25	Sleeping	EM
20:25	LAYING DOWN	EM	2245	Resting	BT	01:05	RESTING	EM	03:30	Sleeping	EM
20:30	LAYING DOWN	EM	2250	Resting	BT	01:10	RESTING	EM	0331	resting	AB
20:35	LAYING DOWN	EM	2255	Resting	BT	01:15	RESTING	EM	0336	resting	AB
20:40	LAYING DOWN	EM	2300	Resting	BT	01:20	RESTING	EM	0341	resting	AB
20:45	LAYING DOWN	EM	2305	Resting	BT	01:26	RESTING	EM	0342	EXIT/ENTER	AB

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

RHONDA JAMES #6366669

INMATE SUICIDE WATCH OBSERVATION LOG

:	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
:15	oSleeping	EM	06:05	Resting	EM						
:35	Sleeping	EM	06:10	Resting	EM						
:40	Walking	EM	06:13	Eating	EM						
:05	Sleeping	EM	06:20	Eating	EM						
:10	- Sleeping	EM	06:25	Resting	EM						
:15	Sleeping	EM	06:30	Resting	EM						
:20	Sleeping	EM	06:36	Resting	EM						
:25	-Sleeping	EM									
:30	Sleeping	EM									
:35	Sleeping	EM									
:40	Sleeping	EM									
:45	Sleeping	EM									
:50	Sleeping	EM									
:55	Sleeping	EM									
:00	Sleeping	EM									
:05	Awake	EM									
:10	Resting	EM									
:15	Resting	EM									
:20	Resting	EM									
:25	Resting	EM									
:30	Resting	EM									
:45	Resting	EM									
:50	Resting	EM									
:55	Resting	EM									
:00	Resting	EM									

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED			
	CONSUMED	✓		✓

SHOWER	TIME IN	TIME OUT

nents: NOTE: DETAINEE RECEIVED SNACK BAG FOR MEAL. COUNT MEAL 5-16-18
NOTE: NURSE S. STONEY CHECKED ON AND SPOKE WITH DETAINEE Rhonda James

rs Print Name: E. McKnight Date: MAY 16 2018 Time: 6:36 AM

rvisor comments: _____

rvisors Signature: [signature] Date: 5/16/18 Time: 2500

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

eferences: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/1

Alvin S. Glenn Detention Center

INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: James Rhonda Cell # 19 Date: 5-16-18

Inmate #: 636669 Race: B Sex: F Date of Birth: _____

OFFICERS MUST ACCOMPANY WHEN OUT OF CELL? ☑ Yes ☐ No

Visitor Restriction ☐ Yes ☑ No

Telephone Restriction ☐ Yes ☑ No

Commissary Restriction ☐ Yes ☑ No

Is inmate a danger to officers? ☐ Yes ☑ No

Cell Checks: Within 5 Min (irregular intervals) ☑

Constant Observation ☐

Start Time 02:15 **[Military Time Only]** **End Time** 06:35

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
2216	laying down	as	0418	use bathroom	as	0630	resting	Lm			
2217	laying down	as	0419	drink water	as	0635	resting	Lm			
2220	resting	as	0422	resting	as						
2224	resting	as	0425	resting	as						
2230	resting	as	0430	resting	as						
2235	resting	as	0435	resting	as						
2240	resting	as	0440	resting	as						
2244	resting	as	0445	resting	as						
2248	resting	as	0450	resting	as						
2253	resting	as	0455	resting	as						
2258	resting	as	0500	resting	as						
3021	resting	as	0505	resting	Lm						
0306	resting	as	0510	resting	Lm						
0311	resting	as	0515	resting	Lm						
0316	resting	as	0525	resting	Lm						
0320	resting	as	0530	resting	Lm						
0325	resting	as	0535	resting	Lm						
0330	resting	as	0540	resting	Lm						
0340	resting	as	0545	resting	Lm						
0344	resting	as	0550	resting	Lm						
0349	resting	as	0555	resting	Lm						
0352	resting	as	0600	resting	Lm						
0355	resting	as	0605	resting	Lm						
0400	resting	as	0610	resting	Lm						
0405	resting	as	0615	resting	Lm						
0410	resting	as	0620	resting	Lm						
0415	resting	as	0625	resting	Lm						

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

INMATE SUICIDE WATCH OBSERVATION LOG

E	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED		Dayshift	Dayshift
	CONSUMED			

SHOWER	TIME IN	TIME OUT
	no	no

ments: Detainee James Hhonda has been quiet and asleep since his arrival.

ers Print Name: Simonvil Angelie Date: 5-16-18 Time: 0500 hours

ervisor comments: Detainee James appears to be resting quietly.

ervisors Signature: Elmia Ross Date: 5/16/2018 Time: 0349

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

Alvin S. Glenn Detention Center
INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: James, Rhonda Cell # 19 Date: 05/17/18

Inmate #: 636669 Race: Black Sex: Female Date of Birth: _____

OFFICERS **MUST** ACCOMPANY WHEN OUT OF CELL? ☐ Yes ☐ No

Visitor Restriction ☐ Yes ☐ No

Telephone Restriction ☐ Yes ☐ No

Commissary Restriction ☐ Yes ☐ No

Is inmate a danger to officers? ☐ Yes ☐ No

Cell Checks: Within 5 Min (irregular intervals) ☐

Constant Observation ☐

Start Time 06:37 **[Military Time Only]** **End Time** ____:____

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
1643	Resting	MA	0855	Shower	MA	1055	resting	TKS	1308	chow	TKS
2648	Resting	MA	0900	Shower	MA	1106	resting	TKS	1315	chow	TKS
2653	Resting	MA	0905	Shower	MA	1109	resting	TKS	1320	resting	TKS
0700	Resting	MA	0906	Sitting	MA	1113	resting	TKS	1325	dressing	TKS
0705	Resting	MA	0910	laying down	MA	1117	resting	TKS	1328	talking to Atty	TKS
2711	Resting	MA	0915	Resting	MA	1121	resting	TKS	1334	Atty	TKS
2712	talking	MA	0922	Resting	MA	1126	resting	TKS	1345	Atty	TKS
2714	drinking water	MA	0927	Resting	MA	1132	resting	TKS	1351	Atty	TKS
2715	laying down	MA	0935	Resting	MA	1135	resting	TKS	1404	resting	TKS
1720	Resting	MA	0940	Resting	MA	1139	resting	TKS	1408	MHP	TKS
1726	Resting	MA	0945	Resting	MA	1144	resting	TKS	1412	MHP	TKS
1731	restroom	MA	0950	Sitting	MA	1150	resting	TKS	1415	resting	TKS
1735	standing	MA	0955	restroom	MA	1154	resting	TKS	1421	resting	TKS
1737	laying down	MA	0958	laying down	MA	1158	resting	TKS	1425	resting	TKS
1741	Resting	MA	1005	Resting	MA	1203	resting	TKS	1431	resting	TKS
1746	Resting	MA	1010	sitting	MA	1208	resting	TKS	1439	resting	TKS
1752	Resting	MA	1011	search	TKS	1212	resting	TKS	1444	resting	TKS
1757	Resting	MA	1012	Sitting	TKS	1218	resting	TKS	1450	resting	TKS
1804	Resting	MA	1015	sitting	TKS	1225	resting	TKS	1505	resting	TKS
1810	Resting	MA	1016	resting	TKS	1228	resting	TKS	1510	resting	TKS
1816	Resting	MA	1021	resting	TKS	1235	resting	TKS	1519	OC Suicide	TKS
1824	Resting	MA	1030	resting	TKS	1240	resting	TKS			
1830	Resting	MA	1034	resting	TKS	1244	resting	TKS			
1836	Resting	MA	1038	resting	TKS	1250	resting	TKS			
1842	Resting	MA	1042	resting	TKS	1256	resting	TKS			
1847	Resting	MA	1046	resting	TKS	1302	resting	TKS			
1850	shower	MA	1050	drinking	TKS	1305	resting	TKS			

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

INMATE SUICIDE WATCH OBSERVATION LOG

E	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED	Yes	Yes	
	CONSUMED	Yes	Yes	

SHOWER	TIME IN	TIME OUT
	0850	0906

ments: _____

ers Print Name: Tabatha K. Sillah Date: 5-17-18 Time: 1520

ervisor comments: Detaynee James, Rhonda is currently speaking with her Attorney. She did consume her breakfast and lunch meal.

ervisors Signature: SGT Valarie Smith Date: 17May18 Time: 1345

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0116 **Incident Date:** 5/16/2018 **Incident Location:** Intake

Staff Member Reporting Incident: Officer Iesha S. DuPree

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** 0366669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and approximate time detainee Rhonda, James inmate number 0366669 entered into Alvin S. Glenn pre-booking with Richland County Sheriff's Department. As I officer Iesha DuPree asked detainee James the initial classification questions, she answered yes to having suicidal ideations in the past 24 hrs. I asked detainee James was she feeling suicidal currently and she replied "yes because I didn't kill my husband and I have nothing to live for." Medical was notified (Nurse Loretta Simpson) and the supervisor was notified (Sgt. Ross), a incident report was generated.

