

Office of Professional Responsibility

Allen Parish Public Safety Complex Compliance Inspection 2025-001-045

December 10-12, 2024



U.S. Immigration
and Customs
Enforcement



U.S. Department of Homeland Security
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Office of Professional Responsibility
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**Office of Detention Oversight
Compliance Inspection
2025-001-045**

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

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

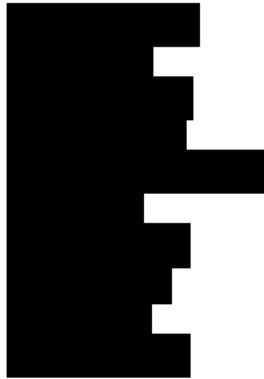
December 10-12, 2024

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

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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 Parish Public Safety Complex (APPSC) in Oberlin, Louisiana, from December 10 to 12, 2024.¹ 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 warden handles daily facility operations and manages [REDACTED] support personnel. APPSC staff provide food services and medical care, and Brothers Commissary provides commissary services at the facility. In February 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 December 10, 2024)	[REDACTED]
Adult Female Population (as of December 10, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2023, 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 and medium-low security classification levels for periods greater than 72 hours.

² Data Source: ERO Custody Management Division Authorized Facility List as of December 9, 2024.

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 corrective action plans; 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 ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	3
Transportation (by Land)	3
Sub-Total	6
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Key and Lock Control	5
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	5
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	6
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	6
Part 5 - Activities	
Recreation	2
Visitation	4
Sub-Total	6

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.

⁷ The Hold Room (HR) standard is under review for the FY 2025 inspection cycle; however, APPSC does not facilitate a HR and was not reviewed.

Part 6 - Justice	
Detainee Handbook	2
Grievance System	3
Legal Rights Group Presentations	0
Sub-Total	5
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	0
Sub-Total	0
Total Deficiencies	28

DETAINEE RELATIONS

ODO interviewed 34 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility compliance officer, inspected housing units I, F, G, and H, 16 detainee showers, and found in each shower, peeling paint on the walls, a buildup of dirt and soap scum on the shower curtains, and an excess of hair buildup and trash on the floors (**Deficiency EHS-11**).⁸

ODO interviewed the facility compliance officer, inspected the eyewash stations in the laundry department, central officer’s station, hallway between G and H housing units, the ICE chemical closet, and found no hands-free eyewash station that provided 15-minute continuous flushing capability (**Deficiency EHS-38**). **This is a repeat deficiency.**

ODO interviewed the facility compliance officer, reviewed 13 quarterly fire drill reports, and found the facility had no documentation to confirm the facility conducted annual fire drills during the 3 p.m. to 3 a.m. shift (**Deficiency EHS-108**).¹⁰ **This is a repeat deficiency.**

⁸ “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

⁹ “Eyewash stations that meet OSHA 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).

¹⁰ “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).

TRANSPORTATION (BY LAND) (TBL)

ODO reviewed 25 vehicle inspection reports and found in 2 out of 25 reports, facility staff did not document the odometer reading at the end of each trip (**Deficiency TBL-36**¹¹).

ODO reviewed 25 detainee detention files and found in 1 out of 25 files, ERO New Orleans staff did not complete the record of persons and property transferred (Form I-216) prior to transporting the detainee (**Deficiency TBL-68**¹²).

ODO interviewed the facility transportation supervisor, inspected three transportation vehicles, and found facility staff did not keep bolt cutters in the vehicles (**Deficiency TBL-129**¹³).

SECURITY

KEY AND LOCK CONTROL (KLC)

ODO observed the facility key rings, interviewed the warden, and found the facility does not use key covers for large keys (**Deficiency KLC-11**¹⁴).

ODO interviewed three facility key control officers, reviewed their respective training records, and found only one out of three key control officers completed an approved locksmith-training program (**Deficiency KLC-25**¹⁵).

Additionally, only one out of three key control officers had their training supplemented with additional OSHA and the National Fire Prevention Association's training (**Deficiency KLC-27**¹⁶).

