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Office of Professional Responsibility

Inspections and Detention Oversight

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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

May 22 – 24, 2018

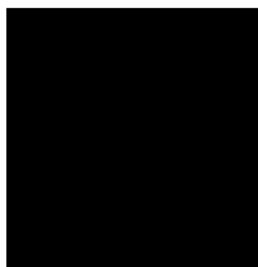
COMPLIANCE INSPECTION
for the
ALLEN PARISH PUBLIC SAFETY COMPLEX
Oberlin, LA

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Allen Parish Public Safety Complex (APPSC) in Oberlin, Louisiana from May 22 to 24, 2018.¹ The APPSC opened in November 2015 and is owned and operated by Allen Parish Sheriff’s Office. The Office of Enforcement and Removal Operations (ERO) began housing detainees at APPSC in May 2016, under the oversight of the ERO Field Office Director (FOD) in New Orleans. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011.

ERO Deportation Officers (DO) and a Detention Services Manager (DSM) are not assigned to the facility. A warden is responsible for oversight of daily facility operations and is supported by █ personnel. Doerle Food Service LLC provides food services, and medical care is provided by parish personnel. At the time of the ODO inspection, the facility held no accreditations.

Capacity and Population Statistics	Quantity
Average ICE Detainee Population ²	53
Male Detainee Population (as of 5/22/2018)	49
Female Detainee Population (as of 5/22/2018)	0

This was ODO’s first compliance inspection of APPSC.

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

² *Ibid.*

FINDINGS BY PBDNS 2011 MAJOR CATEGORIES

PBDNS 2011 STANDARDS INSPECTED ³	DEFICIENCIES
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	3
Custody Classification System	1
Funds and Personal Property	4
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	12
Part 4 – Care	
Disability, Identification, Assessment and Accommodation	2
Food Service	1
Medical Care	1
Medical Care (Women)	0
Personal Hygiene ⁴	1
Significant Self-harm and Suicide Prevention and Intervention	2
Sub-Total	7
Part 5 - Activities	
Telephone Access	1
Sub-Total	1
Part 6 – Justice	
Detainee Handbook	1
Grievance System	7
Law Libraries and Legal Materials	0
Sub-Total	9
Total Deficiencies	30

³ For greater detail on ODO’s findings, see the *Inspection Findings* section of this report

⁴ This standard was not inspected in its entirety. The deficiency cited was found inspecting the *Environmental Health and Safety* standard.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008, or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the *Inspection Findings* section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed eight (8) detainees, each of whom volunteered to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services, except for the concerns listed below.

Religious Practices – Food Service: Two detainees observing the fast for Ramadan stated they did not believe they were receiving enough food to fast for 15 hours between breakfast (before sunrise at 4:30 am) and the evening meal (after sunset at 8:00 pm).

- Action Taken: ODO spoke with the Food Service Manager (FSM) and the Warden. The FSM stated the detainees were receiving both a double breakfast portion and a double dinner portion for their meals. The Warden stated he would arrange to have an additional sandwich, something non-perishable, e.g. peanut butter and jelly, provided to the detainees as part of their evening meal.

Staff-Detainee Communication: One detainee, a native Bengali speaker with very limited English proficiency, claims the ICE officer who conducts staff-detainee communication visits speaks only English and speaks too fast for him to understand. The detainee also claims he does not know the status of his case.

- Action Taken: ODO brought the detainee's concern about communication not being in a language he understood and his request to know the status of his case to the attention of the Assistant Field Office Director (AFOD). The AFOD informed ODO he would have an officer provide a case status update to the detainee during the next liaison visit on Thursday, May 24, 2018. Although ODO was not able to observe an ERO officer communicate with this detainee, ODO did observe an ERO officer use the language line to communicate with several other detainees during staff-detainee communication visit during the inspection.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility-provided hazardous substance inventories and determined the inventories were not accurate in one of three areas where hazardous substances are stored. In the food service area, the bleach inventory documented seven gallons of bleach, though there were only three gallons on hand. Likewise, the inventory form for the degreaser documented four gallons, and there were only three and one-half gallons on hand (**Deficiency EH&S-1⁶**).

