

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR

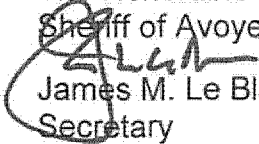


JAMES M. LE BLANC
SECRETARY

July 22, 2021

MEMORANDUM

TO: The Honorable David Dauzat
Sheriff of Avoyelles Parish

FROM: 
James M. Le Blanc
Secretary

RE: Avoyelles Women's Correctional Center

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) monitoring visit that was conducted on June 30, 2021. I am recertifying this facility in compliance with the "Basic Jail Guidelines" with annual monitoring.

Congratulations to you and your staff on this accomplishment and thank you for the hard work and dedication that are necessary to achieve this goal.

Thank you for your continued commitment to the BJJ process.

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Stephanie Smith, Warden
Seth Smith, Chief of Operations
Marcus Myers, Warden
Chad Firmin, BJJ Team Leader

State of Louisiana



Office of the Secretary

Department of Public Safety and Corrections

By the authority vested in me, under Chapter 9, Title 36 of the Louisiana Revised Statutes,

I, James M. LeBlanc, Secretary, do hereby recognize

Avoyelles Women's Correctional Center

in acknowledgment of

Continued Compliance with the Basic Jail Guidelines Process

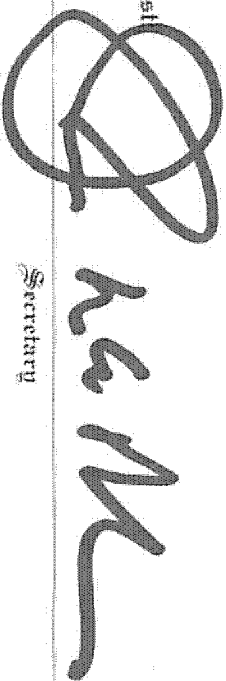
Therefore, I have hereto set my hand and caused to be affixed the seal of the

Department of Public Safety and Corrections, at the City of Baton Rouge,

this 22nd day of July

in the year of our Lord 2021

Attest



Secretary

Department of Public Safety & Corrections
State of Louisiana

140

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANC
SECRETARY

July 22, 2021

MEMORANDUM

TO: James M. Le Blanc
Secretary

FROM: Markisha L. Stewart *M. Stewart*
Basic Jail Guidelines Administrator

RE: Avoyelles Women's Correctional Center

The recertification inspection was conducted on June 30, 2021. At this time, recertification with annual monitoring is recommended.

Thank you.

Attachment



03/24/2021

BJG RECERTIFICATION REPORT

FACILITY NAME: Avoyelles Women's Correctional Facility
BJG MONITORS: Major Chad Firmin Team Leader
Colonel Benjamin Maddie Team Member
Jude Pitre Team Member
FACILITY STAFF: Warden Stephanie Smith
BJG INSPECTION DATE: June 30, 2021
PREVIOUS BJD INSPECTION DATE: October 23, 2019
OPERATIONAL CAPACITY: 317
COUNT ON DAY OF VISIT: 105

Please see attached Excel Spreadsheet for each area reviewed for BJD compliance.

CONCERNS OR ISSUES FROM THE PREVIOUS BJD MONITORING INSPECTION:

II-D-001 Key, Tool and Utensil Control, I-A-004 Housekeeping, II-A-002 Secure Perimeter, IV-A-001 Food Storage Facilities, IV-B-002 Plumbing Fixtures/Showers, IV-B-004 Hygiene/Bedding Issue

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	0	38	38
Number of Local Offenders	0	66	66
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	1	1
Number of ICE Detainees	0	0	0
TOTAL	0	105	105

Number of DOC Offenders that are:

Single Bunked	0
Double Bunked	38
Triple Bunked	0
Total	38

Number of DOC Offenders that are in restricted housing:

Single Bunked	0
Double Bunked	0
Triple Bunked	0
Total	0

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
June 2020	0	0	0	0
July 2020	0	0	0	0
August 2020	0	0	0	0
September 2020	0	0	0	0
October 2020	0	0	0	0
November 2020	0	0	0	0
December 2020	0	0	0	0
January 2021	0	0	0	0
February 2021	0	0	0	0
March 2021	0	0	0	0
April 2021	0	0	0	0
May 2021	0	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
June 2020	0	0	0	0	0
July 2020	0	0	0	0	0
August 2020	1 meth	0	0	0	5 tobacco, 2 lighters
September 2020	0	0	0	0	0
October 2020	1 suboxone strip, 1 mojo	0	0	0	1 tobacco
November 2020	0	0	0	0	0
December 2020	0	0	0	0	0
January 2021	0	0	0	0	1 tobacco
February 2021	0	0	0	0	3 tobacco, 1 homemade dildo
March 2021	0	0	0	0	0
April 2021	0	0	0	0	0
May 2021	0	0	0	1	1 tobacco

GENERAL APPEARANCE/CLEANLINESS/COMMENTS OF THE FACILITY:

Living Area:

- **Dorms -**

October 23, 2019- All offenders had mattresses and pillows. It was noted that several offenders have all different styles, types and colors of blankets on the beds that have been sent from home by family members. All offenders should be issued a blanket by the facility that are all of the same type and color. There are some offender personal property belongings not all stored in locker boxes and on the beds.

June 30, 2021- Offenders all have mattresses and pillows on their beds. All the different style and colors of blankets have been removed and either a standard gray or white blanket has been issued by the facility. Offender belongings and property is being stored in locker boxes provided by the facility. The dorms are

neat and clean. Beds were made up during the walk through. All ceiling tiles in dorms where offenders are housed are up and not falling down. There is one dorm on the right side of the main hall towards the end of the hall that is not being used due to the roof leaking. All ceiling tiles have been removed from that dorm ceiling. The facility is waiting on bids for roof repairs or replacement then work will be done in that dorm to fix and replace what may have been damaged due to the roof leaking. No offenders are housed in that dorm.

- **Cell Block –**

October 23, 2019-The cellblock/lockdown area has poor lighting and was noted on the DHH report dated 9/12/19. The lighting has not been addressed as of the date of this visit.

June 30, 2021- The cellblock/lockdown cell lighting has been repaired since the 2019 DHH report. There are no issues noted on the 2020 DHH inspection report. There is no one in the lockdown cells at the time of inspection. It was noted that the first cell needed some cleaning on the ceiling and was being taken care of.

Culinary/Dining:

October 23, 2019- The dining hall is clean and used as a multi-purpose area for different programs and classes at the facility. Temperature logs are kept on each freezer/cooler in the kitchen however the temperatures are not being checked and recorded correctly. The kitchen has a leak under the main sink and behind the ice machine. There are buckets on the floor to catch the leaking water. There is a cabinet in the kitchen with utensils inside on a shadow board. The cabinet was left unlock and utensils were issued out by staff but were not signed out. In the storage room there are plastic containers used to store dry goods such as beans, rice, cornmeal etc. that are dirty and have broken lids that need to be replaced. One of the containers that is used to store red beans had a roach crawling inside.

June 30, 2021- The dining hall area is still used when needed as a multipurpose area for programs and classes being offered at the facility. The dining area is clean and in order. All freezers and coolers had temperature logs and is being checked and recorded daily. The leaks in the kitchen area have been repaired since the last inspection. The kitchen utensil cabinet is locked and utensils are being signed in and out properly. It was noted on the inventory sheet that 2 utensils (knives) have been disposed of due to being broken however the shadow was still on the board. Advised staff that if the utensil is not going to be replaced then paint over the shadow on the board where the knives were located.

Bathrooms:

October 23, 2019- Bathroom/shower area has some shower floor drains stopped up. Maintenance was at the facility and were made aware along with the Warden of the problem. Ceiling vents in the bathroom and showers are dirty. There is some peeling paint on the walls of the shower and is noted on the DHH report 9/12/19. Some painting has been done but not completed on day of audit.

June 30, 2021- There were no floor drains stopped up on the day of the visit. All the bathroom and shower areas are clean and have all been painted. There was no leaking water all over the floors in the bathroom and shower areas at the time of the audit. All showers and toilets are in working order at the time of visit. There is adequate hot water available in the shower areas for offender use. Hot water temperatures are checked by staff and recorded.

Yard Areas:

October 23, 2019- Front yard of the facility is cut and maintained. The small side yard needs cutting. The back fence behind the facility still has some vines/poison ivy growing all the way up the fence and a small tree growing in the fence. Some of the vines/poison ivy has been removed.

June 30, 2021- The yard at the facility is cut and looked good on the day of the visit. The vines growing up the back fence area has been removed and cleaned up along with the small tree growing in the fence

Maintenance:

The maintenance department is located at the Avoyelles Marksville Detention Center. Maintenance personnel was at the facility working on some lights at the time of audit.

COUNTS:

- How many formal counts are conducted each shift? 4 counts per shift
- How many counts are conducted each day? 8 counts total

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 these counts.

- How does the facility accomplish this? A log of offenders exiting the jail is kept and the officer calls in to control their count and control calls in the facility count to the Avoyelles Marksville Detention.
- Does this process insure accountability and safe/secure operation of the facility?

Yes

CLASSIFICATION SYSTEM:

Does the facility have any trustees that work outside the secure perimeter? (Yes or No) Yes

If yes,

- What is their classification process to determine who is eligible for trustee status? Offender records along with disciplinary and criminal history are reviewed for eligibility for trustee status then approved by the Warden.
- Does their classification process meet DPS&C, Corrections Services' criteria?

Yes

OFFENDER DRUG TESTING: (Please list monthly since the previous BJG monitoring visit.)

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
June 2020	12	33	36	0
July 2020	10	32	31	0
August 2020	10	30	33	2 meth
September 2020	10	36	28	0
October 2020	12	34	35	0
November 2020	20	33	60	0
December 2020	25	35	71	0
January 2021	30	30	100	0
February 2021	15	28	54	0
March 2021	15	18	83	0
April 2021	15	30	50	0
May 2021	25	38	66	0

Rules and Discipline

Does the facility's offender orientation include the application process for applying for restoration of good time? (Yes or No) Yes

If yes,

- What is their restoration of good time application process for the offender population? The facility follows Dept. Reg. OP-D-2 Restoration of Good Time. Any offender who is eligible for the restoration of good time shall complete the form and submit to the Warden or Administrator or the Sheriff for review then forwarded to Headquarters.

- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria?
Yes

BJG AUTOMATED MONTHLY REPORTING REVIEW:

Has the facility been inputting the correct info timely? Yes

Does the reported info suggest any issues of concern or improvement? No

OFFENDER PROGRAMS:

GED Program

Number of GED Slots	<u>35</u>
Number of Participants	<u>0</u>
YTD Number of Completions	<u>0</u>

*Facility staff advised there is no GED teacher at this time

LIST ALL CERTIFIED TREATMENT PROGRAMS: (Attach Form B-04-003-B)

- Thinking for a Change
- Understanding & Reducing Angry Feelings
- Partners In Parenting
- LA Risk Management
- FDIC Money Smart for Young Adults
- UCCI CBI Employment

LIST ALL OTHER OFFENDER PROGRAMS:

- Church Services - Have not had any services since COVID-19. They facility is in the process of getting services back for the offenders.

GRIEVANCE PROCESS:

- Does grievance process include two levels of review? Yes
- Who are the designees at each level? Warden is 1st level, Compliance officer is 2nd level
- What is the specified time period for response at each level? 45 days at each level

PREA COMPLIANCE:

- Is this facility required to be PREA compliant due to contract language? (Yes or No) No
- Is this facility PREA compliant? (Yes or No) No
If yes, date compliance received:
If this facility is required to be PREA compliant due to contract language, and has not done so, what is their plan of action for compliance? N/A

OTHER:

I-A-004

Housekeeping - Non Compliant

October 23, 2019- Offender belongings are not stored properly and all over the bed area and makes it difficult for proper cleaning of the living areas to be done. Offender property needs to be stored in locker boxes. The vents in the bathroom area need to be cleaned on a regular basis to ensure proper functioning of the vents.

June 30, 2021- Compliant- The facility has improved since the 2019 audit. The facility is clean and offender belongings are stored in locker boxes and were not all over the bed areas. All beds were made up and floors clean.

II-A-001

Control – Non-Compliant

October 23, 2019-There was an issue with an exit door left unlocked. Upon walking through the facility, I checked an exit door at the end of the main hall within the facility and it was found to be unlocked. Offenders housed in the facility have access to this door that was left unlocked. Staff was not aware the exit door was unlocked. Only after several attempts to lock the door was the door secured.

June 30, 2021- Complaint-All exit doors were checked during the walk through. All exit doors are locked On the day of the audit. There are buzzers on exit doors that will activate in control if an exit door is opened to notify staff.

