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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
Phoenix Field Office
Pinal County Adult Detention Center
Florence, Arizona

March 13 – 15, 2012

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**COMPLIANCE INSPECTION
PINAL COUNTY ADULT DETENTION CENTER
PHOENIX FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection of the Pinal County Adult Detention Center (PCADC) in Florence, Arizona, from March 13 - 15, 2012. The 1,504 bed, 215,745 square foot facility is owned by the County of Pinal and operated by the Pinal County Sheriff's Office (PCSO). PCADC houses male and female adults arrested in Pinal County, who are awaiting disposition of their criminal case; juveniles charged criminally as adults; and inmates from the City of Florence, the State of Arizona, and the United States Marshals Service.

The facility opened in April 1996 with an initial bed capacity of 472 beds. In July 2006, the facility added 1,032 beds, which increased the total capacity to 1,504 beds. Currently, 525 (35 percent) of those beds are dedicated to male U.S. Immigration and Customs Enforcement (ICE) detainees of all security classification levels who are in removal proceedings; 68,100 square feet of living and dayroom space is set aside for exclusive use by ICE detainees. ICE does not house female detainees at PCADC. In January 2007, ICE began housing male detainees at PCADC via an ICE Intergovernmental Service Agreement with Pinal County that was completed in August 2006. The average daily detainee population is 420. At the time of inspection, PCADC housed 466 male ICE detainees (231 Level 1 lowest-threat detainees; 105 Level 2 medium-threat detainees; and 130 Level 3 highest-threat detainees). The average length of a detainee's stay is 31 days. Food service is provided under contract by Canteen Correctional Services. Medical care is provided by ICE Health Service Corps (IHSC). PCADC holds no accreditations; however, accreditation from the National Commission on Correctional Healthcare (NCCHC) is pending.

The ICE Office of Enforcement and Removal Operations (ERO), Field Office Director, Phoenix, Arizona (FOD/Phoenix) is responsible for ensuring facility compliance with ICE policies and the National Detention Standards (NDS). An Assistant Field Office Director (AFOD) physically located at the Florence Service Processing Center (FPC) is responsible for oversight of all ICE detention matters at PCADC. There are (b)(7)e Immigration Enforcement Agents (IEAs) permanently stationed at PCADC. (b)(7)e IEAs report to a Supervisory IEA (SIEA) at FPC. The SIEA is supervised by a Supervisory Detention and Deportation Officer (SDDO) at FPC. The SDDO reports directly to the AFOD at FPC.

The total number of non-ICE staff employed at PCADC is (b)(7)e. The Deputy Chief of Adult Detention is the highest ranking non-ICE official at PCADC and is responsible for oversight of daily operations. PCADC staff is comprised of (b)(7)e Detention Officers, (b)(7)e Detention Supervisors, (b)(7)e Detention Aides, (b)(7)e Clerks, (b)(7)e Detention Administrators, (b)(7)e Training Specialist, and (b)(7)e Paralegal. On-site IHSC medical staff at PCADC consists of a Health Service Administrator (HSA), an Assistant HSA, a Physician, a Psychiatrist, (b)(7)e Physician Assistants, a Clinical Social Worker, a Pharmacist, a Pharmacy Technician, (b)(7)e Medical Technicians, an Administrative Assistant, (b)(7)e Registered Nurses (RN), and (b)(7)e Licensed Practical Nurses.

In February 2009, the OPR Detention Facilities Inspection Group (DFIG), predecessor to ODO, conducted a Quality Assurance Review (QAR) of PCADC. DFIG staff recorded a total of 63

deficiencies among the 21 NDS reviewed. In February 2010, ODO conducted a Follow-up Review of PCADC to ascertain whether PCADC had addressed the deficiencies noted in the 2009 QAR. Reviewers documented five (8 percent) repeated deficiencies among four of the NDS reviewed: Detention Files, Environmental Health and Safety, Medical Care, and Security Inspections.