ODO reviewed the facility-provided documentation for the inspection of the fire suppression system and interviewed senior facility staff and found the kitchen fire suppression system is not inspected quarterly (**Deficiency EH&S-2⁷**). National Fire Protection Association (NFPA) code 72 requires quarterly testing of the fire alarm system. The system was last inspected on January 29, 2018, by Louisiana Special Systems, Opelousas, LA with no noted concerns.

SECURITY

ADMISSION AND RELEASE (A&R)

Based on staff interviews and a review of facility practices, ODO determined detainees are not afforded privacy during the admission process. Instead, while nude, all detainees are viewed by [REDACTED] officers of the same gender as the detainee, during the uniform exchange process. ODO determined this occurs in all cases, absent reasonable suspicion. ODO notes the facility only held male detainees at the time of inspection. While ODO understands the Warden issued a change order to APPSC Policy Section 506: *Clothing Exchange* which states detainees are not to be observed changing their clothes, ODO found all staff were not aware of this change. Also, while staff indicated they placed an order for materials to construct a space where detainees can change without being viewed by staff, ODO has received no information since the inspection this private area has been constructed (**Deficiency A&R-1⁸**).

ODO conducted interviews of admissions staff and viewed the detainee orientation video shown to detainees during the facility admissions process. ODO found the video was thorough and contained all required elements; however, ODO found APPSC's orientation procedures were not approved by the local ERO field office (**Deficiency A&R-2⁹**).

Note: During the inspection, the ERO field office attempted to initiate *Corrective Action* for **Deficiency A&R-2** by issuing a memorandum confirming orientation procedures have been

⁶ "Every area shall maintain a current inventory of the hazardous substances (e.g., flammable, toxic or caustic) used and stored there." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(B)(3).

⁷ "Every facility shall develop a written fire prevention, control and evacuation plan that includes the following: ...
d. inspection, testing and maintenance of fire protection equipment, in accordance with NFPA codes, etc." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(D).

⁸ "Staff shall permit the detainee to change clothing and shower in a private room without being visually observed by staff, unless the staff member has reasonable suspicion to search the detainee in accordance with the following section on 'Strip Searches' and standard '2.10 Searches of Detainees'." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(2).

⁹ "Orientation procedures in CDFs and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

reviewed and approved. However, because all staff had not been informed/trained of the change to APPSC Policy Section 506: *Clothing Exchange* and because the private area had not been constructed, ODO believes the Field Office's approval of the facility's orientation procedures is premature.

ODO reviewed the facility-provided release procedures and interviewed senior facility staff, finding that release procedures were not approved by the local ERO field office (**Deficiency A&R-3¹⁰**).

Corrective Action: During the inspection, the field office issued a memorandum confirming the release procedures have been reviewed and approved (**C-2**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed both the ICE National Detainee Handbook, dated April 2016 and the APPSC local supplement and found the supplement notifies detainees of the procedures to appeal a classification decision; however, no explanation of the classification levels is provided (**Deficiency CCS-1¹¹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO found the local handbook supplement also did not contain the required notifications regarding funds and personal property (**Deficiency F&PP-1¹²**).

ODO inspected the facility's storage building used for storing detainee valuables and personal property. Small valuables, including cell phones, wallets, and foreign currency, are placed in clear plastic bags, with their contents easily displayed; however, the bags were not sealed in a tamper-proof manner (**Deficiency F&PP-2¹³**).

ODO also observed, large items were placed in clearly labeled bags which also had no tamper-proof seal. Instead the bags were simply tied and were accessible to anyone with access to the area (**Deficiency F&PP-3¹⁴**).

¹⁰ "ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).

¹¹ "The *ICE Detainee Handbook* standard section on classification shall include:

- An explanation of the classification levels, with the conditions and restrictions applicable to each." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(K).