II-A-002

Secure Perimeter - Non Compliant

October 23, 2019-There are some lighting issues around the outside back corner of the facility leaving the back fenced area of the facility dark. Maintenance personnel and administrative staff were made aware of this at the time of inspection.

June 30, 2021- Complaint- The lighting issues around the back corner of the facility has been addressed and now working.

IV-A-001

Food Storage Facilities - Non Compliant

October 23, 2019-In the storage room there are plastic containers used to store dry goods such as beans, rice, cornmeal etc. that are dirty and have broken lids that need to be replaced. One of the containers that is used to store red beans had a roach crawling inside. All containers that store food need to be cleaned and have proper lids that are not broken.

June 30, 2021- Compliant-The plastic containers used for dry goods have been replaced. All containers are clean and have good lids for proper storage. There is no temperature log in the pantry area and advised staff. Staff will have a temperature log for the pantry area. Food is being stored properly.

IV-B-002

Plumbing fixtures/showers - Non Compliant

October 23, 2019-Bathroom/shower area has some shower floor drains stopped up. Maintenance was at the facility and were made aware along with the Warden of the problem. Ceiling vents in the bathroom and showers are dirty. There is some peeling paint on the walls of the shower and is noted on the DHH report 9/12/19. Some painting has been done but not completed on day of visit.

June 30, 2021- Complaint- There were no floor drains stopped up on the day of the audit. The vents are clean in the shower area. All shower areas have been painted and adequate hot water available for offender use.

IV-B-004

Hygiene/Bedding Issue - Non Compliant

October 23, 2019-It was noted that several offenders have all different styles, types and colors of blankets on the beds that have been sent from home by family members. The facility shall provide adequate bedding and linen including a clean mattress, sheets, pillow and blanket.

June 30, 2021- Complaint- All the different style, type and color of blankets have been picked up and standard gray or white blankets are issued to offenders by the facility. All offenders have mattresses, blankets and pillows.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff was courteous and willing to answer any questions asked. Staff morale appeared to be good at the time of the audit. There was several staff working on the day of the audit. There is less staff working on occasions especially during the evening/night shift there may only have 2 or 3 employees working. On Saturday July 3, 2021 which was after the audit there were 2 parish offenders that escaped from the facility. There was only 2 employees working that night shift. One employee left out the control room leaving access to the control room, which has the buzzer to the locked doors of the facility, where the offender had access to the control room and buzzed the locked doors open and the 2 offenders left out the front door of the facility. Staff advised they are in the process of hiring more employees. It is observed that the facility has made improvements since the last BJJ audit in 2019. BJJ staff advised the facility staff to maintain the facility as best as possible and keep up with trying to improve conditions at the facility.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

Several offenders were spoke to during the walk through. Some offenders voiced concern about a problem recently about access to the bathroom but they said it has since been addressed and they have access to the bathrooms without doors being locked. No other concerns were voiced by offenders. Quality of life and offender morale appeared good at the time of the audit. There was no inhumane living conditions noted by the audit team on the day of the audit or complaints from offenders regarding living conditions.

RECOMMENDATION:

At this time the monitoring team recommends recertification with continued annual monitoring visits.



BJG RECERTIFICATION REPORT

FACILITY NAME: Avoyelles Women’s Correctional Facility
BJG MONITORS: Major Chad Firmin Team Leader
Colonel Benjamin Maddie Team Member
Jude Pitre Team Member
FACILITY STAFF: Warden Stephanie Smith
BJG INSPECTION DATE: June 30, 2021
PREVIOUS BJD INSPECTION DATE: October 23, 2019
OPERATIONAL CAPACITY: 317
COUNT ON DAY OF VISIT: 105

Please see attached Excel Spreadsheet for each area reviewed for BJD compliance.

CONCERNS OR ISSUES FROM THE PREVIOUS BJD MONITORING INSPECTION:

II-D-001 Key, Tool and Utensil Control, I-A-004 Housekeeping, II-A-002 Secure Perimeter, IV-A-001 Food Storage Facilities, IV-B-002 Plumbing Fixtures/Showers, IV-B-004 Hygiene/Bedding Issue

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	0	38	38
Number of Local Offenders	0	66	66
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	1	1
Number of ICE Detainees	0	0	0
TOTAL	0	105	105

Number of DOC Offenders that are:

Single Bunked _____ 0
Double Bunked _____ 38
Triple Bunked _____ 0
Total _____ 38

Number of DOC Offenders that are in 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
June 2020	0	0	0	0
July 2020	0	0	0	0
August 2020	0	0	0	0
September 2020	0	0	0	0
October 2020	0	0	0	0
November 2020	0	0	0	0
December 2020	0	0	0	0
January 2021	0	0	0	0
February 2021	0	0	0	0
March 2021	0	0	0	0
April 2021	0	0	0	0
May 2021	0	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
June 2020	0	0	0	0	0
July 2020	0	0	0	0	0
August 2020	1 meth	0	0	0	5 tobacco, 2 lighters
September 2020	0	0	0	0	0
October 2020	1 suboxone strip, 1 mojo	0	0	0	1 tobacco
November 2020	0	0	0	0	0
December 2020	0	0	0	0	0
January 2021	0	0	0	0	1 tobacco
February 2021	0	0	0	0	3 tobacco, 1 homemade dildo
March 2021	0	0	0	0	0
April 2021	0	0	0	0	0
May 2021	0	0	0	1	1 tobacco

GENERAL APPEARANCE/CLEANLINESS/COMMENTS OF THE FACILITY:**Living Area:**

- **Dorms -**

October 23, 2019- All offenders had mattresses and pillows. It was noted that several offenders have all different styles, types and colors of blankets on the beds that have been sent from home by family members. All offenders should be issued a blanket by the facility that are all of the same type and color. There are some offender personal property belongings not all stored in locker boxes and on the beds.

June 30, 2021- Offenders all have mattresses and pillows on their beds. All the different style and colors of blankets have been removed and either a standard gray or white blanket has been issued by the facility. Offender belongings and property is being stored in locker boxes provided by the facility. The dorms are

neat and clean. Beds were made up during the walk through. All ceiling tiles in dorms where offenders are housed are up and not falling down. There is one dorm on the right side of the main hall towards the end of the hall that is not being used due to the roof leaking. All ceiling tiles have been removed from that dorm ceiling. The facility is waiting on bids for roof repairs or replacement then work will be done in that dorm to fix and replace what may have been damaged due to the roof leaking. No offenders are housed in that dorm.

- **Cell Block –**

October 23, 2019-The cellblock/lockdown area has poor lighting and was noted on the DHH report dated 9/12/19. The lighting has not been addressed as of the date of this visit.

June 30, 2021- The cellblock/lockdown cell lighting has been repaired since the 2019 DHH report. There are no issues noted on the 2020 DHH inspection report. There is no one in the lockdown cells at the time of inspection. It was noted that the first cell needed some cleaning on the ceiling and was being taken care of.

Culinary/Dining:

October 23, 2019- The dining hall is clean and used as a multi-purpose area for different programs and classes at the facility. Temperature logs are kept on each freezer/cooler in the kitchen however the temperatures are not being checked and recorded correctly. The kitchen has a leak under the main sink and behind the ice machine. There are buckets on the floor to catch the leaking water. There is a cabinet in the kitchen with utensils inside on a shadow board. The cabinet was left unlock and utensils were issued out by staff but were not signed out. In the storage room there are plastic containers used to store dry goods such as beans, rice, cornmeal etc. that are dirty and have broken lids that need to be replaced. One of the containers that is used to store red beans had a roach crawling inside.

June 30, 2021- The dining hall area is still used when needed as a multipurpose area for programs and classes being offered at the facility. The dining area is clean and in order. All freezers and coolers had temperature logs and is being checked and recorded daily. The leaks in the kitchen area have been repaired since the last inspection. The kitchen utensil cabinet is locked and utensils are being signed in and out properly. It was noted on the inventory sheet that 2 utensils (knives) have been disposed of due to being broken however the shadow was still on the board. Advised staff that if the utensil is not going to be replaced then paint over the shadow on the board where the knives were located.

Bathrooms:

October 23, 2019- Bathroom/shower area has some shower floor drains stopped up. Maintenance was at the facility and were made aware along with the Warden of the problem. Ceiling vents in the bathroom and showers are dirty. There is some peeling paint on the walls of the shower and is noted on the DHH report 9/12/19. Some painting has been done but not completed on day of audit.

June 30, 2021- There were no floor drains stopped up on the day of the visit. All the bathroom and shower areas are clean and have all been painted. There was no leaking water all over the floors in the bathroom and shower areas at the time of the audit. All showers and toilets are in working order at the time of visit. There is adequate hot water available in the shower areas for offender use. Hot water temperatures are checked by staff and recorded.

Yard Areas:

October 23, 2019- Front yard of the facility is cut and maintained. The small side yard needs cutting. The back fence behind the facility still has some vines/poison ivy growing all the way up the fence and a small tree growing in the fence. Some of the vines/poison ivy has been removed.

June 30, 2021- The yard at the facility is cut and looked good on the day of the visit. The vines growing up the back fence area has been removed and cleaned up along with the small tree growing in the fence

Maintenance:

The maintenance department is located at the Avoyelles Marksville Detention Center. Maintenance personnel was at the facility working on some lights at the time of audit.

COUNTS:

- How many formal counts are conducted each shift? 4 counts per shift
- How many counts are conducted each day? 8 counts total

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 these counts.

- How does the facility accomplish this? A log of offenders exiting the jail is kept and the officer calls in to control their count and control calls in the facility count to the Avoyelles Marksville Detention.
- Does this process insure accountability and safe/secure operation of the facility?

Yes

CLASSIFICATION SYSTEM:

Does the facility have any trustees that work outside the secure perimeter? (Yes or No) Yes

If yes,

- What is their classification process to determine who is eligible for trustee status? Offender records along with disciplinary and criminal history are reviewed for eligibility for trustee status then approved by the Warden.
- Does their classification process meet DPS&C, Corrections Services' criteria?

Yes

OFFENDER DRUG TESTING: (Please list monthly since the previous BJG monitoring visit.)

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
June 2020	12	33	36	0
July 2020	10	32	31	0
August 2020	10	30	33	2 meth
September 2020	10	36	28	0
October 2020	12	34	35	0
November 2020	20	33	60	0
December 2020	25	35	71	0
January 2021	30	30	100	0
February 2021	15	28	54	0
March 2021	15	18	83	0
April 2021	15	30	50	0
May 2021	25	38	66	0

Rules and Discipline

Does the facility's offender orientation include the application process for applying for restoration of good time? (Yes or No) Yes

If yes,

- What is their restoration of good time application process for the offender population? The facility follows Dept. Reg. OP-D-2 Restoration of Good Time. Any offender who is eligible for the restoration of good time shall complete the form and submit to the Warden or Administrator or the Sheriff for review then forwarded to Headquarters.

- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria?
Yes

BJG AUTOMATED MONTHLY REPORTING REVIEW:

Has the facility been inputting the correct info timely? Yes

Does the reported info suggest any issues of concern or improvement? No

OFFENDER PROGRAMS:

GED Program

Number of GED Slots	<u>35</u>
Number of Participants	<u>0</u>
YTD Number of Completions	<u>0</u>

*Facility staff advised there is no GED teacher at this time

LIST ALL CERTIFIED TREATMENT PROGRAMS: (Attach Form B-04-003-B)

- Thinking for a Change
- Understanding & Reducing Angry Feelings
- Partners In Parenting
- LA Risk Management
- FDIC Money Smart for Young Adults
- UCCI CBI Employment

LIST ALL OTHER OFFENDER PROGRAMS:

- Church Services - Have not had any services since COVID-19. They facility is in the process of getting services back for the offenders.

GRIEVANCE PROCESS:

- Does grievance process include two levels of review? Yes
- Who are the designees at each level? Warden is 1st level, Compliance officer is 2nd level
- What is the specified time period for response at each level? 45 days at each level

PREA COMPLIANCE:

- Is this facility required to be PREA compliant due to contract language? (Yes or No) No
- Is this facility PREA compliant? (Yes or No) No

If yes, date compliance received:

If this facility is required to be PREA compliant due to contract language, and has not done so, what is their plan of action for compliance? N/A

OTHER:

I-A-004

Housekeeping - Non Compliant

October 23, 2019- Offender belongings are not stored properly and all over the bed area and makes it difficult for proper cleaning of the living areas to be done. Offender property needs to be stored in locker boxes. The vents in the bathroom area need to be cleaned on a regular basis to ensure proper functioning of the vents.

June 30, 2021- Compliant- The facility has improved since the 2019 audit. The facility is clean and offender belongings are stored in locker boxes and were not all over the bed areas. All beds were made up and floors clean.

