Department of Public Safety & Corrections

State of Louisiana

JOHN BEL EDWARDS GOVERNOR



JAMES M. LE BLANG SECRETARY

September 21, 2022

MEMORANDUM

TO:

The Honorable Kevin Cobb

Sheriff of Franklin Parish -6

FROM:

James M. Le Blanc

Secretary

RE:

"Basic Jail Guidelines" Monitoring Report

This is to advise that pursuant to the attached monitoring report concerning Franklin Parish Detention Center, DPS&C is recertifying this facility in compliance with the "Basic Jail Guidelines" with annual monitoring. We would like to encourage full compliance with BJG II-A-018 "Offender Drug Testing".

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

Mike Ranatza, Executive Director, Louisiana Sheriffs' Association C: Hilton Griffon, Warden, Franklin Parish Detention Center Mike Emfinger, Warden, Franklin Parish Detention Center Seth Smith, Chief of Operations Jerry Goodwin, Warden, DWCC James Arnold, BJG Team Leader



Department of Public Safety and Corrections

By the authority vested in me, under Chapter 9, Title 36 of the Louisiana Revised Statutes, J, James M. Le Blanc, Secretary, do hereby recognize

Franklin 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 _______ day of ______October ______ in the year of our Lord _______





BJG RECERTIFICATION REPORT

Rev. 07/29/2022 mwk

Facility Name:

Franklin Parish Detention Center

BJG Team Leader & Monitors:

Colonel James Arnold

Facility Warden & Email Address:

Facility Staff:

Warden Hilton Griffin, Warden Mike Emfinger

BJG Inspection Date:

7/28/22

Previous BJG Inspection Date:

8/8/19

Operational Capacity:

834

Count on Day of Visit:

834

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

Concerns or Issues from the previous BJG Monitoring Inspection:

| | # MALE | # FEMALE | TOTAL |
|----------------------------------|--------|----------|-------|
| Number of DOC Offenders | 741 | 0 | 741 |
| Number of Local Offenders | 93 | 0 | 93 |
| Number of Out of State Offenders | 0 | 0 | 0 |
| Number of Federal Offenders | 0 | 0 | 0 |
| Number of ICE Detainees | 0 | 0 | 0 |
| TOTAL | 834 | 0 | 834 |

Number of DOC Offenders that are:

| Single Bunked | 2 | |
|---------------|-----|--|
| Double Bunked | 728 | |
| Triple Bunked | 0 | |
| Total | 730 | |

Number of DOC Offenders that are in Restricted Housing:

| Total | 11 |
|---------------|----|
| Triple Bunked | 0 |
| Double Bunked | |
| Single Bunked | 0 |

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

| Month/Year | Off/Off | Off/Off w/sig inj | Offender/Staff | Off/Staff w/sig inj |
|------------|---------|-------------------|----------------|------------------------|
| July-2021 | 12 | 1 | 1 | 0 |
| Aug-2021 | 24 | 2 | 0 | 0 |
| Sept-2021 | 17 | 0 | 0 | 0 |
| Oct-2021 | 34 | 1 | 0 | 0 |
| Nov-2021 | 18 | 2 | 0 | Ö |
| Dec-2021 | 36 | 5 | 0 | 0 |
| Jan-2022 | 16 | 1 | 0 | 0 |
| Feb-2022 | 10 | 1 | 0 | 0 |
| Mar-2022 | 11 | 0 | 0 | 0 |
| April-2022 | 2 | 0 | 0 | 0 |
| May-2022 | 7 | 1 | 0 | 0 |
| June-2022 | 23 | 0 | 0 | 0 |

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

| | , | | La caracteristics and the caracteristics and | | |
|------------|---|---------|---|------------|-------|
| Month/Year | lilicit Substance | Alcohol | Weapon | Cell Phone | Other |
| July-2021 | 13 | 0 | 30 | 2 | 6 |
| Aug-2021 | 11 | 0 | 11 | 2 | 1 |
| Sept-2021 | 6 | 0 | 4 | 1 | 0 |
| Oct-2021 | 6 | 0 | 12 | 8 | 5 |
| Nov-2021 | 2 | 0 | 12 | 8 | 5 |
| Dec-2021 | 4 | 0 | 6 | 6 | 1 |
| Jan-2022 | 0 | 0 | 3 | 0 | 0 |
| Feb-2022 | 2 | 0 | 9 | 6 | 2 |
| March-2022 | 3 | 0 | 6 | 2 | 1 |
| April-2022 | 3 | 0 | 16 | 1 | 0 |
| May-2022 | 1 | 0 | 10 | 1 | 0 |
| June-2022 | 11 | 0 | 9 | 1 | 2 |

GENERAL APPERANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area: Living areas were found to be clean and orderly during the inspection.

