



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
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Washington, DC 20536-5501

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO New Orleans Field Office

Allen Parish Public Safety Complex  
Oberlin, Louisiana

August 24-27, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**ALEN PARISH PUBLIC SAFETY COMPLEX**  
Oberlin, Louisiana

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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Allen Parish Public Safety Complex (APPSC) in Oberlin, Louisiana, from August 24-27, 2020.<sup>1</sup> The facility opened in 2015, is owned by Allen Parish, and operated by the Allen Parish Public Sheriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at APPSC in 2016 under the oversight of ERO's Field Office Director (FOD) in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers but does not have a detention services manager assigned to the facility. A warden handles daily facility operations and is supported by █ personnel. Facility provides food services and medical care, and Forecom Solutions provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	As needed
Average ICE Detainee Population <sup>3</sup>	80
Male Detainee Population (as of 8/24/2020)	56
Female Detainee Population (as of 8/24/2020)	N/A

During its last inspection in Fiscal Year 2018, ODO found 30 deficiencies in the following areas: Funds and Personal Property (4), Environmental Health and Safety (2), Admission and Release (3), Custody Classification System (1), Special Management Units (2), Staff-Detainee Communication (1), Disability Identification, Assessment, and Accommodation (2), Food Service (1), Medical Care (1), Personal Hygiene (1), Significant Self-harm and Suicide Prevention and Intervention (2), Telephone Access (1), Detainee Handbook (1), and Grievance System (8).

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

<sup>2</sup> Data Source: ERO Facility List Report as of August 10, 2020.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic and instead, conducted a remote inspection of the facility. **During this remote inspection, due to the catastrophic hurricanes impacting facility operations and staff availability throughout the week, the inspection was interrupted and concluded early. As such, ODO was unable to inspect all detention standards reviewed under normal circumstances. ODO interviewed some facility staff, ERO field office staff, and detainees, reviewed files and detention records, and reviewed approximately 75 percent of the ICE national detention standards identified for contingency inspections.**

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Custody Classification System	1
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	4
<b>Sub-Total</b>	<b>11</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 – Justice</b>	
Grievance System	0
Law Libraries and Legal Material	2
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>14</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination or mistreatment. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to the COVID-19 outbreak in the facility affecting detainees and facility staff, which limited detainee movement. As such, the detainee interviews were conducted via telephone.

*Medical Care:* Three detainees complained medical staff conducted sick calls only on Mondays, Wednesdays, and Fridays.

- Action Taken: ODO interviewed facility medical staff and found APPSC's sick call procedures allowed detainees to request medical care services daily by completing a Medical Request Form. APPSC's health services staff scheduled sick call appointments every Monday, Wednesday, and Friday. Medical staff retrieved sick call forms every morning from the locked boxes by the nurse's station and then triaged. If any medical issue could not wait for the next scheduled sick call day, the detainee was evaluated the same day, including weekends.

*Medical Care:* One detainee expressed concern about not receiving additional medical care for his eyes because he was losing vision.

- Action Taken: ODO reviewed the detainee's medical record and interviewed medical staff. The detainee's medical record showed the ophthalmologist evaluated the detainee's eyes and scheduled the detainee for a bilateral pterygium surgery. However, the surgery was deemed elective and postponed due to the COVID-19 pandemic. The ophthalmologist told medical staff the detainee's surgery would be rescheduled when elective surgeries resumed.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee stated he was inappropriately touched by an APPSC male facility staff member on Friday, August 14, 2020. The detainee further explained he reported the incident to a sergeant and was escorted to medical for an examination. The sergeant informed the assistant warden, who responded to the medical unit to investigate the incident. The detainee stated he refused medical treatment and refused to provide the assistant warden with details of the incident. The detainee wanted to speak with his attorney before discussing the details or providing a statement. According to the detainee, as of August 24, 2020, he had not spoken with his attorney concerning his allegation.