II-A-001

Control – Non-Compliant

October 23, 2019-There was an issue with an exit door left unlocked. Upon walking through the facility, I checked an exit door at the end of the main hall within the facility and it was found to be unlocked. Offenders housed in the facility have access to this door that was left unlocked. Staff was not aware the exit door was unlocked. Only after several attempts to lock the door was the door secured.

June 30, 2021- Complaint-All exit doors were checked during the walk through. All exit doors are locked On the day of the audit. There are buzzers on exit doors that will activate in control if an exit door is opened to notify staff.

II-A-002

Secure Perimeter - Non Compliant

October 23, 2019-There are some lighting issues around the outside back corner of the facility leaving the back fenced area of the facility dark. Maintenance personnel and administrative staff were made aware of this at the time of inspection.

June 30, 2021- Complaint- The lighting issues around the back corner of the facility has been addressed and now working.

IV-A-001

Food Storage Facilities - Non Compliant

October 23, 2019-In the storage room there are plastic containers used to store dry goods such as beans, rice, cornmeal etc. that are dirty and have broken lids that need to be replaced. One of the containers that is used to store red beans had a roach crawling inside. All containers that store food need to be cleaned and have proper lids that are not broken.

June 30, 2021- Compliant-The plastic containers used for dry goods have been replaced. All containers are clean and have good lids for proper storage. There is no temperature log in the pantry area and advised staff. Staff will have a temperature log for the pantry area. Food is being stored properly.

IV-B-002

Plumbing fixtures/showers - Non Compliant

October 23, 2019-Bathroom/shower area has some shower floor drains stopped up. Maintenance was at the facility and were made aware along with the Warden of the problem. Ceiling vents in the bathroom and showers are dirty. There is some peeling paint on the walls of the shower and is noted on the DHH report 9/12/19. Some painting has been done but not completed on day of visit.

June 30, 2021- Complaint- There were no floor drains stopped up on the day of the audit. The vents are clean in the shower area. All shower areas have been painted and adequate hot water available for offender use.

IV-B-004

Hygiene/Bedding Issue - Non Compliant

October 23, 2019-It was noted that several offenders have all different styles, types and colors of blankets on the beds that have been sent from home by family members. The facility shall provide adequate bedding and linen including a clean mattress, sheets, pillow and blanket.

June 30, 2021- Complaint- All the different style, type and color of blankets have been picked up and standard gray or white blankets are issued to offenders by the facility. All offenders have mattresses, blankets and pillows.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff was courteous and willing to answer any questions asked. Staff morale appeared to be good at the time of the audit. There was several staff working on the day of the audit. There is less staff working on occasions especially during the evening/night shift there may only have 2 or 3 employees working. On Saturday July 3, 2021 which was after the audit there were 2 parish offenders that escaped from the facility. There was only 2 employees working that night shift. One employee left out the control room leaving access to the control room, which has the buzzer to the locked doors of the facility, where the offender had access to the control room and buzzed the locked doors open and the 2 offenders left out the front door of the facility. Staff advised they are in the process of hiring more employees. It is observed that the facility has made improvements since the last BJG audit in 2019. BJG staff advised the facility staff to maintain the facility as best as possible and keep up with trying to improve conditions at the facility.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

Several offenders were spoke to during the walk through. Some offenders voiced concern about a problem recently about access to the bathroom but they said it has since been addressed and they have access to the bathrooms without doors being locked. No other concerns were voiced by offenders. Quality of life and offender morale appeared good at the time of the audit. There was no inhumane living conditions noted by the audit team on the day of the audit or complaints from offenders regarding living conditions.

RECOMMENDATION:

At this time the monitoring team recommends recertification with continued annual monitoring visits.



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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



H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # CB-21-019913-1

Deficient/Cautionary Codes cited.

Location Information					
Inspection Type	Compliance Building Inspection		Inspection Date	6/10/2021 1:27:33 PM	
Structure ID	12333	No. of Buildings	4	Facility Code	J113
Capacity	317	Year Built	1989	Construction Type	Type VA / (111)
Building/Trade Name			Address		
AVOYELLES WOMEN'S CORRECTIONAL CENTER			641 CHOUIPQUE LANE, COTTONPORT, LA 71327		

Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	WARDEN AMY L	(318) 876-2871	SSMITH@AVOYELLESSO.ORG
Address			
, COTTONPORT, LA 71327			

Tenant Information			
Name	Suite Number	Floor Number	Square Footage

Occupancy Details	
Occupancy Type	Details
Institutional	INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 4

Deficient and Cautionary Items		
Description	Code Status	Correction Date
101 (15) 23.4.5.2.2 Where security operations necessitate the locking of required means of egress, the following shall apply: 1) Detention-grade hardware meeting the requirements of ASTM F 1577, Standard Test Methods for Detention Locks for Swinging Doors, shall be provided on swinging doors within the required means of egress. (2) Sliding doors within the required means of egress shall be designed and engineered for detention and correctional use, and lock cylinders shall meet the cylinder test requirements of ASTM F 1577. (Owner shall provide detention grade lock assembly for Dorm 2.)	CAUTIONARY	
101 (88) 14-2.11.6 The keys to unlock such doors shall be maintained and available at the facility at all times, and the locks shall be operable from the outside.	CAUTIONARY	
NFPA 101 (1985) 14-3.4.1.1 Owner shall have fire alarm panel serviced by a licensed contractor. Currently, the fire alarm panel is in "trouble" status due to pull station # 5 not working in dorm 6.	DEFICIENT	6/14/2021
NFPA 101 (1985) 14-3.7.1 Owner shall provide smoke barriers. Currently, in the main building ceiling tiles are missing in the shower room next to Dorm 1, in the main hallway, and in the water heater room.	DEFICIENT	7/12/2021
NFPA 101 (1985) 14-2.2.1 Owner shall provide and maintain smoke barrier doors. Currently, in dorm 6 the self latching mechanism is broken.	DEFICIENT	7/12/2021
NFPA 101 (1985) 14-5.1.1 Utilities shall comply with sect 7.1. Currently, the electrical panel in dorm 5 has holes in it. Also the thermostat in the library area is hanging by the wiring from the wall.	DEFICIENT	7/12/2021

Comments
NUMBER OF INMATES AT TIME OF INSPECTION: 109



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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



H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # CB-21-019913-1

Deficient/Cautionary Codes cited.

Inspector Information

Name: R. Keith Manuel	Badge Number: 719	Inspector Signature: 
-----------------------	-------------------	--

Person to whom requirements were explained

Name: Stephanie Smith	Title: Warden	Signature:
-----------------------	---------------	------------

For questions regarding the contents of this report, please call: (318) 767 6099

R. S. 40: 1621 Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1569 excepted, shall be fined not more than five hundred dollars 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.



Date: 06/29/2021

**From: Stephanie Smith
Warden**

To: DOC Auditor

RE: Fire Marshal Report

Deficient

- Simpson Security came out on 6/11/2021 and serviced the troubled panel in Dorm 6.
- All ceiling tiles have been replaced
- The doors have been ordered for the self-latching doors in Dorm 6
- The electrical panel in Dorm 5 has been repaired
- The thermostat in the library has been fixed

Cautionary

- **The detention grade locks have been repaired for quite some time now**
- **All keys are maintained and available at the facility at all times**
- **The locks are operable from the outside**

Stephanie Smith

Stephanie Smith

Warden DC-3



**STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH**

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

Permit Number 05-05-224	Permit Name Avoyelles Women's Correctional Center-224		
Name of Establishment Avoyelles Women's Correctional Center-224		Owner Name	
Address 640 Choupique RD Cottonport, LA 71327	Date 02/24/2020	Time 10:25 AM	

LAC TITLE 51 PART XVIII

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.

Category	Code Reference	Description of Violations
Lighting	101	28 - There is less than 20 foot-candles of lighting in the shower area. No lights in shower room in Dorm 5
Lighting	101	29 - There is less than 20 foot-candles of lighting in the restroom area. Toilet room in Dorm 5 has no lights
Approved Plumbing	101	41 - Drinking fountain is in disrepair. Water arc is too low at most water fountains.

Comments:
ssmith@avoyellesso.org

Number Licensed For 317	Number in Attendance 108	License Anniversary 02/28/2020
Sanitarian Name/Print Vickie Amouville	Phone # 318-253-4528 x 116	Sanitarian Signature
		R.S. # 1224

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

Signature of Recipient

Name/Title
Stephanie Smith



Sheriff David L. Dauzat
Avoyelles Parish Sheriff's Office

675 Government St. Marksville, La. 71351 ~ (318) 253-4000

To: Whom it may concern

From: Warden

The violations in dorm 5 have been attended too and repaired as needed.

Warden Smith

Warden Stephanie Smith



**STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH**

**Retail Food
Notice of Violations**

Routine/Renewal

Permit Number 05-0001024-1	Permit Name AVOYELLES WOMEN'S CORRECTIONAL CTR JAIL KITCHEN		
Name of Establishment AVOYELLES WOMEN'S CORRECTIONAL CTR		Owner Name AVOYELLES PARISH SHERIFF'S OFFICE	
Address 641 CHOUIPIQUE LN COTTONPORT, LA 71327		Date 02/24/2020	Time 10:05 AM

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.		
Category	Code Reference	Description of Violations
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2503	28 - 2501 - Food contact surfaces and utensils are not clean to sight and touch. Ice machine interior, Cleaned, corrected. [COS]
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2303	30 - 2513 - The 3 compartment sink is not used in proper sequence to wash, rinse and sanitize. Sink set up correctly. Violation corrected. [COS]

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.		
Category	Code Reference	Description of Violations
UTENSILS/EQUIPMENT/SINGLE SERVICE	2515	82 - 2515.2 - Equipment and utensils are not air-dried.
PERMITS/PLANS/FOOD SAFETY CERTIFICATES	305	112 - 305 - A current state food safety certificate is not conspicuously posted.

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 re-inspection). 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 Vickie Arrouville	Phone # 318-253-4528 x 116	Sanitarian Signature 	R.S. # 1224
--	-------------------------------	--------------------------	----------------

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 Stephanie Smith	Signature of Recipient



Sheriff David L. Dausat
Avoyelles Parish Sheriff's Office

675 Government St. Marksville, La. 71351 ~ (318) 253-4000

To: Whom it may concern

From: Warden

The violations on 02/24/2020 have been corrected such as, Equipment and utensils are not air dried and a current state food safety certificate is now in place.