- Dorms Information was posted in each dorm regarding facility rules. DPS&C rulebook, menus and
 offender programming. Offender property was neatly stored in their assigned lockers.
- Cell Block The cells were clean with minimal property noted. The offenders voiced no negative comments regarding the facility or their place of confinement.

Culinary/Dining: Offenders receive medical pre-assessment prior to being assigned to culinary. Culinary tool inventories were reviewed and found to be accurate with a good check-out system in place. Temperature logs were also in place and found to be within required limits. Offenders voiced no concerns regarding their meals in regards to the quality or quantity of their food.

Bathrooms: The bathrooms were found to be clean and in good working order. Each dorm has an offender assigned to this area to maintain cleanliness.

Yard Areas: The Rec Yards were found to be keep neatly and maintain and clutter free.

Maintenance: The maintenance department was reviewed for compliance and it was noted that a correct inventory and check-out system was in place for a good accountability system. Each tool reviewed was marked with number to ensure tools are being utilized in a controlled and safe manner.

II-A-007 COUNTS:

- How many formal counts are conducted each shift? 3 on day shift and 3 on night shift
- How many counts are conducted each day? Total of 6

· Stick outs 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

II-A-012 CLASSIFICATION SYSTEM:

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

If yes,

- What is their classification process to determine who is eligible for trustee status?
 Same criteria as DPS&C
- Does their classification process meet DPS&C, Corrections Services' criteria? YES

II-A-018 OFFENDER DRUG TESTING: (Please list monthly since the previous BJG monitoring visit.)

| Month/Year | # DOC Tested | Total DOC Pop | % Tested | # Positive |
|------------|--------------|---------------|----------|------------|
| July-2021 | 41 | 664 | 6.2 % | 0 |
| Aug-2021 | 38 | 675 | 5.6% | 0 |
| Sept-2021 | 34 | 666 | 5.1% | 1 |
| Oct-2021 | 80 | 669 | 12% | 8 |
| Nov-2021 | 28 | 713 | 4% | 0 |
| Dec-2021 | 23 | 670 | 3.5% | 1 |
| Jan-2022 | 89 | 722 | 12.4% | 0 |
| Feb-2022 | 62 | 698 | 9% | 1 |
| March-2022 | 123 | 722 | 17% | 6 |
| April-2022 | 86 | 718 | 12% | 2 |
| May-2022 | 115 | 737 | 15% | 9 |
| June-2022 | 62 | 714 | 8.6% | 3 |

III-A-0010 RULES AND DISCIPLINE:

- Does the facility's offender orientation include the application process for applying for restoration of good time? YES
- What is their restoration of good time application process for the offender population?
 Classification submits to the Warden for review and then forwarded to DWCC.

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

VII-B-010 BJG AUTOMATED MONTHLY REPORTING REVIEW:

- Has the facility been inputting the correct info timely? YES
- Does the reported info suggest any issues of concern or improvement? NO

V-B-002 EDUCATIONAL PROGRAMING:

GED Program

| Number of GED Slots | 150 |
|---------------------------|-----|
| Number of Participants | _29 |
| YTD Number of Completions | 3 |

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

100 hr Standardized Prelease

FDIC Money for Young Adults

The Only Person You Cheat Is You (TOPUCU)

Thinking For A Change

Inside/Out Dad Program

Partners In Parenting

Louisiana Risk Management Phase 1&2

Understanding and Reducing Angry Feelings

Victim Impact

Sex Offender Treatment

Culinary ServSafe Certification

NCCER Core

IC3 Certification

GED/HiSet

UCCI CBI Employment

Forklift

Heavy Equipment Operator

OSHA 10

First Aid/CPR

Financial Management

Work Ready U / Job Skills

LIST ALL OTHER OFFENDER PROGRAMS:

AA/NA

AID's Awareness

Religious

VI-B-002 GRIEVANCE PROCESS:

- Does grievance process include two levels of review? YES
- Who are the designees at each level? 1st level Captain, 2nd level Warden
- What is the specified time period for response at each level? 1st level 30 days, 2nd level 45 days

PREA COMPLIANCE:

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

OTHER:

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff morale deemed to be good. Staff is knowledgeable in their job duties. Throughout the inspection all staff members were very professional an eager to assist as needed.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

Offender morale was good. There were no negative comments given by the offenders regarding the facility or staff.