¹² "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including:

1. Which items, including cash they may retain in their possession;
2. That, upon request, they shall be provided an ICE/ERO-certified copy of any identity document (e.g., passport, birth certificate), which shall then be placed in their A-files;
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 PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(1) thru (6).

¹³ "The officers shall then place the valuables (and pink/third copy of G-589) in a clear envelope, which they shall secure via approved techniques for tamper-proofing." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(2).

¹⁴ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a

ODO reviewed the APPSC policy for funds and personal property, interviewed senior facility staff, and found APPSC does not have a system in place for the on-coming and off-going supervisors to simultaneously conduct an audit of the property envelopes and stored large valuables (**Deficiency F&PP-4¹⁵**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the segregation folders for the eight detainees placed in administrative segregation during the 12 months preceding the inspection. The detainees received a copy of the administrative segregation order; however, a copy was not provided to the Field Officer Director or his or her designee (**Deficiency SMU-1¹⁶**).

Based on ODO's review of the segregation folders and interviews with senior facility staff, ODO determined detainees are not interviewed during administrative segregation reviews (**Deficiency SMU-2¹⁷**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed nine detention files to ensure copies of ICE detainee request forms were filed in the detention files. ODO determined seven of the nine files reviewed were missing a copy of the ICE detainee request form (**Deficiency SDC-1¹⁸**).

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed all policies provided by the facility and found the facility has not developed a policy for Disability Identification, Assessment, and Accommodation (**Deficiency DIA&A-1¹⁹**).

Note: It appears ERO is not assessing compliance in this area during its annual inspections, as three ERO inspections of this facility have taken place since the 2016 contract modification was signed, and this issue was not cited in any of those inspections. In addition

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).

¹⁵ "Both on-coming and off-going supervisors shall simultaneously conduct an audit of detainee funds, property envelopes and large valuables where physical custody of, or access to such items changes with facility shift changes. The property and valuables logbook shall record the date, time and the name of the officer(s) conducting the inventory." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

¹⁶ "A copy of the administrative segregation order shall also be immediately provided to the Field Office Director or his designee." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(f).

¹⁷ "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted.

1) The review shall include an interview with the detainee."

See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(3)(a)(1). **This is a priority component.**

¹⁸ "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁹ "The facility shall develop written policy and procedures, including reasonable timelines, for reviewing detainees' requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments. These policies and procedures shall be consistent with the processes outlined in this standard." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(B)(1).

to APPSC coming into compliance with this standard, ODO also recommends ERO re-assess its annual inspections regimen to ensure the Disability Standard is being properly assessed.

ODO reviewed the ICE National Detainee Handbook, dated April 2016, and the facility's detainee handbook. Neither handbook provides information to detainees on how to request a reasonable accommodation (**Deficiency DIA&A-2**²⁰).

FOOD SERVICE (FS)

ODO reviewed the documentation provided by the facility's FSM and confirmed the food service staff and inmate workers were medically cleared. Documentation was available verifying that the FSM is ServSafe® certified²¹. However, during shifts where the FSM is absent, food service department is not staffed with trained and qualified food service staff (**Deficiency FS-1**²²).

MEDICAL CARE (MC)

ODO reviewed the facility's medication policy and determined the policy does not address providing detainees who are transferred to another facility or released medication for continuity of care (**Deficiency MC-1**²³).

PERSONAL HYGIENE (PH)

While reviewing detainee housing areas ODO found the facility does not provide disposable razors to detainees on a daily basis. Instead, razors are issued to detainees on Monday, Wednesday, and Friday (**Deficiency PH-1**²⁴).

²⁰ "The facility orientation program required by standard 2.1, 'Admission and Release,' and the detainee handbook required by standard 6.1, 'Detainee Handbook,' shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

²¹ The ServSafe Manager Certification verifies that a manager or person-in-charge has sufficient food safety knowledge to protect the public from foodborne illness. The ServSafe Manager Certification is accredited by the American National Standards Institute (ANSI) under the Conference for Food Protection Standards. See <https://www.servsafe.com/ServSafe-Manager/FAQx#!/>.

