



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Follow-Up Compliance Inspection
2024-002-347**

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

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

July 16-18, 2024

FOLLOW-UP 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 follow-up compliance inspection of the Allen Parish Public Safety Complex (APPSC) in Oberlin, Louisiana, from July 16 to 18, 2024.¹ This inspection focused on the standards found deficient during ODO's last inspection of APPSC from October 17 to 19, 2023. 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).

[REDACTED] A facility warden handles daily operations and manages [REDACTED] support personnel. APPSC facility staff provide 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of July 16, 2024)	[REDACTED]
Adult Female Population (as of July 16, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2024, ODO found 6 deficiencies in the following areas: Facility Security and Control (1); Food Service (2); Significant Self-harm and Suicide Prevention and Intervention (1); Special Management Units (1); and Staff-Detainee Communication (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 Custody Management Division Authorized Facility List as of July 15, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.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.

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 the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

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

PBND Standards 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	3
Sub-Total	3
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	2
Part 4 - Care	
Food Service	4
Hunger Strikes	0
Medical Care	0
Personal Hygiene	2
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	6
Part 5 - Activities	
Recreation	2
Telephone Access	1
Sub-Total	3
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	14

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed 22 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 his dissatisfaction with the facility's treatment of his tooth pain in the rear left upper portion of his mouth.

- Action Taken: ODO interviewed the facility's health services administrator (HSA), reviewed the detainee's medical file, and found the detainee arrived at the facility on January 19, 2024, with no complaints of tooth pain during his comprehensive medical examination. On May 16, 2024, the detainee submitted a sick call request for a toothache in the rear left upper portion of his mouth, and on May 20, 2024, the facility nurse practitioner (NP) examined the detainee, noted decay, and prescribed amoxicillin (500 mg) and ibuprofen (600 mg), twice daily, for 14 days. On June 13, 2024, the detainee submitted another sick call request for a toothache and the NP repeated the same treatment regimen. On July 18, 2024, the NP examined the detainee at ODO's request, noted a dental abscess in tooth #30, and prescribed amoxicillin (875 mg) twice daily, and ibuprofen (600 mg), 3 times daily, both for 10 days. ODO conducted a follow-up meeting with the detainee to ensure his awareness of the facility's four daily pill lines, and also proper submission of any future written communications. The detainee acknowledged understanding.

Medical Care: One detainee stated his dissatisfaction with the facility's treatment of his pelvic pain.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical file, and found the detainee arrived at the facility on April 26, 2024, and reported a previous surgery for abdominal hernia repair during his comprehensive medical examination but had no complaint of pelvic pain. During three chronic care visits with the NP from May through July 2024, the detainee did not report nor submit any sick call requests for pelvic pain. On July 18, 2024, the NP examined the detainee at ODO's request, diagnosed him with left groin pain, prescribed Tylenol (1 gram), twice daily, for 30 days, and informed him to submit a sick call request if his pain returned. ODO spoke with the detainee to ensure proper submission of sick call requests for any future needs.

Recreation: Fourteen detainees stated they did not receive 1 hour of daily recreation.

- Action Taken: ODO interviewed facility staff, reviewed the facility's housing unit and recreation logbooks for 4 housing units (F, G, H, and I), and found from July 1 to 16, 2024, the facility offered recreation to all 4 housing units for 7 of out 16 days. ODO found no justification for the facility to not offer all detainees recreation on the other days. ODO cited no consistent daily recreation as a deficiency in the *Recreation* section of the report.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected three designated eyewash station locations in the laundry department, food service department, and ICE chemical closet, and found the eyewash stations provided approximately 1-minute of hands-on flushing capability. However, the Occupational Safety and Health Administration standards requires at least 15 minutes of hands-free flushing capability (**Deficiency EHS-38⁷**).

ODO reviewed 39 quarterly fire drill reports and found the facility did not conduct nor document fire drills:

- In the medical clinic and administration areas for October, November, and December 2023;
- In housing unit H, segregation units, administration areas, medical clinic, booking areas, central control, holding areas, barber shop, and laundry department for January, February, and March 2024; and
- In housing unit G, administration areas, medical clinic, booking areas, central control, holding areas, barber shop, and laundry department for April, May, and June 2024 (**Deficiency EHS-107⁸**).

ODO reviewed 39 quarterly fire drill reports and found the facility did not conduct nor document fire drills during the facility's second shift in calendar years 2023 and 2024 (**Deficiency EHS-108⁹**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee release files and found in [REDACTED] out of [REDACTED] files, the ERO New Orleans authorizing official did not sign the Order to Release forms (Form I-203) (**Deficiency AR-80¹⁰**).

⁷ "Eyewash stations that meet Occupational Safety and Health Administration standards shall be installed in designated areas throughout the facility, and all employees and detainees in those areas shall be instructed in their use." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(2)(b).

⁸ "Fire drills shall be conducted and documented at least quarterly in all facility locations including administrative areas." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4).

⁹ "Fire drills in housing units, medical clinics and other areas occupied or staffed during non-working hours shall be timed so that employees on each shift participate in an annual drill." See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(a).