Reporting Staff Member's Signature: Iesha S. DuPree Iesha S. DuPree **Report Completion Date:** 5/16/2018

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No _____

Supervisor's Narrative

During the Book in Process, Deborah James, Rhonda #686669 stated that she "Had nothing to live for and had thoughts of killing herself". Deborah James was placed on suicide watch by Medical staff member Nurse Simpson, LVN#[illegible].

Supervisor's Signature: Sgt R. Rhodes Rojas Sgt #226683 **Date:** 5/16/2018

Inmate Movement and Status Information

1st Inmate: James, Rhonda **Inmate Number:** #686669 **Moved to Unit:** PAPA

Pre-Hearing: ____ **Cool Down:** ____ **Suicide Watch:** ✓ **Medical Watch:** ____ **Protective Custody:** ____

Administrative: ____ **Classification:** ____ **Other Movement Reason:** ____

Property Inventoried By: Officer Dupree **Inmate Moved By:** Officer Simonville

2nd Inmate: ____ **Inmate Number:** ____ **Moved to Unit:** ____

Pre-Hearing: ____ **Cool Down:** ____ **Suicide Watch:** ____ **Medical Watch:** ____ **Protective Custody:** ____

Administrative: ____ **Classification:** ____ **Other Movement Reason:** ____

Property Inventoried By: ____ **Inmate Moved By:** ____

Watch Commander's Review and Narrative

Deborah James was given a suicide gown in exchange for her clothing. She was given a suicide mattress.

Watch Commander's Signature: [signature] **Date:** 5.16.18

Incident Report Distribution

Medical: ____ **Maintenance:** ____ **Operations:** ____ **Classification:** ____ **Professional Standards:** ____ **RCSO:** ____

Administration: ____ **Hearing Officer:** ____ **Other Distribution:** ____

Division Manger's Review and Narrative

Division Manager's Signature: ____ **Date:** ____

Alvin S. Glenn Detention Center
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

Stop by medical

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs

Patient Name	Patient Number	Booking Number	Status: ☑ Adult ☐ Juvenile	
JAMES, RHONDA	636669	1673015	Date of Birth: 8/25/1979	Today's Date: 5/16/2018

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☐Housing ~~General Pop~~
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☑Suicide Watch
☐ Continuous ☐15 min ☑30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: [signature] Date: 5-16-18

Correctional Staff Member Notified: records, classification, operations, Mental Health

Date and time notified: 5-16-18

Notification Type: ☐Verbal ☑Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: [signature]

SP102UN000ACCEN071513

D18559DI3164768IC755909ICP17498P

INMATE REQUEST FORM

ALVIN S. GLENN DETENTION CENTER

DATE: 12-4-2018

NAME: Rhonda James

INMATE NUMBER:

UNIT: PAPA

BUNK/CELL: D 26

NATURE OF REQUEST

- [ ] CLASSIFICATION INFORMATION
- [ ] BOND INFORMATION
- [ ] CHARGES INFORMATION
- [ ] COMMISSARY/MONEY INFORMATION
- [ ] COURT DATE INFORMATION
- [ ] VISITATION INFORMATION
- [ ] PROGRAMS INFORMATION
- [x] OTHER Log in info. for email kiosk

Lt. WATER JT says my Log in information on the email machine is not correct, how can I reset it or can you provide my Log in information. thanks

<<<<<<<<<<<< FOR STAFF USE ONLY>>>>>>>>>>>>

OFFICER RECEIVING REQUEST: [signature] DATE: 12/4/18 TIME: 1522

Request Route
- [ ] Shift Watch Commander
- [ ] Records/Ops
- [ ] Visitation
- [ ] Classification
- [ ] Internal Affairs
- [ ] Commissary
- [ ] Programs

Date 12/10/18

ACTION TAKEN

Time 1540

Pin re-set unit officer notified

Lt. Wales

SIGNATURE

Date

REVIEW OF ACTION

Time

APPROVED [ ] DISAPPROVED [ ]

Reviewing Officer Signature

3A-07

INMATE REQUEST FORM

ALVIN S. GLENN DETENTION CENTER

File

DATE: 12-8-2018

NAME: Rhonda James
INMATE NUMBER: 636669
RACE/SEX: Female

UNIT: PADA

BUNK/CELL: D26

NATURE OF REQUEST

- [ ] APPEAL OF GRIEVANCE/DISCIPLINARY
- [ ] BOND INFORMATION
- [ ] CHARGES INFORMATION
- [ ] COMMISSARY/MONEY INFORMATION
- [ ] GRIEVANCE FORM
- [ ] MEDICAL INFORMATION
- [ ] CLASSIFICATION INFORMATION
- [ ] VISITATION INFORMATION
- [x] OTHER Lt. WAter

Login Failed Enter your Inmates ID It's keep telling me these 636669- [redacted] 08-25

<<<<<<<<<<<< FOR STAFF USE ONLY>>>>>>>>>>>>

OFFICER RECEIVING REQUEST: _____ DATE: _____ TIME: _____

Request Route		Shift Watch Commander / Records/Ops		Medical / Classification		Internal Affairs / Commissary		Programs / Visitation

Date 12/10

ACTION TAKEN

Time 943 AM

Called the Pod. Was told the C/O your PIN was working today.

T. Ray Lee
SIGNATURE

Date _____

REVIEW OF ACTION

Time _____

APPROVED [ ] DISAPPROVED [ ]

Reviewing Officer Signature

3A-07

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0628 **Incident Date:** 11/26/2018 **Incident Location:** PAPA

Staff Member Reporting Incident: MakeithA Corrington

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: James, Rhonda **Inmate #:** 636669 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date and Approximate time I Officer Corrington was serving Breakfast. Detainee Laws, Lenora # 100885 coffee spilled on Detainee Rhonda, JAMES 636669 left hand.

Reporting Staff Member's Signature: MakeithA Corrington **Report Completion Date:** 11-26-2018

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes _____ **No** _____ **Use of Force Necessary: Yes** _____ **No** _____

Supervisor's Narrative

Detainee James, Rhonda #G31669 was seen in medical by Nurse Altonese Vitalis. Nurse Vitalis cleared detainee to return to unit Papa.

Supervisor's Signature: [signature] by Sgt Walker **Date:** 11-26-18

Inmate Movement and Status Information

1st Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

2nd Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

Watch Commander's Review and Narrative

Watch Commander's Signature: [signature] by Sgt Walker **Date:** 11-26-18

Incident Report Distribution

Medical: _____ **Maintenance:** _____ **Operations:** _____ **Classification:** _____ **Professional Standards:** _____ **RCSO:** _____

Administration: _____ **Hearing Officer:** _____ **Other Distribution:** _____

Division Manger's Review and Narrative

Division Manager's Signature: _____ **Date:** _____

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209
Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

DATE: 2/22/2019

INMATE NAME: JAMES, RHONDA

INMATE NUMBER: 636669

HOUSING UNIT: Papa

SENDER: Stewart [redacted] Winnsboro, SC 29180

RECIPIENT: Sign + Date Rhonda James 2-22-2019

REFUSED
U.S. POSTAL MONEY ORDERS ONLY
ALVIN S. GLENN DETENTION CENTER

You have had mail refused for the following reason(s)

☐ **Refusal due to unauthorized contents**
(Stamps, envelopes and/or writing paper, pictures larger than 5x7, etc.)