- Action Taken: ODO reviewed the Joint Intake Case Management System report and the facility's Prison Rape Elimination Act (PREA) Report Log, which both showed zero PREA related allegations reported by the detainee. ODO interviewed an ERO New Orleans supervisor about the allegation. The ERO New Orleans supervisor stated the incident occurred in the facility's sally-port, the detainee reported the allegation to facility staff shortly after the alleged incident, which the detainee was escorted for medical evaluation the same day as the incident. The ERO New Orleans Supervisor further explained the

assistant warden reviewed the video recording and observed a male facility officer tap the detainee on his shoulder as a means of giving instruction. Subsequently, the assistant warden requested a PREA investigator to investigate and interview the detainee. ODO reviewed the video recording and the incident report. According to the incident report, the detainee elected not to speak with the investigator until after he conferred with his attorney. During the detainee interview, the detainee reported he contacted his attorney, but his attorney was unavailable to discuss the incident and therefore, the detainee's attorney remained unaware of the incident. Although the PREA investigator initiated PREA protocols, the incident was not formally reported to the Joint Intake Center. Furthermore, the detainee refused to speak about the details of the incident; therefore, ODO was not able to obtain a final investigative outcome.



# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed APPSC's policy, 15 detainee detention files, and found facility staff did not obtain fingerprints during the admission process for any of the 15 files reviewed (**Deficiency A&R-1<sup>6</sup>**).

ODO reviewed the facility's orientation video and observed the orientation video did not contain the following information: standards of conduct, including acceptable and unacceptable detainee behavior; disciplinary procedures; grievance procedures; appeals process; and voluntary work program (**Deficiency A&R-2<sup>7</sup>**).

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's policy and found a detainee could request a reclassification at any time; however, facility's policy did not require a response to the detainee within 72-hours of receipt of the request (**Deficiency CCS-1<sup>8</sup>**).

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

ODO reviewed the facility's detainee handbook and found the handbook did not contain the following notifications: rules for storing or mailing property not allowed in their possession; the procedure for claiming property upon release, transfer, or removal; the procedure for filing a claim for lost or damaged property; and access to detainee personal funds to pay for legal services (**Deficiency F&PP-1<sup>9</sup>**).

ODO reviewed photographs of detainees' personal property storage and determined facility staff stored detainees' personal property in plastic bags and not secured in a tamper resistant manner

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<sup>6</sup> "Admission processes for a newly admitted detainee shall include, but not limited to: ...

a. photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics." *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(1)(c).

<sup>7</sup> "The orientation shall include the following information: ...

6. standards of conduct, including acceptable and unacceptable detainee behavior, with an overview of other rules and requirements;

7. disciplinary procedures, including criminal prosecution, grievance procedures, appeals process; ...

11. voluntary work program, with specific details including how to volunteer; and..."

*See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F)(6-7),(11).

<sup>8</sup> "A detainee may request reclassification in writing by submitting a detainee request form, as described in standard '2.13 Staff-Detainee Communication.' The classification officer shall ordinarily respond in person or in writing as soon as possible and practicable, but no later than 72 hours of receipt." *See* ICE PBNDS 2011, Standard, Custody Classification System, Section, (V)(H)(3).

<sup>9</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: ...

3. the rules for storing or mailing property not allowed in their possession;

4. the procedure for claiming property upon release, transfer, or removal;

5. the procedure for filing a claim for lost or damaged property and

6. access to detainee personal funds to pay for legal services."

*See* ICE NDS PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(3-6). **This is a Repeat Deficiency.**

(Deficiency F&PP-2<sup>10</sup>).

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's policy, the facility's detainee handbook, and found facility staff did not post ICE/ERO New Orleans' scheduled hours and days that ICE/ERO staff is available to be contacted by detainees in the detainee housing units (Deficiency SDC-1<sup>11</sup>).

ODO reviewed the detainee request log and noted the log did not record the date ICE/ERO New Orleans returned the request to the detainee (Deficiency SDC-2<sup>12</sup>).

### USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the UOF documentation and found one immediate UOF and zero calculated UOF incidents occurred in the past 12-months. For the one immediate UOF incident, ODO found facility staff did not complete an after-action review (Deficiency UOF&R -1<sup>13</sup>).

ODO reviewed training lesson plans, interviewed staff, and found staff were not trained in forced cell move techniques (Deficiency UOF&R-2<sup>14</sup>) nor the use of protective clothing, handling of spilled blood, and body fluids (Deficiency UOF&R-3<sup>15</sup>).

