



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

**Office of Detention Oversight
Compliance Inspection**

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

**Allen Parish Public Safety Complex
Oberlin, Louisiana**

January 11-15, 2021

COMPLIANCE INSPECTION
of the
ALLEN 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 Parrish Public Safety Complex (APPSC) in Oberlin, Louisiana, from January 11 to 15, 2021.¹ The facility opened in 2015 and is owned by Allen Parish and operated by 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 to the facility. Although there is no detention services manager (DSM) assigned, a DSM did work at the facility on a part-time basis. An APPSC warden handles daily facility operations and is supported by ■ personnel. Allen Parish provides food services, and medical care, and Forecom Solutions provides commissary services at the facility. The facility was Department of Homeland Security Prison Rape Elimination Act certified in September 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	96
Average ICE Detainee Population ³	■
Male Detainee Population (as of 01/11/2021)	■
Female Detainee Population (as of 01/11/2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 14 deficiencies in the following areas: Admission and Release (2), Custody Classification System (1), Funds and Personal Property (2), Staff-Detainee Communication (2), Use of Force and Restraints (4), Visitation (1), and Law Libraries and Legal Material (2).

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

² Data Source: ERO Facility List Report as of December 28, 2020.

³ *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.⁴

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, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNDS 2011 (Revised 2016) Standards Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	3
Environmental Health and Safety	0
Sub-Total	3
Part 2 – Security	
Admission and Release	1
Custody Classification System	1
Facility Security and Control	3
Funds and Personal Property	2
Population Counts	0
Special Management Units	3
Staff-Detainee Communication	3
Use of Force and Restraints	5
Sub-Total	18
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	22

⁵ 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, mistreatment, or abuse. 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 technology issues. As such, the detainee interviews were conducted via telephone.

Food Service: Five detainees complained the facility food is repetitive. Specifically, rice and beans were served too often and bread and/or sandwiches were served constantly for dinner.

- Action Taken: ODO discussed the complaints with the food service manager (FSM), reviewed menus, nutritional information, and photos of food prepared and found the facility's registered dietitian reviewed and approved all menus, and the menus were in compliance with the Louisiana Department of Public Safety Corrections Basic Jail Guidelines for food/dietary allowances. The posted menu for the week of the inspection included the following for lunch meals: barbecue chicken strips and baked potato; kidney beans and turkey sausage; beef tacos; lima beans and turkey sausage; and ground beef and potato stew. Dinner meals were comprised of cheeseburgers and macaroni; turkey and cheese sandwiches and potato chips; barbecue shredded chicken on a bun with french fries; turkey and cheese sandwiches and potato chips; and baked fish and rice. The meals prepared for the detainee population were diverse and nutritionally adequate.

Medical Care: One detainee stated he was losing vision in both eyes. He claimed he had seen an eye specialist while previously in ICE custody in December 2019, and the eye specialist determined the detainee needed surgery. However, the facility's medical staff told him they could not schedule surgery because of the COVID-19 pandemic.

- Action Taken: ODO reviewed the detainee's medical record, interviewed the health services administrator, and found the ophthalmologist evaluated the detainee in December 2019, and recommended surgery on each eye to remove bilateral tissue growths on both corneas. The facility's registered nurse (RN) made a total of six attempts in January and February 2020, to schedule the surgeries with an off-site eye clinic. On February 12, 2020, the surgical coordinator from the eye clinic called the facility and set up the surgeries for each eye for March 31, 2020, and April 28, 2020. On March 23, 2020, the eye clinic called the facility and canceled the surgeries due to the COVID-19 pandemic and stated the surgeries would be re-scheduled once the pandemic was over. During the week of the contingency inspection, the RN again made several attempts to contact the eye clinic. A representative from the eye clinic did call the RN back and advised the RN that the surgeon would review the detainee's case and provide the facility an update. The RN spoke to the detainee to inform him of the facility's efforts to schedule his eye surgeries and would keep the detainee apprised of any changes.

Staff-Detainee Communication: Three detainees complained that ICE/ERO New Orleans answered their requests late and the request drop box in one housing unit had not been checked in two weeks.