☒ Refusal due to wrong type Money Order ***(U.S. Postal Money orders only)***
MoneyGram money order, $25.00, (R208436432204)

☐ Refusal due to ***semi nude***, pornographic contents, or excessive content
No nude, semi nude, obscene, and/or inappropriate pictures allowed

☐ Hardback books (must be soft back only) or Books shipped from Individuals
All books and/or magazines must be shipped from a publisher or bookstore

☐ _____

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209
Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

To: Stewart
11121 Monticello Rd.
Winnsboro, SC 29180

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

Re: ***Wrong type money order***

Dear Stewart

Please be advised that we are returning the above referenced money order for ***JAMES, RHONDA*** in the amount of ***$25.00.*** We are unable to complete this action because we ***only*** accept and process **U.S. Postal money orders.**

Respectfully,

Mail Clerk

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209

Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

DATE: 8/20/2019

INMATE NAME: JAMES, RHONDA

INMATE NUMBER: 636669

HOUSING UNIT: Papa

SENDER: Laverne Demmons [redacted] Atlanta, GA 30312

RECIPIENT: Sign & Date Rhonda James Class 20

REFUSED
U.S. POSTAL MONEY ORDERS ONLY
ALVIN S. GLENN DETENTION CENTER

You have had mail refused for the following reason(s)

☐ **Refusal due to unauthorized contents**
(Stamps, envelopes and/or writing paper, ***pictures larger than 5x7, etc.)***

☒ Refusal due to wrong type Money Order ***(U.S. Postal Money orders only)***
$5.00 cash money, (no cash money allowed at ASGDC)

☐ ***No nude, semi nude, obscene, and/or inappropriate pictures allowed***
Refusal due to semi nude, pornographic contents, or excessive content
No nude, semi nude, obscene, and/or inappropriate pictures allowed
Explicit/inappropriate/semi nude pictures (Not allowed at ASGDC)

☐ ***Hardback books (must be soft back only)*** or Books shipped from Individuals (must be purchased and shipped through publisher and/or bookstore)
publisher or bookstore

☐

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209

Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

To: Laverne Demmons
[redacted]
Atlanta, GA 30312

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

Re: ***Cash money***

Dear Laverne Demmons

Please be advised that we are returning the above referenced cash money for ***JAMES, RHONDA*** in the amount of ***$5.00.*** We are unable to complete this action because we ***only*** accept and process **U.S. postal money orders. Inmates are not allowed to receive cash money or checks at ASGDC. U.S. postal money orders only.**

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

Respectfully,

Mail Clerk

REFUSED
U.S. POSTAL MONEY ORDERS
ONLY
ALVIN S. GLENN DETENTION CENTER

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 1250 **Incident Date:** 8/28/19 **Incident Location:** PHASE FIVE HALLWAY

Staff Member Reporting Incident: MICHAEL F. HIGGINS

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: RHONDA JAMES **Inmate #:** 636669 **Charge:** _____

2nd Inmate Involved: BRITTANY SMITH **Inmate #:** 643682 **Charge:** _____

ON THE ABOVE DATE AND APPROXIMATE TIME WHILE ESCORTING INMATE JAMES UP TO MEDICAL FROM PAPA DORM, SHE SUDDENLY APPEARED TO HAVE DIFFICULTY BREATHING AND STARTED TO FALL DOWN. INMATE SMITH WHO WAS ALSO BEING ESCORTED ALONG WITH INMATE JAMES, ASSISTED ME WITH LOWERING INMATE JAMES TO THE FLOOR. I THEN CALLED A CODE BLUE OVER THE RADIO AND THE FOLLOWING MEDICAL STAFF RESPONDED; DIRECTOR OF NURSING SANTANA SHANNON, LPN RENITTA TRIBBLE, LPN ERNESTINE JACKSON, LPN CHENELLE FORBES-LITTLE, AND CMA VERONICA MILTON. INMATE JAMES WAS TRANSPORTED UP TO MEDICAL IN A WHEELCHAIR WHERE SHE WAS GIVEN AN ASTHMA TREATMENT AND THEN RETURNED TO PAPA DORM.

Reporting Staff Member's Signature: michael F. Higgins **Report Completion Date:** 8/28/19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes ✓ No _____ **Use of Force Necessary:** Yes _____ No ✓

Supervisor's Narrative

At approximately 1250pm a code blue was called in the hallway. After being assesed by medical detainee James, Rhonda was cleared to be escorted back to unit 6a.

Supervisor's Signature: Lt. Williams, Doncetta **Date:** 8-28-19

Inmate Movement and Status Information

1st Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

2nd Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

Watch Commander's Review and Narrative

Watch Commander's Signature: Lt. Williams, Doncetta **Date:** 8-28-19

Incident Report Distribution

Medical: _____ **Maintenance:** _____ **Operations:** _____ **Classification:** _____ **Professional Standards:** _____ **RCSO:** _____

Administration: _____ **Hearing Officer:** _____ **Other Distribution:** _____

Division Manager's Review and Narrative

Division Manager's Signature: _____ **Date:** _____

ALVIN S. GLENN DETENTION CENTER
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 1500 **Incident Date:** 8-28-19 **Incident Location:** Booking

Staff Member Reporting Incident: Michele Miller

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Benson, Keianna **Inmate #:** 648832 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

On the above date & approximate time detainee Benson, Keianna #648832 has a white metal nose ring in left nostril that couldn't be removed. To prevent any injuries nose ring was left in place. Lft jacket is aware aware.

Reporting Staff Member's Signature: M. H **Report Completion Date:** 8/28/19

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes ✓ No _____ **Use of Force Necessary:** Yes _____ No ✓

Supervisor's Narrative

The white metal nose ring, located on the left nostril of the nose, could not be removed. After a few attempts to remove the nose ring, it was left in place to avoid damage or injury. Seen by nurse Veronica Milan.

Supervisor's Signature: Sgt. [signature] **Date:** 8-28-19

Inmate Movement and Status Information

1st Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

2nd Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

Watch Commander's Review and Narrative

Watch Commander's Signature: Lt. Williams [signature] **Date:** 8-28-19

Incident Report Distribution

Medical: _____ **Maintenance:** _____ **Operations:** _____ **Classification:** _____ **Professional Standards:** _____ **RCSO:** _____

Administration: _____ **Hearing Officer:** _____ **Other Distribution:** _____

Division Manager's Review and Narrative

Division Manager's Signature: _____ **Date:** _____

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209

Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

DATE: 8/29/2019

INMATE NAME: JAMES, RHONDA

INMATE NUMBER: 636669

HOUSING UNIT: Papa

SENDER: Lownzo Bacon 1096795 B-2 [redacted] Helena, GA 31307-0549

RECIPIENT: Sign & Date Rhonda James 8-29-19

You have had mail refused for the following reason(s)

REFUSED
UNAUTHORIZED CONTENTS
ALVIN S. GLENN DETENTION CENTER

[X] **Refusal due to unauthorized contents**
(Stamps, envelopes and/or writing paper, pictures larger than 5x7, etc.)
Clothing type item, (Inmates are not allowed to receive this item at ASGDC

[ ] Refusal due to wrong type Money Order ***(U.S. Postal Money orders only)***

[ ] ***No nude, semi nude, obscene, and/or inappropriate pictures allowed***
Refusal due to semi nude, pornographic contents, or excessive content
No nude, semi nude, obscene, and/or inappropriate pictures allowed
Explicit/inappropriate/semi nude pictures (Not allowed at ASGDC)

[ ] Hardback books (must be soft back only) or ***Books shipped from Individuals (must be purchased and shipped through publisher and/or bookstore)***

[ ]

ALVIN S. GLENN DETENTION CENTER

201 John Mark Dial Drive; Columbia, South Carolina 29209

Telephone (803) 576-3200 **Fax** (803) 576-3292 **TDD** (803) 576-2045

Ronaldo Myers, CJM
Director

Shane Kitchen
Assistant Director

To: Lownzo Bacon 1096795 B-2
[redacted]
Helena, GA 31307-0549

Re: ***Clothing type item***

REFUSED
UNAUTHORIZED CONTENTS
ALVIN S. GLENN DETENTION CENTER

Dear Lownzo Bacon 1096795 B-2

Please be advised that we are returning the above mail for ***JAMES, RHONDA***. ***The mail contained*** stamps, envelopes, writing paper, stickers, composition notebooks/journals/notepads, sketch book, stationery, ink pens, laminated items, credit cards, debit cards, foreign objects/substance, ***clothing items*** and/or other ***items that inmates are not allowed to receive through the mail according to our facility policy.***

Respectfully,

Mail Clerk

REFUSED
UNAUTHORIZED CONTENTS
ALVIN S. GLENN DETENTION CENTER

REFUSED
UNAUTHORIZED CONTENTS
ALVIN S. GLENN DETENTION CENTER

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PADA Date and Time of Visit: Aug 31 430530

Name 1st Visitor: Pam Gainey ✓

Name 2nd Visitor: Dot Gainey ✓

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: X [redacted]

Address 1st Visitor: X [redacted] Darlington S.C 29532

Name 2nd Visitor: X Maxine Gainey Jr.

