

Department of Public Safety & Corrections  
State of Louisiana



JOHN BEL EDWARDS  
GOVERNOR

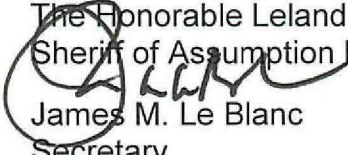


JAMES M. LE BLANC  
SECRETARY

June 20, 2022

**MEMORANDUM**

**TO:** The Honorable Leland Falcon  
Sheriff of Assumption Parish

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

**RE:** "Basic Jail Guidelines" Monitoring Report

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) annual inspection that was conducted at Assumption Parish Jail on April 20, 2022. The facility continues to provide a secure, safe, and stable environment for DOC offenders in their custody. However, DPS&C would like to encourage full compliance with BJJG II-A-018 "Offender Drug Testing." At this time we will continue with annual monitoring visits.

Thank you for your support of the BJJG process.

JML/mw

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association  
Shawanda Lemon, Warden, Assumption Parish Jail  
Seth Smith, Chief of Operations  
Kirt Guerin, Warden EHCC  
Aaron Hooper, BJJG Team Leader



# BJG MONITORING REPORT

  X   Annual,      Semi-Annual,      Quarterly,      Monthly, or      Recert with Waiver

Rev. 03/22/2022 mw

**Facility Name:** Assumption Parish Jail  
**BJG Team Leader & Monitors:** Aaron Hooper, BJB Team Leader  
**Facility Warden & Email Address:** Warden Shawanda Lemon *Slemon@assumptionsheriff.com*  
**Facility Staff:** Asst. Warden Conrad Lewis  
**BJG Inspection Date:** April 20, 2022  
**Previous BJB Inspection Date:** April 27, 2021  
**Operational Capacity:** 125  
**Count on Day of Visit:** 115

**Concerns or Issues from the previous BJB Monitoring Inspection:**

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	36	0	36
Number of Local Offenders	78	1	79
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>	114	1	115

**Number of DOC Offenders that are:**

Single Bunked           0            
Double Bunked          36           
Triple Bunked          0           
**Total**          36         

**Number of DOC Offenders that are in Restricted Housing:**

Single Bunked          0           
Double Bunked          3           
Triple Bunked          0           
**Total**          3

**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
April 2021	1	0	2	1
May 2021	3	0	0	0
June2021	2	1	0	0
July 2021	0	0	0	0
August 2021	2	0	0	0
September2021	0	0	0	0
October 2021	1	0	0	0
November 2021	1	1	0	0
December 2021	0	0	0	0
January 2022	0	0	0	0
February 2022	1	0	1	0
March 2022	1	0	1	0

**SEIZURE FINDINGS:** (Please list monthly since the previous BJJ monitoring visit.)

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
April 2021	0	0	0	0	29
May 2021	0	0	0	0	21
June2021	0	0	0	0	30
July 2021	0	0	0	0	18
August 2021	0	0	0	0	43
September2021	0	0	0	0	31
October 2021	0	0	0	0	27
November 2021	0	0	0	0	71
December 2021	0	0	0	0	24
January 2022	0	0	0	0	52
February 2022	0	0	0	0	13
March 2022	0	0	0	0	13

**GENERAL APPERANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:****Living Area:**

Overall the living areas were found to be clean and organized

- **Dorms** - Dorm areas were in order and spaced out. Offenders' property was stored in lockers next to the beds.
- **Cell Block** – Cell block areas clean and odor free.

**Culinary/Dining:**

The tools and sharp objects were controlled on an inventoried locked shadow board. Cooler and freezer were found in good order with temperature log checks documented. Sample trays were labeled and kept from the last 72 hours. Dry storage had items labeled and stored 6" off the ground.

**Bathrooms:**

Bathrooms are clean and in order, contained hand soap and paper towels.

**Yard Areas:**

Documentation provided showed that recreation was occurring on a regular basis - three times 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. All deficient items on FM and DHH reports were corrected by this inspection.

