

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANC
SECRETARY

JML

August 25, 2022

MEMORANDUM

TO: The Honorable Gary Gilley
Sheriff of Richland Parish

FROM: James M. Le Blanc
Secretary

RE: "Basic Jail Guidelines" Monitoring Report

This is to advise that pursuant to the attached monitoring report concerning Richland Parish Detention Center, DPS&C is recertifying this facility in compliance with the "Basic Jail Guidelines" with annual monitoring.

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

JML/mwk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Tyler Wade, Warden, Richland Parish Detention Center
Seth Smith, Chief of Operations
Jerry Goodwin, Warden, DWCC
James Arnold, BJC 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. Le Blanc, Secretary, do hereby recognize

Richland Parish Detention Center
in acknowledgement of

Continued Compliance with the Basic Jail Guidelines Process

Therefore, I have hereunto 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 12th day of September
in the year of our Lord 2022



Attest


Secretary



BJG RECERTIFICATION REPORT

Rev. 03/22/2022 mw

Facility Name: Richland Parish Detention Center
BJG Team Leader & Monitors: Colonel James Arnold, BJB Team Leader.
Asst. Warden Tyrone Mays, Team Member
Facility Warden & Email Address: Tyler Wade, twade@richlandso.org
Facility Staff: Warden Tyler Wade
BJG Inspection Date: July 12, 2022
Previous BJB Inspection Date: August 7, 2019
Operational Capacity: 782
Count on Day of Visit: 657

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

Concerns or Issues from the previous BJB Monitoring Inspection:

| | # MALE | # FEMALE | TOTAL |
|----------------------------------|------------|-----------|------------|
| Number of DOC Offenders | 549 | 4 | 553 |
| Number of Local Offenders | 88 | 16 | 104 |
| Number of Out of State Offenders | 0 | 0 | 0 |
| Number of Federal Offenders | 0 | 0 | 0 |
| Number of ICE Detainees | 0 | 0 | 0 |
| TOTAL | 637 | 20 | 657 |

Number of DOC Offenders that are:

Single Bunked 192
Double Bunked 197
Triple Bunked 145
Total **534**

Number of DOC Offenders that are in Restricted Housing:

Single Bunked 11
Double Bunked 8
Triple Bunked 0
Total **19**

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 2021 | 0 | 0 | 0 | 0 |
| July 2021 | 3 | 0 | 0 | 0 |
| Aug 2021 | 15 | 0 | 0 | 0 |
| Sep 2021 | 4 | 0 | 0 | 0 |
| Oct 2021 | 4 | 0 | 0 | 0 |
| Nov 2021 | 5 | 1 | 0 | 0 |
| Dec 2021 | 10 | 1 | 0 | 0 |
| Jan 2022 | 4 | 0 | 0 | 0 |
| Feb 2022 | 6 | 0 | 0 | 0 |
| Mar 2022 | 5 | 0 | 0 | 0 |
| April 2022 | 3 | 0 | 0 | 0 |
| May 2022 | 12 | 0 | 0 | 0 |

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

| Month/Year | Illicit Substance | Alcohol | Weapon | Cell Phone | Other |
|------------|-------------------|---------|--------|------------|-------|
| June 2021 | 3 | 0 | 3 | 1 | 3 |
| July 2021 | 7 | 0 | 3 | 5 | 8 |
| Aug 2021 | 3 | 0 | 3 | 2 | 9 |
| Sep 2021 | 5 | 0 | 2 | 1 | 0 |
| Oct 2021 | 3 | 0 | 3 | 6 | 20 |
| Nov 2021 | 2 | 0 | 4 | 2 | 8 |
| Dec 2021 | 0 | 0 | 4 | 1 | 15 |
| Jan 2022 | 1 | 0 | 1 | 1 | 7 |
| Feb 2022 | 3 | 0 | 2 | 2 | 9 |
| Mar 2022 | 2 | 0 | 2 | 1 | 5 |
| April 2022 | 2 | 0 | 0 | 2 | 7 |
| May 2022 | 0 | 0 | 3 | 0 | 6 |

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area: The living areas were found to be clean and orderly.

- **Dorms** – Bulletin boards and kiosk are in each dorm for information on facility rules, DPS&C rulebook, menus and offenders programming. Showers did need to be cleaned, this was address with the Warden during the inspection. No concerns regarding safety or security were noted. Offender property was neatly stored in their assigned locker.
- **Cell Block** - The cells were clean and minimal property was noted. The offenders voiced no negative comments regarding the facility or their place of confinement.

Culinary/Dining: Offenders are receiving a medical pre-assessment prior to their assignment to the kitchen. Tool inventories were reviewed and found to have an accurate inventories and check-out system in place. Food storage area are in order with temperature logs being maintained. Offenders made no complaints regarding the quality/quantity of their food.

Bathrooms: Other than the showers needed to be cleaned the bathrooms were found to be in good working order.

Yard Areas: The exercise areas for offenders were found to be free of debris and sufficient for offender recreation.

Maintenance: Tools and chemicals in their area were reviewed and found to have an accurate account of tools with a check-out system in place. Work orders are utilized for immediate repairs.

COUNTS: Compliant

- How many formal counts are conducted each shift? 3 on day shift, 4 on night shift.
- How many counts are conducted each day? 7
- **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? Staff conducts visual counts according to policy.
 - Does this process insure accountability and safe/secure operation of the facility? YES

CLASSIFICATION SYSTEM: Compliant

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? The screening process includes all related checks used by DPS&C. Classification staff screens for trustee and their recommendations are sent to the Warden for his review and approval.
- Does their classification process meet DPS&C, Corrections Services' criteria? YES

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

| Month/Year | # DOC Tested | Total DOC Pop | % Tested | # Positive |
|------------|--------------|---------------|----------|------------|
| June 2021 | 133 | 565 | 24% | 2 |
| July 2021 | 65 | 576 | 11% | 7 |
| Aug 2021 | 38 | 575 | 7% | 0 |
| Sep 2021 | 160 | 540 | 30% | 4 |
| Oct 2021 | 130 | 554 | 24% | 4 |
| Nov 2021 | 108 | 509 | 21% | 8 |
| Dec 2021 | 30 | 561 | 5% | 1 |
| Jan 2022 | 152 | 560 | 27% | 2 |
| Feb 2022 | 61 | 533 | 11% | 3 |
| Mar 2022 | 75 | 537 | 14% | 2 |
| April 2022 | 145 | 459 | 32% | 4 |
| May 2022 | 84 | 536 | 16% | 2 |

RULES AND DISCIPLINE: Compliant

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? Classification works with the offender on the forms and forms are forwarded to the Warden for his review and then it is forwarded to DWCC.
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria?
YES

BJG AUTOMATED MONTHLY REPORTING REVIEW: Compliant

Has the facility been inputting the correct info timely? YES

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

OFFENDER PROGRAMS: Compliant

GED Program

| | |
|---------------------------|-----------|
| Number of GED Slots | <u>30</u> |
| Number of Participants | <u>16</u> |
| YTD Number of Completions | <u>9</u> |

LIST ALL CERTIFIED TREATMENT PROGRAMS: (Attach Form IS-B-8-b)

Celebrate Recovery
 Thinking for a Change
 Understanding & Reducing Angry Feelings
 NCCER
 HI-SET
 Risk Management: Mind Altering Substance Treatment
 Ashland University
 Inside & Out Dads

LIST ALL OTHER OFFENDER PROGRAMS:

AA/NA
 Religious Programming

GRIEVANCE PROCESS:

- Does grievance process include two levels of review? YES
- Who are the designees at each level? 1st level Sgt. Rebecca Shaw, 2nd level Warden
- What is the specified time period for response at each level? 1st level is 10 days and 2nd level is 15 days

PREA COMPLIANCE:

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

- Is this facility PREA compliant? (Yes or No) No, Warden Wade states audit is in 2023 just haven't received a date yet.
 - 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?