Address 2nd Visitor: X [redacted]

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 31 Aug 19 43-53 Station utilized: 14 P4

Name of Visitation Officer: [signature]

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James # 336669

Housing Unit of Visit: PARA Date and Time of Visit: Aug 24 @ 2:30 3:30

Name 1st Visitor: Charlie Lawson

Name 2nd Visitor: Michelle Mathis

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: [redacted]

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 1425 8/24/19 Station utilized: LN

Name of Visitation Officer: SGldavc

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #6366669

Housing Unit of Visit: PAPA Date and Time of Visit: Aug 3 430530

Name 1st Visitor: ~~Pam~~ Maxie Gainey

Name 2nd Visitor: Dothory Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

X Name 1st Visitor: Dorothy Lee Gainey

X Address 1st Visitor [redacted] Darlington S.C 29532

X Name 2nd Visitor: Maxie Gainey

X Address 2nd Visitor [redacted] Florence SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 8/3/2019 Station utilized: L16 | P4

Name of Visitation Officer: Holmes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAPA Date and Time of Visit: July [redacted]13 230 330

Name 1st Visitor: Charle Lawson

Name 2nd Visitor: Eugene Black

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charle Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Eugene Black

Address 2nd Visitor: [redacted] S.C. 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 7/13/19 Station utilized: WB14.P2

Name of Visitation Officer: T. Haynes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669 430

Housing Unit of Visit: PAPA Date and Time of Visit: July 6 ~~330~~ 430

Name 1st Visitor: Jalya Patterson

Name 2nd Visitor: Dorthony Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visitor: [redacted] Darlington SC 29532

Name 2nd Visitor: Jayla Alicia Patterson

Address 2nd Visitor: [redacted] McBee SC, 29101

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 7-6-19 1630-1730 Station utilized: 5

Name of Visitation Officer: C Rec

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAPA Date and Time of Visit: June 15 230330

Name 1st Visitor: Michelle Mathis

Name 2nd Visitor: Charle Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charlie Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 6-15-19 Station utilized: C-1 / P-4

Name of Visitation Officer: M. T.

Visit Completed: / Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 6366669

Housing Unit of Visit: PAPA Date and Time of Visit: May 11 230330

Name 1st Visitor: Dorothy Gainey

Name 2nd Visitor: Stacie Eli

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visitor: [redacted] Darlington SC 29532

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 5-10-19 1420 Station utilized: L-14 U4

Name of Visitation Officer: Saldaña

Visit Completed: Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Rhonda James 636669 1630-1730

Housing Unit of Visit: 6PAPA Date and Time of Visit: 3-30-19 2300 30

Name 1st Visitor: Dot Gainey ✓

Name 2nd Visitor: Pam Gainey ✓

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: ✓ Gainey, Dorothy

Address 1st Visitor: [redacted]

Name 2nd Visitor: ✓ Gainey, Pamela

Address 2nd Visitor: ✓ [redacted]

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 3/30/19 23-33 Station utilized: Ila La

Name of Visitation Officer: Dodd Mandel

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Rhonda James #636dda March 2

Housing Unit of Visit: PAPA Date and Time of Visit: Fed 2 239330

Name 1st Visitor: Dak Gainey

Name 2nd Visitor: [redacted]

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: [redacted]

Address 1st Visitor: [redacted] Darlington SC 29532

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 3-2-19 1430 Station utilized: 2

Name of Visitation Officer: [redacted]

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Rhonda James # 636669

Housing Unit of Visit: PAPA Date and Time of Visit: Feb 23 230330

Name 1st Visitor: Charle Lawson

Name 2nd Visitor: Jimmy Black

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charlie Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 2-23-19 / 1430-1530 Station utilized: L-14/P6

Name of Visitation Officer: Dwyer

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAPA Date and Time of Visit: Feb 9 230 330

Name 1st Visitor: Michelle mathis

Name 2nd Visitor: Charle Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Michelle Mathis

Address 1st Visitor: [redacted] Drive Columbia SC 2980

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 2-9-19 1430-1530 Station utilized: 14 P2

Name of Visitation Officer: L Turner

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAPA Date and Time of Visit: Fed 2 430 530

Name 1st Visitor: Pam Gainey

Name 2nd Visitor: Dot Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visitor: [redacted] Darlington SC 29532

Name 2nd Visitor: PAMELA Gainey

Address 2nd Visitor [redacted] Flo. SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 2-2-19 1630-1730 Station utilized: 8

Name of Visitation Officer: Cofer

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 36669

Housing Unit of Visit: PAPA Date and Time of Visit: Jan 12 ~~2300~~ 1:15pm

Name 1st Visitor: Chark Lawson

Name 2nd Visitor: Michelle Mathis

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: _____

Address 1st Visitor: _____

Name 2nd Visitor: _____

Address 2nd Visitor: _____

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: _____ Station utilized: _____

Name of Visitation Officer: Brady

Visit Completed: _____ Visit Cancelled: _____ Visitor No Show: ✓

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: PAPM Date and Time of Visit: Jan 5 430530

Name 1st Visitor: Marie Gainey

Name 2nd Visitor: Pam Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

- This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: _____

Address 1st Visitor: _____

Name 2nd Visitor: _____

Address 2nd Visitor: _____

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 01052019 Station utilized: _____

Name of Visitation Officer: THolmes

Visit Completed: _____ Visit Cancelled: _____ Visitor No Show: ✓

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 00366169

Housing Unit of Visit: PAOA Date and Time of Visit: Dec 29 430530

Name 1st Visitor: Elizebeth Mitchell

Name 2nd Visitor: Cynthia Washington

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Washington Cynthia

Address 1st Visitor: [redacted] Olar SC 29

Name 2nd Visitor: Mitchell Elizabeth

Address 2nd Visitor: [redacted] Columbia 29223

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 12/29/18 1100 Station utilized: 11

Name of Visitation Officer: Manuel

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James # 636669

Housing Unit of Visit: PAPA Date and Time of Visit: Dec [redacted] 2 9305 32

Name 1st Visitor: Dot Gainey

Name 2nd Visitor: Pam Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visitor: [redacted] Darlington SC 29532

Name 2nd Visitor: Pamela Cooley

Address 2nd Visitor: [redacted] Flo. SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 12222018 Station utilized: 2nd

Name of Visitation Officer: Holmes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: PA PM Date and Time of Visit: Dec 15 2019 330 PM

Name 1st Visitor: Charle Lawson

Name 2nd Visitor: Tiny Eugan Black

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charlie E. Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Eugene Black

Address 2nd Visitor: [redacted] Columbia S.C. 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 12-15-19 Station utilized: 11 PB

Name of Visitation Officer: Teaire Brown

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James # 636669

Housing Unit of Visit: PA04 Date and Time of Visit: [redacted] NOV 24 2303 30

Name 1st Visitor: Michelle Mathis

Name 2nd Visitor: Charles Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Michelle Mathis

Address 1st Visitor: [redacted] Drive

Name 2nd Visitor: Charles Lawson Columbia SC 29209

Address 2nd Visitor: [redacted] Columbia SC 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 11242018 Station utilized: 4P4

Name of Visitation Officer: I Holmes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAPA Date and Time of Visit: Nov 17 2:30

Name 1st Visitor: Angela Mathis

Name 2nd Visitor:

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Angela Marie Mathis

Address 1st Visitor: [redacted] Sumter SC 29150

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 11/17/18 1430 Station utilized: 8

Name of Visitation Officer: D Roddy

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda Gainey James 640387

Housing Unit of Visit: PAPA Date and Time of Visit: Nov 10 430 530

Name 1st Visitor: Pam Gainey

Name 2nd Visitor: Marie Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: [redacted]

Address 1st Visitor: [redacted] Flo. SC 29501

Name 2nd Visitor: [redacted]

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 11/10/18 1630 Station utilized: 15

Name of Visitation Officer: Lewis

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate's portion of the Video Visitation Request Form (printing all information). The inmate must obtain from the officer a date and time for the video visitation to be conducted and place this information on the request. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors must bring proper pictured identification. Visits must be scheduled on unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda Dame #636691

Housing Unit of Visit: PAPA Date and Time of Visit: [redacted] 3, 2018 230330

Name 1st Visitor: Eugene Black

Name 2nd Visitor: Charlie Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any age visitor). Visitors can not leave children in the lobby unattended. Each visitor 16 years or older must have proper pictured identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of Detention Center Staff. Should visitors show up late for their scheduled visit they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled for safety and security reasons.

Name 1st Visitor: Charlee Lawson

Address 1st Visitc [redacted] Columbia SC 29209

Name 1st Visitor:

Address 1st Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation the completed Video Visitation Request Form will be passed to the Inmates' Records Section for filing in the inmate's file.