²² "The food service department shall also be staffed by one or more cook supervisors (CS) and CF, although the organizational structure may differ among facilities, particularly when food service is provided by a food service contractor." See ICE PBNDS 2011, Standard, Food Service, Section (V)(A)(1).

²³ "The facility HSA must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status. The detainee's medical needs shall be taken into account prior to any transfer of the detainee to another facility. Alternatives to transfer shall be considered, taking into account the disruption that a transfer will cause to a detainee receiving medical care. Upon transfer to another facility, the medical provider shall prepare and provide a Medical Transfer Summary as required by 'C. Responsibilities of the Health Care Provider at the Sending Facility,' found in Standard 7.4 'Detainee Transfers.' In addition, the medical provider shall ensure that at least 7-day (or, in the case of TB medications, 15-day and in the case of HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee as ordered by the prescribing authority.

Upon removal or release from ICE custody, the detainee shall receive up to a 30-day supply of medication as ordered by the prescribing authority and a detailed medical care summary as described in 'BB. Medical Records' of this standard. If a detainee is on prescribed narcotics, the clinical health authority shall make a determination regarding continuation, based on assessment of the detainee. The HSA must ensure that a continuity of treatment care plan is developed and a written copy provided to the detainee prior to removal." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(Z).

²⁴ "Staff shall provide male and female detainees personal hygiene items appropriate for the gender and shall replenish supplies as needed. Disposable razors will be provided to detainee on a daily basis." See ICE PBNDS

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)

ODO reviewed facility provided documentation and interviewed senior facility staff and found APPSC's suicide prevention and intervention policy does not include a multidisciplinary suicide prevention committee (**Deficiency SSH&SPI-1²⁵**).

APPSC's suicide prevention and intervention policy does not state only a mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed (**Deficiency SSH&SPI-2²⁶**).

Corrective Action: During the inspection, the facility updated their suicide prevention and intervention policy to include this requirement (**C-3**).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO toured the detainee housing unit and reviewed all bulletin board postings in the housing unit. Additionally, ODO reviewed the ICE National Detainee Handbook, dated April 2016, and the facility's detainee handbook local supplement. Neither the bulletin board nor the handbooks provided the procedure for a detainee to request an unmonitored phone call (**Deficiency TA-1²⁷**).

JUSTICE

DETAINEE HANDBOOK (DH)

APPSC provides all detainees a copy of the local handbook supplement in English or Spanish; however, the local supplement does not inform detainees of the rules pertaining to legal rights, group presentations and the availability of legal orientation programs (**Deficiency DH-1²⁸**).

2011, Standard, Personal Hygiene, Section (V)(D).

²⁵ "Each detention facility shall have a written suicide prevention and intervention program, including a multidisciplinary suicide prevention committee, that shall be reviewed and approved by the clinical medical authority (CMA), approved and signed by the health services administrator (HSA) and facility administrator, and reviewed annually." *See* ICE PBNDS 2011, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (V).

²⁶ "Only the mental health professional, CMA, or designee may terminate a suicide watch after a current suicide risk assessment is completed." *See* ICE PBNDS 2011, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(D).

²⁷ "Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall: ...

3. at each monitored telephone, place a notice that states the following: ...

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

See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(B)(3)(b).

²⁸ "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of: ...

11. content and procedures of the facility's rules on legal rights group presentations, and the availability of legal orientation programs."

See ICE PBNDS 2011, Standard, Detainee Handbook, Section (V)(B)(11). **This is a priority component.**

Corrective Action: During the inspection, the facility added this information to the local supplement of the detainee handbook (C-4).

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's detainee handbook and determined the handbook does not provide a procedure for ICE detainees to contact ERO to appeal a grievance decision (**Deficiency GS-1**²⁹).

The local detainee handbook supplement provides the address for contacting the Department of Homeland Security Office of the Inspector General; however, the zip code was found to be incorrect (**Deficiency GS-2**³⁰). The correct address is found in the ICE National Detainee Handbook.

