Department of Public Safety & Corrections State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANC SECRETARY

April 27, 2021

MEMORANDUM

TO:

The Honorable Nathaniel "Nat" Williams

Sh**e**rif(of St. Ыelena Parish

FROM:

James M. Le Blanc

Secretary

RE:

St. Helena Parish Jail

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) recertification with waiver inspection that was conducted on February 28, 2020. The BJG monitoring team will continue with annual monitoring to ensure compliance with the following guidelines.

BJG II-A-019 "Offender Transfers" (New)
BJG IV-C-013-1 "Medical Releases" (New)
BJG IV-C-016 "Notification" (New)
BJG IV-D-004 "Confidentiality of Health Information" (Revised)
BJG V-B-001 "Releasing Offenders (Revised)
BJG V-C-004 "Parole Board Procedures (New)

Please contact BJG Team Leader Elisabeth Roblin if you should need any assistance to achieve compliance.

Attachment

Mike Ranatza, Executive Director, Louisiana Sheriffs' Association Brian Muse, Warden, St. Helena Parish Jail Seth Smith, Chief of Operations Timothy Hooper, Acting Warden Libby Roblin, BJG Team Leader

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Department of Public Safety & Corrections State of Louisiana

JOHN BEL EDWARDS GOVERNOR



JAMES M. LE BLANG SECRETARY

April 27, 2021

MEMORANDUM

TO:

James M. Le Blanc

Secretary

FROM:

Markisha L. Stewart M. Stewart

Basic Jail Guidelines Administrator

RE:

St. Helena Parish Jail

The recertification inspection was conducted on February 28, 2020. At this time, annual monitoring is recommended to ensure compliance with the following guidelines. Mark Jos !

BJG II-A-019 "Offender Transfers" (New) BJG IV-C-013-1 "Medical Releases" (New)

BJG IV-C-016

"Notification" (New)

BJG IV-D-004

"Confidentiality of Health Information" (Revised)

BJG V-B-001

"Releasing Offenders (Revised)

BJG V-C-004

"Parole Board Procedures (New)

Thank you.

Attachment



08/12/19

BJG MONITORING REPORT

(Annual, Semi-Annual, Quarterly, Monthly or Recert with Waiver)

FACILITY NAME:

St. Helena Parish Prison

BJG MONITORS:

Libby Roblin, BJG Team Leader

Joli' Darbonne, BJG Team Monitor Justin Coley, BJG Team Monitor Maghen Gagnard, BJG Team Monitor

TYPE OF INSPECTION:

Re-certification with Waiver

FACILITY STAFF:

Brian Muse, Warden

Aubrey Kelly, Lieutenant Brandon Brunet, Deputy Leroy Burton, Deputy

Lisa Britton & Jannifer Knighten, Warden's Secretaries

BJG INSPECTION DATE:

February 28, 2020

PREVIOUS BJG INSPECTION DATE: February 19, 2019

OPERATIONAL CAPACITY: 56 COUNT ON DAY OF VISIT: 51

CONCERNS OR ISSUES FROM THE PREVIOUS BJG MONITORING INSPECTION:

None

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	11	0	11
Number of Local Offenders	40	0	40
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	51	0	51

of DOC Offenders that are:

Single Bunked	Washington and Charles and Cha
Double Bunked	11
Triple Bunked	.0.
Total	<u></u>
# of DOC Offenders that are in I	restricted housing:
Single Bunked	0
Double Bunked	0

Triple Bunked	0
Total	0

Assaults (Please list monthly since the previous BJG monitoring visit.)

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
February 2019	0	0	0	0
March 2019	0	0	0	0
April 2019	0	0	0	0
May 2019	0	0	0	0
June 2019	0	0	0	0
July 2019	0	0	0	0
August 2019	0	0	0	0
September 2019	0	0	0	0
October 2019	0	0	0	0
November 2019	0	0	0	0
December 2019	0	0	0	0
January 2020	0	0	0	0

Seizure Findings (Please list monthly since the previous BJG monitoring visit.)

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
February 2019	0	0	0	0	0
March 2019	0	0	0	0	0
April 2019	0	0	0	0	0
May 2019	0	0	0	0	0
June 2019	0	0	0	0	0
July 2019	0	0	0	0	0
August 2019	0	0	0	0	0
September 2019	0	0	0	0	0
October 2019	0	0	0	0	0
November 2019	0	0	0	0	0
December 2019	0	0	0	0	0
January 2020	0	0	0	0	0

GENERAL APPEARANCE/CLEANLINESS/COMMENTS OF THE FACILITY:

Facility operates with a waiver; therefore, they are not required to maintain BJG files, but have chosen to do so. While reviewing the files it was noticed that they were not up to date with the April 2019 revisions. An email notification of the April 2019 revisions was originally sent in February 2019 and was resent on March 2, 2020.