Date and Time of Visit: 11-3-2018 Stations Utilized: 12 PA

Name of Visitation Officer: Terraine Brann

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Rhonda James

Housing Unit of Visit: DAPA Date and Time of Visit: Oct [redacted] 2018 @ 1430

Name 1st Visitor: Dot Gainey ✓

Name 2nd Visitor: Pam Gainey ✓

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Pamela Gainey

Address 1st Visitor: [redacted] Flo SC 29501

Name 2nd Visitor: Dorothy Lee Gainey

Address 2nd Visitor: [redacted] Darlington SC 29532

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 10/27/2018 @ 1633 Station utilized: LOB 13 P3

Name of Visitation Officer: Stukes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 636646

Housing Unit of Visit: PAPA Date and Time of Visit: Oct 20 2018 2:30/3P

Name 1st Visitor: Michell Mathis

Name 2nd Visitor: Charles Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: _____

Address 1st Visitor: _____

Name 2nd Visitor: _____

Address 2nd Visitor: _____

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: _____ Station utilized: _____

Name of Visitation Officer: _____

Visit Completed: _____ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAPA Date and Time of Visit: 9-22-18 430.530

Name 1st Visitor: Dot Gainey

Name 2nd Visitor: Pam Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: X Dorothy Lee Gainey

Address 1st Visitor: [redacted] Darlington SC 29532

Name 2nd Visitor: X Pamela Gainey

Address 2nd Visitor: [redacted] Florence SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 9-22-18 — Station utilized: 18 P4

Name of Visitation Officer: Michelle Higgins

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda Gainey James # 636669

Housing Unit of Visit: PAPA Date and Time of Visit: Sept. 1 - 2018 430530

Name 1st Visitor: Marie Gainey

Name 2nd Visitor: Pam Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: _____

Address 1st Visitor: _____

Name 2nd Visitor: _____

Address 2nd Visitor: _____

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 9/1/2018 @ 1800 Station utilized: _____

Name of Visitation Officer: Stukes

Visit Completed: _____ Visit Cancelled: _____ Visitor No Show: ✓

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: James, Rhonda #634649

Housing Unit of Visit: Papa Date and Time of Visit: 8-25-18/1438-1530

Name 1st Visitor: Black, Eugene

Name 2nd Visitor: Lawson, Charles

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charles Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Eugene Black

Address 2nd Visitor: [redacted] Columbia SC 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 8-25-18/1438-1538 Station utilized: 4

Name of Visitation Officer: L Tucker

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Rhonda James #636669

Housing Unit of Visit: PAPA Date and Time of Visit: Aug. 18 20[redacted] 330 430 4:30-5:30

Name 1st Visitor: Dot Gainey

Name 2nd Visitor: Pam Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Dorothy Lee Gainey

Address 1st Visitor [redacted] Darlington SC 29532

Name 2nd Visitor: PAMELA A Gainey

Address 2nd Visi[redacted] SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 8-18-18 1630 Station utilized:

Name of Visitation Officer: Cope

Visit Completed: ~~—~~ 09 Visit Cancelled: ✓ Visitor No Show:

SG cancelled

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: PAPA Date and Time of Visit: Aug 11 2018 230-330

Name 1st Visitor: Michelle Mathis

Name 2nd Visitor: Charle Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Lawson Charlie

Address 1st Visitor: [redacted] Columbia 29209

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 8-11-2018 Station utilized: 16 P2

Name of Visitation Officer: Terraine Brown

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 136669

Housing Unit of Visit: PAPA Date and Time of Visit: Jul 28. 230/330

Name 1st Visitor: Charle Lawson

Name 2nd Visitor: Eugan Black

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charlie Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Eugene Black

Address 2nd Visitor: [redacted] Columbia S.C. 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 7-28-18 / 1430-1530 Station utilized: 11

Name of Visitation Officer: L Tumkin

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: PAPA Date and Time of Visit: July 21 2018 430/530

Name 1st Visitor: Dot Gainey ✓

Name 2nd Visitor: Tonya Gainey

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: X Dorothy Lee Gainey

Address 1st Visitor: [redacted] Darlington, SC

Name 2nd Visitor:

Address 2nd Visitor:

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 21 July 18 4^3-5^3 Station utilized: P5/14

Name of Visitation Officer: A.M. Mack

Visit Completed: ✓ Visit Cancelled: Visitor No Show:

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: PAPA Date and Time of Visit: [redacted] July 7 1:30-3:30

Name 1st Visitor: Michelle Mathis

Name 2nd Visitor: Charle Lawson

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Michelle Mathis

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Charle Lawson

Address 2nd Visitor: [redacted] Columbia SC 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 7-7-18 1430-1530 Station utilized: 8

Name of Visitation Officer: Gfder

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

Inmates may request a Video Visitation Request Form from the Officer in charge of the housing unit on the Friday night (Night Shift) prior to the upcoming visitation week. The inmate making the visitation request completes the inmate portion of the Request Form (printing all information). The inmate must obtain a date and time for the video visitation to be conducted from the officer and place this information on the request form. The inmate is allowed only 2 visitors on any 1 visitation day. It is the responsibility of the inmate to notify all visitors of the date and time of the visit and that the visitors are aware that they must bring proper picture identification and are appropriately dressed. Visits must be scheduled on the unit's scheduled days. This form must be completed properly for acceptance to schedule a visit. Visitation time slots will be rotated between the inmates assigned to the unit.

Inmate's Name and Number: Rhonda James # 636669

Housing Unit of Visit: PAPA Date and Time of Visit: June 16 2018 230 350

Name 1st Visitor: Charle · Lawson

Name 2nd Visitor: michell mathis

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: Charle Lawson

Address 1st Visitor: [redacted] Columbia SC 29209

Name 2nd Visitor: Michelle Mathis

Address 2nd Visitor: [redacted] Dr Columbia SC 29209

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 6-16-18. Station utilized: 2 P5

Name of Visitation Officer: Terraine Brown

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: Rhonda James 636669

Housing Unit of Visit: PAPD Date and Time of Visit: June 9 · 2018 PM 430 53

Name 1st Visitor: Dot Gainey ✓ or [illegible]

Name 2nd Visitor: [illegible] or Tonya Gainey ✓

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: ✓ Dorothy Lee Gainey

Address 1st Visitor: ✓ Tonya M. Gainey

Name 2nd Visitor: ✓ [redacted]

Address 2nd Visitor: ✓ Columbia, SC 29223

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 6/9/18 48-53 Station utilized: 8/3

Name of Visitation Officer: [illegible]

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

ALVIN S. GLENN DETENTION CENTER
VIDEO VISITATION REQUEST FORM

COMPLETED BY INMATE (PRINT ALL INFORMATION)

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Inmate's Name and Number: RHonda James 636669

Housing Unit of Visit: PAPA Date and Time of Visit: JUNE 2 [redacted] 9:30 2018

Name 1st Visitor: ~~Bethany Lee Gainey~~ or Pam Gainey ✓

Name 2nd Visitor: Maxie Gainey ✓

COMPLETED BY VISITOR (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the visitor (printing all information). It's the responsibility of the inmate to notify their visitors of the date and time of their scheduled visits. The visitors permitted must be the individuals listed on the inmate's request. Only 2 visitors are permitted to visit on any 1 visitation day (this includes any child visitor over the age of 2 years old). Visitors cannot leave children in the lobby unattended. Each visitor 17 years or older must have proper picture identification with them at the time of the visit and must present this information to the Visitation Officer. All visitors must follow the instructions of the Detention Center Staff. Should visitors show up late for their scheduled visit, they will only be permitted the time remaining for their scheduled visitation time slot. Visits may be cancelled at any time for safety and/or security reasons.

Name 1st Visitor: K Maxie Gainey

Address 1st Visitor: [redacted] Flo SC 29501

Name 2nd Visitor: Pamela Gainey

Address 2nd Visitor: [redacted] Flo. SC 29501

COMPLETED BY VISITATION OFFICER (PRINT ALL INFORMATION)

This portion of the Video Visitation Request Form is completed by the on-duty Visitation Officer at the time of the video visit (printing all information). At the conclusion of the scheduled video visitation, the completed Visitation Request Form will be passed to the Records Section for filing in the inmate's institutional record.

Date and Time of Visit: 6/2/2018 @ 1551 Station utilized: P3 LOB2

Name of Visitation Officer: Stukes

Visit Completed: ✓ Visit Cancelled: _____ Visitor No Show: _____

Let him turn away
from evil and do good;
Let him seek peace N .
pursue it.

Who ever confesses
that Jesus is the
Son of God, God
abides in him, N he in
God.

He who testifies
to these things "says Surely
I am coming Quickly"↓

Wet

Hey, you can leave a girl hang being honest with you. I know that you be asking about me because the globe tell me special the was be coming from medical ? went you to know that im still feeling you. I hope you will write me back after what ? tell you in this letter man you is so fine to be honest ? mean be making a girl smile everything ? hear your name be waiting on them photo that ? hope you sent me. This letter well get all your attention ? promise wish that you was here with me be having dreams about you like you say you trying to be my nigga whats up with that ? went you to keep your head up for me and ? 'll be witing on them picture's. I been busy so much that ? have not been writing you im very sorry trying to get som money fo batteries for my radio and plus somebody die in my family so have been dcun + is stress so much. But every-thing can't wait unt'll you write me back so ttyl.

