



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

**Office of Detention Oversight
Compliance Inspection
2024-001-213**

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

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


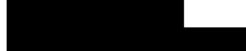
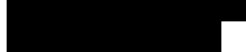
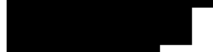
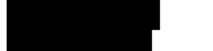
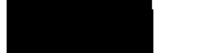




October 17-19, 2023

COMPLIANCE INSPECTION
of the
ALLEN PARISH PUBLIC SAFETY COMPLEX
Oberlin, Louisiana

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
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	Senior 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 compliance inspection of the Allen Parish Public Safety Complex (APPSC) in Oberlin, Louisiana, from October 17 to 19, 2023.¹ 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 facility 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 October 17, 2023)	[REDACTED]
Adult Female Population (as of October 17, 2023)	[REDACTED]

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).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of October 16, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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 uniform corrective action plans (UCAPs); 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.

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 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	0
Facility Security and Control	1
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	1
Use of Force and Restraints	0
Sub-Total	3
Part 4 - Care	
Food Service	2
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	

⁵ For greater detail on ODO's findings, see the *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.

Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	6

DETAINEE RELATIONS

ODO interviewed 31 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 concern listed below.

Medical Care: One detainee stated he had a stomach hernia and submitted at least four sick call requests since his arrival on August 3, 2023. He stated a facility nurse practitioner (NP) saw him during sick call and prescribed him pain medication, but the medication had not provided relief. He stated the NP saw him afterwards and informed him nothing additional could be done.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee’s medical records, and found the detainee made no claims of a hernia or stomach pain during intake on August 3, 2023. An NP completed the history and physical exam (H&P) of the detainee on August 10, 2023, at which time he did not report stomach pain nor hernia. During a sick call on September 9, 2023, the detainee reported to the NP he had a “knot” in his stomach. On September 14, 2023, the NP evaluated the detainee, located a small hernia above the belly button, and diagnosed gastroesophageal reflux disease. During this same visit, the HSA recommended discontinuing the detainee’s prescriptions for ibuprofen and omeprazole and to start Protonix and TUMS. Medical staff educated the detainee on how to reduce the hernia and to notify medical staff if unable to do so. On September 21, 2023, the NP evaluated the detainee, following a medical request to discuss his concerns that the hernia may affect his heart and kidneys. The NP educated the detainee that his hernia had not caused any damage to other organs. At the request of ODO, the HSA met with the detainee on October 19, 2023, to inform him of a treatment plan for his hernia.

Medical Care: One detainee stated he had submitted multiple sick call requests to remove warts from his feet and found the ointment provided by the facility to be ineffective. The detainee stated he removed the warts by his own means.

- Action Taken: ODO interviewed the HSA and found the detainee did not report any problems with warts during his intake on September 7, 2023. On September 12, 2023, an NP met with the detainee to complete his health assessment, and the detainee mentioned no issues relating to warts at that time. On September 18, 2023, the detainee submitted a sick call request and reported pain in his foot. The NP found a small area

at the bottom of the detainee's right foot, causing him pain, and advised the detainee he should notify the nursing staff if his condition worsened. The detainee submitted a sick call request for pain in his right foot on October 8, 2023, and the NP noted a small, scabbed area on his foot with no bleeding. The NP prescribed the detainee medication for pain, but the detainee declined. On October 10, 2023, the NP evaluated the detainee again after his attempt to remove the warts with a pair of toenail clippers. Medical staff cleaned the wound and informed the detainee to report to the NP on October 12, 2023. During the follow-up exam, the NP evaluated the detainee's wound, found three warts on the bottom of his right foot, and diagnosed them as plantar warts. On October 19, 2023, the NP advised the detainee on a treatment plan and prescribed Mupirocin ointment and salicylic acid and medical tape to cover the wound for 30 days. On October 18, 2023, ODO met with the detainee to explain the 30-day treatment and to submit another sick call request if his foot did not improve.

Medical Care: One detainee stated he suffered an injury to his wrist and felt the facility medical staff did not adequately treat the injury.