In January 2011, ODO conducted a Focus Review of PCADC and reviewed a total of 26 NDS. The selection of PCADC for an ODO Focus Review was based on an analysis of the totality of criteria and circumstances related to the facility, including an elevated number of incidents and complaints in comparison to other detention facilities across the country. During the Focus Review, ODO identified 22 deficiencies in 11 standards, including: Access to Legal Material; Detention Files; Environmental Health and Safety; Key and Lock Control; Recreation; Security Inspections; Special Management Unit (Administrative Segregation); Staff-Detainee Communication; Tool Control; Use of Force; and Visitation. A majority of these deficiencies were minor, with minimal impact regarding life-safety issues and the overall operational readiness of the facility. The remaining 15 standards reviewed were found to be fully compliant.

In June 2011, the ERO Detention Standards Compliance Unit (DSCU) contractors, MGT of America, Inc., conducted a Compliance Review of the ICE NDS at PCADC. The facility received an overall rating of "Acceptable."

During this Compliance Inspection, ODO reviewed a total of 19 NDS. Fifteen standards were found to be fully compliant; while 14 deficiencies were found in the remaining four standards: Detention Files (1 deficiency), Environmental Health and Safety (8), Tool Control (3), and Use of Force (2). Four deficiencies are repeat deficiencies from the 2011 ODO Focus Review, including one deficiency in the Environmental Health and Safety standard, one deficiency in the Tool Control standard, and two deficiencies in the Use of Force standard.

This report details all deficiencies and refers to specific, relevant sections of the ICE NDS. OPR will provide ERO a copy of the report to assist in developing corrective actions to resolve the 14 identified deficiencies.

Overall, ODO found PCADC to be well-managed and in compliance with the standards inspected. A majority of the 14 deficiencies identified were related to inventory control, and management of hazardous materials and chemicals used in the facility. Details of these deficiencies are described in the Environmental Health and Safety section of this report.

All detainees are initially processed and staged at FPC prior to being admitted into PCADC. At FPC, detainees are booked and classified. Detainee property is inventoried and stored, except for monetary funds under \$200, which detainees are allowed to carry on their person with them to PCADC. Detainees receive an initial medical screening and a chest X-ray at FPC to rule out tuberculosis (TB). Upon arrival at PCADC, detainees receive additional medical screenings and a physical examination from IHSC staff to identify chronic conditions.

Detainees at PCADC access medical care by completing and submitting a sick-call request slip. Requests are triaged daily to determine priority of care. Detainees in segregation are visited by

an RN and a Physician Assistant, who make face-to-face rounds to identify and address immediate medical needs. Detainees who require a higher level of medical care are transported to the Anthem Florence Hospital in Florence, Arizona, or the Mountain Vista Hospital in Apache Junction, Arizona. The Casa Grande Medical Center and Maricopa Community Hospital are also used, when necessary. The clinic at PCADC has four treatment rooms to provide full privacy during examinations or medical encounters; however, PCADC does not have a negative air pressure or reverse air-flow room to contain and isolate detainees with TB.

ODO confirmed ERO officers regularly conduct scheduled and unannounced visits to the housing units on a weekly basis. ERO officers document their visits on the ICE Facility Liaison Visit Checklist to demonstrate consistency of their visits and compliance with the Change Notice National Detention Standards Staff/Detainee Communication Model Protocol, dated June 15, 2007. Completed telephone serviceability worksheets showed ERO officers test the telephones in the detainee living areas on a weekly basis.

PCADC has an effective grievance system that accommodates formal and informal grievances. Detainees are free to bypass the informal grievance process and file a formal grievance directly. Detainees are also provided the opportunity to appeal grievance decisions not resolved to the detainee's satisfaction. Grievances against PCADC staff are reviewed by ERO. All formal grievances are documented in a grievance log. From July 1, 2011, to February 29, 2012, the facility received and processed 129 formal grievances submitted by ICE detainees.