¹¹ "The transporting officers shall comply with all state and federal motor vehicle regulations (including DOT, Interstate Commerce Commission and Environmental Protection Agency), including, but not limited to: ...

g. re-inspecting the vehicle after each trip and completing a vehicle inspection report, including an odometer reading."

See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(D)(3)(g).

¹² "No detainee may be transported to/from any facility, including Field Office detention areas, unless a Form G-391, I-216, I-203, or equivalent, is furnished, authorizing the removal. These forms must be properly signed and shall clearly indicate the name of the detainee(s), the place or places to be escorted, the purpose of the trip and other information necessary to carry out the detail efficiently." See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(G)(1).

¹³ "A complete set of keys for every lock located in or on the vehicle shall travel with the vehicle at all times, in a secure place known to every transporting officer, and the crew shall keep bolt cutters in the forward compartment with the outer equipment for use in an emergency." See ICE PBNDS 2011 (Revised 2016), Standard, Transportation (by Land), Section (V)(K)(2).

¹⁴ "Facilities shall use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(A)(9).

¹⁵ "All security key control officers shall successfully complete an approved locksmith-training program." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(2).

¹⁶ "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. Manufacturer's instructions, user manuals, product orientations and demonstrations also provide useful guidance and shall be housed in a secure location." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(2).

ODO observed the facility key cabinet, interviewed a facility control center officer, and found the facility does not use a chit system nor an alternative standard system for key accountability (**Deficiency KLC-77**¹⁷).

ODO observed the facility key cabinet and found key ring AA-1 was not present in the key cabinet and there was no chit in the key ring's place, indicating who checked out the key ring (**Deficiency KLC-79**¹⁸).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager (FSM), inspected the FS area, and found the following deficiencies:

- Sack lunches did not include fruit (**Deficiency FS-287**¹⁹);
- FS staff did not store sack lunches in a secured, refrigerated area until pickup (**Deficiency FS-290**²⁰);
- FS department did not have a schedule for the routine cleaning of FS equipment (**Deficiency FS-331**²¹);
- ODO observed the mixer lid and the walls around the mixer contained a buildup of dirt and debris (**Deficiency FS-339**²²); and
- ODO observed two ovens, one tilt kettle, one mixer, three pots, four food carts, and three sheet pans and found each item contained carbon build-up and food stains (**Deficiency FS-340**²³).

ODO interviewed the FSM, observed 2 freezers, reviewed 420 temperature log entries between both freezers, and found 249 out of 420 freezer log entries documented the freezer temperature at

¹⁷ “Facilities shall use a chit system or other standard system for the issuance and accountability of key distribution. A key chit is a tag (usually metal) that identifies the person who has drawn a set of keys.” See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(E)(1).

¹⁸ “All key rings shall be issued as needed (e.g., at the beginning of a shift, etc.) with the exchange of a chit for a key and with the chit placed on the hook from which the key was removed.” See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(E)(1).

¹⁹ “In addition, each sack shall include: ...

- 1) one piece of fresh fruit, or properly packaged canned fruit (or paper cup with lid), complete with a plastic spoon;”

See ICE PBNDS 2011, Standard (Revised 2016), Food Service, Section (V)(I)(6)(c)(1).

²⁰ “These lunches shall be stored in a secured, refrigerated area until pickup.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(I)(6)(d).

²¹ “The FSA shall develop a schedule for the routine cleaning of equipment.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(6).

²² “Equipment surfaces not intended for contact with food, but located in places exposed to splatters, spills, etc., require frequent cleaning. Therefore, they shall be reasonably smooth, washable, free of unnecessary ridges, ledges, projections, and crevices.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(7)(c)(2).

²³ “Upkeep of equipment surfaces shall contribute to cleanliness and sanitation.” See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(7)(c)(2).

12 degrees Fahrenheit (**Deficiency FS-438²⁴**). **This is a repeat deficiency.**

ACTIVITIES

RECREATION (R)

ODO interviewed the facility compliance manager, inspected housing units I, F, G and H, reviewed the facility-specific detainee handbook, and found no recreation schedule provided in the facility handbook. Additionally, only housing unit I had a recreation schedule posted (**Deficiency R-9²⁵**).