**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 around the facility.

**II-A-007      Counts:** Compliant

- How many formal counts are conducted each shift? **There are three formal counts. One at morning shift change, one at noon and one evening shift change.**
- How many counts are conducted each day? **Six**
- **Stick outs counts** 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 in to the main control on the offenders that or working on outside work crews every 4 hours.**
  - 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 charges. The classification process is suggested by administration and signed off by Warden**
- 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
April 2021	14	30	46%	3 (THC)
May 2021	10	32	31%	0
June2021	6	32	18%	0
July 2021	5	34	14%	0
August 2021	1	30	3%	0
September2021	28	43	30%	1(THC)
October 2021	0	29	0%	0
November 2021	0	30	0%	0
December 2021	7	28	25%	1(THC)
January 2022	14	28	50%	0
February 2022	3	30	10%	1(THC)
March 2022	3	30	10%	1(THC)

**II-A-019 Offender Transfers:** Compliant - Policy and procedure are in place.

**II-A-020 Frequency of Cell Checks:** Compliant - Policy and procedure are in place.

**II-B-002-1 Use of Restraints for Pregnant Offenders:** Compliant - Policy and procedure are in place.

**II-C-001 Procedures for Searches:** Compliant - The facility conducts visual body searches on all offenders upon intake and when offenders return to the facility. Pat searches are conducted on all visitors. The facility keeps detailed shakedown logs. 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.

**III-A-001 Rules and Discipline:** Compliant

- Does the facility's offender orientation include the application process for applying for restoration of good time? **Yes**
- What is their restoration of good time application process for the offender population? **Offenders are provided applications upon request. Once the application has been completed, it is forwarded to Headquarters for further handling.**
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? **Yes**

**IV-C-001 Access to Care/Clinical Services:** (Does the facility charge a co-payment? If so, approved by DPS&C?) **Compliant-Offenders receive a facility handbook upon admissions that contains all necessary information on assessing health care and the co-pay requirements. There is a \$5 co-pay. The co-pays are approved by DPS&C.**

**IV-C-006-1 Pregnancy Management:** Compliant 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. Once completed they are emailed straight to the medical department. Health care staff is the only ones who retrieve them. 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-Friday from 6am-6pm and also 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

**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 on 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? **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**

**V-A-003**      **Programs and Services:** Compliant  
List all Certified Treatment Programs (Attach Form IS-B-8-b)  
    FDIC Money Smart for Young Adults  
    GED  
    Partners in Parenting  
    Thinking for a Change  
    Understanding and Reducing Angry Feelings  
    Louisiana Risk Management Phase 1 and Phase 2

- List all other Offender Programs  
    AA  
    Faith Based Programs

**V-A-003-1**    **Educational Programming:** Compliant

**GED Program**

Number of GED Slots	<u>7</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 released with two forms of identification.
- V-B-010**      **Proposed Expansions:** Compliant no expansions at this time
- V-C-001**      **Substance Abuse Programs:** Compliant
- V-C-002**      **Reentry Programs:** (Are offenders releasing with two valid forms of identification?) Compliant - 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?
  - 1<sup>st</sup> level -Adm. Staff and Shift Supervisors**
  - 2<sup>nd</sup> level –Assistant Warden & Nurse**
  - 3<sup>rd</sup> level – Warden and /or Sheriff**

What is the specified time period for response at each level?

- 1<sup>st</sup> level 15 days**
- 2<sup>nd</sup> level 25 days**
- 3<sup>rd</sup> level 40 days**

- VII-A-002**      **Weapons Training:** Compliant  
Deputies are POST certified and receive appropriate training regarding the use handling and retention weapons.
- VII-B-008**      **Monthly Reporting:** Compliant

**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 were made by any offender during the walk through. I talked to the offenders working in the Kitchen and Laundry also in the trustee dorm. None of the offenders had any complaints about working in the kitchen, laundry or being at the facility.

**RECOMMENDATION:**

**II-A-018**      **Offender Drug Testing** – Three months the required 5% of the DOC population was not done. August 2021, October 2021, November 2021.

At this time, 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 04-01-224	Permit Name Assumption Parish Detention Center-224	
Name of Establishment Assumption Parish Detention Center-224		Owner Name
Address 233 Highway 1008 Napolconville, LA 70390		Date 06/24/2021
		Time 02 05 PM

**LAC TITLE 51 PART XVIII**

**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
Handwashing Lavatories	101	12 - *There is no hot water at the hand lavatory T3 AND F1

**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
Mattresses and Pillows	103	49 - The mattresses are cracked and in poor condition T1 AND C5 [COS][Repeat]

**Comments:**

The follow up inspection date has been extended as authorized by Sanitarian Supervisor, Lauren Comeaux. Verbal acknowledgement of inspection report provided by Copy of inspection report emailed to rodrigue@assumptionsheriff.com.