Of the 129 formal grievances filed by ICE detainees, 46 (36 percent) pertained to complaints against staff, 17 (13 percent) pertained to commissary matters, 13 (10 percent) pertained to medical issues, 13 (10 percent) pertained to food service, 8 (6 percent) pertained to mail room and property issues, 8 (6 percent) pertained to maintenance, 7 (5 percent) pertained to laundry, 5 (4 percent) were appeals to grievance decisions, 3 (2 percent) pertained to searches, 3 (2 percent) pertained to legal complaints, 2 (2 percent) pertained to telephone service, 2 (2 percent) pertained to religious service, and 2 (2 percent) pertained to recreation. ODO reviewed each of the 129 grievances and verified that all (100 percent) were answered in a timely manner.

During the inspection, there were seven ICE detainees housed in administrative segregation and three ICE detainees housed in disciplinary segregation. ODO confirmed the segregation units were clean, well ventilated, and adequately lit, with appropriate climate control. ODO interviewed all detainees in administrative and disciplinary segregation. All detainees stated they understood why they were placed in segregation. Detainees in administrative and disciplinary segregation stated they had been consistently seen by medical staff, fed three times a day, and provided recreation. Detainees in disciplinary segregation stated they had no complaints regarding the sanctions imposed against them.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply to PCADC. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at PCADC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at PCADC.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, or to ICE policy or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR Office of Detention Oversight.

INSPECTION TEAM MEMBERS



Special Agent (Team Leader)
Special Agent
Detention and Deportation Officer
Contract Inspector
Contract Inspector
Contract Inspector

ODO, San Diego
ODO, Phoenix
ODO, San Diego
Creative Corrections
Creative Corrections
Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the PCADC Deputy Chief of Adult Detention, the PCADC Captain for Policy and Compliance, the ERO AFOD, an ERO SDDO, and an ERO SIEA. During the interviews, all personnel from PCADC and ERO stated the working relationship between PCADC and ERO officers is excellent, and morale among PCADC and ERO staff is good. The Deputy Chief and the Captain both stated they consistently see ERO officers visiting the housing units multiple times each week and communicating with ICE detainees to address their issues or concerns. The Deputy Chief further stated he has observed ERO officers visiting the housing units to communicate with ICE detainees.

The AFOD stated ERO is adequately staffed to manage and handle the current detainee population at PCADC. The Deputy Chief stated the facility is currently understaffed, and 30 additional PCADC Detention Officers have been requested.

DETAINEE RELATIONS

ODO randomly selected and interviewed 32 male ICE detainees, including one Level 1 detainee, ten Level 2 detainees, and 21 Level 3 detainees, to assess the overall living and detention conditions at PCADC. ODO received no complaints concerning access to legal materials, issuance and replenishment of hygiene supplies, facility sanitation, sending and receiving of mail, recreation, visitation, meal and food service, or the grievance process.

Fifteen detainees (47 percent) stated they have never seen their Deportation Officers since being detained at PCADC; however, ODO observed ERO officers visiting the housing units pursuant to a weekly visitation schedule posted conspicuously in the detainee living areas. Facility visitation logbooks indicated the presence of ERO officers conducting unannounced visits in the housing units on a weekly basis, in addition to the scheduled visits.

Five detainees (16 percent) stated medical personnel at PCADC have been unresponsive to their medical requests. The complaints of these five detainees with the corresponding dispositions follow:

1. A detainee complained he had filed a medical grievance, because medical officials were not responsive to his complaint of a hernia. ODO reviewed the medical records of this detainee and verified he had been on narcotic pain medication at a different facility. PCADC staff had observed the detainee doing dips, push-ups, sit-ups, and working out on exercise equipment for 45 minutes. Pursuant to their observations and medical review, facility officials determined the detainee's complaint lacked credibility. The IHSC HSA advised that the detainee was evaluated by a Physician, and the Physician noted there were no masses. Furthermore, medical records did not indicate the detainee had submitted or filed a medical grievance pertaining to pain caused by a hernia.