RECOMMENDATION:

Warden Griffin and Warden Emfinger and their staff are committed to maintaining compliance with BJG guidelines and providing a safe, secure and stable environment for the offenders in their custody. At this time recertification with annual monitoring is recommended.



Facility: Franklin Parish Detention Center Date Conducted: 7-28-22

Monitors: Colonel James Arnold, BJG Team Leader

| The facility complies with all applicable laws and regulations of the State Sanitation Officer and the State Fire Marshal. The following inspections are implemented: • Weekly sanitation inspections of all facility areas by a qualified departmental staff member. • Weekly inspections of all food service areas, including dining and food preparation areas and equipment. • Water temperature in housing areas is checked and recorded daily. • Comprehensive and thorough monthly inspections by a safety/sanitation specialist for compliance with sanitation, safety and fire prevention standards. • At least annual inspections by the State Sanitation Officer and the State Fire Marshal. Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports 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 I-A-003 Vermin and Pests | Findings Compliant - Monthly and weekly inspections are on file to promote compliance. | Response |
|---|--|----------|
| 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 I-A-001 Safety/Sanitation/Inspections The facility complies with all applicable laws and regulations of the State Sanitation Officer and the State Fire Marshal. The following inspections are implemented: •Weekly sanitation inspections of all facility areas by a qualified departmental staff member. •Weekly inspections of all food service areas, including dining and food preparation areas and equipment. •Water temperature in housing areas is checked and recorded daily. •Comprehensive and thorough monthly inspections by a safety/sanitation specialist for compliance with sanitation, safety and fire prevention standards. •At least annual inspections by the State Sanitation Officer and the State Fire Marshal. Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports 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 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 | Compliant - Monthly and weekly inspections are on file to promote | Response |
| IA-04, 1-1A-05, 1-1C-05, 1-4A-03, 1-4A-04 I-A-001 Safety/Sanitation/Inspections The facility complies with all applicable laws and regulations of the State Sanitation Officer and the State Fire Marshal. The following inspections are implemented: •Weekly sanitation inspections of all facility areas by a qualified departmental staff member. •Weekly inspections of all food service areas, including dining and food preparation areas and equipment. •Water temperature in housing areas is checked and recorded daily. •Comprehensive and thorough monthly inspections by a safety/sanitation specialist for compliance with sanitation, safety and fire prevention standards. •At least annual inspections by the State Sanitation Officer and the State Fire Marshal. Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports 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 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 | Compliant - Monthly and weekly inspections are on file to promote | Response |
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| 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 | Compliant-Facility has contracts with Stericycle and Waste Management for disposal of materials. | |
| | Compliant- Contract on file with Fermarid Exterminating. | |
| The facility is clean and in good repair. There is a written housekeeping plan that provides for the ongoing cleanliness Visual Inspection: inspection reports, completed forms. documentation of correction of identified 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, | Compliant - Facility has a written house keeping plan in place. Compliant - Facility uses North Franklin Water Works that meets all requirments title 51 (public health code) | |
| 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 |
|--|---|----------|
| I-B-001 Offender Transport Escorted and unescorted absences of state offenders are governed by R.S. 15:811 and 833 and DPS&C Department Regulation No. C-03-003 "Escorted Absences." Visual Inspection: documentation of staff training, documentation of medical, funeral, etc. (outside trips) | Compliant - Approved Medical and Funeral trips on file. | |
| C. EMERGENCY PREPAREDNESS/RESPONSE | | |
| References: ACA CJS 1-1C-01, 1-1C-02, 1-1C-03, 1- 1C-04, 1-1C-06, 1-1C-07, 1-7E-01, Dept. Regs. A-04- 002/PS-D-3, C-02-001/OP-A-5, C-02-010/OP-B-3, C- 05-001/AM-I-4 | Findings | Response |
| 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 | Compliant - Facility emergency plan was in place and was recently submitted to the fire marshal for approval. Documentation of staff training is on file. | |
| | Findings | Response |
| I-C-002 Immediate Release of Offenders There is a means for the immediate release of inmates from locked areas in case of emergency and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of offenders and staff in the event of fire or other emergency. Visual Inspection: facility records/logs | Compliant - Facility has exit signs in place, fire drills logs are on file with a backup key inventory. | |
| I-C-003 Fire Safety/Code Conformance | Compliant - Last Fire Marshal | |
| 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 | Inspection was on 7/26/22. | |