- Action Taken: ODO spoke with the HSA and found the detainee arrived at APPSC on July 13, 2023. On September 24, 2023, the HSA evaluated the detainee for complaint of injury to his right hand while playing football, 4 days prior. The HSA noted an obvious deformity of the right wrist with no acute swelling or discoloration, tenderness, nor loss of range of motion. The HSA diagnosed the detainee with right wrist pain due to a previous injury in 2018 and prescribed ibuprofen (200 mg). On October 19, 2023, ODO met with the detainee and informed him prescription refills require submitting a sick call request. The detainee acknowledged understanding.

Medical Care: One detainee stated he had a loose tooth and had submitted three sick call requests to have his tooth removed. He stated facility medical staff members told him they could not remove his tooth.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical records, and found during intake on July 13, 2023, the detainee stated he had problems with his 2 front teeth. An NP completed the detainee's H&P exam on July 18, 2023, and noted no issues related to the detainee's teeth. Additionally, the detainee voiced no complaints during the H&P. On August 16, 2023, the detainee complained about his bleeding gums during a sick call visit. The NP prescribed pain medication and advised the detainee to notify the medical staff if the issue continued. The detainee did not submit any additional sick call requests nor complaints. At ODO's request, the NP evaluated the detainee on October 18, 2023, for complaint of a toothache, and the detainee requested to see a dentist for tooth extraction. The provider scheduled the detainee for referral to the dentist and placed him on the dental list for an appointment in November 2023.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed the facility food service manager, reviewed the vehicle logs, and found the facility did not record the vehicle tag number for vehicles that come on-site (**Deficiency FSC-59⁷**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed nine files of detainees in SMU during the inspection period and found in one out of nine files, the facility's medical officer did not sign the individual record after visiting a detainee in SMU. Specifically, the detainee was in the SMU for 3 days and the facility's medical officer did not sign the detainee's individual record for 2 out of the 3 days (**Deficiency SMU-100⁸**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility liaison checklists from May 2023 to October 17, 2023, and found ERO New Orleans did not complete checks between May 21 and June 3, 2023 (**Deficiency SDC-26⁹**).

CARE

FOOD SERVICE (FS)

ODO toured the FS area and found three out of three exterior doors did not have controlled air curtains installed (**Deficiency FS-326¹⁰**).

ODO toured the FS area and found three out of three exterior doors did not have air curtains installed (**Deficiency FS-387¹¹**).

⁷ "The post officer shall log the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site" *See* ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(b).

⁸ "The facility medical officer shall sign each individual's record when he/she visits a detainee in the SMU." *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(b).

⁹ "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).

¹⁰ "Outside openings shall be protected by tight-fitting screens, windows, controlled air curtains and self-closing doors." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(5)(k).

¹¹ "To protect against insects and other pests, air curtains or comparable devices shall be used on outside doors where food is prepared, stored or served." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(10).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed the suicide watch logs for 7 detainees placed in a special isolation room designed for evaluation and treatment with continuous monitoring and found between the dates of May 15 and August 24, 2023, 7 out of 7 watch logs contained 16 documented observations by detention staff between 16 and 22 minutes (**Deficiency SSHSPI-34¹²**). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 27 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 22 of those standards. ODO found six deficiencies in the remaining five standards. Since APPSC’s last full inspection in October 2022, the facility’s compliance with the ICE PBNDS 2011 (Revised 2016) has significantly improved. APPSC went from 12 deficient standards and 74 deficiencies in October 2022 to 5 deficient standards and 6 deficiencies during this most recent full inspection. The facility’s improved performance was likely a result of completing a UCAP for their last full inspection and ERO New Orleans oversight of APPSC. ODO recommends ERO New Orleans continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Compared	Inspection	Results	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed			23	27
Deficient Standards			12	5
Overall Number of Deficiencies			74	6
Priority Component Deficiencies			0	1
Repeat Deficiencies			4	0
Areas Of Concern			0	0
Corrective Actions			1	0
Facility Rating			Acceptable/Adequate	Good ¹³

¹² “The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹³ ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies, and will have no repeat or priority component deficiencies.