OTHER:

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff morale was deemed as high as staff members displayed a professional demeanor and eager to assist with questions and gathering needed documentation. Staff was appropriately dressed and wore their name tag on their person.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

The offender morale and quality of life is deemed as good. The team spoke with several offenders throughout the facility and no significant complaints regarding their confinement was noted. Offenders are afforded the opportunity to participate in several CTRP and educational programming.

RECOMMENDATION:

Warden Wade and his staff are committed to maintaining compliance with BJJ guidelines and providing a safe, secure and stable environment for the offenders in their custody. Based on the walk-through of the facility and review of the Basic Jail Guidelines files, it is recommended that Richland Parish Detention Center receive full recertification with annual monitoring.



| | | | |
|---|--|---|-----------------|
| Facility: Richland Parish Detention Center | | Date Conducted: July 12, 2022 | |
| Monitors: Colonel James Arnold - BJG TEAM Leader, Asst. Warden Tyrone Mays 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: <ul style="list-style-type: none"> ●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. | | Compliant. Weekly and monthly inspections are on file to promote compliance. Last DHH retail food service inspection was on 5-18-22. Last DHH Incarceration inspection was on 5-18-22. Last Fire Marshal inspection was on 12-22-21. | |
| Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports | | | |
| 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. Contract on file for Waste Management and Green Serv for medical waste. | |
| 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 | | | |
| 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. Facility was clean and in good repair. Staff completes a daily inspection checklist to ensure cleanliness. Deep cleaning is completed every Wednesday in each housing unit. | |
| 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 | | | |
| B. VEHICLE SAFETY | | | |



| References: Dept. Reg. C-03-003/OP-A-3 | Findings | Response |
|--|---|----------|
| <p>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)</p> | <p>Compliant. Approved funeral and Medical trips are on file.</p> | |
| <p>C. EMERGENCY PREPAREDNESS/RESPONSE</p> | | |
| 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 |
| <p>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 Visual Inspection: training records, facility logs, documentation of approval of plan, documentation of annual review, documentation of staff receipt, training on the plan</p> | <p>Compliant. The facility emergency plan was on file and training was conducted with staff.</p> | |
| | Findings | Response |
| <p>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</p> | <p>Compliant. Exits are properly marked and clear from obstruction.</p> | |
| <p>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</p> | <p>Compliant. Last Fire Marshal inspection was on 12-22-21.</p> | |



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| <p>I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements.</p> <p>Visual Inspection: Specifications for all furnishings.</p> | <p>Compliant. Specifications of all furnishing meets fire safety requirements.</p> | |
| <p>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.</p> <p>Visual Inspection: Staff training records, offender training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.</p> | <p>Compliant. A written policy and procedure is in place. Inventories and checkout system are in place for all flammable, toxic and caustic materials.</p> | |
| <p>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.</p> <p>Visual Inspection: facility count sheets</p> | <p>Compliant. Operational Capacity is 782 and day of inspection offender count was 657.</p> | |

| PART II - SECURITY | | |
|---|--|------------------------|
| A. PROTECTION FROM HARM | | |
| <p>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</p> | <p>Findings</p> | <p>Response</p> |
| <p>II-A-001 Control There is 24-hour monitoring and coordinating of the facility's security, life safety, and communications systems.</p> <p>Visual Inspection: facility records/logs, maintenance records, records of staff deployment</p> | <p>Compliant.</p> | |
| <p>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.</p> <p>Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls</p> | <p>Compliant. Per policy security performs perimeter checks each shift. Documentation reflects this practice.</p> | |
| <p>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 BJJG.</p> | <p>Compliant. Sufficient staff was on duty to promote good correctional practices. There are 4 shifts and each has 2 Lieutenants and 5 correctional officers.</p> | |



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| <p>Visual Inspection: records of staff deployment, facility logs, documentation of annual review of staffing analysis and plan</p> | | |
| <p>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</p> | <p>Compliant.</p> | |
| <p>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</p> | <p>Compliant. A written policy and procedure is in place.</p> | |
| <p>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.) Visual Inspection: copies of log book, records of staff deployment</p> | <p>Compliant. Copies of the log books were on file to show compliance with each item in the guideline.</p> | |

| | 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. Seven formal counts are conducted in a 24hr period, 3 on day shift and 4 on the night 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.</p> | <p>Compliant. Forms are on file.</p> | |



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| <p>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.</p> <ol style="list-style-type: none"> 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) <p>Visual Inspection: completed forms, reports, offender record</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.</p> <p>Visual Inspection: Completed Admission forms, facility logs.</p> | <p>Compliant. All transfers of DPS&C offenders are reported to Adult Services. Facility does not house any out of state offenders.</p> | |
| <p>II-A-010 Admissions Admission processes for a newly admitted offender include, but are not limited to:</p> <ul style="list-style-type: none"> ●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, special requirements and submitting grievances. <p>Visual Inspection: intake and admission forms, screening forms, inventory form, receipt form</p> | <p>Compliant. A written policy is in place for admission process. Documentation on file reflects the facility meets each item listed in the guideline.</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.</p> <p>Visual Inspection: offender record, submittal to chief of operations of out-of-state offenders to be housed at the facility, release/transfer</p> | <p>Compliant. Facility does not house out of state offenders.</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. A policy is in place. The policy details criteria for trustee status.</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. Facility does not house youthful offenders.</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.</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. All offenders have photo ID.</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.</p> | |



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|--|--------------------------|------------------------|
| <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.</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 LocalJailTranfers@la.gov. Offenders should not be transferred to other than DPS&C facilities within 60 days of release, unless for disciplinary reasons. 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</p> <p>Visual Inspection: facility logs, documentation of transfers of DPS&C offenders to other than DPS&C facilities</p> | <p>Compliant.</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>B. USE OF PHYSICAL FORCE</p> | | |
| <p>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>Findings</p> | <p>Response</p> |



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| <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. Written policy and procedures are in place. Documentation on file to show staff receives training on use of force.</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; <p>Visual Inspection: facility records, logs</p> | <p>Compliant. Written policy and procedures are in place. Restraints are mainly used to prevent self injury, injury to others or damage to property. Restraints are not applied for more than necessary.</p> | |