Warden Smith

Warden Stephanie Smith

Facility: Avoyelles Women's Correctional Facility		Date Conducted: June 30, 2021	
Monitors: Major Chad Firmin Team Leader, Colonel Benjamin Maddie Team Member, Jude Pitre Team Member			
BASIC JAIL GUIDELINES (BJG)			
PART I - SAFETY			
A. PROTECTION FROM INJURY AND ILLNESS			
References: ACA CJS 1-1A-01, 1-1A-02, 1-1A-03, 1-1A-04, 1-1A-05, 1-1C-05, 1-4A-03, 1-4A-04			
		Findings	Response
I-A-001 Safety/Sanitation/Inspections The facility complies with all applicable laws and regulations of the State Sanitation Officer and the State Fire Marshal. The following inspections are implemented: •Weekly sanitation inspections of all facility areas by a qualified departmental staff member. •Weekly inspections of all food service areas, including dining and food preparation areas and equipment. •Water temperature in housing areas is checked and recorded daily. •Comprehensive and thorough monthly inspections by a safety/sanitation specialist for compliance with sanitation, safety and fire prevention standards. •At least annual inspections by the State Sanitation Officer and the State Fire Marshal. Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports		Compliant- Inspections being done at the facility. Water temperatures are being checked in housing units. DHH inspection was done in 2020 and waiting for the 2021 inspection. FM inspection was done in 2021.	
I-A-002 Disposal of Materials Disposal of liquid, solid, and hazardous material complies with applicable government regulations. Visual Inspection: trash disposal contract, completed inspection reports, include documentation that deficiencies were corrected		Compliant- Facility has a contract with a company for disposal of materials.	
I-A-003 Vermin and Pests Vermin and pests are controlled. There is a written and implemented plan for the control of vermin and pests. Visual Inspection: pest control contracts, trash disposal contracts, inspection reports		Compliant- Facility has a contract for pest control.	
I-A-004 Housekeeping The facility is clean and in good repair. There is a written housekeeping plan that provides for the ongoing cleanliness and sanitation of the facility. Visual Inspection: inspection reports, completed forms, documentation of correction of identified deficiencies		Compliant- Daily housekeeping is being done and visual inspections are done each shift.	
I-A-005 Water Supply The facility's potable water source and supply is certified at least annually by an independent, outside source to be in compliance with the State Sanitary Code. The facility complies with the requirements of the state health officer. There is a specific plan for addressing deficiencies, if any, that is approved by the state health officer. Visual Inspection: documentation of approval by DHH or local authority, plan for addressing deficiencies		Compliant- Water supply is provided and maintained by the Town of Cottonport.	
B. VEHICLE SAFETY			
References: Dept. Reg. C-03-003/OP-A-3			
		Findings	Response
I-B-001 Offender Transport Escorted and unescorted absences of state offenders are governed by R.S. 15:811 and 833 and DPS&C Department Regulation No. C-03-003 "Escorted Absences." Visual Inspection: documentation of staff training, documentation of medical, funeral, etc. (outside trips)		Compliant- Facility has logs of offenders being transported for outside trips.	
C. EMERGENCY PREPAREDNESS/RESPONSE			
References: ACA CJS 1-1C-01, 1-1C-02, 1-1C-03, 1-1C-04, 1-1C-06, 1-1C-07, 1-7E-01, Dept. Regs. A-04-002/PS-D-3, C-02-001/OP-A-5, C-02-010/OP-B-3, C-05-001/AM-I-4			
		Findings	Response
I-C-001 Emergency Plan There is a written plan, submitted to the Secretary of DPS&C, that specify the procedures to be followed in situations that threaten facility security. Such situations include but are not limited to riots, hunger strikes, disturbances, taking of hostages, and natural or man-made disasters. These plans are made available to all applicable personnel and are reviewed annually and updated as needed. All facility personnel are trained annually in the implementation of the emergency plan. An evacuation plan is used in the event of fire or major emergency. The plan is approved by the state fire marshal, reviewed annually, and updated, if necessary. There are written procedures for significant unusual occurrences or facility emergencies including but not limited to natural or man-made disasters; major disturbances such as riots, hostage situations, escapes, fires, deaths, serious illness or injury and assaults or other acts of violence. Such procedures include the reporting of these incidents to the DPS&C, OAS, telephone 800-803-8748 during normal business hours or the control center at EHCC, telephone 800-842-4399 after hours, when they involve DPS&C offenders. In addition, the facility shall follow the incident reporting procedures as outlined in Dept. Reg. C-05-001/AM-I-4, "Activity Reports, UORs," Category A, B and C. Visual Inspection: training records, facility logs, documentation of approval of plan, documentation of annual review, documentation of staff receipt, training on the plan		Compliant-Facility has an emergency plan in place. Plan will be sent to FM for approval.	

	Findings	Response
I-C-002 Immediate Release of Offenders There is a means for the immediate release of inmates from locked areas in case of emergency and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of offenders and staff in the event of fire or other emergency. Visual Inspection: facility records/logs	Compliant- All exits are clearly marked. All doors are locked/unlocked manually by keys. There is no electrical locking system in the jail.	
I-C-003 Fire Safety/Code Conformance The facility complies with the requirements of the state fire marshal. There is a specific plan for addressing deficiencies, if any, that is approved by the State Fire Marshal. The State Fire Marshal approves any variances, exceptions, or equivalencies. Visual Inspection: documentation of fire alarm and detection system maintenance and testing, plans for addressing deficiencies	compliant-Facility complies with FM requirements. FM inspection was done in June 2021.	
I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements. Visual Inspection: Specifications for all furnishings.	Compliant-Furnishings meet requirement.	
I-C-005 Flammable, Caustic and Toxic Materials Written policy, procedure and practice govern the control and use of all flammable, toxic and caustic materials. Visual Inspection: Staff training records, offender training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.	Compliant-All FTC materials are properly stored and on inventory.	
I-C-006 Operational Capacity The number of offenders present does not exceed the operational capacity as determined by the state fire marshal and state health officer. The state fire marshal will determine a capacity primarily based upon exiting capabilities. The state health officer will determine a capacity based upon the ratio of plumbing fixtures to offenders and square footage. The operational capacity will be the lower of these two figures. Visual Inspection: facility count sheets	Compliant- Facility operates within operational capacity.	

PART II - SECURITY

A. PROTECTION FROM HARM

References: ACA CJS 1-2A-01, 1-2A-04, 1-2A-05, 1-2A-06, 1-2A-08, 1-2A-11, 1-2A-13, 1-2A-14, 1-2A-16, 1-2A-17, 1-2A-19, 1-2A-20, Dept. Regs. A-02-008/AM-F-47, B-02-001/IS-B-1, C-02-007/OP-C-3

	Findings	Response
II-A-001 Control There is 24-hour monitoring and coordinating of the facility's security, life safety, and communications systems. Visual Inspection: facility records/logs, maintenance records, records of staff deployment	Compliant-Facility has a 24 hour camera monitoring system and daily inspections are done throughout the facility.	
II-A-002 Secure Perimeter The facility's perimeter is controlled by appropriate means to ensure that offenders are secured remain within the perimeter and that access by the general public is denied without proper authorization. Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls	Compliant- Facility has a fence, gates and razor wire which separates offenders from general public on the back and side of the facility. There are 2 doors in the front that are exit doors from a dorm that lead to the front yard with no fence.	
II-A-003 Sufficient Staff There is a written document describing the facility's organization and staffing plan. This should include an organizational chart that groups similar functions, services and activities. Each facility meets minimum security staffing requirements which reflect good correctional practice. Sufficient staff, including a designated supervisor, are provided at all times to perform functions relating to the security, custody, and supervision of offenders and, as needed to operate the facility in conformance with the BJC. Visual Inspection: records of staff deployment, facility logs, documentation of annual review of staffing analysis and plan	Compliant-Facility was compliant with staffing and had adequate staffing on the day of the audit however the facility has minimum staffing at times due to staff shortages. Staffing on night/evening shifts are less than day shift with only 2 or 3 employees working. Staff advised they are in the process of hiring more employees.	
II-A-004 Female Offenders and Female Staff When a female offender is housed in a facility, at least one female staff member is on duty at all times. Visual Inspection: records of staff deployment, facility logs	Compliant- Female staff work on all shifts. No male staff working at the facility.	
II-A-005 No Offender Control Over Others No offender or group of offenders is given control, or allowed to exert authority over other offenders. Visual Inspection: written policy and procedure	Compliant-No offenders have control over other offenders.	
II-A-006 Staff Log Correctional staff maintain a permanent log and prepares shift reports that record routine information, emergency situations and unusual incidents. The facility shall maintain written records or logs which continuously document the following information: 1. Personnel on duty; 2. Offender population; 3. Admission and release of offenders; 4. Shift activities; 5. Entry/exit of all visitors including legal/medical; 6. Unusual occurrences or facility emergencies (including but not limited to major and minor disturbances such as riots, hostage situations, fires, escapes, deaths, serious illness or injury and assaults or other acts of violence.) Refer to BJC I-C-001 for reporting requirements to DPS/C Visual Inspection: copies of log book, records of staff deployment	Compliant-Adequate staffing assigned to shifts however there are some staff shortages at times. Reports are done on incidents that occur at the facility.	



	Findings	Response
<p>II-A-007 Counts The facility has a system for physically counting offenders. At least one formal count is conducted for each shift, with no less than 3 counts daily. The system includes strict accountability for offenders assigned to work and other approved temporary absences. Visual Inspection: completed forms, facility records/logs.</p>	<p>Compliant- Minimum of 4 counts done per shift.</p>	
<p>II-A-008 Offender Population Management System There is an offender population management process that includes records on the admission, processing, and release of offenders. Written policy, procedure, and practice provide for offender case record management that includes at a minimum, maintenance of the following documents and information. This offender record and any reentry transition envelopes shall be transferred with the offender at such time the offender is transferred to another local or DPS&C facility. 1. Master prison form; 2. Bill of Information and Court Minutes OR Uniform Commitment Order; 3. One photograph; 4. Reports of disciplinary actions, grievances, incidents, or crimes committed while in custody; 5. Records of program participation, work assignments, classification actions; 6. Any government issued identification card (i.e., driver's license, social security card or birth certificate/birth card or any other valid identification); 7. Offender health record (see BJJ IV-D-004). In addition to the maintenance of the above information, the following shall be collected and forwarded to the DPS&C Pre-Class Coordinator either by fax to 225-342-3759 or email to DOC-HQ_Supplemental@la.gov. 1. Master prison form; 2. Fingerprints: one FBI print card from AFIS; 3. One photograph; 4. Bill of Information and Court Minutes or Uniform Commitment Order for each conviction (for probation violators both the original sentencing minutes and the revocation minutes are required); 5. Jail credit letter; 6. One Inventory Acknowledgment Form (cash and property receipts). Visual Inspection: completed forms, reports, offender record.</p>	<p>Compliant- Complete records kept on all offenders housed at the facility.</p>	
<p>II-A-009 Reception - Legal Commitment and Medical Service Prior to accepting custody of an offender, staff determine that the offender is legally committed to the facility, and that the offender is not in need of immediate medical attention. Visual Inspection: Completed Admission forms, facility logs.</p>	<p>Compliant-Intake and medical paperwork done during the admission process that the offender is housed at the facility.</p>	
<p>II-A-010 Admissions Admission processes for a newly admitted offender include, but are not limited to: •Searching of the offender and personal property; •Inventorying and providing secure storage of personal property; •Providing an itemized receipt for personal property; •Recording of basic personal data; •Performing a criminal history check; •Photographing and fingerprinting; •Separating from the general public; •Providing a health screening to assess and identify any health and safety needs; •Providing information about access to health services, copay requirements and submitting grievances. Visual Inspection: intake and admission forms, screening forms, inventory form, receipt form</p>	<p>Compliant-Intake packets done, offenders and property are searched and inventoried during the admission/intake process.</p>	
<p>II-A-011 Out of State Offenders The names of any out of state offender (federal or state) to be housed at a local jail or privately managed facility shall be submitted to the Chief of Operations prior to the offender(s) entering the State of LA. No such offender shall be housed if the offender would be classified as maximum custody under the LA DPS&C classification procedures. Any offender convicted and sentenced to incarceration by a court in another state (federal or state) shall not be released in the State of LA. Any out of state offender (federal or state) housed in a local jail or privately managed facility shall be returned to an appropriate correctional facility located within the state where the offender was convicted and sentenced for release in that state, prior to the offender's release date. Visual Inspection: offender record, submittal to chief of operations of out-of-state offenders to be housed at the facility, release/transfer documentation</p>	<p>Compliant- No out of state offenders housed at the facility on day of inspection.</p>	