ODO reviewed APPSC's UOF&R policy and found there were no written procedures for after-action review of use of force incidents (Deficiency UOF&R-4<sup>16</sup>).

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<sup>10</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper resistant manner and shall only be opened in the presence of the detainee." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I). **This is a Repeat Deficiency.**

<sup>11</sup> "The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or "pods") of the facilities." See ICE 2011 PBNDS, Standard, Staff-Detainee Communication (V)(A).

<sup>12</sup> "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: ...

f. date that the request, with staff response and action, was returned to the detainee."

See ICE 2011 PBNDS, Standard, Staff-Detainee Communication (V)(B)(2)(f).

<sup>13</sup> "Follow-up (e.g., medical attention), documentation (e.g., audiovisual recording for calculated use of force), reporting and an after-action review are required for each incident involving use of force." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(A)(5).

<sup>14</sup> "All new officers shall be sufficiently trained during their first year of employment. Through ongoing training (to occur annually at a minimum), all detention facility staff must be made aware of their responsibilities to effectively handle situations involving aggressive detainees. At a minimum, training shall include: ...

h. forced cell move techniques." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(D)(1)(h).

<sup>15</sup> "Training shall also address the use of protective clothing and handling of spilled blood and body fluids." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3)(c).

<sup>16</sup> "All facilities shall have ICE/ERO-approved written procedures for after-action review of use of force incidents (immediate or calculated) and applications of restraints." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(1).

## **ACTIVITIES**

### **VISITATION (V)**

ODO reviewed the facility's policy and detainee handbook and found APPSC's written policies and procedures did not provide for the exchange of documents between detainees and their legal representatives (**Deficiency V-1<sup>17</sup>**).

## **JUSTICE**

### **LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)**

ODO reviewed the facility's detainee handbook and found the handbook did not provide detainees with information regarding the procedure for notifying a designated employee the library material was missing, out dated or damaged, nor the scheduled law library hours (**Deficiency LL&LM-1<sup>18</sup>**).

ODO also found the facility's detainee handbook did not include the following procedures: requesting additional time in the law library (beyond the five-hours-per-week minimum), requesting legal reference materials not maintained in the law library, notifying a designated employee library material was missing or damaged, and status of required access to computers, printers and other supplies (**Deficiency LL&LM-2<sup>19</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011. ODO found the facility in compliance with eleven of those standards. ODO found 14 deficiencies in the remaining seven standards identified prior to the inspection ending abruptly due to the catastrophic hurricanes impacting the facility's operations throughout the week. As such, ODO commends the facility staff for their responsiveness during this inspection. ODO recommends ERO New Orleans work with the facility to remedy any outstanding deficiencies as applicable and in accordance with contractual obligations.

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<sup>17</sup> "The facility's written legal visitation procedures must provide for the exchange of documents between a detainee and the legal representative or assistant, even when contact visitation rooms are unavailable. Documents or other written material provided to a detainee during a visit with a legal representative shall be inspected but not read. Detainees are entitled to retain legal material received for their personal use." *See* ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(10).

<sup>18</sup> "...The detainee handbook shall also provide detainees with information regarding the procedure for notifying a designated employee that library material is missing, out of date, or damaged." *See* ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(E)(2).

<sup>19</sup> "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information: ...

2. the scheduled hours of access to the law library;
4. the procedure for requesting additional time in the law library (beyond the five-hours-per-week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library;
6. the procedure for notifying a designated employee that library material is missing or damaged;
7. the status of required access to computers, printers and other supplies;
8. if applicable, that LexisNexis is used at the facility and that instructions for its use are available."

*See* ICE PBNDS 2011, Standard, Law Libraries and Legal Material, Section (V)(N)(2),(4-8).

<b>Compliance Inspection Results Compared</b>	<b>FY 2018 (PBNS 2011)</b>	<b>FY 2020 (PBNS 2011)</b>
Standards Reviewed	17	18
Deficient Standards	14	7
Overall Number of Deficiencies	30	14
Repeat Deficiencies	N/A	2
Corrective Actions	4	0