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| <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 LCIW unless there are compelling grounds to believe that the offender presents either of the following: <ol style="list-style-type: none"> a) An immediate and serious threat of physical harm to herself, staff, or others; b) A substantial flight risk and the offender cannot be reasonable 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>Compliant. Written policy and procedures are in place.</p> | |
| <p>Visual Inspection: facility records, logs</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 | <p>Compliant. All staff receive training in the use of firearms. There are no firearms at the facility but a secure locker is in place outside the secure perimeter of the facility.</p> | |
| <p>Visual Inspection: training records, safety regulation and inspection reports, photos of equipment used for unloading and reloading</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 <p>Visual Inspection: completed reports, facility records and logs</p> | <p>Compliant.</p> | |

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| C. CONTRABAND/SEARCHES | | |
| References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. C-02-003/OP-A-8 | Findings | Response |



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| <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. Procedures are in place for searches of the facility and of offenders.</p> | |
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| D. ACCESS TO KEYS, TOOLS, UTENSILS | | |
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| References: ACA CJS 1-2D-01 | Findings | Response |
| <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. A written policy is in place to ensure accountability of all keys, tools, culinary and medical equipment. Inventories were checked and a good checkout system was in place.</p> | |

| PART III - ORDER | | |
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| 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 | Findings | Response |
| <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> <p>●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.</p> <p>The offender must sign and date a statement relayed in receipt of this information</p> <p>Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation</p> | <p>Compliant. Each offender is provided a DPS&C rule book and the facility rules and regulations during orientation. Offenders are advised by medical on how to access medical care. Compliant.</p> | |

| PART IV - CARE | | |
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| A. FOOD SERVICES | | |
| References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04, 1-4A-06, Dept. Reg. C-06-001/IS-C-1 | Findings | Response |
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| <p>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.</p> <p>Visual Inspection: DHH inspection reports, internal inspection reports</p> | <p>Compliant. Last DHH retail food inspection was on 5-18-22.</p> | |
| <p>IV-A-002 Food Service Facilities Toilet and hand basin facilities are available to food service personnel in the food preparation area.</p> <p>Visual Inspection: DHH inspection reports, photos</p> | <p>Compliant. Toilets and hand basins are available to food service personal.</p> | |
| <p>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.</p> <p>Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations</p> | <p>Compliant. The facility dietary allowance are reviewed annually by a Certified Dietary Manager Heather White. A tray is provided for each hot meal.</p> | |
| <p>IV-A-004 Records of Meals Served Written policy, procedure, and practice require that accurate records are maintained of all meals served.</p> <p>Visual Inspection: facility logs</p> | <p>Compliant. Logs on file reflects accurate records are maintained of all meals served.</p> | |
| <p>IV-A-005 Denial of Food as Discipline Prohibited Written policy, procedure, and practice preclude the denial of food as a disciplinary measure.</p> <p>Visual Inspection: facility logs</p> | <p>Compliant. Facility logs reflects that food is not denied as a disciplinary measure.</p> | |
| <p>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.</p> <p>Visual Inspection: records of meals served and times served, facility logs</p> | <p>Compliant. Logs reveal that offenders are allowed ample time to eat. Breakfast is served at 3:30 am lunch is at 10:30 am and dinner is at 3:30 pm.</p> | |
| <p>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.</p> | <p>Compliant. Therapeutic diets are prescribed by medical personal. The Warden approves the religious diets.</p> | |



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| <p>Visual Inspection: health records, diet records or forms, documentation of warden's approval of religious diet</p> | | |
| <p>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.</p> | <p>Compliant. All offenders receive a pre-assignment inspection prior to being placed in food service.</p> | |
| <p>Visual Inspection: inspection reports, completed forms, documentation of daily monitoring for health and cleanliness</p> | | |

| <p>B. HYGIENE</p> | | |
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| <p>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</p> | <p>Findings</p> | <p>Response</p> |
| <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. Visual Inspection: maintenance records or reports, inspections, documentation of periodic measurement of water temperature, offender grievances</p> | <p>Compliant. Documentation on file of plumbing fixtures and work orders being completed as needed.</p> | |
| <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. Visual Inspection: maintenance records or reports, inspections</p> | <p>Compliant. Logs reflects the water temperatures for showers and is in the required range. Offenders have access to showers 24 hrs per day.</p> | |
| <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. Visual Inspection: documentation of clothing issue, documentation of cleaning and storage</p> | <p>Compliant. The facility provides adequate clothing as needed.</p> | |



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| <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>Compliant. The facility has a schedule in place for linen and towels exchange weekly. Offenders are provided adequate bedding as needed.</p> | |
| <p>Visual Inspection: documentation of issue and exchange</p> | | |
| <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>Compliant. Hygiene items are issued upon intake and distributed as needed.</p> | |
| <p>Visual Inspection: documentation that items are provided, list of items available</p> | | |

| <p>C. CONTINUUM OF HEALTH CARE SERVICES</p> | | |
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| <p>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-I-4</p> | <p>Findings</p> | <p>Response</p> |
| <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 <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 DPS&C. The requests shall be submitted by the facility staff using the software provided </p> | <p>Compliant. Offenders receive information on how to access health care services and co-pay upon orientation to the facility. Offenders are referred to Dr. Edward Hooten license # 3974 for their dental needs and Dr. Thomas Colvin MD license # 019854.</p> | |



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| <p>●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. Req. B-06-001 HC-02/IS-D-HCP14.</p> <p>●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> <p>Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule.</p> | | |
| <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> | <p>Compliant. Dr. Colvin provided a statement that the facility has adequate equipment and supplies for medical services.</p> | |

| | Findings | Response |
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| <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. Standing orders are on file and approved by Dr. Colvin. Current credentials are on file for DR. Colvin and RN Terri Klick.</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>Compliant. 2 supervisors per shift dispense medication to offenders as required. Medical provides annual training to security staff on administration of medication.</p> | |



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| <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>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>Compliant. Nursing staff provides coverage 40 hrs per week for the facility and on call 24 hrs per day. The facility also utilizes University Health in Monroe La.</p> | |
| <p>Visual Inspection: designated facility, provider lists, transportation logs</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; | <p>Compliant. Written policy and procedures are in place regarding the health screens of offenders in to the facility. Health screens meet all of the items required in the guidelines.</p> | |



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| <p>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.]</p> | | |
| <p>Visual Inspection: health records, completed screening form, transfer logs</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>Compliant. Written policy and procedures in place. All pregnant offenders have access to obstetrical services.</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> | | |
| | 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</p> <p>Visual Inspection: health records, clinic visit logs, documentation of waste pic up and/or cleaning logs</p> | <p>Compliant. Health records reviewed show that there is a plan in place to detect communicable diseases.</p> | |



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| <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. The facility conducts TB testing upon intake and annually for offenders at no cost.</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. Health records show that offenders with chronic issues receive continual care from DR. Colvin.</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</p> <p>Visual Inspection: health records, completed medication administration forms, inventories</p> | <p>Compliant. Completed and accurate inventories of pharmaceuticals are in place. Mars reveal the offenders are receiving medication as prescribed.</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 available in the control room and medical department as approved by DR. Colvin.</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:</p> <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. <p>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 have access to sick call 4 times per week.</p> | |