	Findings	Response
<p>II-A-012 Classification System Written policy, procedure, and practice provide for a written offender classification plan that includes custody required and assignment to appropriate housing. Offender management and housing assignment considers age, gender, legal status, custody needs, special problems and needs, and behavior. All offenders are classified using an objective classification process that at a minimum:</p> <ul style="list-style-type: none"> • Identifies the appropriate level of custody for each offender • Identifies appropriate housing assignment • Identifies the offender's interest and eligibility to participate in available programs <p>Visual Inspection: offender housing records, offender classification records</p>	<p>Compliant-Policy in place for the classification of offenders to the facility during the intake process that includes level of custody and housing.</p>	
<p>II-A-013 Prohibition on Youthful Offenders Offenders subject to juvenile jurisdiction are housed in adult facilities only under the conditions established by law. If juveniles are committed to the facility, a plan is in place to provide for the following:</p> <ul style="list-style-type: none"> • Supervision and programming needs of the juveniles to ensure their safety, security, and education; • Classification and housing plans; • Appropriately trained staff. <p>OAS shall be notified of offenders who are under the age of 18 that are sentenced to the DPS&C as an adult for transfer to the appropriate institution.</p> <p>Visual Inspection: admission and housing, offender records, classification records</p>	<p>Compliant- There was no youthful offenders housed on the day of inspection.</p>	
<p>II-A-014 Separation in Classification Male and female offenders must be housed in separate rooms/cells with reasonable sight and sound separation.</p> <p>Visual Inspection: offender housing records, offender classification records, diagram of facility showing male/female housing areas</p>	<p>Compliant- Only female offenders are housed at the facility.</p>	
<p>II-A-016 Photo Identification The facility shall provide each DPS&C offender with photo identification, which the offender shall carry/wear on their person at all times.</p> <p>Visual Inspection: Offender identification card/wristband.</p>	<p>Compliant- Offenders are given ID's.</p>	
<p>II-A-017 Drug Free Workplace Written policy, procedure, and practice provide for a drug-free workplace, which includes at a minimum pre-employment testing, post-accident testing, reasonable suspicion/probable cause testing, and quarterly random testing of all employees.</p> <p>Visual Inspection: drug testing lab fee bills for drug testing of facility employees (including pre-employment, post accident, reasonable suspicion/probable cause, random).</p>	<p>Compliant-Drug testing policy being done for employees</p>	
<p>II-A-018 Offender Drug Testing Written policy, procedure, and practice provide for alcohol/drug testing, both randomly and for probable cause. Facility policy will require that a minimum of 5% of the DPS&C offender population shall be drug tested on a monthly basis.</p> <p>Visual Inspection: Facility log, documentation of alcohol/drug testing of offenders.</p>	<p>Compliant- Offender drug testing done and the 5% min</p>	
<p>II-A-019 Offender Transfers All transfers of DPS&C offenders to other than DPS&C facilities shall be reported to the OAS, at least one day prior to all scheduled transfers and within one business day for all non-scheduled transfers. The DOC offender transfer form shall be submitted by the transferring facility to OAS at least one day prior to the transfer occurring by fax to 225-342-2439 or by email to LocalJailTransfers@la.gov. Offenders should not be transferred to other than DPS&C facilities within 60 days of release, unless for disciplinary reasons.</p> <p>An offender scheduled for an appearance before the Committee on Parole shall not be transferred prior to the scheduled hearing date. However, if the transfer is deemed unavoidable by the Warden due to security concerns, the Warden shall obtain prior approval for an exception from the DPS&C Chief of Operations or designee. Staff from the sending facility shall notify the Committee on Parole as soon as it is known that the offender must be transferred.</p> <p>Visual Inspection: facility logs, documentation of transfers of DPS&C offenders to other than DPS&C facilities</p>	<p>Compliant-Transfer procedures being done when the need to offenders to be transferred from the facility to another facility.</p>	
<p>II-A-020 Frequency of Cell Checks Written policy, procedure, and practice provide secure, safe housing by establishing the frequency of cell checks in all cellblock areas not to exceed four (4) hours. Staff will document these checks in their staff logs.</p> <p>Visual Inspection: Facility logs, documentation of frequency of cell checks.</p>	<p>Compliant-Staff rounds are being documented in log bo</p>	
<p>B. USE OF PHYSICAL FORCE References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Regs. B-06-001 HC-08/IS-D-HCP33, HC-29/IS-D-HCP40, C-01-008/OP-A-19, C-02-006/OP-A-16, C-03-003/OP-A-3</p>		
<p>II-B-001 Use of Force The use of force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. Written policy, procedure, and practice govern the use of force and provide that force shall never be used as punishment. When an incident involving use of force with a DPS&C offender results in the termination and/or arrest of an employee, the facility shall immediately report the incident to the DPS&C, Office of Adult Services, telephone number 800-803-8748 during normal business hours or the control center at Elayn Hunt Correctional Center, telephone number 800-842-4399 after hours. In addition, the facility shall provide a written report of the incident to the DPS&C, Chief of Operations, within three business days.</p> <p>Visual Inspection: facility records, logs, incident reports, training records</p>	<p>Compliant-Staff receive training annually on use of force. UOR's done on in the event such incidents occur.</p>	
<p>II-B-002 Use of Restraints Written policy, procedure, and practice provide that mechanical restraints, such as handcuffs and leg irons, are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application. Restraints on offenders for medical and psychiatric purposes are only applied in accordance with policies and procedures approved by the health authority, including:</p> <ul style="list-style-type: none"> • Conditions under which restraints may be applied; • Types of restraints to be applied; • Identification of a qualified medical or behavioral health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative; • Monitoring procedures; • Length of time restraints are to be applied; • Documentation of efforts for less restrictive treatment alternatives; • An after incident review. <p>Visual Inspection: facility records, logs</p>	<p>Compliant-Staff are trained on the use of restraints. Restraints are kept in a room where offenders do not have access.</p>	

	Findings	Response
<p>II-B-002-1 Use of Restraints for Pregnant Offenders Written policy, procedure, and practice complies with the following requirements: Restraints During Pregnancy-Related Transportation</p> <ul style="list-style-type: none"> Restraints shall not be used on a pregnant offender (1) during any pregnancy related medical distress, (2) while she is being transported to a medical facility or LICW unless there are compelling grounds to believe that the offender presents either of the following: <ol style="list-style-type: none"> An immediate and serious threat of physical harm to herself, staff, or others; A substantial flight risk and the offender cannot be reasonably contained by other means. If restraints are utilized during transportation, the offender shall not be cuffed behind the back or restrained using waist restraints. <p>Visual Inspection: facility records, logs</p>	<p>Compliant-Policy in place . Facility does not have any pregnant females at the time of the audit.</p>	
<p>II-B-003 Use of Firearms The use of firearms complies with the following requirements.</p> <ul style="list-style-type: none"> Weapons are subject to stringent safety regulations and inspections. A secure weapons locker is located outside the secure perimeter of the facility. Except in emergency situations, firearms and authorized weapons are permitted only in designated areas to which offenders have no access. Employees supervising offenders outside the facility perimeter follow procedures for the security of weapons. Employees are instructed to use deadly force only after other actions have been tried and found ineffective, unless the employee believes that a person's life is immediately threatened. Employees on duty use only firearms or other security equipment that have been approved by the facility administrator. Appropriate equipment is provided to facilitate safe unloading and loading of firearms. <p>Visual Inspection: training records, safety regulation and inspection reports, photos of equipment used for unloading and reloading</p>	<p>Compliant- Firearms training is done annually. Staff training rosters in folder. Training has not been done yet for 2021.</p>	
<p>II-B-004 Written Reports Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur:</p> <ul style="list-style-type: none"> Discharge of a firearm or other weapon Use of less lethal devices to control offenders Use of force to control offenders Offender(s) remaining in restraints at the end of the shift Emergency distribution of security equipment <p>Visual Inspection: completed reports, facility records and logs</p>	<p>Compliant-Reports are done on incidents that occur and reviewed by the Warden.</p>	
<p>C. CONTRABAND/SEARCHES References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. C-02-003/OP-A-8</p>		
<p>II-C-001 Procedures for Searches Written policy, procedure and practice guide searches of facilities and offenders to control contraband. Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the offender is concealing contraband and when authorized by the facility administrator or designee. Health care personnel will conduct manual or instrument inspections in private.</p> <p>Visual Inspection: observation, facility records and logs, offender and staff interviews</p>	<p>Compliant- Searches being done on offenders and their belongings.</p>	
<p>D. ACCESS TO KEYS, TOOLS, UTENSILS References: ACA CJS 1-2D-01</p>		
<p>II-D-001 Key, Tool, and Utensil Control Keys, tools, culinary equipment and medical/dental instruments and supplies (syringes, needles and other sharps) are inventoried and use is controlled. Written policy, procedure and practice govern the control and use of keys, tools, culinary equipment, and medical/dental instruments and supplies.</p> <p>Visual Inspection: documentation of perpetual inventories</p>	<p>Compliant- Kitchen utensils are on inventory and accounted for and being signed in and out properly. Keys are being signed out at control. Medical needles are on inventory and accounted for.</p>	
<p>PART III - ORDER</p>		
<p>A. OFFENDER DISCIPLINE References: ACA CJS 1-2A-15, 1-3A-01, 1-6C-02, 1-6C-03, 1-6C-04, Dept. Reg. B-05-001/OP-C-1</p>		
<p>III-A-001 Rules and Discipline Prior to being placed in the general population, each offender is provided with an orientation that includes facility rules and regulations, including access to medical care and the process for applying for restoration of good time. The facility shall follow and provide the DPS&C "Disciplinary Rules and Procedures for Adult Offenders", to the offender population.</p> <ul style="list-style-type: none"> If the Sheriff or local jail administrator believes that a loss of good time is appropriate, then the incident shall be fully documented and the offender transferred to the DPS&C for a disciplinary hearing to ensure due process in accordance with La. R.S. 15:571.4. The offender must sign and date a statement acknowledging receipt of this information. <p>Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation</p>	<p>Compliant- Offender rule book and orientation given to offenders upon intake.</p>	



PART IV - CARE		
A. FOOD SERVICES		
References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04, 1-4A-06, Dept. Reg. C-06-001/15-C-1		
	Findings	Response
IV-A-001 Food Storage Facilities There are sanitary facilities for the storage of all foods that comply with applicable state and/or federal guidelines. Visual Inspection: DHH inspection reports, internal inspection reports	Compliant-Storage facilities are clean and food stored properly and dated. A temperature log will be added to the pantry food storage area.	
IV-A-002 Food Service Facilities Toilet and hand basin facilities are available to food service personnel in the food preparation area. Visual Inspection: DHH inspection reports, photos	Compliant- Bathroom facilities are available for food service personnel in the hall area outside the kitchen.	
IV-A-003 Food/Dietary Allowances The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure they meet the national recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings. Written policy, procedure, and practice require that food service staff plan menus and substantially follow the plan. The planning and preparation of all meals shall take into consideration nutritional characteristics and caloric adequacy. The facility shall provide a tray/plate and utensil(s) for each hot meal. Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations	Compliant-Menus are signed and approved by dietician. Menus are posted	
IV-A-004 Records of Meals Served Written policy, procedure, and practice require that accurate records are maintained of all meals served. Visual Inspection: facility logs	Compliant-Records kept of serving time and meals served.	
IV-A-005 Denial of Food as Discipline Prohibited Written policy, procedure, and practice preclude the denial of food as a disciplinary measure. Visual Inspection: facility logs	Compliant-Denial of food is not used as discipline.	
IV-A-006 Food Service Management Written policy, procedure, and practice require that three meals (including two hot meals) are provided under staff supervision at regular meal times during each 24-hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met. Offenders shall be provided an ample opportunity to eat for each meal. Visual Inspection: records of meals served and times served, facility logs	Compliant- At least 2 hot meals served daily. Serving time of meals are within time frame. Advised staff to make sure document in log books the beginning and ending of each meal served.	
IV-A-007 Therapeutic/Special Diets Therapeutic and/or special diets are provided as prescribed by appropriate clinicians or when religious beliefs require adherence to religious dietary laws. Written policy, procedure, and practice provide for special diets as prescribed by appropriate medical or dental personnel. Visual Inspection: health records, diet records or forms, documentation of warden's approval of religious diet	Compliant- Diets are available for religious and medical reasons.	
IV-A-008 Health Protection for Food Service There is adequate protection for all offenders and staff in the facility and for offenders and other persons working in food service. All persons involved in the preparation of the food receive a pre-assignment inspection by appropriate kitchen staff, to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. Offenders working in food services are monitored each day for health and cleanliness by appropriate kitchen staff. All food handlers are instructed to wash their hands upon reporting to duty and after using toilet facilities. Visual Inspection: inspection reports, completed forms, documentation of daily monitoring for health and cleanliness	Compliant-Offenders are checked and cleared by medical before working in the kitchen.	

B. HYGIENE		
References: ACA CJS 1-4B-01, 1-4B-02, 1-4B-03, 1-4B-04, Dept. Reg. B-06-001/HC-34/IS-C-3	Findings	Response
<p>IV-B-001 Plumbing Fixtures - Toilets and Washbasins Offenders have access to toilets and washbasins with temperature-controlled hot and cold running water 24 hours per day. Offenders are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas.</p> <p>Visual Inspection: maintenance records or reports, inspections, documentation of periodic measurement of water temperature, offender grievances</p>	Compliant-Toilets and wash basins available in main hallway located outside the housing units. Hot water temperatures are checked daily.	
<p>IV-B-002 Plumbing Fixtures - Showers Offenders, including those in medical housing units or infirmaries, have access to operable showers with temperature-controlled hot and cold running water 24 hours per day, on a reasonable schedule, (a minimum of three times per week). Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit.</p> <p>Visual Inspection: maintenance records or reports, inspections</p>	Compliant- Showers available in main hallway located outside the housing units and in working order.	
<p>IV-B-003 Clothing The facility has an obligation to provide adequate institutional clothing appropriate to the season and the offender's work status, including adequate changes of clothing to allow for regular laundering. The facility may fulfill this obligation by furnishing clothing or permitting the offender to secure and wear his own clothing, except that when the offender does not provide adequate clothing for himself, the facility shall furnish same.</p> <p>Visual Inspection: documentation of clothing issue, documentation of cleaning and storage</p>	Compliant-Facility provides clothing upon intake and as needed. Facility has a laundry schedule for the washing of offender clothing.	
<p>IV-B-004 Hygiene/Bedding Issue The facility shall provide adequate bedding and linen, including a clean mattress, sheets, pillow and blanket, not to exclude a mattress with integrated pillow. There are provisions for linen and towel exchange at least weekly. There are provisions for blanket exchange at least monthly.</p> <p>Visual Inspection: documentation of issue and exchange</p>	Compliant-Offenders are provided with mattresses sheets blankets and pillow.	
<p>IV-B-005 Personal Hygiene Articles and services necessary for maintaining personal hygiene shall be available to all offenders including items specifically needed for females. Such items shall be provided to any offender (male or female) who is indigent. Each offender shall be provided soap, toilet paper, toothbrush, toothpaste and shaving equipment.</p> <p>Visual Inspection: documentation that items are provided, list of items available</p>	Compliant-Necessary hygiene items are provided to offenders.	

