

Department of Public Safety & Corrections  
State of Louisiana



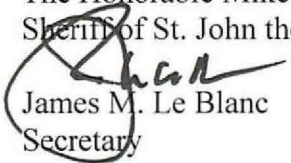
JOHN BEL EDWARDS  
GOVERNOR



JAMES M. LE BLANC  
SECRETARY

February 28, 2022

**TO:** The Honorable Mike Tregre  
Sheriff of St. John the Baptist Parish

**FROM:**   
James M. Le Blanc  
Secretary

**RE:** St. John Parish Prison

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) annual inspection that was conducted on December 15, 2021.

At this time, I would like to thank you for your support of the BJG process and to encourage full compliance with BJG II-A-018 "Offender Drug Testing."

JML/mw

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association  
Major Gordon Jeffcoat, Warden, St. John Parish Prison  
Seth Smith, Chief of Operations  
Kirt Guerin, EHCC Warden  
Aaron Hooper, BJG Team Leader



**BJG MONITORING REPORT**  
(Annual, Semi-Annual, Quarterly, Monthly or Recert with Waiver)

**FACILITY NAME:** St. John Parish Prison  
**BJG MONITORS:** Aaron Hooper, BJJ Team Leader  
**TYPE OF INSPECTION:** Annual Monitoring Visit  
**FACILITY STAFF:** Major Gordon Jeffcoat, Warden  
Captain Paul Swancey, Assist Warden

**BJG INSPECTION DATE:** 12/15/2021  
**PREVIOUS BJJ INSPECTION DATE:** 12/10/2020  
**OPERATIONAL CAPACITY:** 312  
**COUNT ON DAY OF VISIT:** 68

**CONCERNS OR ISSUES FROM THE PREVIOUS BJJ MONITORING INSPECTION:**

II-A-018 Offender Drug Testing

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	54	0	54
Number of Local Offenders	12	2	14
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	0	0	0
<b>TOTAL</b>	<b>66</b>	<b>2</b>	<b>68</b>

**# of DOC Offenders that are:**

Single Bunked	0
Double Bunked	54
Triple Bunked	0
Total	54

**# 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
December 2020	0	0	0	0
January 2021	0	0	1	0
February 2021	1	0	0	0
March 2021	1	0	0	0
April 2021	1	0	0	0
May 2021	1	0	0	0
June 2021	1	1	0	0
July 2021	1	0	0	0
August 2021	1	0	0	0
September 2021	0	0	0	1
October 2021	1	0	0	0
November 2021	1	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
December 2020	0	0	0	0	0
January 2021	0	0	0	0	0
February 2021	0	0	0	0	0
March 2021	0	0	0	0	0
April 2021	0	0	0	0	0
May 2021	0	0	0	0	1
June 2021	0	0	0	0	1
July 2021	0	0	0	0	0
August 2021	0	0	0	0	0
September 2021	0	0	0	0	0
October 2021	0	0	0	0	0
November 2021	2	0	0	0	1

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

Overall the living areas were found to be clean, organized and odor free.

**Dorms:**

Dorm areas were in order and found to be clean. Offenders' property was stored in living area

**Cell Block:**

Cell block areas were clean and odor free

**Culinary/Dining:**

The tools and sharps objects are controlled on an inventoried locked shadow board. Sample meal food trays are labeled and stored for at least the last five meals served. Cooler and freezer areas are found in good order with temperature logs checks documented. Offenders working in the kitchen area had gloves and hair nets on.

**Bathrooms:**

Bathrooms are clean and in order and contained soap and paper towels

**Yard Areas:**

Yard and recreation areas were adequate. Documentation provided reflects that recreation was occurring on a regular three time per week, weather permitting

**Maintenance:**

Facility has on staff maintenance personal daily. Tool inventory kept up daily. MSDS forms are well maintained and correct

**REVIEW AND COMMENT ON THE FOLLOWING BASIC JAIL GUIDELINES:** (Compliant or Non-Compliant)

- I-A-001 Safety/Sanitation/Inspections - Compliant**  
The facility is conducting weekly inspections. FM and DHH inspections are done on time and all deficiencies have been addressed
- I-C-001 Emergency Plan - Compliant**  
An emergency plan is in place. Employees are trained and knowledgeable of the plans. Emergency plan exit maps are posted throughout the facility.
- II-A-007 Counts**
- How many formal counts are conducted each shift? **Three. One at morning shift change, one at noon, and one evening shift change.**
  - How many counts are conducted each day? **Five**
- 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? **Stick out counts are called into the facility**
  - Does this process insure accountability and safe/secure operation of the facility?  
**Yes**
- II-A-008 Offender Population Management System - Compliant**  
All information is documented and maintained on each offender and is transferred with the offender if transferred out of the facility.
- II-A-010 Admissions - Compliant**  
Policy and procedure are in place and all admission forms are thorough and completed.
- II-A-012 Classification System**  
Does this facility have any trustees that work outside the secure perimeter? **Yes**  
If yes,
- What is their classification process to determine who is eligible for trustee status?  
**Review of arrest history, review of prior job and custody change. The classification process is suggested by administration and signed off by Warden or his designee**
  - Does their classification process meet DPS&C, Corrections Services' criteria? **Yes**