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| <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. Offenders are transferred to DPS&C if the care cannot be provided at the facility.</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 225-343-7340.</p> <p>Visual Inspection: health records, documentation of approval of DPS&C's Chief Nursing Officer</p> | <p>Policies and procedures are in place related to medical releases according to DPS&C guidelines. Documentation of any such occurrence is maintained.</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 annually 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. The written suicide prevention and intervention policy was approved by Dr. Colvin. Training is provided for new, part time and annual training.</p> | |
| | Findings | Response |



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| <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 BJJG I-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>Compliant. Written policy and procedure are in place governing notification of offenders death. There were no offenders death this year. In the event of offenders death DOC Form c-05-001-x will be used for notification purposes.</p> | |
| <p>Visual Inspection: notification, reporting requirements, report to DPS&C</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</p> | <p>Compliant. Policy and procedures are in place related to notification of family and visitation with an offenders admitted to ICU or the trauma center according to DPS&C guidelines. Documentation of any such occurrence is maintained.</p> | |
| <p>Visual Inspection: notification records</p> | | |

D. HEALTH SERVICES STAFF

| <p>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>Findings</p> | <p>Response</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. Dr. Colvin meets quarterly with the Warden and department heads.</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</p> <p>Visual Inspection: written policy and procedure</p> | <p>Compliant. Written policy and procedure are in place.</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. Job descriptions for health care staff are in place.</p> | |



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| <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. A completed Implied Consent form is on file. The medical file is maintained separately from case records.</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. Completed consent and refusal forms are on file.</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</p> <p>Visual Inspection: verification of training, records and certificates</p> | <p>Compliant. All staff receives CPR training. An AED is available and in good working order.</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. Dr. Colvin approved the policy for identifying and evaluating major risk management needs.</p> | |

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|--|------------------------|------------------------|
| <p>E. SEXUAL ASSAULT</p> | | |
| <p>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</p> | <p>Findings</p> | <p>Response</p> |



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| <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. 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-</p> <p>Visual Inspection: documentation of reports to DPS&C, investigative reports</p> | <p>Compliant. Written policy and procedures are in place. Staff has received training on PREA. Offenders receives PREA training during their orientation to the facility. PREA investigations are conducted according to DPS&C policy.</p> | |
|---|---|--|

PART V - OFFENDER PROGRAMS AND ACTIVITY

A. OFFENDER OPPORTUNITIES FOR IMPROVEMENT

References: ACA CJS 1-5A-01, Dept. Reg. B-08-004/PS-F-1

| Findings | Response |
|----------|----------|
|----------|----------|

V-A-001 Volunteers/Registration
There is an official registration and identification system for volunteers.

Visual Inspection: activity schedules, facility logs

Compliant. A schedule and log of volunteers entering the facility is on file.

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.

Visual Inspection: activity schedules, facility logs

Compliant. Schedule is posted in the dorms.

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. 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:

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 supervised by DPS&C staff.

Visual Inspection: activity schedules, facility logs

Compliant. GED/HISet programming is provided at the facility.



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| <p>V-A-003-1 Educational Programming The DPS&C and the facility encourage educational programming which includes: 1. Adult Basic Education and/or Literacy 2. Industry Based Certification Training 3. Pell-eligible Post-Secondary Training 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.</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-08-005/PS-E-1, B-08-013/PS-C-1, B-09-003/AM-C-2, C-01-012/PS-I-1, C-02-008/OP-C-9, C-02-009/OP-C-7 | Findings | Response |
| <p>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</p> <p>Visual Inspection: completed release forms and documents, facility records and logs, offender records</p> | <p>Compliant. Documentation on file shows that the facility is meeting the requirements of the guideline on their procedures for releasing offenders from the facility.</p> | |
| <p>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.</p> <p>Visual Inspection: activity schedule, facility logs</p> | <p>Compliant. Video visitation is held Monday thru Saturday. No contact visits.</p> | |
| <p>V-B-003 Library Services Written Reading materials shall be available to offenders on a reasonable basis.</p> | <p>Compliant. Reading materials are available to the offender population.</p> | |



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|--|---|-----------------|
| <p>Visual Inspection: activity schedule, facility logs</p> | | |
| <p>V-B-004 Religious Programs Written policy, procedure and practice define and provide reasonable offender opportunity for religious practice.</p> | <p>Compliant. Facility provides religious programming every week.</p> | |
| <p>Visual Inspection: documentation of offender religious activities, activity schedule</p> | | |
| <p>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</p> | <p>Compliant. Offenders have access to recreation daily with weather permitting.</p> | |
| <p>Visual Inspection: activity schedule, facility logs</p> | | |
| <p>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 Programs established by the DPS&C.</p> | <p>Compliant. Report on file.</p> | |
| <p>Visual Inspection: DPS&C monitoring report</p> | | |
| <p>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.</p> | <p>Compliant. Approval letter from the Secretary of DPS&C on file.</p> | |
| <p>Visual Inspection: approval for participation by the Secretary of DPS&C</p> | | |
| <p>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).</p> | <p>Compliant.</p> | |
| <p>Visual Inspection: offender voluntary participation, sheriff's approval of work program request, facility logs</p> | | |
| | 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>Compliant.</p> | |
| <p>Visual Inspection: approval of Chief of Operations</p> | | |



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|---|--|--|
| <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>Compliant. There are no current plans for expansions.</p> | |
| <p>Visual Inspection:</p> | | |
| <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>Compliant. Offenders are provided written notification when offender mail is rejected. Written policy and procedures are in place.</p> | |
| <p>Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail</p> | | |
| <p>V-B-012 Packages and Publications Written policy, procedure and practice govern offender access to publications and packages from outside sources.</p> | <p>Compliant.</p> | |
| <p>Visual Inspection:</p> | | |
| <p>Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail</p> | | |

| <p>C. REENTRY</p> | | |
|--|--|------------------------|
| <p>References: Dept. Regs. B-01-001/IS-B-6, B-01-002/BOP3, B-01-004/IS-B-7, B-06-001/HC-40/IS-D-HCP31</p> | <p>Findings</p> | <p>Response</p> |
| <p>V-C-001 Substance Abuse Programs The facility encourages offender participation in substance abuse programs when available.</p> | <p>Compliant. The facility offers a substance abuse class.</p> | |
| <p>Visual Inspection: facility log, activity schedule</p> | | |
| <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;</p> | <p>Compliant. Facility currently participates in the standardized Pre-Release Curriculum. Offenders are provided 2 forms of ID and referral to community service.</p> | |
| <p>Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan</p> | | |



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| <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 LOCALlarna@corrections.state.la.us or by fax to 225-342-0929 within the first two weeks of the month proceeding</p> <p>Visual Inspection: offender record, completed questionnaire</p> | <p>Compliant. Tiger is completed in a timely manner.</p> | |
| <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> | <p>Compliant. Documentation is on file. The Warden or his designee is present for parole boards.</p> | |