| I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements. | Compliant - Facility purchases furishings through Prison Enterprises. |
|---|---|
| Visual Inspection: Specifications for all furnishings. | |
| I-C-005 Flammable, Caustic and Toxic Materials Written policy, procedure and practice govern the control and use of all flammable, toxic and caustic materials. Visual Inspection: Staff training records, offender training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories. | Compliant - A written policy and procedure is in place. Inventories and check-out system are in place for all flammable, toxic and caustic materials. |
| I-C-006 Operational Capacity The number of offenders present does not exceed the | Compliant - On the day of inspection 834 offenders were |
| operational capacity as determined by the state fire marshal and state health officer. | assigned to the facility. Operational capacity is 834. |
| The state fire marshal will determine a capacity primarily based upon exiting capabilities. The state health officer will determine a capacity based upon the ratio of plumbing fixtures to offenders and square footage. The operational | |
| capacity will be the lower of these two figures. Visual Inspection: facility count sheets | |

| PART II - SECURITY | | |
|--|---|----------|
| A. PROTECTION FROM HARM | | |
| References: ACA CJS 1-2A-01, 1-2A-04, 1-2A-05, 1-2A-06, 1-2A-08, 1-2A-11, 1-2A-13, 1-2A-14, 1-2A-16, 1-2A-17, 1-2A-19, 1-2A-20, Dept. Regs. A-02-008/AM-F-47, B-02-001/IS-B-1, C-02-007/OP-C-3 | Eindings | Response |
| II-A-001 Control There is 24-hour monitoring and coordinating of the facility's security, life safety, and communications systems. | Compliant - Logs on file to reflect communication between security staff. Camera monitoring is 24hrs a day. | |
| Visual Inspection: facility records/logs, maintenance records, records of staff deployment | | |
| II-A-002 Secure Perimeter The facility's perimeter is controlled by appropriate means to ensure that offenders are secured remain within the perimeter and that access by the general public is denied without proper authorization. Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls | Compliant - Per policy security performs perimeter checks each shift. Documentation reflects this practice. | |
| 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 BJG. | | |



| ompliant - Policy and procedure is | |
|---|--|
| | |
| piace. | |
| ompliant - Copies of log books ere on file to show compliance ith each item listed in the uideline. | |
| or | mpliant - Copies of log books re on file to show compliance th each item listed in the |

| | Findings | Response |
|---|---|----------|
| 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. | Compliant - Log shows that counts are being conducted, 3 on day shift and 3 on night shift. | |
| 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 envelops 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 | Compliant - Offenders records have the required documentation. Information is forwared to the receiving facility at time of transfer. | |



| In addition to the maintenance of the above information, the following shall be collected and forwarded to the DPS&C Pre-Class Coordinator either by fax to 225-342-3759 or email to DOC-HQ_Supplemental@la.gov. 1. Master prison form; 2. Fingerprints: one FBI print card from AFIS; 3. One photograph; 4. Bill of Information and Court Minutes or Uniform Commitment Order for each conviction (for probation violators both the original sentencing minutes and the revocation minutes are required); 5. Jail credit letter; 6. One Inventory Acknowledgment Form (cash and property Visual Inspection: completed forms, reports, | | |
|--|--|--|
| offender record | | |
| II-A-009 Reception - Legal Commitment and | Compliant - Transfers of DPS&C | |
| Medical Service | offenders are reported to OAS. | |
| Prior to accepting custody of an offender, staff determine | Facility does not house out of state | |
| that the offender is legally committed to the facility, and | offenders. | |
| that the offender is not in need of immediate medical | | |
| Visual Inspection: Completed Admission forms, | | |
| facility logs. II-A-010 Admissions | Committee A continue maliancia in | |
| | Compliant - A written policy is in | |
| Admission processes for a newly admitted offender include, but are not limited to: | place for admission process. Documentation on file to reflect | |
| | | |
| •Searching of the offender and personal property; | that the facility meets each item | |
| •Inventorying and providing secure storage of personal | listed per the guidelines. | |
| property; | | |
| Providing an itemized receipt for personal property; Proceeding of basis personal data; | | |
| Recording of basic personal data; Porforming a criminal history shocks. | | |
| Performing a criminal history check; Photographing and fingerprinting. | | |
| Photographing and fingerprinting; Separating from the general public. | | |
| •Separating from the general public; | | |
| Providing a health screening to assess and identify any health and safety needs: | | |
| health and safety needs; | | |
| Providing information about access to health services, | | |
| Visual Inspection: intake and admission forms, | | |
| screening forms, inventory form, receipt form | | |
| II-A-011 Out of State Offenders | Compliant - Facility does not house | |
| The names of any out of state offender (federal or state) to | | |
| be housed at a local jail or privately managed facility shall | | |
| be submitted to the Chief of Operations prior to the | | |
| offender(s) entering the State of LA. No such offender shall | | |
| be housed if the offender would be classified as maximum | | |
| custody under the LA DPS&C classification procedures. | | |
| Any offender convicted and sentenced to incarceration by a | | |
| court in another state (federal or state) shall not be | | |
| released in the State of LA. Any out of state offender | | |
| (federal or state) housed in a local jail or privately managed | | |
| facility shall be returned to an appropriate correctional | | |
| facility located within the state where the offender was | | |
| convicted and sentenced for release in that state, prior to | | |
| the offender's release date. | | |
| | | |
| Visual Inspection: offender record, submittal to | | |
| chief of operations of out-of-state offenders to be | | |
| housed at the facility, release/transfer | maliance | |