2. A detainee complained medical staff was unresponsive to his complaints of pain associated with two lost dental fillings. Medical records confirmed a Dentist evaluated the detainee a week after admission to PCADC. The Dentist advised the detainee to seek routine dental care upon release from the facility. Medical staff provided the detainee with over-the-counter pain medication. Per the ICE NDS, a facility is not required to provide routine dental treatment unless dental treatment has been inaccessible to the detainee for prolonged periods resulting from detention of over six months.
3. A detainee stated he had been receiving medical treatment for hypertension, and complained the medical staff continuously changed his prescription due to allergic reactions. The detainee objected to medical staff changing his medications. Medical records confirmed that medical officials are addressing the issue and are continuing to discuss it with the detainee to resolve the issue.
4. A detainee complained medical staff at the facility was unresponsive to efforts to retrieve a knee brace from the family of the detainee for relief from a previous knee injury. ODO verified through medical records that a medical doctor had evaluated the detainee and found no medical reason for a knee brace. The medical record did not contain any information regarding the family members' possession of a knee brace.
5. A detainee complained, after filing three sick-call requests in two weeks, there had been no response from the medical staff to any of the submitted requests. ODO alerted the medical staff of the complaint, and medical officials determined the detainee had incorrectly filed the sick-call requests. Medical staff immediately examined the detainee, and explained the sick-call process.

Three detainees stated facility officials issued them the Spanish version of the PCADC handbook. These detainees wanted the English version of the handbook. According to these detainees, PCADC staff told them there were no English versions available. ODO verified through PCADC staff the PCADC handbook can be printed on-site immediately upon request, because the master copy is electronically saved as a computer file. During the inspection, PCADC officials printed three copies of the facility handbook in English, and the handbooks were provided to the three detainees requesting an English version.

Two detainees stated, despite submitting written requests, the PCADC Chaplain had not facilitated or arranged a visit by a Muslim Imam. ODO verified the PCADC Chaplain has communicated with Muslim leaders in Phoenix and Tucson in an attempt to facilitate this request. The Muslim leaders will not provide an Imam on a pro bono basis, and PCADC will not pay to have an Imam come to the facility. ERO officials are aware of this situation and have been attempting to negotiate a pro bono Imam visit to Florence for several years in order to provide religious services to Muslim detainees in the facility; however, the negotiations have been unsuccessful.

Although two detainees complained of "dropped" telephone calls, the remaining detainees expressed satisfaction with the detainee telephone system and knew how to use the telephones to contact consular officials, attorneys, and family members. A diagnostic report from the on-site

telephone service representative indicated the detainee telephone system was functioning properly. ODO successfully conducted random test calls to verify the operability of the telephones located in the detainee living areas.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 19 NDS and found PCADC fully compliant with the following 15 standards:

- Access to Legal Material
- Detainee Classification System
- Detainee Grievance Procedures
- Detainee Handbook
- Detainee Transfers
- Disciplinary Policy
- Food Service
- Hold Rooms in Detention Facilities
- Hunger Strikes
- Issuance and Exchange of Clothing, Bedding, and Towels
- Medical Care
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Staff-Detainee Communication
- Telephone Access

As these standards were compliant at the time of the review, synopses for these areas were not prepared for this report.

ODO found deficiencies in the following four areas:

- Detention Files
- Environmental Health and Safety
- Tool Control
- Use of Force

Findings for each of these standards are presented in the remainder of this report.

DETENTION FILES (DF)

ODO reviewed the Detention Files NDS at PCADC to determine if files are created containing all significant information on detainees housed at the facility for over 24 hours. ODO reviewed detention files, logbooks, policies and procedures, toured the admissions and release area and property room, and interviewed staff.

ODO reviewed 20 active detention files and ten archived detention files to determine if required documentation was present. As part of the intake process, staff creates a detention file when a detainee arrives and is admitted to the facility.

ODO observed detention files had been closed without inserting required release documentation. Specifically, all of the archived detention files reviewed by ODO did not contain copies of completed release documents, such as Form I-203, Orders to Detain or Release Alien, reflecting the date and time the detainee was ordered released from the facility by an ERO official (**Deficiency DF-1**). It is important that copies of completed documents be placed in the detention file of a released detainee to ensure the correct detainee has been released from custody.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DF-1

In accordance with the ICE NDS, Detention Files, section (III)(E)(2), the FOD must ensure staff will insert into the released detainee's detention file copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 and other documentation.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety NDS at PCADC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices and control of hazardous materials and substances. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, and fire drills.