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> | <p>Compliant. Facility logs show that offenders have access to legal materials as needed.</p> | |
| <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> | <p>Compliant. Facility logs show that offenders have access to visits with attorney and attorney phone calls as needed.</p> | |
| <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> | <p>Compliant. Written policy and procedures are in place to ensure offenders are free from protection from abuse.</p> | |

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 |
|--|----------|----------|
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| <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. Written policy and procedures on file. Completed grievance on file.</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. Completed grievances on file. The facility has two levels of review. Classification officer and Warden.</p> | |

PART VII - ADMINISTRATION AND MANAGEMENT
A. RECRUITMENT, RETENTION AND PROMOTION

| <p>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</p> | <p>Findings</p> | <p>Response</p> |
|--|--|------------------------|
| <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: 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> <p>Visual Inspection: lesson plans, staff training records</p> | <p>Compliant. The training program includes orientation for all new employees prior to assuming their duties. Documentation reflects that staff have received the required annual training.</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. Training records were provided to reflect compliance.</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 |
| <p>VII-B-001 Authority There is a statute or constitutional provision authorizing the establishment of the local jail facility or its parent agency.</p> <p>Visual Inspection:</p> | <p>Compliant. A copy of the Louisiana Revised Statute is on file to reflect compliance.</p> | |
| <p>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.</p> <p>Visual Inspection: personnel or training records</p> | | |
| <p>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.</p> <p>Visual Inspection: annual audit</p> | <p>Compliant. Annual completed as required.</p> | |
| <p>VII-B-004 Facility Insurance Written policy, procedure and practice provide for comprehensive facility insurance coverage.</p> <p>Visual Inspection: insurance policy</p> | | |
| <p>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.</p> <p>Visual Inspection: offender records</p> | <p>Compliant. Facility has comprehensive insurance coverage through Traveler Casualty and Surety Company of America. Policy in file expires Nov. 2023.</p> | |
| <p>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.</p> <p>Visual Inspection: annual reviews, dissemination to staff</p> | | |
| <p>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.</p> | <p>Compliant.</p> | |



| | | |
|---|---|--|
| Visual Inspection: annual statement | | |
| 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. | Compliant. The facility submits their monthly reports in a timely manner for approval. | |
| Visual Inspection: monthly report | | |
| 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. | Compliant. Monthly staff meetings minutes are on file to show compliance. | |
| Visual Inspection: staff meeting minutes/notes | | |
| C. REASONABLE ACCOMMODATION | | |
| References: ACA CJS 1-7E-01 | | |
| 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. | Compliant. The facility is handicapped accessible by all staff and visitors. | |
| Visual Inspection: | | |

| INSPECTION REPORTS | | |
|---|---|--|
| DEPARTMENT | Deficiencies | Corrective Action Taken |
| Fire Marshall Date of Current Report: 12/22/21 Maximum Capacity: 782 | No deficiencies noted. | |
| DHH - Health Date of Current Report: 5/18/22 Maximum Capacity: 782 | There were several deficiencies noted. | All deficiencies were corrected (see attached). |
| DHH - Retail Food Date of Current Report: 5/18/22 | Deficiencies noted. | All deficiencies were corrected (see attached) |



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-21-035838-1

No Deficient/Cautionary Codes cited.

| Location Information | | | | | |
|---|---|------------------------------------|----------------------|-----------------------|------------------|
| Inspection Type | Compliance Building Inspection | | Inspection Date | 12/22/2021 2:50:47 PM | |
| Structure ID | 209533 | No. of Buildings | 5 | Facility Code | J371 |
| Capacity | | Year Built | 1996 | Construction Type | Type IIB / (000) |
| Building/Trade Name | | Address | | | |
| RICHLAND DETENTION CENTER | | 456 HIGHWAY 15, RAYVILLE, LA 71269 | | | |
| Owner Information | | | | | |
| Owner Type | Name | Contact Phone | Contact Email | | |
| Municipal Project | RICHLAND PARISH SHERIFF'S OFFICE | | TWADE@RICHLANDSO.ORG | | |
| Address | | | | | |
| 708 JULIA STREET, RAYVILLE, LA 71269 | | | | | |
| 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 | | | | | |
| NO APPARENT DEFICIENCIES AT TIME OF INSPECTION. ACCEPTABLE FOR OCCUPANCY AND USE. | | | | | |
| Inspector Information | | | | | |
| Name: Jason Armstrong | Badge Number: 658 | Inspector Signature: | | | |
| Person to whom requirements were explained | | | | | |
| Name: Tyler Wade | Title: Warden | 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 1960, 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.

Unit 1

Shannon



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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

| | | | |
|--|--|---|------------------|
| Permit Number 42-01-224 | Permit Name Richland Parish Detention Center Unit 1-224 | | |
| Name of Establishment Richland Parish Detention Center Unit 1-224 | | Owner Name RICHLAND PARISH DETENTION CENTERS | |
| Address 474 Highway 15 Rayville, LA 71269 | | Date 05/18/2022 | Time 11:00 AM |

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. CELL 1, 2, 3 C DORM-1 SINK |
| Handwashing Lavatories | 101 | 13 - *There is no cold water at the hand lavatory. CELL 6 |
| Toilet Facilities | 101 | 18 - *The toilets are in disrepair. C DORM-1 TOILET [Repeat] |
| Floor Space | 101 | 57 - *The inmate population exceeds the minimum floor space requirements. CELL 6 |

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 | 7 - There is peeling paint on the walls in the shower. C DORM, D DORM-SHOWER HAS BLACK RESIDUE |
| Handwashing Lavatories | 101 | 16 - The hand lavatory is in disrepair. CELL 6-RUNS CONSTANTLY |
| Approved Plumbing | 101 | 41 - Drinking fountain is in disrepair. E DORM |

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY: DON HOCUTT/DEPUTY
COPY OF REPORT EMAILED TO: TWADE@RICHLANDSO.ORG

THE FOLLOW-UP INSPECTION DATE WAS EXTENDED AS AUTHORIZED BY SANITARIAN SUPERVISOR.

| Number Licensed For | Number in Attendance | License Anniversary |
|---------------------------------------|-------------------------|--------------------------|
| 360 | 260 | 05/31/2022 |
| Sanitarian Name/Print Blake Bosely | Phone # 318-728-4441 | Sanitarian Signature |
| | | R.S. # 3233 |

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

Correct Critical Violations by 05/23/2022

Correct Non-Critical Violations by

Signature of Recipient

Name/Title
DON HOCUTT/DEPUTY



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

**Retail Food
Notice of Violations**

Routine/Renewal

| | | | |
|--|--|---|------------------|
| Permit Number 42-0001210-1 | Permit Name RICHLAND PARISH DETENTION CENTER UNIT 1 KITCHEN | | |
| Name of Establishment RICHLAND PARISH DETENTION CENTER UNIT 1 | | Owner Name RICHLAND PARISH DETENTION CENTERS | |
| Address 465 HIGHWAY 15 RAYVILLE, LA 71269 | | Date 05/18/2022 | Time 10:00 AM |