ODO reviewed the facility's written procedures regarding the detainee grievance system. ODO determined the written procedures do not address urgent access to legal counsel and the law library (**Deficiency GS-3**³¹).

The grievance system at APPSC allows detainees the opportunity to submit informal oral grievances, formal grievances, medical grievances and emergency grievances; however, facility policy and the local supplement place time limits on when a detainee may submit a formal grievance (**Deficiency GS-4**³²).

ODO reviewed the grievance logs for the last 12 months and found no grievances filed by ICE detainees. APPSC policy requires the grievance officer review prepared responses, intended for dissemination to detainees, in five *working* days. However, the standard requires the facility to deliver responses to detainees within five calendar days of receipt of the grievance. ODO recommends the facility adjust its policy to align with the standard.

ODO reviewed the format of the ICE detainee grievance log and found grievances which do not contain the date of the appeal or the name of the grievance officer who conducted the initial review (**Deficiency GS-6**³³).

Following an appellate review, the grievance log does not contain the date the appeal was received or the basis of the Grievance Appeal Board decision (**Deficiency GS-7**³⁴). ODO also determined

²⁹ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement (see also standard "6.1 Detainee Handbook"), in which the grievance section provides notice of the following: ...

7. The procedures for contacting ICE/ERO to appeal a decision."

See ICE PBNDS 2011, Standard, Grievance System, Section (V)(B)(6).

³⁰ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement (see also standard "6.1 Detainee Handbook"), in which the grievance section provides notice of the following: 8.

The opportunity at any point to file a complaint directly to the Department of Homeland Security (DHS) OIG about staff misconduct, physical or sexual abuse or civil rights violations; complaints may be filed by calling the DHS OIG Hotline at 800-323-8603 or by writing to: Department of Homeland Security Attn: Office of the Inspector General Washington, DC 20528." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(B)(8).

³¹ "Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to health, safety or welfare. Written procedures shall also cover urgent access to legal counsel and the law library." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(2).

³² "The detainee may file a formal grievance at any time during, after, or in lieu of lodging an informal complaint. The facility may not impose a time limit on when a detainee may submit a formal grievance." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3).

³³ "The GAB shall note the grievance log with the following information: date appeal filed; name of the GO that conducted the initial adjudication." See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(2)(d).

³⁴ "The appellate reviewer shall note the grievance log with the following information: date appeal received; basis of

the facility’s policy and the local supplement do not inform detainees they may submit a medical grievance in a sealed envelope, clearly marked medically sensitive (**Deficiency GS-8³⁵**).

CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with 17 standards under the PBNDS 2011, finding the facility compliant with two (2) standards. In all, ODO found thirty (30) deficiencies in the remaining fifteen (15) standards. ODO commends facility staff for their responsiveness throughout the inspection and notes where possible, staff took immediate corrective action to resolve deficiencies found during this inspection.

The Disability Identification, Assessment, and Accommodation standard requires facilities act affirmatively to prevent disability discrimination. Development of a policy for Disability Identification, Assessment, and Accommodation and informing detainees how to request reasonable accommodations are critical pieces in preventing disability discrimination. As indicted earlier in this report, it appears ERO is not assessing compliance with the disability standard during its annual inspections as three ERO inspections of this facility have taken place since the 2016 contract modification was signed and non-compliance in this area was not cited. ODO recommends ERO re-assess its annual inspections regimen to ensure the disability standard is being properly assessed at all applicable facilities. Additionally, ODO recommends ERO work with APPSC to remedy any deficiencies which remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (PNDS 2011)
Standards Reviewed	17
Deficient Standards	15
Overall Number of Deficiencies	30
Deficient Priority Components	2
Corrective Action	4

the GAB decision.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(3)(b)(3)(c).

³⁵ “Medical grievances may be submitted in a sealed envelope clearly marked ‘medically sensitive’.” See ICE PBNDS 2011, Standard, Grievance System, Section (V)(C)(4).