The staff member assigned responsibility for the PCADC environmental health and safety program recently resigned. Sanitation at the facility was observed to be at a high level. Documentation maintained by PCADC confirmed weekly fire and safety inspections had been conducted. During the inspection however, it was determined that certain chemicals used in the facility were not properly stored or inventoried (**Deficiency EH&S-1**). This is a repeat deficiency. During the 2011 ODO Focus Review, ODO found the inventory for hazardous materials located in the laundry area was not maintained.

During this CI, ODO observed the following areas to be deficient concerning the storage and inventory of chemicals:

- There were no running inventories for chemicals used in the detainee housing units.
- The chemical DEPOT PAC SYSTEM, a germicidal detergent, was not accounted for on the laundry room's running inventory. During the inspection, facility staff added the chemical to the inventory.
- In the custodial room, ODO found discrepancies in the amount of chemicals documented on the running inventory and the amount actually on hand. Specifically, a random count showed 240 germicidal detergents were on hand, but the running inventory indicated 307 were available. In addition, ODO determined inventories were inaccurate for heavy-duty cleaning solvents and glass cleaners. A container of ECO LAB ORANGE FORCE 4 was not included in the running inventory. Facility staff indicated inventories of chemicals in this area would be reviewed and updated.
- In the maintenance area, ODO observed the chemical PERMATEX on a work counter. The running inventory showed the chemical was last taken out of the storage cabinet and used on April 21, 2011; however, its presence on the counter and the available amount reflected the product had been used since that date. A container of LIQUID WRENCH SUPER had four ounces available; however, the inventory showed ten ounces remained. ODO counted nine Therma Pipe Bearing Grease tubes, though the inventory indicated five were on hand. One tube of this flammable substance was found and moved from a non-fireproof cabinet to a fire proof cabinet during the inspection, while the other eight tubes were already stored in a fireproof cabinet. ODO also observed JASCO, TSP, a liquid concentrate solvent labeled "Danger – May cause burns to eyes, skin irritant, harmful if swallowed." This chemical was not recorded on an inventory sheet and was removed from the facility during the inspection.

Facility staff informed ODO, a comprehensive and thorough inspection of chemicals at PCADC will be conducted to ensure inventory and control requirements are met.

ODO observed 16 cases of NEUTRA PAC 4, a floor finish, and PORTION PAC 314 MI STRIP PAC, a floor finish remover, stored in the custodial room. The Custodial Officer stated he could not produce Material Safety Data Sheets (MSDS) for these chemicals. In addition, no MSDS was available for the chemical OATEY #5 Solder Paste, located in the maintenance area **(Deficiency EH&S-2)**.

In a custodial closet, ODO observed a carrying cart for brooms, rags, and cleaning supplies used by inmate workers throughout the facility. An aerosol spray can of METAL-SHEEN, a flammable chemical, was observed on the cart. The product was not included on any inventory, and, despite clearly being labeled flammable, was not stored in a flammable liquids storage cabinet. ODO observed an aerosol can of DUSTER PLUS on a cabinet in the HSA's office. This item, also labeled flammable, was not included on any inventory and was not stored in a cabinet designated for storing flammable liquids **(Deficiency EH&S-3)**. ODO noted the aerosol cans were removed from the facility during the inspection.

ODO reviewed the placement and containment of hazardous materials used in the laundry department, and observed chemicals were secured behind a locked cage. However, four plastic containers containing the chemicals were placed directly on the concrete floor without being enclosed by four-inch sills **(Deficiency EH&S-4)**. It is critical and important that hazardous materials and chemicals are enclosed by four-inch sills or placed on four-inch depressed floors to prevent the liquids from spreading in the event of a spill or leak.