¹⁰ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(1).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed facility liaison checklists and found ERO New Orleans did not document weekly telephone tests for the weeks of March 3 to 9 and June 2 to 8, 2024 (**Deficiency SDC-26¹¹**). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager, toured the facility FS areas, and observed lunch service on July 17, 2024, and found food not maintained at proper temperatures with the following deficiencies:

- Hamburger patties at 125 Fahrenheit (F) degrees on the serving line, and hamburger patties at 118 F degrees and lettuce and tomato at 56 F degrees in the food trays (**Deficiency FS-81¹²**). **This is a priority component;**
- Hamburger patties at 125 F degrees on the serving line (**Deficiency FS-129¹³**); and
- Hamburger patties at 125 F degrees on the serving line and hamburger patties at 118 F degrees, and lettuce and tomato at 56 F degrees in the food trays prior to serving (**Deficiency FS-263¹⁴**).

ODO toured the facility FS areas, reviewed temperature logs for 2 freezers, and found facility staff recorded in 594 out of 594 temperature logs, 20 F degrees for both freezers (**Deficiency FS-438¹⁵**).

PERSONAL HYGIENE (PH)

ODO reviewed the facility laundry and clothing exchange schedule, interviewed facility staff, and found the facility exchanged detainees' three sets of socks and undergarments twice weekly (**Deficiency PH-55¹⁶**). **This is a priority component.**

¹¹ "Staff shall document each serviceability test on a form that has been provided by ERO, and each Field Office shall maintain those forms, organized by month, for three years." *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(C).

¹² "Before and during the meal, the CS in charge shall inspect the food service line to ensure: ...

3) Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 F degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below."

See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(D)(2)(a)(3).

¹³ "After being reheated at 165 F degrees, the food may be maintained at 140 F degrees on a heated steam line or equivalent warming equipment." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(2).

¹⁴ "To prevent bacteria growth, food must be prepared and held at the proper temperatures until served." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(I)(1).

¹⁵ "The following procedures apply when receiving or storing food: ...

e. Store perishables at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees."

See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(K)(3)(e).

¹⁶ "Detainees shall be provided with clean clothing, linen and towels on the following basis:

1. A daily change of socks and undergarments; ..."

See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(H)(1).

ODO reviewed the facility laundry and clothing exchange schedule, interviewed facility staff, and found the facility exchanged detainees' uniforms twice weekly but more than 72 hours in between exchange periods (**Deficiency PH-56**¹⁷).

Corrective Action: Prior to the conclusion of the inspection, the facility initiated corrective action on July 18, 2024, by adding a third day to the detainee laundry schedule, updating the facility handbook, and issuing a memo to all staff members for immediate implementation (**C-1**¹⁸).

ACTIVITIES

RECREATION (R)

ODO interviewed facility staff, reviewed the facility's housing unit and recreation logbooks for 4 housing units (F, G, H, I), and found from July 1 to July 16, 2024, the facility offered recreation to all detainees for 7 out of 16 days (**Deficiency R-3**¹⁹). **This is a priority component.**

ODO inspected the facility's two exercise areas, interviewed the facility compliance officer, and found the facility only provided soccer balls for recreation (**Deficiency R-15**²⁰). **This is a repeat deficiency.**

TELEPHONE ACCESS (TA)

ODO interviewed facility staff, reviewed the facility's telephone testing procedures and daily housing unit logbooks from July 1 to 16, 2024, and found no daily telephone checks by facility staff on July 2, 2024 (for housing units F, G, H, and I) and on July 11, 2024 (for housing units F and I) (**Deficiency TA-8**²¹).

¹⁷ "Detainees shall be provided with clean clothing, linen and towels on the following basis: ...

2. At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes) at a minimum;"

See ICE PBNDS 2011 (Revised 2016), Standard, Personal Hygiene, Section (V)(H)(2).

¹⁸ C-1 addressed both PH deficiencies.

¹⁹ "If outdoor recreation is available at the facility, each detainee in general population shall have access for at least one hour, seven days a week, at a reasonable time of day, weather permitting." See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(B).

²⁰ "Exercise areas shall offer a variety of equipment." See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(D)(2).

²¹ "Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service so that required repairs are completed quickly." See ICE PBNDS 2011 (Revised 2016), Standard, Telephone Access, Section (V)(A)(3).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 10 of those standards. ODO found 14 deficiencies in the remaining 7 standards. Since APPSC's last full inspection in October 2023, the facility's overall compliance has trended downward. APPSC went from 5 deficient standards and 6 deficiencies in October 2023 to 7 deficient standards and 14 deficiencies during this most recent follow-up inspection. The facility had three priority component deficiencies in the FS, PH, and R standards. APPSC completed its UCAP from its last inspection in October 2023, but the facility's two repeat deficiencies suggest the corrective actions did not fully correct the issues. ODO recommends ERO New Orleans continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	27	17
Deficient Standards	5	7
Overall Number of Deficiencies	6	14
Priority Component Deficiencies	1	3
Repeat Deficiencies	0	2
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Good	N/A