TO8

My love

From ? kiki

9/12/19

Preston,

Hey baby! I went to court today & got a plea deal. But b/c the judge & solicitor got into an arguement, ~~they couldnt agree on anything so the judge got~~ upset & left! So 10 of us didnt get seen & I was the only chick left! I was so upset, but I guess it all happens for a reason. So Im not going to stress it & stress myself out. Hopefully I'll go again in the morning. Yes i've spoken to a couple of guys here but I always end up at your feet. You're the one I want. Not ~~them. It never goes no where else than one or two~~ letters & then its nothing. But that was in the beginning. My ♡ is yours. Period! Okay i'll speak to Lucas Hawks about the CDV. Idk who else to talk too to get them to drop it down. Ask her would it do any good if she spoke to me! All you really did was move me to the wall so we could close the door while I was in the bathroom. But if they dont drop it down, then what? I made a plea & Im getting time served on possession of a controlled substance, Lucas Hawks got the needle charged dropped & he's getting me time served on the prostitution 1st. So as soon as I go to court (hopefully) tomorrow, I'll be released baby! I know about

that place called Turning Point, but your not gonna live off campus. You will be a resident THERE. They dont do off campus baby. I'll get ms. Regina to get me the info & I'll send it to you. And Im not so sure I believe that youire staying clean if thayire ave strips & clear in your dorm. I know how hard it is for you to stay off of it. If I find out Preston Stokes Scoggins that youire on that shit again, not only will I make your ass wear that CDV charge, but I will never speak to you ever again! I will make sure you go to prison! Ive been more than loving & fair to you. Do NOT hurt me & disappoint me! Im tired of that shit. My life consist of all of you! You're my whole life & everything that is involved in it! So your my one & only! I promise. Look stop listening to everything you hear. Im a hustler! Im trying/was trying to get money in my account. That was all. Nothing more baby. When you go to court for CDV you need to ask for help! Tell your PO, I want to talk to the judge. I want to help you & I dont think sending you to prison would help you. You need court ordered mental help & anger management, intense anger management! And Im not downing you Im just really in love wi you & I want to see you

doing well. And I want to be the reason & your son be the reason that you want to be better, & do better. You do know that if you straighten up completely, get a job, a house & get your life on track that we could file a motion to reconsider w/ DSS so you could possibly get your son back? Or at least get visitation w/ him & gradually get him back? Yes, we can do that. I want that for you my love! Ive got your necklace & ring in my property here at the jail. I'll never lose that. My head is in the clouds but my ♡ is always w/ you. I truly hope you are serious about your recovery. I want that so bad for you! I was going to surprise you later tonight by putting money on the phone & video & email when I got out, but Im still here! But pray I go tomorrow. again! I think if you get out of jail you should go straight into rehab! Let that help my love. I remember when I use to tell you that you needed help & you would flip out & say no the fuck I dont but the whole time, deep in your ♡ & soul, you knew damn well you did, you just didnt want to face the facts, or truth! Im in love w/ you! Why wouldnt I keep it 100% or honest w/ you? I know Ive lied a bit but, you would make me feel some type of way

right before I lied & it would scare me to the point to where I thought I had to lie. Did you ever get that info I asked for Quita? Even tho I'm gonna get time served, I still was gonna hit him up to help me out w/ taking care of you a bit. I know, I know, you don't want me too, but oh well I give me the info anyways. Again, I'm back to this... PRESTON STOKES SCOGGINS you better NOT be on any of that fuckin shit in that damn! I'm gonna ask the nurses to give you a drug test for me & I promise you, she will! So you wanna be honest now or lie? On your love for me & our relationship & soon to be husband, I hope. B/C as of now you & I are engaged. You okay w/ that until you come home & do the right thing & do it in the right way? I love you! I love you so much! You are my one & only, one TRUE LOVE! And the con? I'm trying to fix it, but I shouldn't have to fix something you did, you caused it! Not me! I shouldn't have to keep gluing pieces back together! Not none that You BROKE! It's your fault & you should pay for it, but I love you & I don't want your punishment being so harsh! I'll always write you back daddy! I love you so much!

Yours forever,
♥ Wifey ♥

RICHLAND COUNTY
ALVIN S. GLENN DETENTION CENTER
201 John Mark Dial Drive
Columbia, SC 29209

MEMORANDUM

DATE: September 19, 2019

TO: Ann Joe, Supervisor Deputy Coroner

THRU: Ronaldo Myers, Director, MA, CJM, CCT

FROM: Sergeant Teraine Brown, Professional Standards

SUBJECT: **JAMES, RHONDA**

Ms. James who was in the custody of the Alvin S. Glenn Detention Center passed away on September 13, 2019. Please provide a copy of the "Death Scene Investigation Form", the Doctor who performed the Autopsy and the preliminary findings of the cause of death for Ms. James for our files.

Any assistance in this matter is greatly appreciated. I can be reached at 803 576-3206.

V/R
Sgt. T. Brown

Attn: Ann Joe, Supervisor Deputy Coroner

From:

TERAINE BROWN

Assistant Watch Commander
Professional Standards
Richland County Government
Alvin S. Glenn Detention Center
brown.teraine@richlandcountysc.gov

P 803 576-3206 **F** 803 576-3292

201 John Mark Dial Drive
Columbia, SC 29209

richlandcountysc.gov

Confidential and Privileged:

Unless otherwise indicated or obvious from the nature of the communication, the information contained herein may be privileged and confidential information/work product. The communication is intended for the use of the individual or entity named above. If the reader of this transmittal is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error or are not sure whether it is privileged, please immediately notify me by return email and destroy any copies, electronic, paper or otherwise, which you may have of this communication.

TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2019 10:01
NAME :
FAX :
TEL :
SER.# : BROE8J813628

DATE,TIME	09/20 09:59
FAX NO./NAME	1798
DURATION	00:01:16
PAGE(S)	05
RESULT	OK
MODE	STANDARD

OFFICE OF THE CORONER
Richland County

Coroner's Report

Office of the Coroner
6300 Shakespeare Road
Columbia SC 29223
803-576-1799

Case Number: **2019-002715** Name: **Rhonda James**

Sex: **F** Race: **African American** Age: **040YR** DOB: **August 25, 1979** SSN: [redacted]

TIME OF DEATH:

Date: Actual: 09/13/2019 Time: Actual: 8:20

Street #: 6439 City: Columbia

State: SC Zip: 29209

Proximity:

INCIDENT INFORMATION:

Date: Actual: 09/13/2019 Time: Unknown

Incident Location: 201 John Mark Dial Dr

City: Columbia State: SC Zip: 29209

CAUSE OF DEATH: Pulmonary Thromboembolism

AKA:

FKA:

Toxicology Alcohol: Iliac blood - Negative

Toxicology Drugs: Iliac blood; Topiramate 11 ug.mL, Fluoxetine 380 ng/mL, Norfluoxetine 1100 ng/ml, Risperidone 47 ng/mL, Paliperidone 64 ng/mL

Manner of Death: Natural

Case Summary

Rhonda G. James was an inmate at Alvin S. Glenn Detention Center. She became unresponsive while eating breakfast and wa transported to Dorn VA Hospital. An autopsy indicated the cause of death as stated.

Richland County Coroner's Office

20-Dec-19

By: Coroner

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia , SC29209

Acute Care Visit

wellpath

Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
RHONDA JAMES	636669	1673015	8/25/1979	8/28/2019

☐ ***Patient refuses the Acute Care Visit.***

☐ ***Appropriate "Refusal of Treatment" paperwork completed***

SUBJECTIVE Review chart for other medical problems ☐ ***No complaints***

ACV: Rt arm pain, wound opened up, stitches popped out. Pt also wheezing and does so upon exertion. Unable to walk from unit without getting SOB. EJ, LPN Patient was brought to the medical department with complaint of shortness of breath and chest pain. She has a history of asthma and was having an exacerbation of symptoms. In route to the medical department, the patient apparently fell with injury to her right axilla. She had recently has surgery and sutures placed after removal of sweat glands for hidradenitis suppurativa. In the department , she was given albuterol /Atrovent breathing treatment with improvement in her symptoms. Pulse ox is 96 to 97%. Her blood pressure dropped from 170/82 to 144/88 after the treatment. Patient stated that she felt much better. Denied any cough, fever or chills. Her wound was open and will require wet to dry packing's until healed.