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 |
|--|----------------|--|
| UTENSILS/EQUIPMENT/SINGLE SERVICE | 2517 | 83 - 2517.5 - Clean equipment/utensils are not stored covered or inverted. [COS] |
| STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING | 3701 | 105 - 3701.6 - Floor is not maintained in good repair. [Repeat] |

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY:FRANK DEAR/ASSISTANT WARDEN
COPY OF REPORT EMAILED TO:TWADE@RICHLANDSO.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 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 Blake Bosely | Phone # 318-728-4441 | Sanitarian Signature | R.S. # 3233 |
|---------------------------------------|-------------------------|--------------------------|----------------|

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

FRANK DEAR/ASSISTANT WARDEN

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: UNIT ONE

COMPLETE DESCRIPTION OF REPAIR NEEDED:

There is No Hot Water at Hand
LAVATORY Cell 1-2-3 C-DORM

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

Adjusted WATER AT CELL 1 AND 2
Replaced SINK AT CELL 3
REPAIRED SINK IN C-DORM

COMPLETED BY: _____

B. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: UNIT ONE

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THERE IS NO COLD WATER AT HAND LAVATORY
CELL 6

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPLACED SINK AT CELL #6

COMPLETED BY: _____

S. Masley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: UNIT ONE

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THE TOILETS ARE IN DISREPAIR C-DORM
1 TOILET

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

UNPLUGGED TOILET

COMPLETED BY: _____

S. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: UNIT ONE

COMPLETE DESCRIPTION OF REPAIR NEEDED:

DRINKING FOUNTAIN IS IN DISREPAIR

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPLACED BUTTON ON FOUNTAIN

COMPLETED BY: _____

S. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): Health Department

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: Unit One

COMPLETE DESCRIPTION OF REPAIR NEEDED:

C-Dorm & D-Dorm peeling paint and residue.

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

Pressure washed showers
Removed residue with algicide

COMPLETED BY: Shannon Mosley

Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): DHH

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5/18/22

JOB LOCATION: Unit One

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Floor tile repair Request

DATE REPAIR COMPLETED: 5/23/22

REPAIR WORK COMPLETE BY MAINTENANCE:

Cleaned and replaced tile

COMPLETED BY: Shannon Mosley
Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

waif 2

*Shannon
Logy*



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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

| | | |
|--|--|------------------|
| Permit Number 42-02-224 | Permit Name Richland Parish Detention Center Unit 2-224 | |
| Name of Establishment Richland Parish Detention Center Unit 2-224 | Owner Name RICHLAND PARISH DETENTION CENTERS | |
| Address 456 Highway 15 Rayville, LA 71269 | Date 05/18/2022 | Time 10:30 AM |

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. CELL 13, 14, 20, 24, 25 H DORM-2 SINKS, F DORM-1 SINK |
| Handwashing Lavatories | 101 | 13 - *There is no cold water at the hand lavatory. CELL 14, 22 F DORM-1 SINK |
| Toilet Facilities | 101 | 18 - *The toilets are in disrepair. F DORM-2 TOILETS, G DORM-1 URINAL/1 TOILET, I DORM-1 URINAL |
| Approved Bathing Facilities | 101 | 21 - *There is no hot water at the shower. I DORM-1 SHOWER |
| Floor Space | 101 | 57 - *The inmate population exceeds the minimum floor space requirements. CELL 23 |

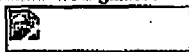
NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.

| Category | Code Reference | Description of Violations |
|------------------------------|----------------|--|
| Building Requirement | 101 | 7 - There is peeling paint on the walls in the shower. F DORM, G FORM, H DORM-SHOWER WALLS/FLOORS HAVE BLACK RESIDUE |
| Insect and Rodent Protection | 101 | 8 - All outer openings are not properly protected against the entrance of insects/rodents. BACK HALLWAY DOOR |
| Mattresses and Pillows | 103 | 49 - The mattresses are cracked and in poor condition. THROUGHOUT FACILITY [Repeat] |

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY:FRANK DEAR/ASSISTANT WARDEN
COPY OF REPORT EMAILED TO:TWADE@RICHLANDSO.ORG

THE FOLLOW-UP INSPECTION DATE WAS EXTENDED AS AUTHORIZED BY SANITARIAN SUPERVISOR.

| | | |
|---------------------------------------|-----------------------------|--|
| Number Licensed For 422 | Number in Attendance 387 | License Anniversary 06/30/2022 |
| Sanitarian Name/Print Blake Bosely | Phone # 318-728-4441 | Sanitarian Signature  |
| | | R.S. # 3233 |

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to
Correct Critical Violations by 05/23/2022

Correct Non-Critical Violations by

Name/Title
FRANK DEAR/ASSISTANT WARDEN

Signature of Recipient



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

**Retail Food
Notice of Violations**

Routine/Renewal

| | | | |
|--|--|---|------------------|
| Permit Number 42-0001220-1 | Permit Name RICHLAND PARISH DET CENTER UNIT 2 KITCHEN | | |
| Name of Establishment RICHLAND PARISH DET CENTER UNIT 2 | | Owner Name RICHLAND PARISH DETENTION CENTERS | |
| Address 465 HIGHWAY 15 RAYVILLE, LA 71269 | | Date 02/21/2022 | Time 01:30 PM |

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 |
| TOXIC CHEMICALS | 3901 | 33 - 3901 - Working containers of chemicals are not labeled. [COS] |

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY NOAH FOREMAN/ DEPUTY
COPY OF REPORT EMAILED TO TWADE@RICHLANDSO.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 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 Jason Pylant | Phone # 318-728-4441 | Sanitarian Signature | R.S. # 1671 |
|---------------------------------------|-------------------------|--------------------------|----------------|

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 NOAH FOREMAN/ DEPUTY | Signature of Recipient |
|------------------------------------|----------------------------|

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): Health Department

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-23-2022

JOB LOCATION: Unit 2

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Openings under outer doors back Hall
way door.

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

Installed door sweep

COMPLETED BY: Shannon Mosley
Lt. Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-23-22

JOB LOCATION: UNIT TWO

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THERE IS NO HOT WATER AT THE HAND LAVATORY
CELL 13-14-20-24-25 (H-DORM & SINKS
F DORM SINK

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPAIRED ALL ISSUE'S, adjusted water
pressure, F-Dorm toilets replaced A36-A
Urinals adjusted flow. Installed new
shower panels F, G, H and I pressure washed floors

COMPLETED BY: _____

S. Musley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-23-22

JOB LOCATION: UNIT TWO

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THERE IS NO COLD WATER AT HAND LAVATOR
CELL 14-22 F-DORM 1 SINK

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPAIRED THE ISSUE ADJUSTED WATER FLOW

COMPLETED BY: _____

S. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-23-22

JOB LOCATION: UNIT TWO

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THE TOILETS ARE IN DISREPAIR F-DORM 2 TOILETS
G-DORM 1 URINAL / 1 TOILET / I-DORM 1 URINAL

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPAIRED THE ISSUES, REPLACED A36-A
ADJUSTED WATER FLOW

COMPLETED BY: _____

S. Masley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-23-22

JOB LOCATION: UNIT TWD

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THERE IS NO HOT WATER AT THE SHOWER
I-DORM - 1 SHOWER

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPAIRED THE ISSUE, ADJUSTED WATER FLOW