ODO was provided with a memorandum from the Public Works Director/Town Engineer, dated March 13, 2012, indicating the Town of Florence augments water characteristics with a disinfecting agent (chlorine) to meet the Safe Drinking Water Act's National Primary Drinking Water Regulations. The memorandum further states water supply responsibility terminates at the meters serving the facility. As a result, documentation for the testing and certification of drinking and wastewater inside PCADC, as required by the NDS, was not produced **(Deficiency EH&S-5)**.

The facility's emergency electrical power generator is tested by an outside company, GEN-TECH, on an annual basis rather than quarterly, as required by the NDS. Review of documentation for bi-weekly tests conducted by facility staff showed the start and stop times are not consistently recorded. Therefore, ODO could not verify or confirm if the tests lasted a minimum of one hour, as required by the NDS **(Deficiency EH&S-6)**.

PCADC has an eyewash station located in the medical department. The maintenance area, which controls and stores most of the hazardous chemicals, does not have an eye hazard warning sign posted in the area **(Deficiency EH&S-7)**, or an eyewash station **(Deficiency EH&S-8)**. The maintenance area has an increased probability of injury, caused by the handling of hazardous materials and chemicals.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure every area will maintain a running inventory of all hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(B), the FOD must ensure every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees must have ready and continuous access to the MSDSs for the substances with which they are working while in the work area.

Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary.

The MSDS file in each area should include a list of all areas where hazardous substances are stored, along with a plant diagram and legend. Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor of designate.

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(F)(1), the FOD must ensure any liquid or aerosol labeled "Flammable" or "Combustible" must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property.

DEFICIENCY EH&S-4

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(F)(3)(c), the FOD must ensure every hazardous-material storage room will: Be constructed with either a four-inch sill or a four-inch depressed floor.

DEFICIENCY EH&S-5

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(N), the FOD must ensure a state laboratory will test samples of drinking and wastewater to ensure compliance with applicable standards.

DEFICIENCY EH&S-6

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary.

The biweekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generator will also receive quarterly testing and servicing from an external generator-service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.

DEFICIENCY EH&S-7

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(T)(1), the FOD must ensure protective eye and face equipment will be required where there is a reasonable probability of injury that can be prevented by such equipment. These areas of the facility will be conspicuously marked with eye hazard warning signs.

DEFICIENCY EH&S-8

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(T)(2), the FOD must ensure OSHA-approved eyewash stations will be installed in designated areas throughout the facility. All employees and detainees in those areas will be instructed in their use.

TOOL CONTROL (TC)

ODO reviewed the Tool Control NDS at PCADC to determine if tools are properly classified, identified, inventoried, stored and issued. ODO reviewed policies, interviewed staff, and inspected tools, inventories, and all areas where tools are stored and maintained.

ODO verified staff is trained in the use and control of tools. Procedures for the survey and destruction of broken or worn tools are in place. A designated staff member is responsible for the facility's tool control system. Tools are classified either as Class A or Class B, with restricted tools identified and described in the PCADC Tool Control Policy. According to the PCADC Tool Control Policy, tools classified as Class A pose a great risk to the security and orderly running of the facility, and require stringent supervision. In contrast, tools classified as Class B do not pose a great risk and may be stored and issued with less stringent provisions.

During the inspection, ODO found two large, undocumented items. The first item was a scissor lift (man lift) parked in front of the maintenance building. The second item was a fork lift found in the same area. Both of these items were located inside the facility on the loading dock between the maintenance and food service areas. The Tool Room Officer indicated both of these items would have been classified as Class A tools. Neither of the lifts were marked (**Deficiency TC-1**), stored (**Deficiency TC-2**), or inventoried (**Deficiency TC-3**) to ensure accountability. Both of these items could be used in an escape attempt or in a manner that could cause harm or injury to staff or detainees. Proper control and accountability of these items is critical. During the inspection, the Tool Room Officer took immediate action to correct these deficiencies by marking both items and including them on the tool inventory.

STANDARD/POLICY REQUIRMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TC-1

In accordance with the ICE NDS, Tool Control, section (III)(D), the FOD must ensure the OIC will establish written procedures for marking tools, making them readily identifiable.