Patient Problems:

Observed Date	Category	Type	Problem	Confirmed By
01-08-2019	Acute	Symptoms	Unspecified disturbances of skin sensation	hospital
05-24-2018	Chronic	Infectious Disease	Human immunodeficiency virus [HIV] disease	hospital
12-25-2016	Chronic	Resp	Asthma Not Otherwise Specified	
12-25-2016	Chronic	Circulatory	Hypertension Not Otherwise Specified	
12-25-2016	Acute	Resp	Bronchitis Not Otherwise Specified	

Patient Allergies:

Observed Date	Type	Allergy	Reaction
12-25-2016	Allergy Items	Aspirin	Difficulty Swallowing Swelling of the Tongue Swelling of the Lips Swelling of the Face Swelling of the Eyes Severe Anaphylaxis
12-25-2016	Allergy Items	D & C Orange No.4	Hives Itching
09-24-2018	Allergy Items	Tomato	Rash

Current Medications ☐ *See MAR*

Orders:

Medication	Dose	Schedule	Start Date	End Date
(Fluoxetine) Prozac 20 mg capsule	2.00 capsule	ASG Facility: Q AM	6/13/2019 12:00:00 AM	10/10/2019 11:59:00 PM

Patient Name	*Patient Number*	*Booking Number*	*Birth Date*	*Date Of Service*
RHONDA JAMES	636669	1673015	8/25/1979	8/28/2019

(Fluoxetine) Prozac 20 mg capsule	2.00 capsule	ASG Facility: Q AM	[illegible] AM	[illegible] PM
topiramate 200 mg tablet	1.00 tablet	ASG Facility: BID AM & HS	8/9/2019 9:00:00 PM	12/7/2019 8:59:00 PM
guanfacine 2 mg tablet	1.00 tablet	ASG Facility: Q HS	7/19/2019 9:00:00 PM	11/16/2019 8:59:00 PM
(Risperidone) Risperdal 4 mg tablet	1.00 tablet	ASG Facility: BID AM & HS	7/19/2019 9:00:00 PM	11/16/2019 8:59:00 PM
thiothixene 5 mg capsule	1.00 capsule	ASG Facility: Q HS	7/19/2019 9:00:00 PM	11/16/2019 8:59:00 PM
(Ibuprofen) IBU 800 mg tablet	1.00 tablet	ASG Facility: BID AM & HS	8/14/2019 9:00:00 PM	9/13/2019 8:59:00 PM
neomycin 3.5 mg/g-polymyxin B 10,000 unit/g-dexameth 0.1 % eye oint	2.00 unit	ASG Facility: BID AM & HS	8/25/2019 9:00:00 PM	8/30/2019 8:59:00 PM
(emtricitab-rilpivir-tenofo ala) Odefsey 200 mg-25 mg-25 mg tablet	1.00 tablet	ASG Facility: Q Noon	8/29/2019 1:00:00 PM	11/27/2019 12:59:00 PM
(Levalbuterol Tartrate) Xopenex HFA 45 mcg/Actuation Aerosol Inhaler	2.00 puff	ASG Facility: Q 6 Hours	8/28/2019 9:00:00 PM	11/26/2019 8:59:00 PM
(Ciclesonide) Alvesco 80 mcg/Actuation Aerosol Inhaler	1.00 HFA Aerosol Inhaler	ASG Facility: Q AM	8/29/2019 12:00:00 AM	11/26/2019 11:59:00 PM

Adherent to meds? ◉ *Yes* ○ *No* ○ *Other*

Reason

Adherent to diet? ◉ *Yes* ○ *No*

Reason

History of smoking? ◉ *Yes* ○ *No*

Is patient obese? ◉ *Yes* ○ *No*

OBJECTIVE

Patient Vitals:

Observed Date	*BP*	*Pulse*	*Resp*	*Temp*	*Pulse Ox*	*Weight*	*BMI*	*PF#1*	*PF#2*	*PF#3*	*Waist*
08-28-2019 01:57 PM EST	*170/80*	*118*	*20*	*97.80*	*96*	*261*	*38.5*	-	-	-	-

Pain Scale (0-10) *10*

Data Review *(i.e. fingerstick flowsheet, B/P record, CXR)*

Source:

Comments:

☐ *Check for another entry*

Contracts:

☐ *Check for another entry*

Lab / Diagnostic Results

Directed Physical Exam:

SKIN / EXTREMITIES	○ *Normal*	◉ *Abnormal*	○ *Not done*
HEENT / NECK	○ *Normal*	○ *Abnormal*	◉ *Not done*
HEART	○ *Normal*	○ *Abnormal*	◉ *Not done*
LUNGS	◉ *Normal*	○ *Abnormal*	○ *Not done*
ABDOMEN	○ *Normal*	○ *Abnormal*	◉ *Not done*
GU / RECTAL	○ *Normal*	○ *Abnormal*	◉ *Not done*
NEURO	○ *Normal*	○ *Abnormal*	◉ *Not done*
OTHER	○ *Normal*	○ *Abnormal*	◉ *Not done*

Physical Exam Abnormalities

+open wound right axilla- clean.

Have you been feeling overwhelmed or thinking that things are too much to handle?	○ ***Yes***	◉ ***No***
Urgent MH Referral Completed	○ *Yes*	◉ *No*
Are you worried you might harm yourself?	○ ***Yes***	◉ ***No***
Self-Harm Watch Procedures Activated	○ *Yes*	◉ *No*

If the response to the first question is "yes", ensure that an urgent referral is made to Mental Health Services. If the response to the second questions is "yes" activate the procedures to begin a self-harm watch until the patient can be evaluated by a Mental Health Services Team Member and DO NOT LEAVE ALONE UNTIL SECURITY ARRIVES TO COMMENCE WATCH STATUS.

ASSESSMENT

Condition: *Acute Asthma Exacerbation*

Degree of Control: ◉ *Good* ○ *Fair* ○ *Poor*

☑ ***Check for another entry***

Condition: *Open Wound Right Axilla*

Degree of Control: ◉ *Good* ○ *Fair* ○ *Poor*

☐ ***Check for another entry***

Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
RHONDA JAMES	636669	1673015	8/25/1979	8/28/2019

Degree of Control: ◉ Good ○ Fair ○ Poor

☐ *Check for another entry*

Comments: *stable*

INTERVENTIONS AND PLAN

Medication Changes: ○ *None* ◉ *As follows*

Alvesco 80 mcg 1 puff QD

Diagnostics ☐ *Chest x-ray* ☐ *EKG* ☐ *Fasting Lipid Profile* ☐ *CD4* ☐ *Viral load*
☐ *Diagnostic Panel 1* ☐ *Diagnostic Panel 2* ☐ *Diagnostic Panel 3*
☐ *Pap Smear* ☐ *HgbA1c* ☐ *PT/INR* ☐ *Drug Levels* ☐ *Other*

Drug Levels

Other Diagnostics

Monitoring ☐ *Finger-stick Glucose (x per day/x per week/x per month)*
☐ *BP (x per day/x per week/x per month)*

Education ◉ *Condition specific education provided* ○ *Condition specific education not provided*

Additional Education ☐ *diet/nutrition* ☑ *medication* ☐ *disease process* ☐ *exercise*
☐ *drug/alcohol/tobacco avoidance* ☑ *symptom management*
☐ *weight management* ☐ *adaptation to incarceration* ☐ *other*

Other education

Special Nursing Care: *Wet to dry packings right Axilla until healed.*

Immunizations ☐ *UTD*

Diet:

☐ *** No Items Selected ***

Restrictions, Activity Restrictions and Special Needs ☐ *Other*

☑ *Housing: Bottom Level / Bottom Bunk*

Explain:

☐ *Current Med List Reviewed* ☐ *Psychiatrists Notes Reviewed* ☐ *Caseworker Notes Reviewed*

Treatment Plan

This must have measurable treatment goal(s) and a timeframe to reach the goal(s). Use Chronic Care Treatment Plan Form for initial treatment plan WHEN NEEDED for treatment planning of multiple chronic medical problems or complex issues.