Living Area and Cell Block:

The facility is an older jail with cell block style housing. The overall appearance of the facility was found to be neat and orderly on the date of the monitoring visit.

Dorms: N/A

Cell Block:

The overall appearance of the facility was found to be neat and orderly on the date of the monitoring visit.

Culinary/Dining:

Kitchen area was neat and orderly. Spot checked utensils – accounted for and issued/signed out properly. Temperature logs found within required ranges. Dry storage – found to be clean, neat, organized and all stock was dated and being rotated properly.

Bathrooms:

Shower areas in Dorm 1 – overall appearance well maintained and in working order with hot and cold water on date of monitoring visit.

Yard Areas:

Overall appearance was clean on the date of monitoring visit. The logbook was reviewed for the week of February 16, 2020 to February 22, 2020, offenders were offered yard time the required three times per week.

Maintenance:

Chemical inventories – spot checked and found no discrepancies. All MSDS sheets were available and up to date. Tool inventories – spot checked and no discrepancies were found.

REVIEW AND COMMENT ON THE FOLLOWING BASIC JAIL GUIDELINES: (Compliant or Non-Compliant) **Even though facility is not required to maintain BJG files, they elect to. All BJG guidelines that were revised and/or new as of April 25, 2019 that the facility is required to be in compliance with need the policies updated to include the revision and/or create if new.

I-A-001 Safety/Sanitation/Inspections – Compliant

Reviewed current and past inspections. Reviewed documented and physical corrections.

I-C-001 Emergency Plan (Revised) - Compliant

Reviewed all emergency plans.

II-A-007 Counts - Compliant

- How many formal counts are conducted each shift?
 Three major counts and four minor counts.
- How many counts are conducted each day?
 Seven counts

Stick outs are counts that are conducted in areas other than housing units, such as food services and other areas of normally authorized locations. When conducting and submitting the counts, employees are to actually see the offender before turning in theses counts.

- How does the facility accomplish this?
 Major counts offenders are located at the facility for count. Minor counts if offender(s) is outside of the facility they are counted at their location.
- Does this process insure accountability and safe/secure operation of the facility?
 Yes the facility has limited facility movement and minimal to no off site facility movement.

II-A-008 Offender Population Management System (Revised) - Compliant

Maintaining offender files with pre-class and transfer documentation.

II-A-010 Admissions (Revised) - Compliant

Background checks are run by the dispatch office and kept on file at the Sheriff's Office.

II-A-011 Out of State Offenders (New) – Compliant

Facility does not house out of state offenders. Team suggested paperwork for S1 and S2 be illustrated using the same offender.

II-A-012 Classification System – Compliant

BJG file - move S1 to P2. S1a - no example for 2018. Trustee approval form - make sure information is for the same offender each year. S4 - licensure expired 8/31/2019. Does this facility have any trustees that work outside the secure perimeter? Yes If ves.

- What is their classification process to determine who is eligible for trustee status?
 Offender applies to become trustee, then offender record is reviewed, the charges and conduct is taken into consideration, and the Warden approves or denies.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

II-A-018 Offender Drug Testing (Revised) – Compliant

(Please list monthly since the previous BJG monitoring visit.)

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
February 2019	4	8	50.00%	2
March 2019	1	9	11.11%	0
April 2019	1	11	9.09%	0
May 2019	1	11	9.09%	0
June 2019	1	10	10.00%	0
July 2019	1	12	8.33%	0
August 2019	1	10	10.00%	0
September 2019	1	10	10.00%	0
October 2019	1	13	7.69%	0
November 2019	1	12	8.33%	0
December 2019	1	8	12.50%	0
January 2020	1	9	11.11%	0

II-A-019 Offender Transfers (New)

No file built. Part of this guideline was previously in BJG II-A-009.

II-B-002-1 Use of Restraints for Pregnant Offenders (New)

N/A. Facility does not house female offenders.

II-C-001 Procedures for Searches (Revised) – Compliant

Searched are conducted each shift and randomly.

II-D-001 Key, Tool and Utensil Control - Compliant

Key and utensil control were spot checked and no discrepancies were found. Tool inventories were spot checked and no discrepancies were found.