DEFICIENCY TC-2

In accordance with the ICE NDS, Tool Control, section (III)(E), the FOD must ensure the OIC will establish written procedures for storing tools. The tool-storage system will ensure accountability. Commonly used, mounted tools shall be stored so that a tool's disappearance would not escape attention.

DEFICIENCY TC-3

In accordance with the ICE NDS, Tool Control, section (III)(F), the FOD must ensure the OIC will schedule, and establish procedures for, the regular inventorying of all tools. Facilities shall use AMIS bar code labels as necessary.

USE OF FORCE (UOF)

ODO reviewed the Use of Force NDS at PCADC to determine if necessary use of force is used only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff, and others, preventing serious property damage, and ensuring the security and orderly operation of the facility. ODO interviewed staff and reviewed local policies, training records, and use of force documentation.

PCADC policy differentiates between situations where immediate or calculated use of force is authorized. According to the ICE NDS, an immediate use of force situation is created when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor's direction or presence. Calculated use of force is appropriate when the detainee is in a cell or other area with a securable door or grill, even if the detainee is verbalizing threats or brandishing a weapon, provided staff sees no immediate danger of the detainee causing harm. The calculated use of force affords staff time to strategize, resolving situations in the least confrontational manner.

The facility has a restraint chair, but does not use four-point restraints. Hand-held cameras are available at (b)(7)e officer stations for documenting use of force incidents. Cameras are inventoried and checked at the beginning of each shift. These checks are documented on an inventory sheet and in the officer's permanent logbook. Both documents are located in the control center. Oleoresin Capsicum (OC) spray is used by PCADC staff trained in its deployment. Facility policy and training lesson plans expressly prohibit the use of electro-muscular disruption devices on ICE detainees.

Since March 2011, there has been one incident involving a calculated use of force and 17 incidents involving immediate uses of force. Documentation for 16 of the 17 immediate use of force incidents had been forwarded to the PCSO Internal Affairs unit for investigation; therefore, only one immediate use of force incident could be reviewed by ODO during the inspection.

ODO viewed the video recording from a fixed security camera showing an immediate use of force incident that began when a detainee refused to obey an order from PCADC staff. In the video, detainees dispersed when directed by staff. Although the detainee remained non-compliant with direction, ODO observed the detainee made no aggressive actions to necessitate an immediate use of force. The PCADC officer deployed OC spray despite ample time and opportunity to avoid confrontation, and to contact a supervisor for possible activation of the calculated use of force team (**Deficiency UOF-1**). The incident was reported to the Joint Intake Center, and ERO staff generated a Significant Incident Report.

Review of the video recording involving the calculated use of force incident showed the detainee talking to himself and laughing uncontrollably. PCADC staff stated the detainee was asthmatic, so use of OC spray was not an option. The detainee had smeared feces on his naked body and a cup of urine was within reach. Supervisory staff requested a calculated use of force team to restrain and move the detainee from his cell for transport to a hospital. Use of force team members wore white paper coveralls, rubber gloves and surgical masks; however, they did not

wear required protective gear, such as a helmet with a face shield, a protective vest, or forearm guards (**Deficiency UOF-2**). All calculated use of force incidents present the risk of harm to staff that is best mitigated by wearing appropriate protective gear. Paper coveralls, rubber gloves, and surgical masks would not have provided adequate physical protection for the officers involved if the detainee had become combative.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(A)(2)(a), the FOD must ensure calculated use of force is appropriate when the detainee is in a cell or other area with a securable door or grill, even if the detainee is verbalizing threats or brandishing a weapon, provided staff sees no immediate danger of the detainee causing harm. The calculated use of force affords staff time to strategize, resolving situations in the least confrontational manner.

DEFICIENCY UOF-2

In accordance with the ICE NDS, Use of Force, section (III)(A)(4)(a), the FOD must ensure, when a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply. The team technique usually involves (b)(7)e trained staff members clothed in protective gear, including helmet with face shield, jumpsuit, flack-vest or knife-resistant vest, gloves, and forearm protectors. Team members enter the detainee's area together, with coordinated responsibility for achieving immediate control of the detainee.