C. CONTINUUM OF HEALTH CARE SERVICES		
References: ACA CJS 1-2A-14, 1-4C-01, 1-4C-03, 1-4C-04, 1-4C-06, 1-4C-07, 1-4C-08, 1-4C-09, 1-4C-10, 1-4C-13, 1-4C-15, 1-4D-01, 1-4D-03, 1-4D-04, 1-4D-06, Dept. Regs. B-06-001/IS-D-2, HC-01/IS-D-HP13, HC-02/IS-D-HCP14, HC-05/IS-D-HCP20, HC-06A/IS-D-HCP41, HC-06B/IS-D-HCP42, HC-06C/IS-D-HCP46, HC-08/IS-D-HCP33, HC-09A/IS-D-HCP22, HC-11/IS-D-HCP34, HC-13/IS-D-HCP16, HC-17/IS-D-HCP7, HC-38/IS-D-HCP30, B-06-003/AM-C-4, C-02-008/OP-C-9, C-05-001/AM-1-4	Findings	Response
<p>IV-C-001 Access to Care/Clinical Services At the time of admission/intake, all offenders are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an offender's ability to pay. The facility has a designated health authority with responsibility for health care services. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician.</p> <ul style="list-style-type: none"> Written policy, procedure, and practice provide for the delivery of health care services, including medical, dental and behavioral health services under the control of a designated health care authority who shall be a physician or a licensed or registered health care provider or health agency. Access to these services shall be unimpeded in the sense that correctional staff should not approve or disapprove offender requests for services in accordance with the facility's health care plan. Oral health services include access to diagnostic x-rays, treatment of dental pain, development of individual treatment plans, extractions of non-restorable teeth, and referral to a dental specialist, including an oral surgeon. Specialty non primary clinical services are covered by PDS&C. The requests shall be submitted by the In accordance with R.S. 15:831, DPS&C offenders may be assessed a co-payment for receiving medical or dental treatment, including prescription or nonprescription drugs. The co-payment fee schedule shall be approved by the DPS&C. Such fee schedule for DPS&C offenders housed in local jail facilities shall not exceed the DPS&C approved rate in accordance with Dept. Reg. B-06-001 HC-02/IS-D-HCP14, unless prior approval has been granted by the Secretary of the DPS&C. DPS&C offenders may be required to file a claim with his/her private medical or health care insurer, or any public medical assistance program, under which he/she is covered and from which the offender may make a claim for payment or reimbursement of the cost of any such medical treatment. <p>Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule.</p>	Compliant-Nurses on staff at facility to provide care to offenders and give medication. Co-pays are charged to offenders that are approved by DPS&C.	
<p>IV-C-002 Adequate Equipment and Supplies Adequate equipment and supplies for medical services are provided as determined by the health care authority and are in working order.</p> <p>Visual Inspection: Photos</p>	Compliant- Facility maintains some equipment and supplies for the medical services provided to offenders by nurses.	

	Findings	Response
<p>IV-C-003 Provision of Treatment The facility has a designated health authority responsible for health care services. Requests for health services are triaged by health trained persons to ensure that needs are addressed in a timely manner in accordance with the severity of the illness. Written policy, procedure and practice provide that anyone who provides health care services to offenders be licensed, registered or certified as appropriate to their respective professional disciplines. Such personnel shall only practice as authorized by their license, registration or certification. Standing orders are used in the treatment of offenders only when authorized in writing by a physician or dentist. (Standing orders are used in the treatment of identified conditions and for the on-site emergency treatment of an offender.)</p> <p>Visual Inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure</p>	<p>Compliant-If medical care is required beyond the care the nurses can provide then offenders are transported to a local hospital for treatment. The facility is under the health authority of Dr. Bordelon.</p>	
<p>IV-C-004 Personnel Qualifications/Credentials Correctional or other personnel who do not have health care licenses may only provide limited health care services as authorized by the responsible health care authority and in accordance with appropriate training. This would typically involve the administration of medication, the following of standing orders as authorized by the responsible health care authority and the administration of first aid/CPR in accordance with POST training. Written policy, procedure and practice approved by the health authority require dispensing and administering prescribed medications by qualified personnel.</p> <p>Visual Inspection: health records, completed medication administration form, personnel records, copies of current credentials or licensure, documentation of compliance with standing orders, health record entries, staff training records</p>	<p>Compliant- Nurses license are current. Nursing staff administer medication to offenders.</p>	
<p>IV-C-005 24 Hour Care Written policy, procedure, and practice ensure that offenders have access to 24-hour emergency medical, dental, and mental health services, including on-site first aid, basic life support, and transfer to community based services. This requirement may be met by agreement with a local state hospital, a local private hospital, on-call qualified health care personnel (see IV-C-003), or on-duty qualified health care personnel. Decisions regarding access to emergency medical services shall not be the sole province of correctional or other non-health personnel except in accordance with IV-C-004.</p> <p>Visual Inspection: designated facility, provider lists, transportation logs</p>	<p>Compliant-Nurses work Monday through Friday. If an offender is needing medical attention after hours then they are transported to local hospital.</p>	
<p>IV-C-006 Health Screens Written policy, procedure and practice require that all DPS&C offenders receive a health screening by health trained or qualified health care personnel upon intake into the facility unless there is documentation of a health screening within the previous 90 days. Screening is conducted in accordance with protocols established by the health authority. If completed by health trained personnel, all intake health screens are to be reviewed by health care personnel as soon as possible. If a facility uses a different screening form, it shall be required to have at a minimum the questions in the Intake Health Care Screening form (IV-C-006-A) provided by DPS&C. The purpose of the health screening is to protect newly admitted offenders who pose a health safety threat to themselves or others from not receiving adequate medical attention. This should include inquiry into:</p> <ol style="list-style-type: none"> 1. Current medical, dental or behavioral health problems and communicable diseases; 2. Current treatment plan; 3. Current medications, including psychotropic; 4. History of hospitalization; 5. Suicidal risk assessment; 6. Use of alcohol or other drugs including need for possible detoxification; 7. Possibility of pregnancy; 8. Observation of the following: <ol style="list-style-type: none"> a. Appearance and behavior; b. Body deformities and other physical abnormalities; c. Ease of movement; d. Current physical traumas or characteristics and a determination of whether or not the offender should be recommended for immediate transfer to the DS&C for appropriate care; e. Any physical impairment (hearing, vision, mobility) or other disability which would impede the offender's access to programs or services. Offenders identified with such an impairment or disability shall be transferred to the DPS&C for further evaluation and determination of appropriate housing placement. [Reference 2008 Resolution Agreement: US DOJ and LA DPS&C.] 9. Current health insurance. <p>Visual Inspection: health records, completed screening form, transfer logs</p>	<p>Compliant- Offenders are screened by nurses upon intake and arrival at the facility and address any medical needs at the time.</p>	
<p>IV-C-006-1 Pregnancy Management Written policy, procedure and practice require that all pregnant offenders have access to obstetrical services by a qualified provider. The local jail facility shall notify the Department's Medical Director, when a DPS&C offender is pregnant to ensure proper placement or if transfer to a DPS&C facility is necessary.</p> <p>Visual Inspection: written policy and procedure, health record where pregnant offender received obstetrical services by a qualified provider, notification to DPS&C when DPS&C offender is pregnant , transfer logs</p>	<p>Compliant- No pregnant females housed at the facility on the day of the audit.</p>	

	Findings	Response
<p>IV-C-007 Communicable Disease and Infection Control Program Communicable diseases are managed in accordance with a written plan approved by the health authority in consultation with local public health officials. The plan includes for the screening, surveillance, treatment, containment, and reporting of infectious diseases. The plan shall comprise of testing to detect communicable diseases, including TB testing within 14 days of arrival at the facility. If there is documented evidence of TB testing within the last 12 months, new testing is not required. Qualified health care staff will evaluate for signs and symptoms of TB. Infection control measures include the availability of personal protective equipment for staff and hand hygiene promotion throughout the facility. Procedures for handling biohazardous waste and decontaminating medical and dental equipment must comply with applicable local, state and federal regulations.</p> <p>Visual Inspection: health records, clinic visit logs, documentation of waste pick up and/or cleaning logs</p>	<p>Compliant-Policies in place for infection control program.</p>	
<p>IV-C-008 Annual TB Testing Written policy, procedure and practice require annual testing or medical evaluation for signs and/or symptoms of tuberculosis on all offenders. Annual TB testing will be provided at no cost to the offender. The facility's designated health care authority shall contact the DPS&C Medical Director, telephone number 225-342-1320, when an offender's test for medical signs and/or symptoms of tuberculosis is reported positive. The DPS&C Medical Director will determine if the offender requires physician or mid-level evaluation, based on the reported positive signs or symptoms.</p> <p>Visual Inspection: health records</p>	<p>Compliant- TB testing is done annually. Records are kept in offender medical record.</p>	
<p>IV-C-009 Chronic Care Program Offenders with chronic conditions, such as diabetes, hypertension and mental illness receive periodic care by a qualified health care provider in accordance with individual treatment plans, inclusive as deemed appropriate by the respective health care provider. For offenders whose chronic disease cannot be reasonably managed by the local jail facility, a Medical Transfer Request for DOC Offenders at Local Facilities Form C-05-004-B may be submitted to the ARDC.</p> <p>Visual Inspection: health records</p>	<p>Compliant-If an offender requires chronic care then they are transferred to a facility that has the capability to provide that care.</p>	
<p>IV-C-010 Pharmaceuticals Written policy, procedure, and practice approved by the health authority provide for the proper management of pharmaceuticals. Offenders are provided medication as prescribed.</p> <p>Visual Inspection: health records, completed medication administration forms, inventories</p>	<p>Compliant- Medication is dispensed at prescribed by nurses.</p>	
<p>IV-C-011 First Aid Kits First aid kits are available in areas of the facility as designated by the responsible health care authority and shall be immediately accessible to housing units.</p> <p>Visual Inspection: location of first aid kits within the facility</p>	<p>Compliant- First aid kits are located in the facility.</p>	
<p>IV-C-012 Access to Sick Call There is a process for all offenders to initiate requests for health services on a daily basis. Written policy, procedure and practice require that sick call is conducted by a physician and/or other qualified health care personnel who are licensed, registered or certified as appropriate to their respective professional discipline and who practice only as authorized by their license, registration or certification. Sick call shall be available to all offenders as follows: <ul style="list-style-type: none"> •Facilities with fewer than 100 offenders - 1 time per week; •Facilities with 100 to 300 offenders - 3 times per week; •Facilities with more than 300 offenders - 4 times per week. If an offender's custody status precludes attendance at sick call, then arrangements shall be made to provide such services in the place of the offender's detention.</p> <p>Visual Inspection: written policy and procedure</p>	<p>Compliant- Offenders can fill out sick call requests and place them in a locked box labeled medical requests.</p>	
<p>IV-C-013 Infirmary Care If infirmary care is provided onsite, it complies with applicable state regulations and local licensing requirements. Provision include 24 hour emergency on-call consultation with a physician, dentist and mental health professional. Written policy, procedure and practice provide that any offender who is identified as requiring a medical, dental or mental health need for which care is not readily available from the local facility, shall be immediately transferred to DPS&C. It is particularly important that smaller facilities recognize the commitment of the DPS&C to accept into their custody any state offender whose condition is problematic.</p> <p>Visual Inspection: admission or inpatient records, staffing schedule, completed form C-05-004-B</p>	<p>Compliant-There is no infirmary at the facility. The medical department is a room where nurses will check offenders who sign for sick call and administer medication.</p>	
<p>IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, Compassionate Release) Any offender sentenced to DPS&C custody that meets the medical criteria to be released on Medical Parole, Medical Treatment Furlough or Compassionate Release may be considered after submission of the required documentation in accordance with the corresponding Dept. Reg. to the DPS&C's Chief Nursing Officer via email to MedicalDirector@corrections.state.la.us or by fax to 225-342-7240.</p> <p>Visual Inspection: health records, documentation of approval of DPS&C's Chief Nursing Officer</p>	<p>Compliant- There have been no medical furlough or compassionate releases as of date of the audit.</p>	
<p>IV-C-014 Suicide Prevention and Intervention There is a written suicide prevention and intervention program that is approved by a behavioral health professional who meets the educational and license/certification criteria specified by his/her respective professional discipline. The program must include specific procedures for handling intake, screening, identifying and continually supervising the suicide-prone offender. Observation of the suicide-prone offender will vary from continual observation to intervals no greater than fifteen (15) minutes. All staff with responsibility for offender supervision are trained monthly in the implementation of the program.</p> <p>Visual Inspection: health records, documentation of staff training, documentation of observation of suicide watches.</p>	<p>Compliant-Staff receive training annually on suicide prevention. Watch logs are kept on offenders who may be placed on watches.</p>	