IV-C-001 Access to Care/Clinical Services (Revised) - Compliant

(Does the facility charge a co-payment? If so, approved by DPS&C?)

Charge of \$10 approved by DPS&C; however, form used by the facility states a \$20 charge for fighters who require medical treatment. Team stated at the time of visit they are to fix the form.

IV-C-006-1 Pregnancy Management (New)

N/A. Facility does not house female offenders.

IV-C-008 Annual TB Testing - Compliant

Testing is current.

IV-C-012 Access to Sick Call – Compliant

Access daily, physician's appointment scheduled for all sick call request.

IV-C-013	Infirmary Care – Compliant Facility had no infirmary. Offenders in need of	medical are transferred to DOC.
IV-C-013-1	Medical Releases (New) (Medical Parole, Medical To Facility had no file created on date of visit due according to facility no requests were made in 2	to it being new as of April 2019. However,
IV-C-014	Suicide Prevention and Intervention – Comp No offenders placed on watch for years 2017,2	
IV-C-016	Notification (New) Facility had no file created on date of visit due according to facility there were offender examp	
IV-D-004	Confidentiality of Health Information (Revise Facility was instructed to update the policy to s	
IV-E-001	Alleged and Substantiated Sexual Assaults Facility has had no sexual assault allegations 2019. Is this facility required to be PREA complete. Is this facility PREA compliant? No If yes, date compliance received:	since the last monitoring visit February 19,
	not done so, what is their plan of action	Clay Williams, LCSW. License in the file for
V-A-003	Programs and Services (Revised) - Complia List all Certified Treatment Programs Living in Balance Cage Your Rage Nurturing Parenting	
	Instructed staff to maintain class files each class. Do not maintain files on each class all other Offender Programs AA/NA (see above)	to include all CTRP credits submitted for ch particular offender.
V-A-003-1	Educational Programming (New) N/A. Facility does not currently provide GED pr	ogramming.
GED Progra	ram	
Number of	f GED Slots	0
Number of	f Participants	0
VTD Numb	her of Completions	n

V-B-001 Releasing Offenders (Revised) – Compliant

Paperwork illustrated that offenders are receiving property and medication properly upon release. Community resources list is being provided and checklist is being completed and signed by offender verifying receipt upon release. However, facility was instructed to update the policy to show the April 2019 revisions.

V-B-010 Proposed Expansions (Revised) – Compliant

No proposed expansions at this time.

V-C-001 Substance Abuse Programs – Compliant

Facility offers Living in Balance.

V-C-002 Reentry Programs (Revised) – Compliant

(Are offenders releasing with two valid forms of identification?)

Facility is providing offenders with two forms of identification. The facility has not received any Transitional Document Envelopes, but BJG monitoring team has instructed that the facility should maintain the envelopes in a locked cabinet, and provide the offender with the envelope and its contents and have the offender sign for the envelope. St. Helena is not required to provide offenders with TDE to all releasing offenders as they are not a state facility or Regional Reentry Center

V-C-004 Parole Board Procedures (New)

Need to create a policy. Facility staff stated that they have not had any offenders within the last three years have a parole hearing.

VII-A-002 Weapons Training – Compliant

File illustrates weapons and chemical agent training is compliant. However, team suggested to facility they illustrate the same employee for each type of training each year if possible.

VII-B-008 Monthly Reporting (Revised) - Compliant

Facility enter reports as required.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff morale perceived well during the visit. Staff was professional and cooperative with the team.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

The BJG team spoke to several offenders. None voiced any complaints or concerns in regards to living or food quality.

RECOMMENDATION:

Even though facility is not required to maintain BJG files, they elect to. All BJG guidelines that were revised and/or new as of April 25, 2019 that the facility is required to be in compliance with, need the policies updated to include the revision and/or create if new.

At this time, the BJG Monitoring Team would like to recommend to continue annual monitoring visits.



Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge. LA 70806 (225) 925-4911 (800) 256-5452 Fax (225) 925-4241

Inspection Report

Report # CB-18-031971-1



No Deficient/Cautionary Codes cited.