**II-A-018**

**Offender Drug Testing** (Please list monthly since the previous BJJ monitoring visit.)

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
December 2020	0	23	0%	0
January 2021	0	30	0%	0
February 2021	0	32	0%	0
March 2021	8	32	25%	1(THC)
April 2021	6	31	19%	0
May 2021	2	24	8%	0
June 2021	6	23	25%	0
July 2021	5	20	25%	0
August 2021	4	20	20%	0
September 2021	15	15	100%	2(Meth), 1 (AMP)
October 2021	14	25	56%	7(BUP), 4 (AMP), 2 (meth), 2(MDMA), 1(BENZO)
November 2021	7	55	13%	1(BUP)

The above highlighted section was due to COVID.

**II-A-019 Offender Transfers - Compliant**

**II-B-002-1 Use of Restraints for Pregnant Offenders - Compliant**

The facility's policy is compliant with DOC Regulation

**II-C-001 Procedures for Searches - Compliant**

The facility conducts visual body searched on all offenders upon intake and when offenders return to the facility. The facility keeps detailed shakedowns and daily search logs on file. Procedures are in place and logs are maintained on all searches.

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

The facility's tools, key and utensil control were found to be in good order. Inventories and documentation are kept up daily. A shadow board with a lock in key for the culinary utensil is being used.

**IV-C-001 Access to Care/Clinical Services** (Does the facility charge a co-payment? If so, approved by DPS&C?)

**Compliant** - There is a computer system in each dorm that lets the offenders log on and can see all necessary information on assessing health care and the co-pay requirements. Health care services are contracted through Correct Health and they provide a wide range of services. Co-pays are approved by DPS&C

**IV-C-006-1 Pregnancy Management- Complaint**

The facility's policy is compliant with DOC Regulation

**IV-C-008 Annual TB Testing - Compliant**

The facility conducted TB testing on all offenders at no cost to the offender. This is done upon intake and annually.

**IV-C-012 Access to Sick Call - Compliant**

Sick call forms are available on all kiosk machines in all dorms and offenders have access to them 6am-12pm daily. Once completed they are emailed straight to the medical department. The requests are triaged and scheduled for visits.

- IV-C-013 Infirmiry Care - Compliant**  
The facility has a 24/7 medical care service. There is a nurse at the facility Monday-Sunday from 6am-6pm 7 days and on call 24/7. If medical staff determines the health issues to be an emergency, offenders are transported to the local hospital.
- IV-C-013-1 Medical Releases** (Medical Parole, Medical Treatment Furlough, Compassionate Release)  
**Compliant** - A policy is in place.
- IV-C-014 Suicide Prevention and Intervention - Compliant**  
Mental health staff evaluates each offender and determines the treatment. The staff receives annual suicide prevention training.
- IV-C-016 Notification - Compliant**  
Policies in place to notify family members if the offender is in ICU
- IV-D-004 Confidentiality of Health Information - Compliant**  
Access to offender medical information/files are controlled and restricted to those who have legal authority. Medical records are stored in a secured restricted area and are transported with the offender upon transfer to another local facility or to DPS&C.
- IV-E-001 Alleged and Substantiated Sexual Assaults**
- Is this facility required to be PREA compliant due to contract language? **No**
  - Is this facility PREA compliant? **N/A**
- If yes, date compliance received: **N/A**
- 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**
- V-A-003 Programs and Services - Compliant**
- **List all Certified Treatment Programs** (Attach Form B-04-003-B)  
Hi-Set
  - **List all other Offender Programs**  
Religious Services
- V-A-003-1 Educational Programming**  
**All classes and programs shut down the whole year due to Covid-19**
- GED Program**
- |                           |           |
|---------------------------|-----------|
| Number of GED Slots       | <u>12</u> |
| Number of Participants    | <u>0</u>  |
| YTD Number of Completions | <u>0</u>  |
- V-B-001 Releasing Offenders - Compliant**  
Offenders are released with property and identification that was collected upon intake. Offenders are also released with prescribed medications.
- V-B-010 Proposed Expansions - Compliant**  
No proposed expansions at this time.
- V-C-001 Substance Abuse Programs - Compliant**  
Has policies in place, cannot find volunteers to come in and teach with COVID.