COMPLETED BY: _____

S. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): DHH

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: Unit 2

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Peeling Paint in shower

DATE REPAIR COMPLETED: 5/23/22

REPAIR WORK COMPLETE BY MAINTENANCE:

Pressure washed peeling paint and repainted

COMPLETED BY: Shannon Mosley
Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE



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

**Retail Food
Notice of Violations**

Routine/Renewal

| | | | |
|--|--|---|------------------|
| Permit Number 42-0001220-1 | Permit Name RICHLAND PARISH DET CENTER UNIT 2 KITCHEN | | |
| Name of Establishment RICHLAND PARISH DET CENTER UNIT 2 | | Owner Name RICHLAND PARISH DETENTION CENTERS | |
| Address 465 HIGHWAY 15 RAYVILLE, LA 71269 | | Date 02/21/2022 | Time 01:30 PM |

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 |
| TOXIC CHEMICALS | 3901 | 33 - 3901 - Working containers of chemicals are not labeled. [COS] |

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY NOAH FOREMAN/ DEPUTY
COPY OF REPORT EMAILED TO TWADE@RICHLANDSO.ORG

NOTICE RS 40:31.38 (ACT 66)

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| | | | |
|---------------------------------------|-------------------------|--|----------------|
| Sanitarian Name/Print Jason Pylant | Phone # 318-728-4441 | Sanitarian Signature  | R.S. # 1671 |
|---------------------------------------|-------------------------|--|----------------|

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
NOAH FOREMAN/ DEPUTY

Signature of Recipient



Unit 2

*Shannon
Copy*



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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

| | | |
|--|--|------------------|
| Permit Number 42-02-224 | Permit Name Richland Parish Detention Center Unit 2-224 | |
| Name of Establishment Richland Parish Detention Center Unit 2-224 | Owner Name RICHLAND PARISH DETENTION CENTERS | |
| Address 456 Highway 15 Rayville, LA 71269 | Date 05/18/2022 | Time 10:30 AM |

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. CELL 13, 14, 20, 24, 25 H DORM-2 SINKS, F DORM-1 SINK |
| Handwashing Lavatories | 101 | 13 - *There is no cold water at the hand lavatory. CELL 14, 22 F DORM-1 SINK |
| Toilet Facilities | 101 | 18 - *The toilets are in disrepair. F DORM-2 TOILETS, G DORM-1 URINAL/I TOILET, I DORM-1 URINAL |
| Approved Bathing Facilities | 101 | 21 - *There is no hot water at the shower. I DORM-1 SHOWER |
| Floor Space | 101 | 57 - *The inmate population exceeds the minimum floor space requirements. CELL 23 |

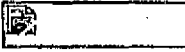
NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.

| Category | Code Reference | Description of Violations |
|------------------------------|----------------|--|
| Building Requirement | 101 | 7 - There is peeling paint on the walls in the shower. F DORM, G FORM, H DORM-SHOWER WALLS/FLOORS HAVE BLACK RESIDUE |
| Insect and Rodent Protection | 101 | 8 - All outer openings are not properly protected against the entrance of insects/rodents. BACK HALLWAY DOOR |
| Matresses and Pillows | 103 | 49 - The matresses are cracked and in poor condition. THROUGHOUT FACILITY [Repeat] |

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY:FRANK DEAR/ASSISTANT WARDEN
COPY OF REPORT EMAILED TO:TWADE@RICHLANDSO.ORG

THE FOLLOW-UP INSPECTION DATE WAS EXTENDED AS AUTHORIZED BY SANITARIAN SUPERVISOR.

| | | |
|--|-----------------------------|--|
| Number Licensed For 422 | Number in Attendance 387 | License Anniversary 06/30/2022 |
| Sanitarian Name/Print Blake Bosely | Phone # 318-728-4441 | Sanitarian Signature  |
| The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to | | R.S. # 3233 |
| Correct Critical Violations by 05/23/2022 | | Correct Non-Critical Violations by |
| Name/Title FRANK DEAR/ASSISTANT WARDEN | Signature of Recipient | |

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): Health Department

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-23-2022

JOB LOCATION: Unit 2

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Openings under outer doors back Hall
way door.

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

Installed door sweep

COMPLETED BY: Shannon Mosley

Lt. Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-23-22

JOB LOCATION: UNIT TWO

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THERE IS NO HOT WATER AT THE HAND LAVATORY
CELL 13-14-20-24-25 (H-DORM & SINKS
F DORM 1 SINK

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPAIRED ALL ISSUE'S, adjusted water
pressure, F-Dorm toilets replaced A36-A
Urinals adjusted flow. Installed new
shower panels F, G, H and I pressure washed floors

COMPLETED BY: _____

S. Musley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT.

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-23-22

JOB LOCATION: UNIT TWO

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THERE IS NO COLD WATER AT HAND LAVATOR
CELL 14-22 F-DORM 1 SINK

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPAIRED THE ISSUE ADJUSTED WATER FLOW

COMPLETED BY: _____

S. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-23-22

JOB LOCATION: UNIT TWO

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THE TOILETS ARE IN DISREPAIR F-DORM 2 TOILETS
G-DORM 1 URINAL / 1 TOILET / I-DORM 1 URINAL

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPAIRED THE ISSUES, REPLACED A36-A
ADJUSTED WATER FLOW

COMPLETED BY: _____

S. Masley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-23-22

JOB LOCATION: UNIT TWD

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THERE IS NO HOT WATER AT THE SHOWER
I-DORM - 1 SHOWER

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPAIRED THE ISSUE, ADJUSTED WATER FLOW

COMPLETED BY: _____

S. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): DHH

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: Unit 2

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Peeling Paint in shower

DATE REPAIR COMPLETED: 5/23/22

REPAIR WORK COMPLETE BY MAINTENANCE:

Pressure washed peeling paint and repainted

COMPLETED BY: Shannon Mosley
Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

Unit 1

Shannon



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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

| | | |
|--|--|------------------|
| Permit Number 42-01-224 | Permit Name Richland Parish Detention Center Unit 1-224 | |
| Name of Establishment Richland Parish Detention Center Unit 1-224 | Owner Name RICHLAND PARISH DETENTION CENTERS | |
| Address 474 Highway 15 Rayville, LA 71269 | Date 05/18/2022 | Time 11:00 AM |

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. CELL 1, 2, 3 C DORM-1 SINK |
| Handwashing Lavatories | 101 | 13 - *There is no cold water at the hand lavatory. CELL 6 |
| Toilet Facilities | 101 | 18 - *The toilets are in disrepair. C DORM-1 TOILET [Repeat] |
| Floor Space | 101 | 57 - *The inmate population exceeds the minimum floor space requirements. CELL 6 |

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 | 7 - There is peeling paint on the walls in the shower. C DORM, D DORM-SHOWER HAS BLACK RESIDUE |
| Handwashing Lavatories | 101 | 16 - The hand lavatory is in disrepair. CELL 6-RUNS CONSTANTLY |
| Approved Plumbing | 101 | 41 - Drinking fountain is in disrepair. E DORM |