		Lo	cation	n Inform	atior	1		
Inspection Type	Compliance	e Building Inspection				Inspection Da	ite	1/11/2019 9:58:45 AM
Structure ID	5520	No. of Build	lings	2		Facility Code		J61
Capacity	56	Year Built		1967		Construction	Type	Type IIB / (000)
Building/Trade N	ame			Address	 5			
ST HELENA PARI	SH JAIL			387 SITI	MAN :	STREET, GRE	ENSEU	RG. LA 70441
		0	wner	Informa	tion			
Owner Type		Name			Cont	act Phone	Contac	ct Email
		ST HELENA POLICE	JURY		(225)	222-4413	BMUS	E@STHELENASO.ORG
Address								
337 SITMAN STRI	EET, GREEN	SBURG, LA 70441						
	THE STATE OF THE S	Te	enant	Informa	tion			
Name	· · · · · · · · · · · · · · · · · · ·		Suite	Suite Number		Floor Numb	··r	Square Footage
		0	ccupa	ncy Del	tails			
Occupancy Type		Details	<u>-</u>				. x	
institut orial		INSTITUTIONAL BUIL						RRECTION);
		DETENTION CORRE	CHUN	FACILII	<u> </u>	PE: CONDITIC	ж-	
	and the same of th		Cor	mments			pp gramman	
A REVIEW OF TH	E EMERGEN	CY EVACUATION PLAN	VWAS	CONDUC	CTED	AND FOUND	TO BE /	CCEPTABLE
NO APPARENT D NUMBER OF INM		AT TIME OF INSPECT NT: 42	ion					
		Ins	pecto	r Inform	atior	1		
Name: Chad E B	erry	Badge Number 636			Inspe	ctor Signature		
		Person to whom	n requ	iiremen	ts we	ere explained	<u> </u>	
Name Lisa Kinkid	1	Little: Warden Admin	:		Signa	Mire.		
		. L		I				

For questions regarding the contents of this report, please call:

(504) 568 8506

R. S. 40: 1621

Whoever fails to comply with any order issued by the Fire Marshall or his authorized representative under any provision of Part III. Chapter 7. Title 40 of the Equisiana Revised Statutes of 1950, R.S. 40:1569 excepted, shall be fined not more than five hundred deliars or imprisoned, for more than six months or both. Each day's violation of an order constitutes a separate offense and may be punished as such at the discretion of court.



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

Permit Number 46-01-224		ermit Nan t. Helena l	ne Parish Prison-224					
Name of Establishment				Owner Na	me	 		
St. Helena Parish Prison-224								
Address	. =0	}		Date		:	Time	
387 Sitman ST Greensburg, L	A 70441			11/13/2019	<u> </u>		10:55 AM	
			LAC TITLE	51 PART	XVII	[_	
NON-CRITICAL ITEMS: The by this office.			prrected by the next regul	-				v) established
Category	Code Referei			1	Descripti	on of Violation	as .	
Building Requirement	101		The ceilings are not in go	od repair. Cei	ing in d	orm is not in go	ood repair	
Comments:							· · · · · · · · · · · · · · · · · · ·	
Number Licenso 56	ed For			n Attendance 53			License Anniversary 04/30/2020	,
		hone #		Sanitarian S	*			
Sanitarian Name/Print Leann Lindsey		25 222-441	12	Samtarian	ignature مرسب	•	R.S. # 1399	
<u> </u>					$\langle \rangle$			
The above mentioned violations	were called	o my atteni	ion and were explained to r					
Correct Critical Violations by						Violations by		
				Signature of	Recipie	nt	\sim	
Name/Title Brandon Brunet				1//	2	(1)		
Drandon Dianet		· .			· · ·	سيكسب فيحر		
		1						
							•	
						•		
		}						
		· .						

STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH							
INSTITUTION REPORT							
Agency License No.	Agency License No. Anniversary Month NOVEMBER						
Name of Establishment ST. HELENA PARISH PRISON-224	Mailing Address						
Address 387 SITMAN ST							
City, state, Zip Code GREENSBURG LA 70441							
Type of Facility JAILS 53							
Parish St. Helena	Date Inspected 11/13/2019						
The above establishment has been inspected by a representative of	of this section, and:						
✓ License is Recommended; License is Not Recommended;							
License is Pending Reinspection; from the standpoint of sanitation	LEANN LINDSEY	1 3 9	9				
	- LLTHIN LINDOL I	1 1 1 3 1 3 1	3				
LHS 48 (R 7/99)			D 1014				



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Routine/Renewal

Permit Number 46-0001044-1	Permit Name ST. HELENA PARISH JAIL Kitchen				
Name of Establishment ST. HELENA PARISH JAIL			Owner Name SAINT HELENA PARISH JAIL		
Address 387 SITMAN ST GREENSBURG, L	A 70441	Date 11/13/2019	Time 10:10 AM		

