



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2023-002-100**

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

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


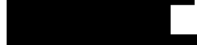
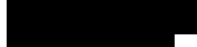
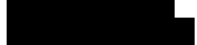
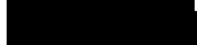
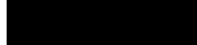
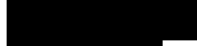
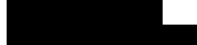


**April 25-27, 2023**

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

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

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Section Chief	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up inspection of the Allen Parish Public Safety Complex (APPSC) in Oberlin, Louisiana, from April 25 to 27, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of APPSC from October 18 to 20, 2022. The facility opened in 2015 and is owned by Allen Parish and operated by the Allen Parish Sheriff’s Office. 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 in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO deportation officers are not assigned full-time to the facility but conduct weekly scheduled visits on Tuesdays and Thursdays, from 8 a.m. to 4 p.m. A warden handles daily operations and manages █ support personnel. APPSC staff provides food services and medical care, and Brother’s Commissary provides commissary services at the facility. In November 2022, APPSC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	█
Average ICE Population <sup>3</sup>	█
Adult Male Population (as of April 25, 2023)	█
Adult Female Population (as of April 25, 2023)	█

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 74 deficiencies in the following areas: Correspondence and Other Mail (14); Detainee Handbook (2); Disciplinary System (6); Emergency Plans (2); Environmental Health and Safety (3); Food Service (5); Key and Lock Control (1); Recreation (1); Sexual Abuse and Assault Prevention and Intervention (3); Tool Control (1); Transportation (by Land) (32); and Visitation (4).

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

<sup>2</sup> Data Source: ERO Facility List as of April 10, 2023.

<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 uniform corrective action plan (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.

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

<b>PBNS 2011 (Revised 2016) Standards Inspected<sup>4,5</sup></b>	<b>Deficiencies</b>
<b>Part 1 - Safety</b>	
Emergency Plans	1
Environmental Health and Safety	1
Transportation (by Land)	3
<b>Sub-Total</b>	<b>5</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	1
Key and Lock Control	4
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	3
<b>Sub-Total</b>	<b>8</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	2
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	1
Telephone Access <sup>6</sup>	2
Visitation	1
<b>Sub-Total</b>	<b>4</b>
<b>Part 6 - Justice</b>	

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

<sup>5</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

<sup>6</sup> The two deficiencies cited under the Telephone Access (TA) standard were identified while performing detainee interviews. The TA standard was not reviewed in its entirety.

Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>19</b>

## DETAINEE RELATIONS

ODO interviewed 35 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.

*Medical Care:* One detainee stated he was still experiencing pain after medical staff provided him only Tylenol.

- Action Taken: ODO interviewed the medical provider, reviewed the detainee’s medical records, and found the detainee completed his intake screening on February 2, 2023. On February 12, 2023, the detainee submitted a sick call request for sleeping difficulties. On February 14, 2023, the medical provider met with the detainee, who stated he also suffered from chronic back pain. The medical provider prescribed trazodone (150 mg), 1 capsule per day for 365 days, for insomnia. On February 20, 2023, the detainee submitted a sick call request for painful urination. On February 21, 2023, the medical provider met with the detainee and prescribed Flomax, one capsule per day and ibuprofen (600 mg), three times per day. On March 4, 2023, the detainee submitted a sick call request for backaches and a nurse practitioner (NP) provided two capsules of Tylenol (500 mg), after examining him. On April 21, 2023, the detainee submitted a sick call request for chest and arm pain, and the medical provider found no irregularities after administering an electrocardiogram. On the same day, the facility transferred the detainee to a hospital where hospital staff determined slightly elevated levels of troponin upon admission. On April 23, 2023, the hospital released the detainee back to the facility. On April 25, 2023, the facility medical provider conducted a follow-up exam, and the detainee disclosed he suffered a heart attack within the last 3 years. The detainee did not communicate any cardiac history during intake, and the medical provider prescribed the detainee metoprolol tartrate (25 mg), a beta blocker for blood pressure. At ODO’s request on April 26, 2023, the medical provider reviewed the medical plan with the detainee, who acknowledged understanding.

*Medical Care:* One detainee stated the facility’s medical care was limited to prescribing painkillers for his serious health issues.