	Findings	Response
<p>IV-C-015 Offender Deaths Written policy, procedure and practice specify and govern the actions to be taken in the event of an offender's death, which includes notification of the coroner of all offender deaths. All attempts to contact the coroner regarding any death shall be thoroughly documented. Such procedures shall also include the reporting requirements as outlined in BJJ 1-C-001. In addition, a written report of all offender deaths shall be submitted to DPS&C on Form C-05-001-X (via email to catanotify@corrections.state.la.us or via fax to 225-342-3349).</p> <p>Visual Inspection: notification, reporting requirements, report to DPS&C</p>	<p>Compliant-Offender deaths are reported to appropriate authority. No offenders deaths have occurred as of date of the audit.</p>	
<p>IV-C-016 Notification A visit with an immediate family member when the offender is admitted to an ICU or trauma center due to a serious bodily injury or due to being a terminally ill offender for the duration of the offender's admission to the ICU or trauma center, unless the Warden or designee provides written notice within 6 hours of the offender's admission to the ICU or trauma center to any immediate family member seeking visitation why such visitation cannot be granted, pursuant to La. R.S. 15:833(A) and Dept. Reg. C-02-008; •If the offender's admission to the ICU or trauma center occurs between 8:00 pm and 4:00 am, the Warden or designee shall provide the required written notification within 24 hours of the time the serious bodily injury occurred. •Pursuant to La. R.S. 15:833(A), the Warden or designee shall attempt to notify the offender's immediate family within 8 hours of the medical decision to transport the offender to the ICU or trauma center. •Based on extenuating circumstances the Warden or designee may extend the definition of an offender's immediate family member</p> <p>Visual Inspection: notification records</p>	<p>Compliant-The facility will notify family members in the event the offender is admitted to a medical facility in ICU or trauma center. A notification to family as made 2019.</p>	
<p>D. HEALTH SERVICES STAFF References: ACA CJS 1-4D-02, 1-4D-04, 1-4D-05, 1-4D-07, 1-4D-08, 1-4D-09, 1-4D-10, 1-4D-17, 1-4D-18, Dept. Regs. B-06-001/HC-24/ISD-HCP44, HC-25/IS-D-HCP9, HC-26/IS-D-HCP10, HC-33/AM-D-5</p>		
<p>IV-D-001 Health Care Quarterly Meetings The health authority meets with the facility administrator at least quarterly.</p> <p>Visual Inspection: documentation of meetings</p>	<p>Compliant- Meetings held with health care personnel.</p>	
<p>IV-D-002 Research Written policy, procedure, and practice prohibit offender participation in pharmaceutical, medical, or cosmetic experiments. This policy does not preclude individual treatment of an offender based on his/her needs using a specific medical procedure that is not generally available.</p> <p>Visual Inspection: written policy and procedure</p>	<p>Compliant- No offenders participate in research.</p>	
<p>IV-D-003 Health Care Personnel/Job Descriptions Health care staff work in accordance with professional specific job descriptions approved by the health authority.</p> <p>Visual Inspection: job descriptions</p>	<p>Compliant- Health care job descriptions are on file and approved</p>	
<p>IV-D-004 Confidentiality of Health Information Information about an offender's health status is confidential. Nonmedical staff only have access to specific medical information on a "need to know" basis in order to preserve the health and safety of the specific offender, other offenders, volunteers, visitors, or correctional staff. An individual health record is maintained for all offenders in accordance with policies and procedures established by the health authority. The health record is made available to, and is used for documentation for all health care personnel. The active health record is maintained separately from the confinement case record and access is controlled. When an offender is transferred to DPS&C or another local facility, the offender's medical record is transferred as well.</p> <p>Visual Inspection: health records, completed consent forms, completed refusal forms</p>	<p>Compliant- All offender health information is kept confidential and located in a filing cabinet in the nurses station. When an offender is transferred to another facility all medical information goes with the offender.</p>	
<p>IV-D-005 Informed Consent Informed consent standards of the jurisdiction are observed and documented for offender care in a language understood by the offender. In the case of minors, the information consent of a parent, guardian or legal guardian applies when required by law. Offenders routinely have the right to refuse medical interventions. When health care is rendered against an offender's will, it is in accordance with state laws and regulations. Involuntary administration of psychotropic medications to offenders may only be accomplished by DPS&C.</p> <p>Visual Inspection: health records, completed consent forms, completed refusal forms</p>	<p>Compliant-Offenders can refuse medical treatment and sign a refusal form.</p>	
<p>IV-D-006 Emergency Response Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the facility administrator. All staff responding to health emergencies are trained in CPR. The health authority approves policies and procedures that ensure that emergency supplies and equipment, including automatic external defibrillators (AEDs) are readily available and in working order.</p> <p>Visual Inspection: verification of training, records and certificates</p>	<p>Compliant- Staff receive training on first aid and CPR annually.</p>	
<p>IV-D-007 Internal Review/Quality Assurance The health authority approves policies and procedures for identifying and evaluating major risk management events related to offender health care, including offender deaths, preventable adverse outcomes and serious medication errors.</p> <p>Visual Inspection: evaluation of major risk management events</p>	<p>Compliant-No major risk at time of inspection.</p>	



E. SEXUAL ASSAULT		
References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16, Dept. Regs. A-04-002/PS-D-3, C-01-022/OP-A-15		
	Findings	Response
<p>IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual abuse/assault includes:</p> <ul style="list-style-type: none"> •Prevention/intervention; •Self-protection; •Reporting sexual abuse/assault; •Treatment and counseling. <p>When the occurrence/allegation of sexual assault or threat involves a DPS&C offender, the facility shall report the incident to DPS&C immediately, as outlined in BJJ I-C-001.</p> <p>An investigation is conducted and documented whenever a sexual assault or threat is reported. Investigative reports, that include DPS&C offenders, shall be submitted to appropriate DPS&C Regional Team Leader on Form C-01-022-E.</p> <p>Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence.</p> <p>Visual Inspection: documentation of reports to DPS&C, investigative reports</p>	<p>Compliant- PREA information given to offenders upon intake. No alleged or substantiated sexual assaults reported. Any assaults are reported and investigated.</p>	

PART V - OFFENDER PROGRAMS AND ACTIVITY		
A. OFFENDER OPPORTUNITIES FOR IMPROVEMENT		
References: ACA CJS 1-SA-01, Dept. Reg. B-08-004/PS-F-1		
	Findings	Response
<p>V-A-001 Volunteers/Registration There is an official registration and identification system for volunteers.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant- Volunteers are screened and go through orientation. There have been no volunteers since COVID-19.</p>	
<p>V-A-002 Volunteer Services A current schedule of volunteer services is available to all offenders and is posted in appropriate areas of the facility.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant- A schedule of volunteer services is posted once volunteers start coming back to provide services.</p>	
<p>V-A-003 Programs and Services Written policy, procedure and practice provide for the availability of offender programs, services and counseling. Such programming may be obtained from acceptable internal or external sources which should include, at a minimum, assistance in obtaining individualized educational program instruction at a variety of levels.</p> <p>The local jail facility shall maintain class files on all DPS&C approved programming, whether the program is administered by DPS&C or other staff. The class files should include at a minimum:</p> <ol style="list-style-type: none"> 1. Screening of offender(s) for program placement; 2. Offender application to program; 3. Program sign-in sheets and/or attendance rosters; 4. Signed copy of CTRP credit forms; 5. Documentation for staff oversight if program is not administered and/or overseen by DPS&C staff. <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant- Offenders are offered educational, self help and religious programs at the facility. CTRP programs are offered at the facility. When programs are offered there are sign in sheets for offenders that participate to sign.</p>	
<p>V-A-003-1 Educational Programming The DPS&C and the facility encourage educational programming which includes:</p> <ol style="list-style-type: none"> 1. Adult Basic Education and/or Literacy 2. Industry Based Certification Training 3. Pell-eligible Post-Secondary Training <p>Any planned or proposed programs for education in local jail facilities that house DPS&C offenders shall be submitted to the DPS&C Education Director.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant-Education programs are available for offenders. There is no GED teacher at this time. The facility is working on getting a teacher.</p>	



B. PROGRAMS References: ACA CJS 1-4C-02, 1-5B-01, 1-5B-01-1, 1-5B-01-2, 1-5B-01-3, 1-5B-02, 1-5B-02-1, 1-5B-02-2, 1-5B-04, 1-5C-01, 1-5C-04, 1-5C-06, Dept. Regs A-04-002/PS-D-3, B-02-001/IS-B-1, B-06-001/HC-17/IS-D-HCP7, B-08-008/PS-E-1, B-08-013/PS-C-1, B-09-003/AM-C-2, C-01-012/PS-F-1, C-02-008/OP-C-9, C-02-009/OP-C-7	Findings	Response
V-B-001 Releasing Offenders Procedures for releasing offenders from the facility include, but are not limited to, the following: •Return of personal property, to include any govt. issued ID (i.e., driver's license) that may have been collected from the offender during the intake process. •Provide offender with/and have him/her sign for any reentry transition document envelopes and all its contents. •Provision of a listing of available community resources. •Consideration by the prescribing health care practitioner for a provision of a 5-day supply of current maintenance medication (medication prescribed to stabilize a chronic medical or behavioral health illness), along with a prescription for a thirty (30) day of medication upon transfer or discharge. •Prior to release, offenders with serious medical and behavioral health conditions are referred to available community services. Appropriate health information is shared with the new providers in accordance with consent requirements. •Provision of adequate street clothing for indigent offenders. Offender shall not release in any prison issued attire, including but not limited to jumpsuits, striped scrubs, or stenciled clothing. Visual Inspection: completed release forms and documents, facility records and logs, offender records	Compliant-Offenders are released with at least 2 forms of ID and community resource information.	
V-B-002 Visiting Written policy, procedure and practice govern visiting. The number of visitors an offender may receive and the length of the visits may be limited only by the facility's schedule, space and personnel constraints or when the facility administrator can present clear and convincing evidence that such visitation jeopardizes the safety and security of the facility. Conditions under which visits may be denied and visitors may be searched are defined in writing. Provisions are made for special visits in accordance with Dept. Reg. C-02-008. Visual Inspection: activity schedule, facility logs	Compliant- There has been no contact visiting since COVID-19. There are kiosk machines in dorms for offenders to use.	
V-B-003 Library Services Written Reading materials shall be available to offenders on a reasonable basis. Visual Inspection: activity schedule, facility logs	Compliant-There is a library for offenders to use can check out books to read. A library schedule is posted.	
V-B-004 Religious Programs Written policy, procedure and practice define and provide reasonable offender opportunity for religious practice. Visual Inspection: documentation of offender religious activities, activity schedule	Compliant- Religious services have not been held due to COVID-19. The facility is working on getting these services again.	
V-B-005 Exercise and Recreation Access Offenders have access to exercise and recreation opportunities. Written policy, procedure, and practice provide for exercise opportunities adequate to ensure major muscle activity. Outdoor exercise shall be available on a regular basis (at least three times per week-weather permitting) for state inmates. If a state offender requires special management or has security supervision needs which preclude the opportunity for outdoor exercise at a facility, then he shall be transferred to the DPS&C. If a facility based on location, or other legitimate concern, does not make provision for outdoor exercise, then compensating, dedicated exercise facilities of adequate size to provide three exercise opportunities per week shall be available. Visual Inspection: activity schedule, facility logs	Compliant- Recreation time is offered weather permitting and staff available. There is some documentation of offenders out on yard for recreation time but not on a regular basis.	
V-B-006 Transitional Work Program/Standard Operating Procedures Transitional Work programs shall be operated in accordance with the Standard Operating Procedures for Offender Work Release Programs established by the DPS&C. Visual Inspection: DPS&C monitoring report	N/A- TWP was shut down in 2020 by previous Administration.	
V-B-007 Participation in Transitional Work Programs Participation in transitional work programs by state offenders shall comply with R.S. 15:711 and DPS&C Department Regulation No. B-02-001 "Assignment and Transfer of Offenders." Specific approval by the Secretary of DPS&C is required prior to program assignment of state offenders. Refer to Standard Operating Procedures for Offender Transitional Work Programs. Visual Inspection: approval for participation by the Secretary of DPS&C	N/A- TWP was shut down in 2020 by previous Administration.	
V-B-008 Offender Work Program Participation in offender work programs by state offenders shall comply with the provision of R.S. 15:708 (parish jails) or R.S. 15:832 (police maintenance). Visual Inspection: offender voluntary participation, sheriff's approval of work program request, facility logs	Compliant-Offenders voluntarily work other duties that may be approved by the Sheriff.	