ODO interviewed the recreation officer, observed exercise areas 1 and 2, and found the facility exercise areas only offer a soccer ball, and they do not offer a variety of equipment (**Deficiency R-15²⁶**). **This is a repeat deficiency.**

VISITATION (V)

ODO called the facility's main phone number and found no mention of the facility's visitation hours (**Deficiency V-10²⁷**).

ODO called the facility's main phone number and found no live voice nor a recording of the facility's visitation hours (**Deficiency V-11²⁸**).

ODO observed the postings in the facility's visitation waiting area and found postings printed only in English (**Deficiency V-12²⁹**).

ODO observed the postings in the facility's visitation waiting area and found no posted legal visitation hours (**Deficiency V-65³⁰**).

²⁴ "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, Standard (Revised 2016), Food Service, Section (V)(K)(3)(e).

²⁵ "Recreation schedules shall be provided to the detainees or posted in the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(B).

²⁶ "Exercise areas shall offer a variety of equipment." See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(D)(2).

²⁷ "Make the schedule and procedures available to the public, both in written form and telephonically." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(C)(2).

²⁸ "A live voice or recording shall provide telephone callers the rules and hours for all categories of visitation." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(C)(2).

²⁹ "Post schedule, procedures and notification of visitation rules and hours in the visitor waiting area in English, Spanish and, where practicable, provisions for written translation shall be made for other significant segments of the population with limited English proficiency." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(C)(3).

³⁰ "The facility shall provide notification of the rules and hours for legal visitation as specified, 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. This information shall be prominently posted in the waiting areas and visiting areas and in the housing units." See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(2).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO reviewed the facility-specific detainee handbook and found the facility handbook does not notify detainees of the procedures for requesting interpretive services for effective communication (**Deficiency DH-8**³¹).

ODO reviewed the facility-specific detainee handbook and found the facility handbook does not notify detainees of the procedures for requesting reasonable accommodations (**Deficiency DH-9**³²).

GRIEVANCE SYSTEM (GS)

ODO interviewed the facility compliance officer, reviewed four formal grievances detainees filed in during the review period, and found the following deficiencies:

- In one out of four grievances, the facility did not respond to the grievance within 5 days of receipt (**Deficiency GS-57**³³);
- In one out of four grievances, the facility did not assign a grievance log number nor record the number in the grievance log (**Deficiency GS-79**³⁴); and
- For four out of four grievances, the facility did not place a copy of each completed grievance in the detainees' detention files (**Deficiency GS-83**³⁵).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 26 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found 28 deficiencies in the 8 remaining standards. Since APPSC's last rated full inspection in October 2023, the facility has trended downward. APPSC went from 5 deficient standards and 6 deficiencies in October 2023 to 8 deficient standards and 28 deficiencies, which included 4 repeat deficiencies, during this compliance inspection. APPSC completed its uniform corrective action plan for its last inspection in October 2024, which was not effective in resolving ODO's previously cited deficiencies. ODO recommends ERO New Orleans continue to work with the facility to

³¹ "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of procedures for requesting interpretive services for effective communication." *See* ICE PBNDS 2011 (Revised 2016), Standard, Detainee Handbook, Section (V)(B)(3).

³² "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of procedures for requesting reasonable accommodations." *See* ICE PBNDS 2011 (Revised 2016), Standard, Detainee Handbook, Section (V)(B)(4).

³³ "Detainee shall be provided with a written or oral response within five days of receipt of the grievance." *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(C)(3)(b)(1)(b).

³⁴ "Facility staff shall assign each grievance a log number, enter it in the space provided on the detainee grievance form, and record it in the detainee grievance log in chronological order?" *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(D).

³⁵ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." *See* ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(D).

resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	27	26
Deficient Standards	5	8
Overall Number of Deficiencies	6	28
Priority Component Deficiencies	1	0
Repeat Deficiencies	0	4
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Acceptable/Adequate



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