- Action Taken: ODO interviewed the medical provider, reviewed the detainee’s medical records, and found the detainee submitted a sick call request on February 14, 2023, for chronic knee pain. On February 15, 2023, an NP met with the detainee, conducted lab work, and prescribed a muscle rub cream, applied twice per day for 60 days. On February 21, 2023, the NP reviewed the lab results with the detainee, and the detainee complained of knee and groin pain. The medical provider gave the detainee a knee brace and prescribed ibuprofen and Tylenol for the knee pain and Flomax (0.4 mg), 1 capsule per day for 365 days, for the groin pain. At ODO’s request on April 26,

2023, the medical provider confirmed the medical plan with the detainee, who acknowledged understanding.

*Medical Care:* One detainee stated he has not received his nightly medication for high blood pressure and breathing problems.

- Action Taken: ODO interviewed the medical provider, reviewed the detainee's medical records, and found the provider prescribed and administered hydrochlorothiazide (12.5 mg), losartan (100 mg), and amlodipine besylate (10 mg), 1 capsule each per day for 365 days, for high blood pressure. The medical provider never prescribed the detainee any medications to take at night. At ODO's request on April 26, 2023, the medical provider confirmed the medical plan with the detainee, who acknowledged understanding.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee stated detainees in his previous dorm harassed him about his sexual orientation.

- Action Taken: ODO interviewed the facility's PREA coordinator and confirmed the facility staff relocated the detainee to another housing unit after receiving the detainee's report of other detainees making fun of him and calling him names due to his sexual orientation. The PREA coordinator stated the detainee reported decreased instances of name calling since relocating and reported no instances of sexual assault or abuse. The PREA coordinator offered the detainee the opportunity to relocate again, including the option to relocate to a special management unit for protective custody, but the detainee declined, stating he felt safe in his current housing unit. ODO reviewed the DHS Joint Intake Center (JIC) Management System and found no reporting of these allegations between the detainee's arrival at APPSC on March 13, 2023, and April 25, 2023, the date of ODO's interview with the detainee. On May 2, 2023, ODO notified the JIC and reported the incident for additional follow-up, if necessary.

*Staff-Detainee Communication:* One detainee requested to speak with his mother, but ERO New Orleans informed him of his mother's current location in a detention center in Texas, APPSC has not been able to arrange an inter-facility call.

- Action Taken: ODO interviewed the facility's ICE Operations Supervisor (IOS), reviewed the detainee's detention file, and found the detainee submitted a request to speak with his mother on March 16, 2023. The IOS stated facility staff located the detainee's mother at a detention center in El Paso, Texas and documented several, unsuccessful attempts to set up an inter-facility telephone call with her. On April 27, 2023, ODO requested ERO New Orleans staff assist with facilitating the call. On May 4, 2023, ERO New Orleans confirmed APPSC successfully facilitated an inter-facility call between the detainee and his mother.



*Telephone Access:* Two detainees stated the ICE free-call list did not contain telephone numbers for consulates representing Colombia and Belize.

- Action Taken: ODO reviewed the free-call consulate list, interviewed the IOS, and found no speed dial telephone numbers listed for the Colombian nor Belizean consulates. The IOS contacted and requested the facility's telephone service provider add speed dial numbers for these two consulates to the telephone system. The facility also updated the posted dialing instructions. ODO verified the functionality of the speed dial numbers. ODO cited the outdated free-call consulate list as a deficiency under the *Telephone Access* section of this report.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SAFETY**

#### **EMERGENCY PLANS (EP)**

ODO inspected the primary command post (CP) and found the facility did not equip the CP with escape-post kits (**Deficiency EP-35<sup>7</sup>**).

#### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO inspected the facility and found two facility exit diagrams in the corridor by the barbershop and control center did not include instructions in Spanish nor in the next most prevalent language at the facility (**Deficiency EHS-114<sup>8</sup>**). **This is a repeat deficiency.**

#### **TRANSPORTATION (BY LAND) (TBL)**

ODO interviewed the facility's transportation and dispatch supervisors, inspected the dispatch room, and found no posted guidelines for tracing procedures to locate an overdue vehicle (**Deficiency TBL-122<sup>9</sup>**). **This is a repeat deficiency.**

*Corrective Action:* Prior to the inspection's conclusion the facility initiated partial corrective action. ODO observed the facility post tracing procedures for locating an overdue vehicle in the dispatch room (**C-1**).

