



**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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

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

**May 17-20, 2021**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**ALLEN PARISH PUBLIC SAFETY COMPLEX**  
Oberlin, Louisiana

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....</b>	<b>8</b>
<b>SECURITY .....</b>	<b>8</b>
Special Management Units .....	8
Use of Force and Restraints .....	8
<b>CARE .....</b>	<b>8</b>
Food Service .....	8
Medical Care .....	8
<b>CONCLUSION .....</b>	<b>9</b>

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



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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 follow-up compliance inspection of the Allen Parish Public Safety Complex (APPSC) in Oberlin, Louisiana, from May 17 to 20, 2021.<sup>1</sup> This inspection focused on the standards found deficient during ODO's last inspection of the APPSC from January 11 to 15, 2021. The facility opened in 2015, is owned by Allen Parish, and is operated by the Allen Parish Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at the 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. An APPSC warden handles daily facility operations and supervises support personnel. The APPSC provides food services and medical services, and Brothers Commissary provides commissary services at the facility. The facility does not hold any national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	96
Average ICE Detainee Population <sup>3</sup>	58
Male Detainee Population (as of May 17, 2021)	45
Female Detainee Population (as of May 17, 2021)	N/A

During its last inspection, in Fiscal Year (FY) 2021, ODO found 22 deficiencies in the following areas: Admission and Release (1); Custody Classification System (1); Emergency Plans (3); Facility Security and Control (3); Funds and Personal Property (2); Medical Care (1); Special Management Units (3); Staff-Detainee Communication (3); and Use of Force and Restraints (5).

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<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 May 10, 2021.

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

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

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

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>4</sup></b>	<b>Deficiencies</b>
<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	0
Custody Classification System	0
Emergency Plans	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	4
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>4</b>
<b>Total Deficiencies</b>	<b>6</b>

<sup>4</sup> For greater detail on ODO’s findings, see the *Follow-Up 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 facility was not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

*Medical Care:* One detainee stated he submitted a request 3 weeks prior to the inspection, requesting to see a dentist regarding a painful molar. He stated the facility provided him with pain medication and added him to the dental exam list. However, he has yet to see the dentist and has not received any confirmation from the facility for treatment.

- Action Taken: ODO spoke with the health services administrator (HSA), reviewed the detainee's medical file, and found the detainee requested to see the facility medical staff for pain in his molar on April 25, 2021. On April 26, 2021, the facility medical staff saw the detainee and provided Ibuprofen (600mg) for the pain and attempted to schedule a dental appointment for him. At that time, the dental clinics servicing the APPSC remained closed to treating detained populations due to the COVID-19 pandemic. However, the HSA said the dental clinics recently had just started to examine and treat detained populations again and provided evidence to ODO of a scheduled dental appointment in the coming months. At ODO's request, the facility staff spoke with the detainee, explained the situation, and informed him of his scheduled dental appointment.

*Medical Care:* One detainee stated the facility prescribed him a medical diet to control his health issues, which include high cholesterol, high blood pressure, stomach ulcers, and gout. The detainee informed ODO the facility approved his medical diet but does not provide it at every meal.

- Action Taken: ODO spoke with the facility HSA, reviewed the detainee's medical file, and found that the facility medical staff approved the detainee to receive a "heart healthy diet" on July 6, 2020. According to the HSA, this order was still in effect at the time of the ODO inspection, and the detainee is currently receiving this diet for every meal. At ODO's request, the facility medical staff spoke with the detainee to explain the items included in the prescribed diet to avoid any confusion in the future.

*Staff-Detainee Communication:* One detainee stated he submitted an ICE request two months ago for the status of his case and has not received a response. He stated his desire to speak with a deportation officer regarding the status of his case.

- Action Taken: ODO reviewed the facility's ICE request log, reviewed the detainee's detention file, and found the records indicated the detainee had not submitted any ICE requests since January 2021. However, ODO spoke with ERO regarding this issue, and on May 19, 2021, a deportation officer spoke with the detainee and explained that his case is pending the FOD's decision on whether to remove or release him.

# FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

## SECURITY

### SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed [REDACTED] administrative segregation orders and found [REDACTED] out of [REDACTED] orders did not contain the date nor time of a detainee's release from the SMU (**Deficiency SMU-42<sup>5</sup>**). **This is a repeat deficiency.**

### USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed APPSC training and certification documentation and found [REDACTED] out of [REDACTED] authorized staff did not maintain chemical munitions and taser certification (**Deficiency UOFR-32<sup>6</sup>**).

## CARE

### FOOD SERVICE (FS)

ODO interviewed the food service manager and found the APPSC had not received a health inspection since September 25, 2019, due to COVID-19 restrictions. In an email, dated April 21, 2021, the Louisiana Department of Health stated it will contact APPSC for the date of the next inspection. ODO noted this lapse in health inspection as an **Area of Concern**.

### MEDICAL CARE (MC)

ODO reviewed medical files for [REDACTED] detainees and found facility medical staff referred [REDACTED] out of [REDACTED] detainees for mental health treatment; however, a qualified health care provider did not conduct an evaluation of the detainee within the required 72 hours after the referral (**Deficiency MC-156<sup>7</sup>**).

ODO reviewed medical files for [REDACTED] detainees and found facility medical staff prescribed psychotropic medication to [REDACTED] detainee; however, a medical provider did not evaluate the detainee at least once a month to ensure proper treatment and dosage (**Deficiency MC-160<sup>8</sup>**).

ODO reviewed medical files for [REDACTED] detainees and found facility medical staff prescribed psychotropic medication to [REDACTED] detainee; however, the medical staff did not obtain separate informed

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<sup>5</sup> "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 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(h).

<sup>6</sup> "The employee must also maintain certification." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(D)(2).

<sup>7</sup> "Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no [REDACTED] after the referral, or sooner if necessary." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(4).

<sup>8</sup> "Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(4).



consent documentation from the detainee for this medication (**Deficiency MC-241**<sup>9</sup>).

ODO interviewed the HSA, reviewed peer review documents, and found the HSA had not implemented an intra-organizational, external peer review program for all independently licensed medical professionals (**Deficiency MC-291**<sup>10</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found six deficiencies in the remaining three standards. ODO commends facility staff for its responsiveness and professionalism during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2021 (PBNDS 2011) (Revised 2016)</b>	<b>Second FY 2021 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	19	13
Deficient Standards	9	3
Overall Number of Deficiencies	22	6
Repeat Deficiencies	3	1
Areas of Concern	0	1
Corrective Actions	0	0

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<sup>9</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

<sup>10</sup> "The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals." *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(EE)(3).