Other Orders

Patient Name	*Patient Number*	*Booking Number*	*Birth Date*	*Date Of Service*
RHONDA JAMES	636669	1673015	8/25/1979	8/28/2019

Other Orders

☐ *Flu Vaccine (if indicated)* ☐ *Hep A vaccine (if indicated)* ☐ *Hep B vaccine (if indicated)*

Follow-Up Appointment in *14 days*

☐ *Discharge from Chronic Care Clinic*

Reason

E-Signed by Ernestine Jackson, LPN on 08/28/2019 02:00 PM EST

E-Signed by Lilly Randolph, Provider on 08/28/2019 04:17 PM EST

Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

Patient Profile - Orders

wellpath

Patient Name	Patient Number	DOB	Age	Gender
JAMES, RHONDA	636669	8/25/1979	40	F

Orders

Order Date	Instructions	Start Date	End Date	KOP
9/10/2019	(Ibuprofen) IBU 800 mg tablet: give 1 tablet by mouth BID AM & HS for 30 days .	9/13/2019	10/13/2019	False
9/10/2019	(Acetaminophen) Tylenol 325 mg tablet: give 2 tablet by mouth BID AM & HS for 30 days .	9/10/2019	10/10/2019	False
8/29/2019	(emtricitab-rilpivir-tenofo ala) Odefsey 200 mg-25 mg-25 mg tablet: give 1 tablet by mouth Q Noon for 90 days continuity of care.	8/29/2019	11/27/2019	False
8/28/2019	(Ciclesonide) Alvesco 80 mcg/Actuation Aerosol Inhaler: give 1 HFA Aerosol Inhaler (80 mcg/Actuation) Inhalation Q AM for 90 days .	8/29/2019	11/26/2019	False
8/28/2019	(Levalbuterol Tartrate) Xopenex HFA 45 mcg/Actuation Aerosol Inhaler: give 2 puff (90 mcg/Actuation) Inhalation Q 6 Hours PRN for 90 days shortness of breath or wheezing PRN Reason: Shortness of breath..	8/28/2019	11/26/2019	False
8/14/2019	(Ibuprofen) IBU 800 mg tablet: give 1 tablet by mouth BID AM & HS for 30 days.	8/14/2019	9/13/2019	False
7/19/2019	thiothixene 5 mg capsule: give 1 capsule by mouth Q HS for 120 days.	7/19/2019	11/16/2019	False
7/19/2019	(Risperidone) Risperdal 4 mg tablet: give 1 tablet by mouth BID AM & HS for 120 days.	7/19/2019	11/16/2019	False
7/19/2019	guanfacine 2 mg tablet: give 1 tablet by mouth Q HS for 120 days.	7/19/2019	11/16/2019	False
6/28/2019	topiramate 200 mg tablet: give 1 tablet by mouth BID AM & HS for 120 days.	8/9/2019	12/7/2019	False
6/12/2019	(Fluoxetine) Prozac 20 mg capsule: give 2 capsule by mouth Q AM for 120 days.	6/13/2019	10/10/2019	False

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Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia , SC29209

Emergency Room / Direct Admit Referral Request

wellpath

Patient Name	Patient Number	Booking Number	Birth Date	Date Of Service
RHONDA JAMES	636669	1673015	8/25/1979	9/13/2019

Patient Type: State
Social Security #: 249-45-2254

☐ Is Deceased ☐ Is Juvenile ☐ Is Infirmary Housed

Alias: none
Gender: ○ Male ◉ Female
Requesting Provider: Chavez

☐ Pre-Booking ☐ Confirmed Inmate Violence ☐ Probable Inmate Violence
☐ Workers Comp
☐ Pre-Existing Condition ☐ Not Financially Liable ☐ Medicaid
☑ Pre-Sentenced ☐ Sentenced ☐ Other Insurance

Other Insurance

Treatment Type: Emergency Room
Hospital: PHR
Means of Transportation: Ambulance
Date of Service / Admission Date: 9/13/2019
Discharge Date:

Chief Complaint/Diagnosis

LOC, RR 7, elevated BP 150/130, SpO2 low (50%) evaluate and treat for s/s consistent with aspiration

Reason for ER visit

Include date of onset, present treatment, history of injury or illness, include all x-rays and lab results with consultation

Report received patient fell to floor from stooping position (attempting to pass paper under door), unknown if hit head, Patient found on floor with decreased respiratory rate, decreased oxygenation, oxygen applied at 6 L via NC. pupils fixed at 5 mm.

Current Medications:

Orders:

Medication	PRN Dose	Schedule	Start Date	End Date
(Fluoxetine) Prozac 20 mg capsule	False 2.00 capsule	ASG Facility: Q AM	6/13/2019 12:00:00 AM	10/10/2019 11:59:00 PM
topiramate 200 mg tablet	False 1.00 tablet	ASG Facility: BID AM & HS	8/9/2019 9:00:00 PM	12/7/2019 8:59:00 PM
guanfacine 2 mg tablet	False 1.00 tablet	ASG Facility: Q HS	7/19/2019 9:00:00	11/16/2019 8:59:00

Emergency Response Worksheet

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Patient Name	Patient Number	Date of Birth	Today's Date
JAMES, RHONDA	636669	8/25/1979	9/13/2019

Chief Complaint: ☐ Medical ☐ Trauma ☐ Mental Health

History/Signs/Symptoms

Allergies:

Medications:

Past Medical History:

Last Meal

Last Medication taken: Time:

ABCs ☐ CPR Required

Airway: ☐ Open ☐ Other

Breathing: ☐ Spontaneous ☐ Absent ☐ Shallow ☐ Labored
☐ Restriction ☐ Symmetrical ☐ Asymmetrical

Circulation: ☐ Carotid L/R ☐ Femoral L/R ☐ Radial L/R ☐ Dorsalis Pedal L/R

ASSESSMENT

Neurological: A V P U Orientation ☐ Person ☐ Place ☐ Time ☐ Event
☐ Not Done

Skin: ☐ Pink ☐ Pale ☐ Flushed ☐ Cyanotic ☐ Mottled
☐ Not Done ☐ Warm ☐ Cool ☐ Hot
☐ Dry ☐ Moist ☐ Diaphoretic

Pupils: ☐ PERRLA ☐ Sluggish ☐ Non-Reactive ☐ Un-Equal
☐ Not Done ☐ Constricted ☐ Dilated Size _____ mm

Trachea: ☐ Midline ☐ Deviated L/R Neck Veins: ☐ Distended ☐ Flat
☐ Not Done

Chest: ☐ BBS ☐ Clear L/R ☐ Wheezing L/R ☐ Decreased L/R
☐ Not Done ☐ Course L/R ☐ Absent L/R ☐ Crepitus L/R

ABD: ☐ Soft ☐ Rigid ☐ Flat ☐ Distended
☐ Not Done ☐ Pregnant Last Menstrual Cycle

Extremities: ☐ Moves all Extremities Well ☐ Ambulatory
☐ Not Done Lacks ☐ Circulation in ☐ Motor in
☐ Sensory in

☐ Not Done **TRAUMA ASSESSMENT**
☐ Deformities
☐ Contusions
☐ Abrasions
☐ Punctures / Penetrations
☐ Burns
☐ Tenderness
☐ Lacerations
☐ Swelling
Other:

Pain Index: 1 2 3 4 5 6 7 8 9 10 ☐ **Not Obtainable**

Disposition:
Date:
Time Health Care Arrived:
Time Code Called:
Location:
☐ Physician Notified
☐ Pt. to Clinic
☐ Ambulance
☐ **Hospital**
☐ Assessed/Release to Security

Glasgow Coma Scale
☐ Not Done

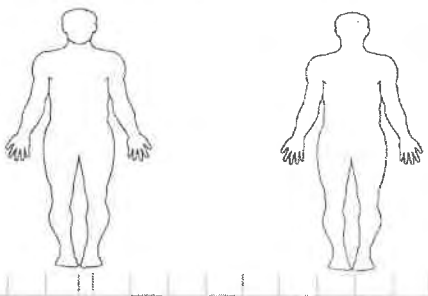
Eyes Open	
Spontaneous	(4)
To Speech	(3)
To Pain	(2)
Absent	(1)

Verbal	
Oriented	(5)
Disoriented	(4)
Inappropriate	(3)
Incomprehensible	(2)
Absent	(1)

Motor	
Obeys	(6)
Localizes Pain	(5)
Withdraws (flexion)	(4)
Decorticate (flexion) Rigidity	(3)
Decerebrate (extension)	(2)
Absent	(1)
Total	(3-15)

Baseline Vital Signs:
Time:
BP:
Pulse:
Resp:
Temp: °F
O_2 Sat: % RA
Blood Glucose:

AREAS OF INJURY



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Emergency Response Worksheet

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
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CCS CORRECT CARE SOLUTIONS

Patient Name	Patient Number	Date of Birth	Today's Date
JAMES, RHONDA	636669	8/25/1979	9/13/2019

Treatment

☐None provided

☐O2 @ _____L/min via ☐Nasal Cannula ☐NRB ☐Oral Airway ☐Nasal Airway

CPR: ☐AED used ☐Chest Compressions ☐BVM

☐Bandaging Applied Specify:

Medications Administered:

Other Treatments applied:

Narrative Of Code Event

Time	Comments:
Time	ambulance called ambulance arrived ambulance left unit
	Phone Number from which the 911 call was placed_____.

Responders

Medical	Security

Signature

Signature

Date

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Revised 09.24.2013