ODO interviewed the facility's transportation supervisor, inspected the facility's detainee transportation vehicles, and found no first-aid equipment bag nor a first-aid kit in the vehicles

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<sup>7</sup> "The facility shall set up a primary command post outside the secure perimeter that, at a minimum, is equipped as follows: escape-post kits, including maps, directions, etc. (as detailed under 'E. Contingency-specific Plans, Escape')." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(D)(2)(a)(6).

<sup>8</sup> "In addition to a general area diagram, the following information must be provided on signs:

a. Instructions in English, Spanish and the next most prevalent language at the facility."

See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(5)(a).

<sup>9</sup> "Each office shall develop and post written guidelines for tracing procedures to locate an overdue vehicle." See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(K)(1).

**(Deficiency TBL-171<sup>10</sup>).**

ODO interviewed the facility's transportation supervisor, inspected the facility's detainee transportation vehicles, and found two, five-seat transport vans each contained only one emergency blanket **(Deficiency TBL-172<sup>11</sup>).**

## **SECURITY**

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed 8 days of SMU observation logs for 4 detainees the facility housed in their SMU and found 89 documented observations occurred at intervals between 31 and 53 minutes **(Deficiency SMU-126<sup>12</sup>).** **This is a priority component.**

### **TOOL CONTROL (TC)**

ODO reviewed the facility's food service and medical departments' inventory sheets and found no date of issuance nor revision date **(Deficiency TC-61<sup>13</sup>).**

ODO reviewed the facility's food service department's inventory file folder and found no materials for 2021 **(Deficiency TC-117<sup>14</sup>).**

ODO reviewed five contractor tool inventory logs and found in two out of five logs, facility staff did not conduct an inventory of all contractor tools upon their departure **(Deficiency TC-118<sup>15</sup>).**

ODO interviewed the warden and found the facility did not inventory chemical agents nor restraints. Specifically, the warden stated the facility's chemical agents and restraints did not have serial numbers, and the facility was unable to provide ODO with inventory lists of the chemical

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<sup>10</sup> "In SPCs and CDFs, the Field Office will provide the following equipment as appropriate for each vehicle: ...

4. First-aid equipment bag (disaster kit), auxiliary to the first-aid kit in the driver's compartment (officers shall document each emergency requiring first-aid treatment, including whether and how quickly the injured individual(s) received proper medical care)."

See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(Q)(4).

<sup>11</sup> "In SPCs and CDFs, the Field Office will provide the following equipment as appropriate for each vehicle: ...

5. Emergency blankets equal to the rated capacity of the vehicle."

See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(Q)(5).

<sup>12</sup> "Detainees in SMU shall be personally observed and logged at least every 30 minutes on an irregular schedule."

See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(M).

<sup>13</sup> "Each department head is responsible for implementing tool control procedures in that department, and the following procedures are specifically required of the facility maintenance department head, health services administrator (HSA), food service manager, electronics technician, recreation specialist and senior firearms instructor: ...

8. include on all inventory sheets the date of issuance/revision."

See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(F)(8).

<sup>14</sup> "Each folder shall contain the materials for the current year plus the preceding two years, with a divider to separate the annual records." See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(6)(c).

<sup>15</sup> "Staff shall conduct an inventory of all contractor tools upon their arrival and departure." See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(7).

agents nor restraints (**Deficiency TC-125**<sup>16</sup>).

## **KEY AND LOCK CONTROL (KLC)**

ODO interviewed the key control officer and attempted to review the facility's key control officer written position description and found the facility did not have a written position description that includes duties, responsibilities, and a chain of command (**Deficiency KLC-13**<sup>17</sup>).

ODO interviewed the key control officer, reviewed his training records, and found he was untrained in the operation of gas/oxygen-cutting tools and end-saw equipment (**Deficiency KLC-20**<sup>18</sup>).

Additionally, ODO found the key control officer was untrained in Occupational Safety and Health Administration standards and the National Fire Prevention Association's life safety codes (**Deficiency KLC-27**<sup>19</sup>).

## **CARE**

### **FOOD SERVICE (FS)**

ODO inspected the FS department and found FS staff stored sugar in an unsecured plastic bin in the kitchen, on a shelf under the meal preparation table (**Deficiency FS-40**<sup>20</sup>).

