

U.S. Department of Homeland Security

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

November 15-18, 2021

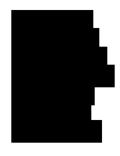
COMPLIANCE INSPECTION of the ALLEN PARISH PUBLIC SAFETY COMPLEX

Oberlin, Louisiana

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATION (PBNDS) 2011 (REVISED 2016) MAJOR CATEGO	
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
SECURITY	
Post Orders	7
CARE	8
Food Service	8
CONCLUSION	Q

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 compliance inspection of the Allen Parrish Public Safety Complex (APPSC) in Oberlin, Louisiana, from November 15 to 18, 2021. 1 The facility opened in 2015 and is owned 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 has assigned deportation officers to the facility. A warden handles daily facility operations and manages support personnel. APPSC provides food services and medical care, and Brothers Commissary provides commissary services at the facility. In April 2019, APPSC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Qu	antity
ICE Bed Capacity ²		
Average ICE Population ³		
Adult Male Population (as of November 15, 2021)		
Adult Female Population (as of November 15, 2021)		

During its last inspection, in Fiscal Year (FY) 2021, ODO found six deficiencies in the following areas: Medical Care (4); Special Management Unit (1); and Use of Force (1).

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

² Data Source: ERO Facility List as of October 12, 2021.

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. 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 highlights instances when 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 its 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 (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected 5&6	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Post Orders	1
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 - Care	
Food Service	3
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	<u> </u>
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	4

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

⁶ 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.

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, ERO New Orleans and the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Admission and Release: Five detainees stated they received both the ICE National Detainee Handbook and the site-specific handbook upon their admission to the facility; however, they were issued English versions of both and can only read in Spanish.

Action Taken: ODO reviewed the detention files of each detainee and found signed acknowledgements from each detainee, which indicated their receipt of the ICE National Detainee Handbook and site-specific handbook in both Spanish and English. On November 17, 2021, at the request of ODO, APPSC reissued Spanish translations of both the ICE National Detainee Handbook and site-specific handbooks.

Medical Care: One detainee stated he submitted multiple sick call requests for both tooth and ear pain and has yet to receive any medical attention.

• Action Taken: ODO interviewed the facility's health services administrator and reviewed the detainee's medical records, which did not reveal any history of sick call requests nor complaints. On November 17, 2021, the facility nurse practitioner evaluated the detainee and prescribed amoxicillin and ibuprofen for his infection. The facility staff educated the detainee on how to submit a sick call request.

COMPLIANCE INSPECTION FINDINGS

SECURITY

POST ORDERS (PO)

ODO reviewed APPSC's post orders policies and procedures for the facility's armed post assignment, armed perimeter-access post assignment, and the transportation post assignment and found the transportation post order does not describe nor explain the circumstances or conditions under which the use of firearms is authorized (**Deficiency PO-23**⁷).

⁷ "In addition to the above requirements for all post orders, post orders for armed and perimeter-access post assignments shall describe and explain: ...

^{2.} circumstances and conditions under which use of firearms is authorized." *See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(F)(2).

CARE

FOOD SERVICE (FS)

ODO reviewed five common fare menus, interviewed the food service administrator (FSA), and found the common fare menus were based on a 35-day cycle which exceeded the requirement; however, the common fare menus did not include the special menus for the 10 Federal holidays (**Deficiency FS-188**8).

ODO interviewed the FSA and the facility's business administrator (BA) and found the facility did not include common fare estimated costs in their facility's quarterly budget (**Deficiency FS-251**).

ODO interviewed the FSA and the BA and found the FSA did not maintain records of the actual common fare costs for edible nor non-edible items in the facility's quarterly budget (**Deficiency FS-252**¹⁰).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 22 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 20 of those standards. ODO found four deficiencies in the remaining two 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. ODO has not received the uniform corrective action plan for ODO's last inspection of APPSC in May 2021.

Compliance Inspection Results Compared	FY 2021 (PBNDS 2011) (Revised 2016)	FY 2022 (PBNDS 2011) (Revised 2016)
Standards Reviewed	13	22
Deficient Standards	3	2
Overall Number of Deficiencies	6	4
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

⁸ "The common fare menu is based on a 14-day cycle, with special menus for the ten federal holidays." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(2).

⁹ "The FSA shall estimate quarterly costs for the common fare program and include this figure in the quarterly budget." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(14).

¹⁰ "The FSA shall maintain a record of the actual costs of both edible and non-edible items." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(G)(14).