- Action Taken: ODO interviewed ICE/ERO New Orleans staff and confirmed that in one housing unit the detainee requests had not been picked up for two weeks. Furthermore, ODO reviewed the ICE/ERO New Orleans request log from September 2020 to January 2021, and found 49 out of 91 (53%) submitted detainee requests were not received by ICE/ERO New Orleans within two business days, nor had a date when the ICE/ERO New Orleans responded to the requests. Additionally, only 8 out of 49 (16%) submitted responses were returned to the detainees within three business days upon ICE/ERO New Orleans receiving the detainees' requests. This issue is noted as a deficiency under the Compliance Inspection Findings, Staff-Detainee Communication section of this report.

COMPLIANCE INSPECTION FINDINGS

SAFETY

EMERGENCY PLANS (EP)

ODO interviewed the warden, reviewed the facility's policy, and found no departments had written procedures, nor at least three days of provisions for use in the facility's temporary quarters (**EP-157⁶**).

ODO interviewed the warden, reviewed the facility's policy and found the facility's emergency plan did not factor in all variables, and combinations of variables, that would precipitate or affect a mass evacuation; minimal warning/preparation time; weather-related complications; limited access to state/local services; or failure of at least 10 percent of staff to respond (**EP-170⁷**).

ODO interviewed the warden, reviewed the facility's policy, and found the facility's emergency plan did not identify a list of suppliers to provide essential goods and materials during an emergency. Additionally, the emergency plan did not provide an alternative list identifying product substitutions and alternate suppliers, nor assign priorities among the essentials listed to recognize shortages likely to occur during an area-wide emergency (**EP-171⁸**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 files of newly admitted detainees and found 1 out of 12 files had no documentation of fingerprinting (**A&R-11⁹**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed five detainee detention files that required special reclassifications and found in four out of five files, staff did not conduct a special reclassification before the detainee left the Special Management Unit (**CCS-53¹⁰**).

⁶ "Every department (e.g., food service, medical, maintenance, recreation, administration, etc.) shall have written procedures and at least three days' provisions for use in temporary quarters, with the objective to minimize disruption to daily routine." See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(10)(a)(2).

⁷ "The facility's plan shall factor in all variables, and combinations of variables, that may precipitate or affect a mass evacuation." See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(12)(a)(1-4).

⁸ "For every evacuation scenario, the plan shall:

- 1) identify and prepare a list of suppliers to provide essential goods and materials during the emergency;
- 2) prepare an alternative list, identifying product substitutions and alternate suppliers; and
- 3) assign priorities among the essentials listed, recognizing shortages likely to occur during an area-wide emergency."

See ICE PBNDS 2011, Standard, Emergency Plans, Section (V)(E)(12)(b)(1-3).

⁹ "Admission processes for a newly admitted detainee shall include, but not be limited to fingerprinting." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(1)(a-e). **This is a Repeat Deficiency.**

¹⁰ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(3).

FACILITY SECURITY AND CONTROL (FS&C)

The facility had developed supervision guidelines as well as a staffing plan; however, the staffing plan had not been reviewed nor updated since 2017 (FS&C-3¹¹).

The facility did not issue color-coded visitors passes to all visitors entering the facility (FS&C-32¹²).

The facility conducted searches in detainee cells and area searches of the facility daily; however, officers had not been logging these searches (FS&C-122¹³).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found the handbook did not notify the detainees of the procedure for claiming property upon release, transfer, or removal from the facility (F&PP-18¹⁴).

ODO reviewed the facility's detainee handbook and found the handbook did not notify the detainees of the procedure for filing a claim for lost or damaged property (F&PP-19¹⁵).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed two detainee administrative segregation detention files and found in both files the facility staff did not document the date and time of the detainees' release from the SMU on the administrative segregation orders (SMU-42¹⁶).

ODO reviewed six detainee disciplinary segregation detention files and found six out of the six files did not contain a disciplinary segregation order (SMU-64¹⁷), nor any other documentation

¹¹ "The facility administrator shall develop and document comprehensive detainee supervision guidelines, as well as a comprehensive staffing analysis and staffing plan, to determine and meet the facility's detainee supervision needs; these shall be reviewed and updated at least annually." See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(A).