LAC TITLE 51 PART XXIII

Comments:			

NOTICE RS 40:31.38 (ACT 66)

RS 40:31.38 (ACT 66) authorizes the Louisiana Department of Health to charge a fee of \$150 to any permitted food establishment that fails to correct the necessary sanitary code violations to be in compliance at the time of its follow up inspection (1st reinspection). Re-inspections are required when there are five or more uncorrected non-critical violations and/or one or more uncorrected critical violations remaining at the conclusion of an inspection. The fee is only charged if the necessary violations are not corrected before the 2nd re-inspection and other subsequent re-inspections. Establishments can avoid this fee if the violations noted on the routine inspection report are corrected by, or during, the follow up inspection. If a fee is assessed, the \$150 fee is payable within 30 days' notice, and failure to pay shall result in revocation of the permit.

Sanitarian Name/Print Leann Lindsey	Phone # 225 222-4412	Sanitarian Signature	R.S. # 1399	1	
The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to					
Correct Critical Violations by		Correct Non-Critical Violations by			
Name/Title Brandon Brunet		Signature of Recipient			

CERTIFIED TREATMENT AND REHABILITATION PROGRAM CERTIFICATION OF CONTINUED COMPLIANCE

Facility: St. Helena Parish Jail	
Date: February 28, 2020	
Name of Program: Cage Your Rage — (\)(\)(\)(\)(\)(\)(\)(\)	
Date of Program Implementation: March 2014	
Primary Area of Service Provided:	
Education Job Skill Training Values Development and Faith Based Initiatives Treatment Programs Miscellaneous	
Program has been certified by DPS&C? 🗵 Yes 🗌 No	
Program application process is consistent with DPS&C existing assessment ar ☑ Yes ☐ No	nd classification system?
Has program curriculum changed during preceding 12 months? Yes	⊠ No
Is there an objective method used to assess completion? Attended Yes X No Detailed records are maintained on the following:	
All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes Yes	No No No No
Is there a formal graduation ceremony for those who complete the program?	☐ Yes ⊠ No
The CTRP referenced above continues to meet necessary criteria to mainta Department of Public Safety and Corrections.	·
Monitoring Team Member or BJG Team Member/Leader	February 28, 2020 Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM CERTIFICATION OF CONTINUED COMPLIANCE

Facility: St. Helena Parish Jail	
Date: February 28, 2020	
Name of Program: Living in Balance — () (1) () () ()	
Date of Program Implementation: March 2014	
Primary Area of Service Provided:	
 □ Education □ Job Skill Training □ Values Development and Faith Based Initiatives □ Treatment Programs □ Miscellaneous 	
Program has been certified by DPS&C? 🗵 Yes 🗌 No	
Program application process is consistent with DPS&C existing assessment and classification sys	tem?
Has program curriculum changed during preceding 12 months? Yes No	
Is there an objective method used to assess completion? Yes No No Detailed records are maintained on the following:	
All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No No Yes No	
Is there a formal graduation ceremony for those who complete the program? Yes No)
The CTRP referenced above continues to meet necessary criteria to maintain its certification because of Public Safety and Corrections.	y the
February 28, 20	020
Monitoring Team Member or BJG Team Member/Leader Date	

CERTIFIED TREATMENT AND REHABILITATION PROGRAM CERTIFICATION OF CONTINUED COMPLIANCE

Facility: St. Helena Parish Jail	
Date: February 28, 2020	
Name of Program: Nurturing Parenting	
Date of Program Implementation: March 2014	
Primary Area of Service Provided:	
 □ Education □ Job Skill Training □ Values Development and Faith Based Initiatives □ Treatment Programs □ Miscellaneous 	
Program has been certified by DPS&C? Yes No	
Program application process is consistent with DPS&C existing assessn system? Yes No	nent and classification
Has program curriculum changed during preceding 12 months? 🔲 Yes 🗓	⊠ No
ls there an objective method used to assess completion? ☐ Yes ☐ No	
Detailed records are maintained on the following:	
All offenders who apply. Number of offenders accepted. Number and type of services provided. ○ Yes Offender's completion/termination from program. ○ Yes	□ No□ No□ No□ No
Is there a formal graduation ceremony for those who complete the program?	☐ Yes ⊠ No
The CTRP referenced above continues to meet necessary criteria to maintai Department of Public Safety and Corrections.	n its certification by the
Monitoring Team Member or BJG Team Member/Leader	February 28, 2020 Date