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY: DON HOCUTT/DEPUTY
COPY OF REPORT EMAILED TO: TWADE@RICHLANDSO.ORG

THE FOLLOW-UP INSPECTION DATE WAS EXTENDED AS AUTHORIZED BY SANITARIAN SUPERVISOR.

| Number Licensed For | Number in Attendance | License Anniversary |
|---------------------------------------|-------------------------|--------------------------|
| 360 | 260 | 05/31/2022 |
| Sanitarian Name/Print Blake Bosely | Phone # 318-728-4441 | Sanitarian Signature |
| | | R.S. # 3233 |

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

Correct Critical Violations by 05/23/2022

Correct Non-Critical Violations by

Signature of Recipient

Name/Title
DON HOCUTT/DEPUTY



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

**Retail Food
Notice of Violations**

Routine/Renewal

| | | | |
|--|--|---|------------------|
| Permit Number 42-0001210-1 | Permit Name RICHLAND PARISH DETENTION CENTER UNIT 1 KITCHEN | | |
| Name of Establishment RICHLAND PARISH DETENTION CENTER UNIT 1 | | Owner Name RICHLAND PARISH DETENTION CENTERS | |
| Address 465 HIGHWAY 15 RAYVILLE, LA 71269 | | Date 05/18/2022 | Time 10:00 AM |

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 |
|--|----------------|--|
| UTENSILS/EQUIPMENT/SINGLE SERVICE | 2517 | 83 - 2517.5 - Clean equipment/utensils are not stored covered or inverted. [COS] |
| STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING | 3701 | 105 - 3701.6 - Floor is not maintained in good repair. [Repeat] |

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY:FRANK DEAR/ASSISTANT WARDEN
COPY OF REPORT EMAILED TO:TWADE@RICHLANDSO.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 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 Blake Bosely | Phone # 318-728-4441 | Sanitarian Signature | R.S. # 3233 |
|---------------------------------------|-------------------------|--------------------------|----------------|

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

FRANK DEAR/ASSISTANT WARDEN

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: UNIT ONE

COMPLETE DESCRIPTION OF REPAIR NEEDED:

There is no hot water at hand
LAVATORY Cell 1-2-3 C-Dorm

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

Adjusted water at cell 1 and 2
Replaced sink at cell 3
Repaired sink in C-dorm

COMPLETED BY: _____

B. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: UNIT ONE

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THERE IS NO COLD WATER AT HAND LAVATORY
CELL 6

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPLACED SINK AT CELL #6

COMPLETED BY: _____

S. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: UNIT ONE

COMPLETE DESCRIPTION OF REPAIR NEEDED:

THE TOILETS ARE IN DISREPAIR C-DORM
1 TOILET

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

UNPLUGGED TOILET

COMPLETED BY: _____

S. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): HEALTH DEPARTMENT

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: UNIT ONE

COMPLETE DESCRIPTION OF REPAIR NEEDED:

DRINKING FOUNTAIN IS IN DISREPAIR

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

REPLACED BUTTON ON FOUNTAIN

COMPLETED BY: _____

S. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): Health Department

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5-19-22

JOB LOCATION: Unit One

COMPLETE DESCRIPTION OF REPAIR NEEDED:

C Dorm & D-Dorm peeling paint and residue.

DATE REPAIR COMPLETED: 5-23-22

REPAIR WORK COMPLETE BY MAINTENANCE:

Pressure washed showers
Removed residue with algicide

COMPLETED BY: Shannon Mosley

Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): DHH

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 5/18/22

JOB LOCATION: Unit One

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Floor tile repair Request

DATE REPAIR COMPLETED: 5/23/22

REPAIR WORK COMPLETE BY MAINTENANCE:

Cleaned and replaced tile

COMPLETED BY: Shannon Mosley
Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: RICHLAND PARISH. D.C.

Date: 7-12-2022

Name of Program: INSIDE OUT DADS

Date of Program Implementation: 6-8-2020

Primary Area of Service Provided:

- Education
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous

Program has been certified by DPS&C? Yes No



Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- All offenders who apply. Yes No
- Number of offenders accepted. Yes No
- Number and type of services provided. Yes No
- Offender's completion/termination from program. Yes No

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Carl James Sewell
Monitoring Team Member or BJJ Team Member/Leader

7-12-22
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 7/12/2022

Name of Program: Ashland University

Date of Program Implementation: Summer 2022

Primary Area of Service Provided:

- Education
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous

Program has been certified by DPS&C? Yes No

Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Col. James Amabile
Monitoring Team Member or BJG Team Member/Leader

7-12-22
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 7/12/2022

Name of Program: "Risk Management: Mind Altering Substance Treatment" Phase I & II

Date of Program Implementation: 2012

Primary Area of Service Provided:

- Education
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous



Program has been certified by DPS&C? Yes No

Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Col. James A. Marshall
Monitoring Team Member or BJC Team Member/Leader

7-12-22
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 7/12/2022

Name of Program: HiSet - Unit I & II

Date of Program Implementation: 2014 - Formerly GED program

Primary Area of Service Provided:

- Education
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous

Program has been certified by DPS&C? Yes No

Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- All offenders who apply. Yes No
- Number of offenders accepted. Yes No
- Number and type of services provided. Yes No
- Offender's completion/termination from program. Yes No

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Cal. James Arnold
Monitoring Team Member or BJG Team Member/Leader

7-12-22
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 7/12/2022

Name of Program: NCCER

Date of Program Implementation: 2019

Primary Area of Service Provided:

- Education
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous



Program has been certified by DPS&C? Yes No

Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Ab. James Acosta
Monitoring Team Member or BJC Team Member/Leader

7-12-22
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: RICHLAND PARISH D.C.

Date: 7-12-2022

Name of Program: THINKING FOR A CHANGE

Date of Program Implementation: 2-24-2022

Primary Area of Service Provided:

- Education
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous



Program has been certified by DPS&C? Yes No

Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Det. James Hurvell
Monitoring Team Member or BJG Team Member/Leader

7-12-22
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 7/12/2022

Name of Program: Celebrate Recovery

Date of Program Implementation: 2012

Primary Area of Service Provided:

- Education
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous



Program has been certified by DPS&C? Yes No

Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Det. James Amable
Monitoring Team Member or BJJ Team Member/Leader

7-12-22
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: RICHLAND PARISH D.C.

Date: 7-12-2022

Name of Program: UNDERSTANDING & REDUCING ANGRY FEELINGS

Date of Program Implementation: 6-8-2020

Primary Area of Service Provided:

- Education
- Job Skill Training
- Values Development and Faith Based Initiatives
- Treatment Programs
- Miscellaneous



Program has been certified by DPS&C? Yes No

Program application process is consistent with DPS&C existing assessment and classification system? Yes No

Has program curriculum changed during preceding 12 months? Yes No

Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Is there a formal graduation ceremony for those who complete the program? Yes No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Al. James Sewell
Monitoring Team Member or BJC Team Member/Leader

7-12-22
Date