	Findings	Response
<p>V-B-009 Approval for Transitional Work Programs Any Sheriff interested in operation of a TWP facility shall obtain prior approval from the Chief of Operations. Refer to Standard Operating Procedures for Offender Transitional Work Programs.</p> <p>Visual Inspection: approval of Chief of Operations</p>	N/A-TWP was shut down in 2020 by previous Administration.	
<p>V-B-010 Proposed Expansions Any planned or proposed expansions for transitional work program or jail facilities that house DPS&C offenders shall be submitted to the Secretary of the DPS&C and the Executive Director of the LSA for consideration and approval.</p> <p>Visual Inspection:</p>	Compliant- No proposed expansions at this time.	
<p>V-B-011 Mail and Correspondence Any Offenders may send and receive mail. Indigent offenders receive a specified postage allowance. Offenders are notified in writing when incoming or outgoing letters are withheld in part or in full. Written policy, procedure, and practice govern offender correspondence.</p> <p>Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail</p>	Compliant-Mail is issued and collected daily. Offender mail is searched.	
<p>V-B-012 Packages and Publications Written policy, procedure and practice govern offender access to publications and packages from outside sources.</p> <p>Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail</p>	Compliant- Offenders can subscribe to publications and receive packages that don't affect the security of the facility.	

C. REENTRY		
References: Dept. Regs. B-01-001/IS-B-6, B-01-002/BOP3, B-01-004/IS-B-7, B-05-001/HC-40/IS-D-HCP31	Findings	Response
<p>V-C-001 Substance Abuse Programs The facility encourages offender participation in substance abuse programs when available.</p> <p>Visual Inspection: facility log, activity schedule</p>	Compliant-Substance abuse programs are offered to offenders to participate.	
<p>V-C-002 Reentry Programs The DPS&C and the facility encourages reentry programming which includes: 1. Employment opportunities through work release; 2. At least two forms of valid identification upon release; 3. The development of a residential plan prior to release; 4. Referral to community based service providers upon release; 5. Where feasible, recommend DPS&C offenders receive 100 hours of pre-release training at a regional reentry center prior to transfer to a TWP, or release from custody. The local jail facility shall maintain reentry transition document envelopes for all DPS&C offenders, which include at a minimum, if applicable: 1. Any valid forms of identification; 2. Prescriptions and Medicaid card; 3. Community service referrals.</p> <p>Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan</p>	Compliant- Offenders are released with at least 2 forms of ID, community resource information available and offenders must have approved residence plan.	
<p>V-C-003 Pre-Parole Preparation The facility shall complete Form B-01-004-C, Pre-Parole LARNA II Questionnaire for Local Jail Facilities, and submit via e-mail to DPS&C HQ at LOCAL.larna@corrections.state.la.us or by fax to 225-342-0929 within the first two weeks of the month preceding the scheduled hearing.</p> <p>Visual Inspection: offender record, completed questionnaire</p>	Compliant-Larna II completed prior to release.	
<p>V-C-004 Parole Board Procedures The facility Warden or his/her designee, of the local level facility in which the offender is housed, shall be present to provide information to members of the Parole Board regarding the offender's progress and disciplinary infractions during incarceration.</p> <p>Visual Inspection: offender record, trip log, documentation showing facility Warden or designee presence at parole board</p>	Compliant-Records and paperwork are available to parole board and Warden or designee is present during the hearing to provide information.	

PART VI - JUSTICE		
A. OFFENDER'S RIGHTS		
References: ACA CJS 1-6A-01, 1-6A-02, 1-6A-03, 1-6A-06, Dept. Reg. C-01-004/OP-C-10	Findings	Response
<p>VI-A-001 Access to Courts/Access to Legal Materials Written policy, procedure, and practice ensure the right of offenders to have access to courts. This includes reasonable access to legal reference materials or access to legal or paralegal assistance. Illiterate offenders shall be provided the assistance of a fellow offender or be furnished adequate assistance from the facility staff or other persons who have a legitimate connection with the legal issues being pursued. If an offender's requirements in this area are significant and complex, exceeding the capability of the local facility to meaningfully provide assistance, then the inmate shall be transferred to the DPS&C.</p> <p>Visual Inspection: facility log</p>	Compliant-Offenders have access to legal materials and courts.	
<p>VI-A-002 Access to Counsel Written policy, procedure, and practice ensure offenders' confidential access to counsel. Such contact includes, but is not limited to telephone communications, uncensored correspondence and visits.</p> <p>Visual Inspection: facility log, record of attorney interviews</p>	Compliant-Attorneys visits and phone calls are allowed with offenders.	
<p>VI-A-003 Protection from Abuse Written policy, procedure, and practice protect offenders from personal abuse, corporal punishment, personal injury, disease, property damage, or harassment.</p> <p>Visual Inspection: facility log, incident reports, staff training records</p>	Compliant- Officers receive training annually. Any abuse is reported on incident report.	

B. FAIR TREATMENT OF OFFENDERS		
References: ACA CJS 1-2A-16, 1-4C-01, 1-6B-01, 1-6B-02, Dept. Reg. B-05-005/OP-C-13	Findings	Response
<p>VI-B-001 Discrimination Written policy, procedure, and practice provide that program access and administrative decisions are made without regard to offenders' race, religion, national origin, gender, sexual orientation, or disability.</p> <p>Visual Inspection: facility records, grievances, activity logs</p>	<p>Compliant-No offenders are discriminated against for any programs that are offered.</p>	
<p>VI-B-002 Grievance Process Offenders have reasonable access to a grievance remedy procedure that includes at least two levels of review if necessary. The grievance remedy procedure shall be an administrative means through which an offender may seek formal review of a complaint which relates to any aspect of his imprisonment if less formal procedures have not resolved the matter. Such complaints and grievances include, but are not limited to, actions pertaining to conditions of confinement, personal injuries, medical complaints, time computations, the classification process, or challenges to rules, regulations, or policies. Through this procedure, offenders shall receive reasonable responses within a specified time period and where appropriate, meaningful remedies.</p> <p>Visual Inspection: grievances</p>	<p>Compliant-Offenders have access to grievance forms which are reviewed by level 1 Warden or designee and level 2 compliance officer. There is a 45 day time period at each level.</p>	

PART VII - ADMINISTRATION AND MANAGEMENT		
A. RECRUITMENT, RETENTION AND PROMOTION		
References: ACA-CJS 1-1A-01, 1-1B-01, 1-1C-01, 1-1C-07, 1-4C-13, 1-4D-05, 1-4D-14, 1-7B-02, 1-7B-04, 1-7B-06, Dept. Regs. A-02-028/AM-F-22, C-01-008/OP-A-19	Findings	Response
<p>VII-A-001 Training and Staff Development The facility conducts or participates in a training program which includes orientation for all new employees (appropriate to their job) prior to assuming a position or post. Such training must include:</p> <ol style="list-style-type: none"> 1. Security procedures; 2. Hostage procedures – including staff roles and safety; 3. Fire and emergency plan/ procedures; 4. Suicide precaution and signs of suicide risks; 5. Use of force policies; 6. Inmate rules and regulations; 7. CPR and first aid; 8. Requirements of the Prison Rape Elimination Act (PREA); 9. Employees whose duties are the care, custody and control of offenders must complete the Peace Officers Standards and Training (POST) Level 3 certification training program, which consists of the ACA core curriculum, within one year of employment. <p>Visual Inspection: lesson plans, staff training records</p>	<p>Compliant- Employees receive training upon being hired and then annually.</p>	
<p>VII-A-002 Weapons Training All personnel authorized to use firearms and less-than-lethal weapons must demonstrate competency at least annually. Training includes decontamination procedures for individuals exposed to chemical agents.</p> <p>Visual Inspection: personnel records, training records</p>	<p>Compliant-Officers are trained annually. The training has not been conducted yet for 2021.</p>	

B. FACILITY ADMINISTRATION		
References: ACA CJS 1-4D-02, 1-7D-01, 1-7D-03, Dept. Reg. C-05-001/AM-I-4	Findings	Response
VII-B-001 Authority There is a statute or constitutional provision authorizing the establishment of the local jail facility or its parent agency. Visual Inspection:	Compliant- Statute authorizing the establishment of the correctional facility.	
VII-B-002 Legal Assistance for Staff Written policy, procedure and practice specify the circumstances and methods for the facility administrator and other staff to obtain legal assistance as needed in the performance of their duties. Visual Inspection: personnel or training records	Compliant- Legal assistance for staff is provided by the Law Office of Provosty, Sadler and Delaunay.	
VII-B-003 Independent Financial Audit Written policy, procedure and practice provide for an independent financial audit of the facility. This audit is conducted annually or as stipulated by statute or regulation. Visual Inspection: annual audit	Compliant-Audits are done by Kolder, Slaven Company.	
VII-B-004 Facility Insurance Written policy, procedure and practice provide for comprehensive facility insurance coverage. Visual Inspection: insurance policy	Compliant-Facility is covered through 1st Insurance.	
VII-B-005 Offender Funds Offenders' personal funds held by the facility are controlled by generally accepted accounting principals (GAAP). Any interest earned, other than operating funds, accrues to the benefit of the offenders. Visual Inspection: offender records	Compliant- Offender funds are accounted for and handed through the Avoyelles Marksville Detention.	
VII-B-006 Organization Written policies and procedures describe all facets of facility operation, maintenance and administration are reviewed annually and updated as needed. New or revised policies and procedures are disseminated to staff. A file for each guideline shall be maintained with documentation (primarily written) to support compliance. Visual Inspection: annual reviews, dissemination to staff	Compliant-Policies are reviewed and changes made as needed.	
VII-B-007 Annual Compliance Statement Written policy, procedure and practice demonstrate that the facility shall submit an annual statement confirming continued compliance with the BJC to the appropriate DPS&C Regional Team Leader. This statement, submitted by January 31st each year, is in writing and shall include: 1. A copy of the current Fire Marshal Report; 2. A copy of the current Health Inspection Report; 3. Any proposed or projected expansions; 4. Any rehabilitative programs that are available; 5. Summary of any re-entry initiatives/programs implemented by the facility. Visual Inspection: annual statement	Compliant- Annual compliance statement turned in in a timely manner.	
VII-B-008 Monthly Reporting Written policy, procedure and practice ensure that any facility with DPS&C offenders report activities to the Chief of Operations on a monthly basis in accordance with Dept. Reg. C-05-001/AM-I-4. These reports shall be submitted on automated reporting forms provided by the DPS&C, no later than the 15th day of the month for the previous month's activities. Automated reporting shall be completed, by the appropriate DPS&C Regional Team Leader, no later than the 20th day of the month for the previous month's activities. Visual Inspection: monthly report	Compliant- Monthly reports are submitted in timely manner.	
VII-B-009 Staff Meetings Written policy, procedure and practice provide for regular meetings between the Sheriff, facility administrator, or designee and all department heads. There is formal documentation that such meetings are conducted at least monthly. Visual Inspection: staff meeting minutes/notes	Compliant-Staff meetings are held monthly. Advised to have a sign in sheet with all staff signing or initialing by their name.	
C. REASONABLE ACCOMMODATION		
References: ACA CJS 1-7E-01	Findings	Response
VII-C-001 Facility Equipment/Reasonable Accommodation Reasonable accommodations is made to ensure that all parts of the facility are accessible to the public are accessible and usable by staff and visitors with disabilities. Visual Inspection:	Compliant-Facility buildings are handicap accessible.	

INSPECTION REPORTS		
DEPARTMENT	Deficiencies	Corrective Action Taken
Fire Marshall 6/10/2021 Maximum Capacity: 317	Provide detention grade hardware on doors for means of egress. Keys to unlock such doors shall be maintained and available at the facility at all time and the locks operable from the outside. The fire alarm panel is in trouble due to pull station #5 not working	Corrective action letter states that Simpson Security serviced the trouble panel in dorm #6, the ceiling tiles are replaced except in the dorm where no offender is housed, doors have been ordered for the self latching doors in dorm #6, electrical panel in dorm #5 has been
DHH - Health Date of Current Report: 2/24/2020 Maximum Capacity: 317	lighting in dorm #5 shower and bathroom area, drinking fountain in disrepair.	Corrective action letter states that violations in dorm #5 have been repaired.
DHH - Retail Food Date of Current Report: 2/24/2020	food contact services and utensils are not clean to sight and touch. The 3 compartment sink is not used in proper sequence to wash, rinse and sanitize. Equipment and utensils not air dried. A correct food safety certificate no conspicuously posted.	all violations were corrected on site the day of inspection