ODO inspected the FS department, observed lunch service, and found the facility stored scoops used to dispense ice for consumption on top of the ice machine, exposing them to dirt, dust, and other sources of contamination (**Deficiency FS-151**<sup>21</sup>).

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<sup>16</sup> "Other items that require strict property management controls, like weapons (other than firearms), chemical agents, restraints, other use-of-force and disturbance control equipment, binoculars, communication equipment and similar items shall be inventoried (with serial numbers), maintained, issued and disposed of in accordance with the procedures for tools established herein." See ICE PBNDS 2011 (Revised 2016), Standard, Tool Control, Section (V)(J)(9).

<sup>17</sup> "The security key control officer shall have a written position description that includes duties, responsibilities and a chain of command." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(1).

<sup>18</sup> "The security key control officer: ...

g. Is trained in operation of gas/oxygen-cutting tools and end-saw equipment in case of an emergency." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(1)(g).

<sup>19</sup> "This training shall be supplemented with additional training in Occupational Safety and Health Administration standards and the National Fire Prevention Association's life safety codes." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(2).

<sup>20</sup> "Mace, nutmeg, cloves, sugar and alcohol-based flavorings also require special handling and storage: ...

2) Staff shall store and inventory these items in a secure area in the food service department." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(B)(4)(b)(2).

<sup>21</sup> "Food and ice shall be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage and other sources of contamination." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(5).

## **ACTIVITIES**

### **RECREATION (R)**

ODO inspected the facility's exercise areas, interviewed the recreation officer, and found the facility only provided soccer balls for recreation (**Deficiency R-15**<sup>22</sup>).

### **TELEPHONE ACCESS (TA)**

ODO inspected housing units H and I and found no updated consulate lists posted in these housing units. Specifically, ODO found no speed dial telephone numbers listed for the Colombian nor Belizean consulates (**Deficiency TA-26**<sup>23</sup>).

ODO inspected housing units H and I and found no updated consulate lists posted in the housing units. Specifically, ODO found no speed dial telephone numbers listed for the Colombian nor Belizean consulates (**Deficiency TA-37**<sup>24</sup>).

*Corrective Action:* Prior to the inspection's conclusion the facility initiated partial corrective action. ODO observed the facility post the updated consulate lists in housing units H and I. ODO verified the updated speed dial numbers functioned properly (**C-2**).

### **VISITATION (V)**

ODO reviewed the facility's visitation policy, interviewed the IOS, and found the facility did not permit legal visitation on weekends nor holidays (**Deficiency V-63**<sup>25</sup>). **This is a priority component.**

## **CONCLUSION**

During this follow-up inspection, ODO assessed the facility's compliance with 21 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found 19 deficiencies in the remaining 10 standards. Since APPSC's last full inspection in October 2022, the facility has improved significantly. APPSC progressed from 12 deficient standards and 74 deficiencies in October 2022 to 10 deficient standards and 19 deficiencies during this most recent inspection. The facility's improved performance was a result of completing a UCAP for ODO's last inspection in February 2023; however, the facility's two repeat deficiencies suggest the corrective actions for those two issues did not fully correct the deficiencies. ODO

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<sup>22</sup> "Exercise areas shall offer a variety of equipment." See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(D)(2).

<sup>23</sup> "Updated telephone and consulate lists shall be posted in detainee housing units." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(C).

<sup>24</sup> "The Field Office Director shall ensure that all information is kept current and is provided to each facility. Updated lists need to be posted in the detainee housing units." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(E).

<sup>25</sup> "Each facility shall permit legal visitation seven days a week, including holidays, for a minimum of eight hours per day on regular business days (Monday through Friday), and a minimum of four hours per day on weekends and holidays." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(2).

recommends ERO New Orleans continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNS 2011) (Revised 2016)</b>	<b>FY 2023 Follow-Up Inspection (PBNS 2011) (Revised 2016)</b>
Standards Reviewed	23	21
Deficient Standards	12	10
Overall Number of Deficiencies	74	19
Priority Component Deficiencies	0	2
Repeat Deficiencies	4	2
Areas Of Concern	0	0
Corrective Actions	1	2
Facility Rating	Acceptable/Adequate	N/A