Facility - Date

BJG Compliance



| | Findings | Response |
|--|---|----------|
| 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: • 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 Visual Inspection: offender housing records, offender classification records | Compliant - Facility has a written policy and procedure in place which utilizes a objective classification process. Documentation on file to reflect housing assignments and screening for trusty status. | |
| 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: • Supervision and programming needs of the juveniles to ensure their safety, security, and education; • Classification and housing plans; • Appropriately trained staff. 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. Visual Inspection: admission and housing, offender records, classification records | | |
| II-A-014 Separation in Classification Male and female offenders must be housed in separate rooms/cells with reasonable sight and sound separation. Visual Inspection: offender housing records, offender classification records, diagram of facility | Compliant - Male and female offenders are separated by sight and sound. | |
| 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. Visual Inspection: Offender identification card/wristband. | Compliant - All offenders have a photo ID Card. | 3 |
| 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. Visual Inspection: drug testing lab fee bills for drug testing of facility employees (including pre- employment, post accident, reasonable suspicion/probable cause, random). | Compliant - Written policy and procedure in place. Pre- employment, random and post- accident testing on file. | |



| 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 | Findings | Response |
|--|--|----------|
| B. USE OF PHYSICAL FORCE | | |
| Visual Inspection: Facility logs, documentation of frequency of cell checks. | | |
| document these checks in their staff logs. | | |
| cellblock areas not to exceed four (4) hours. Staff will | accordance to the guideline. | |
| housing by establishing the frequency of cell checks in all | security rounds are made in | |
| Written policy, procedure, and practice provide secure, safe | | |
| II-A-020 Frequency of Cell Checks | Compliant - A written policy and | |
| facilities | | |
| transfers of DPS&C offenders to other than DPS&C | | |
| Visual Inspection: facility logs, documentation of | | |
| the DPS&C Chief of Operations or designee. Staff from the | | |
| Warden shall obtain prior approval for an exception from | | |
| scheduled hearing date. However, if the transfer is deemed unavoidable by the Warden due to security concerns, the | | |
| Committee on Parole shall not be transferred prior to the | | |
| An offender scheduled for an appearance before the | | |
| reasons. | | |
| facilities within 60 days of release, unless for disciplinary | | |
| Offenders should not be transferred to other than DPS&C | | |
| 342-2439 or by email to LocalJailTranfers@la.gov. | | |
| at least one day prior to the transfer occurring by fax to 225 | j- | |
| form shall be submitted by the transferring facility to OAS | | |
| all non-scheduled transfers. The DOC offender transfer | | |
| to all scheduled transfers and within one business day for | | |
| facilities shall be reported to the OAS, at least one day prior | report of the control | |
| All transfers of DPS&C offenders to other than DPS&C | documentation on file to reflect | |
| alcohol/drug testing of offenders. II-A-019 Offender Transfers | Compliant - Logs and | |
| Visual Inspection: Facility log, documentation of | | |
| monthly basis. | were above 5%. | |
| DPS&C offender population shall be drug tested on a | months during the reporting period | |
| Facility policy will require that a minimum of 5% of the | and 3.5% in Dec. 2021. All other | |
| alcohol/drug testing, both randomly and for probable cause | | |
| Written policy, procedure, and practice provide for | reflect only 4% DOC offenders | |
| II-A-018 Offender Drug Testing | Non-Compliant - Facility Logs | |



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.