**V-C-002 Reentry Programs - Compliant** (Are offenders releasing with two valid forms of identification?)  
Offenders are releasing with two valid forms of identification.

**V-C-004 Parole Board Procedures - Compliant**

**VI-B-002 Grievance Process**

- *Does grievance process include at least two levels of review? Yes*
- *Who is the designee at each level of review? Level 1 the Sergeant in the Area, Level 2 the Supervisor on Shift, if there needs to be Level 3 sent to Administration*
- *What is the specified time period for response at each level? 72 hours*

**VII-A-002 Weapons Training - Compliant**

Deputies are POST certified and receive appropriate training regarding the use of handling and retention of weapons.

**VII-B-008 Monthly Reporting - Compliant**

All monthly reporting is completed accurately and in a timely manner.

**STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:**

Staff overall morale was good and seem to be working together towards common goals. All employees conducted themselves professionally and respectfully

**OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:**

No complaints made by any offender during the walk through.

**RECOMMENDATION:**

At this time, continued annual monitoring visits are recommended.

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

**Detention or Incarceration  
Notice of Violations**

Routine/Renewal

Permit Number 48-02-224	Permit Name Sherman R. Walker Correctional Center-224		
Name of Establishment Sherman R. Walker Correctional Center-224		Owner Name	
Address 100 Deputy DR LaPlace, LA 70068		Date 06/11/2021	Time 10:35 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
Building Requirement	101	5 - The floors are not smooth and easily cleanable. MISSING FLOOR TILES IN 100-600 DORM SHOWER AREAS [Repeat]
Building Requirement	101	6 - The ceilings are not in good repair. 1. MISSING WALL TILES NOTED IN 100-500 DORM SHOWER AREAS 2. STAINED CEILING TILES NOTED THROUGHOUT ESTABLISHMENT [Repeat]
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair. PARTIALLY CLOGGED DRAIN NOTED AT HANDWASHING SINK IN 200 DORM [Repeat]

**Comments:**

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY GORDON JEFFCOAT, WARDEN

COPY OF REPORT EMAILED TO [g.jeffcoat@stjohnsheriff.org](mailto:g.jeffcoat@stjohnsheriff.org)

Number Licensed For	Number in Attendance	License Anniversary
	68	06/30/2021
Sanitarian Name/Print Jamey Bailey	Phone # (985)536-3535	Sanitarian Signature  R.S. # 1334

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  
GORDON JEFFCOAT-WARDEN





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-21-007550-1

No Deficient/Cautionary Codes cited.

Location Information			
Inspection Type	Compliance Building Inspection	Inspection Date	10/13/2021 9:35:57 AM
Structure ID	72158	No. of Buildings	1
Capacity	312	Facility Code	J365
		Year Built	1996
		Construction Type	Type I (442)
Building/Trade Name		Address	
SHERMAN WALKER CORRECTION CENTER		100 DEPUTY DRIVE, LA PLACE, LA 70068	
Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	SAINT JOHN THE BAPTIST PARISH LAW		TERESA.BROWNING@STJOHNSHERIFF.ORG
Address			
POST OFFICE BOX 1600, LA PLACE, LA 70069			
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 5		
Comments			
ANNUAL INSPECTION NO APPARENT DEFICIENCIES WERE NOTED AT THE TIME OF INSPECTION ACCEPTABLE FOR CERTIFICATION AND LICENSING			
Inspector Information			
Name: Lance Chauvin	Badge Number: 642	Inspector Signature: <i>Lance Chauvin</i>	
Person to whom requirements were explained			
Name:	Title:	Signature:	

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

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.

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

**Retail Food  
Notice of Violations**

Routine/Renewal

Permit Number 48-0001344-1	Permit Name SHERMAN R WALKER CORRECTIONAL CTR JAIL CAFETERIA	
Name of Establishment SHERMAN R WALKER CORRECTIONAL CTR	Owner Name SAINT JOHN PARISH SHERIFF'S DEPT	
Address 100 DEPUTY DR LAPLACE, LA 70068	Date 10/01/2021	Time 12:05 PM

**LAC TITLE 51 PART XXIII**

**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
TOILETS/HAND WASH FACILITIES	3109	94 - 3109.5 - Soap and/or paper towels are not provided for use at the hand wash lavatory. HAND TOWELS NOT PROVIDED IN DISPENSER [Repeat]


**Comments:**

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY GORDON JEFFCOAT, WARDEN

COPY OF REPORT EMAILED TO [g.jeffcoat@stjohnsheriff.org](mailto:g.jeffcoat@stjohnsheriff.org)

**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 Jamey Bailey	Phone # (985)536-3535	Sanitarian Signature 	R.S. # 1334
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 GORDON JEFFCOAT-WARDEN		Signature of Recipient 