Number Licensed For 125	Number in Attendance 99	License Anniversary 04.30.2021
Sanitarian Name/Print Lindsey Tolouds	Phone # (985)447-0954	Sanitarian Signature <i>Lindsey Tolouds</i>
		R.S. # 3055

The above mentioned violations were called to my attention and were explained to me in detail I hereby agree to

Correct Critical Violations by 06/29.2021

Correct Non-Critical Violations by 06.29.2021

Signature of Recipient

Name/Title  
Roland Rodrigue - Warden





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

**Retail Food  
Notice of Violations**

Routine Renewal

Permit Number 04-0001012-1	Permit Name ASSUMPTION PARISH DETENTION CTR Jail Cafeteria		
Name of Establishment ASSUMPTION PARISH DETENTION CTR		Owner Name ASSUMPTION PARISH SHERIFF'S OFFICE	
Address 233 HIGHWAY 1008 NAPOLEONVILLE, LA 70390		Date 12/21/2021	Time 10:00 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 SAFETY CERTIFICATION	305	23 - 305 - A current state food safety certificate is not held by the owner or a designated employee of the establishment.

**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 - 3109.1 - Hand wash lavatory is not accessible. [COS]

**Comments:**

A copy of inspection report emailed to [connieharvey001@gmail.com](mailto:connieharvey001@gmail.com) and [rrodrique@assumptionsheriff.com](mailto:rrodrique@assumptionsheriff.com).

**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 facility 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. Facilities 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 Kourtney Signater	Phone # 985-369-3565	Sanitarian Signature /s/	R.S. #
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The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to  
 Correct Critical Violations by 03 21/2022  
 Correct Non-Critical Violations by  
 Signature of Recipient

Name Title  
Connie Harvey - Manager



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

**Retail Food  
Notice of Violations**

Routine/Renewal

Permit Number 04-0001012-1	Permit Name ASSUMPTION PARISH DETENTION CTR Jail Cafeteria		
Name of Establishment ASSUMPTION PARISH DETENTION CTR		Owner Name ASSUMPTION PARISH SHERIFF'S OFFICE	
Address 233 HIGHWAY 1008 NAPOLEONVILLE, LA 70390		Date 12/21/2021	Time 10:00 AM

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**Comments:**

A copy of inspection report emailed to connieharvey001@gmail.com and rrodrigue@assumptionsheriff.com.

**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 Kourtney Signater	Phone # 985-369-3565	Sanitarian Signature 	RS #
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The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to

Correct Critical Violations by 03/21/2022

Correct Non-Critical Violations by

Signature of Recipient

Name/Title  
Connie Harvey - Manager

Louisiana Department of Health / Office of Public Health

628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

ANNUAL

Print Date 05/03/2021

Expires on 06/30/2022

Type of Operation:

2021 PERMIT TO OPERATE 2022

Description:

PERMIT NUMBER

04-0001012-1

Retail Food

Permanent Food Service Establishment

This is to certify that the below named owner and establishment name and location has duly registered with the Louisiana Department of Health in accordance with the Sanitary Code of Louisiana, and is hereby given permission to operate.

Permit to Operate is not transferable: New Owner and/or New Location requires a new permit.

Permit to Operate remains the property of the Louisiana Department of Health, Office of Public Health, and may be revoked or suspended for failure to comply with provisions of the State Sanitary Code or other applicable laws and/or regulations.

ISSUED TO/NOT TRANSFERABLE

ASSUMPTION PARISH SHERIFF'S OFFICE
PO BOX 69
NAPOLEONVILLE LA 70390

ASSUMPTION PARISH DETENTION CTR Jail Cafeteria
233 HIGHWAY 1008
NAPOLEONVILLE LA 70390

JOSEPH KANTER, M.D.
STATE HEALTH OFFICER

ANNUAL

Print Date 05/03/2021

Expires on 06/30/2022

Type of Operation:

Louisiana Department of Health / Office of Public Health

628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

2021 PERMIT TO OPERATE 2022

Description:

PERMIT NUMBER:

04-0001012-1

Retail Food

Permanent Food Service Establishment

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ISSUED TO/NOT TRANSFERABLE

ASSUMPTION PARISH SHERIFF'S OFFICE
PO BOX 69
NAPOLEONVILLE LA 70390

ASSUMPTION PARISH DETENTION CTR Jail Cafeteria
233 HIGHWAY 1008
NAPOLEONVILLE LA 70390

JOSEPH KANTER, M.D.
STATE HEALTH OFFICER

DUPLICATE

FOR YOUR INFORMATION Please post in a conspicuous place.

It is the responsibility of the permit holder to notify the appropriate Parish/Parish Manager of any changes regarding the above permitted establishment.

Please include the permit number of the establishment with any and all correspondence.