¹² "The facility administrator shall establish procedures for issuing color-coded visitor passes to all visitors entering the facility via the main gate/front entrance." See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(c).

¹³ "Each housing unit, including the SMU, shall document cell and area searches in a search log that registers the date, time and findings, including location where contraband was found, type of contraband and the searching officers' names." See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(F)(3)(b).

¹⁴ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including:

4. the procedure for claiming property upon release, transfer, or removal." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(4). **This is a Repeat Deficiency.**

¹⁵ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including:

5. the procedure for filing a claim for lost or damaged property." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(5). **This is a Repeat Deficiency.**

¹⁶ "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the administrative segregation order." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(2)(h).

¹⁷ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(B)(2).

noting the date and time of the detainees' release from the SMU (SMU-71¹⁸).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the ICE/ERO New Orleans request log and found detainee requests were not forwarded to ICE/ERO New Orleans within two business days nor answered no later than within three business days of receipt (SDC-17¹⁹).

ODO reviewed the ICE/ERO New Orleans request log and found the detainee response date was not consistently documented (SDC-18²⁰).

ODO reviewed the ICE/ERO New Orleans request log and found the log did not include site-specific pertinent information, nor specific reasons why the detainees' requests were urgent and required a faster response (SDC-20²¹).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed one immediate UOF incident file and found: [REDACTED] out of [REDACTED] facility staff involved in the incident did not provide written statements by the end of their shift (UOF&R-63²²); the file did not contain a written report from the shift supervisor to the facility administrator (UOF&R-64²³); a written report from the shift supervisor to the facility administrator or designee was not included (UOF&R-86²⁴); the file did not contain memorandums from the [REDACTED] staff involved in the incident (UOF&R-138²⁵); and the after-action review team's determination regarding appropriate or inappropriate UOF was not submitted to the FOD within two workdays (UOF&R-176²⁶).

¹⁸ "When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(B)(2)(c).

¹⁹ "Each Detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days and answered as soon as practicable, in person or in writing, but no later than within three business days of receipt." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(1)(b).

²⁰ "All dates shall be documented." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(1)(b).

²¹ "At a minimum, the log shall record:

g. any other pertinent site-specific information, including detention condition complaints;

h. specific reasons why the detainee's request is urgent and requires a faster response." See ICE PBNDS 2011, Standard, Staff-Detainee Communication, Section (V)(B)(2)(a-i).

²² "A written report shall be provided to the shift supervisor by each officer involved in the use of force by the end of the officer's shift." See ICE PBNDS 2011, Standard Use of Force and Restraints, Section (V)(H)(4).

²³ "The shift supervisor shall provide a written report to the facility administrator or designee no later than the end of a tour of duty when force was used on any detainee." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(H).

²⁴ "The supervisor shall provide a written report to the facility administrator or designee, no later than the end of a tour of duty when force was used on any detainee." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(3)(f).

²⁵ "Each staff member shall complete a memorandum for the record to be attached to the original Use of Force form." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(O)(2).

²⁶ "Within two workdays of the after-action review team's submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he/she concurs with the finding." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(5).

CARE

MEDICAL CARE (MC)

ODO reviewed 20 detainee sick call requests and found 7 out of 20 requests did not contain documentation of medical personnel completing the initial triage within 24-hours after the detainee submitted the request. Instead ODO found the seven sick call requests were triaged by the facility medical personnel between 2-3 days after the submission of the sick call request (**MC-182**²⁷).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 22 deficiencies in the remaining 9 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (PBNDS 2011) (Revised 2016)	FY 2021 (PBNDS 2011) (Revised 2016)
Standards Reviewed	18	19
Deficient Standards	7	9
Overall Number of Deficiencies	14	22
Repeat Deficiencies	2	3
Areas of Concern	0	0
Corrective Actions	0	0

²⁷ "Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include:

4. an established procedure shall be in place at all facilities to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(S)(4).