Compliant - Written policy and procedures in place.
Documentation is on file to show staff are receiving training on the use of force.

Visual Inspection: facility records, logs, incident reports, training records

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:

- · 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;

Visual Inspection: facility records, logs

Compliant - A written policy and procedure are in place. Restraints are used to prevent self injury, injury to others or property damage. Restraints are not applied for more than the time necessary.

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



| 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 • 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: 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. | in place. | |
|---|--|----------|
| Visual Inspection: facility records, logs | | |
| II-B-003 Use of Firearms The use of firearms complies with the following requirements. 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 Visual Inspection: training records, safety regulation and inspection reports, photos of equipment used for unloading and reloading | Compliant - All staff receive training in the use of firearms. There are no firearms at the facility but a secure weapons locker is in place outside the secure perimeter of the facility. | |
| II-B-004 Written Reports | Compliant - Written reports on file | |
| 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: • 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 Visual Inspection: completed reports, facility records and logs | | |
| | 1 | 1 |
| C. CONTRABAND/SEARCHES | | |
| References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. C-02-003/OP-A-8 | Findings | Response |



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.

Visual Inspection: observation, facility records and logs, offender and staff interviews

| Compliant - Procedures are in place |
|-------------------------------------|
| for searches of the facility and |
| offenders. |

D. ACCESS TO KEYS, TOOLS, UTENSILS

| References: ACA CJS 1-2D-01 | Findings | Response |
|--|---|----------|
| 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. Visual Inspection: documentation of perpetual inventories | Compliant - A written policy is in place to ensure accountability of all keys, tools, cullinary and medical equipment. Good inventories and a check-out system were in place. | |

PART III - ORDER

A. OFFENDER DISCIPLINE

| ı | | ı |
|---|---|---|
| ı | III-A-001 Rules and Discipline | Ī |
| ı | Prior to being placed in the general population, each | ı |
| ١ | offender is provided with an orientation that includes facility | ŀ |
| ı | rules and regulations, including access to medical care and | ١ |
| ı | the process for applying for restoration of good time. The | ŀ |
| I | facility shall follow and provide the DPS&C "Disciplinary | ŀ |
| ١ | Rules and Procedures for Adult Offenders", to the offender | l |

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

•If the Sheriff or local jail administrator believes that a loss of good time is appropriate, then the incident shall be fully documented and the offender transferred to the DPS&C for a disciplinary hearing to ensure due process in accordance with La. R.S. 15:571.4.

The offender must sign and date a statement

Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation

| ompliant - Each offender is |
|-----------------------------------|
| rovided a DPS&C rule book and |
| ne facility rules and regulations |
| uring orientation. Offenders are |
| dvised by medical on how to |
| ccess medical care. |
| |

Findings

PART IV - CARE

population.

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

Response



| IV-A-001 Food Storage Facilities There are sanitary facilities for the storage of all foods that comply with applicable state and/or federal guidelines. | Compliant - Last DHH retail food inspection was on 6/10/22. | |
|---|--|----|
| Visual Inspection: DHH inspection reports, internal inspection reports | | |
| IV-A-002 Food Service Facilities Toilet and hand basin facilities are available to food service personnel in the food preparation area. | Compliant - Toliets and hand wash basin are available to food service personal. | |
| Visual Inspection: DHH inspection reports, photos | | |
| IV-A-003 Food/Dietary Allowances The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure they meet the national recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings. Written policy, procedure, and practice require that food service staff plan menus and substantially follow the plan. The planning and preparation of all meals shall take into consideration nutritional characteristics and caloric adequacy. The facility shall provide a tray/plate and utensil(s) for each hot meal. Visual Inspection: annual reviews, nutritionist or | Compliant - The facility dietary allowance are reviewed annually by a Certified Dietary Manager Heather White. A tray is provided for each hot meal. | |
| dietician qualifications, documentation of at least annual review and quarterly menu evaluations | | |
| IV-A-004 Records of Meals Served Written policy, procedure, and practice require that accurate records are maintained of all meals served. | Compliant - Logs on file reflect that accurate records are maintained of all meals served. | |
| Visual Inspection: facility logs | | |
| IV-A-005 Denial of Food as Discipline Prohibited Written policy, procedure, and practice preclude the denial of food as a disciplinary measure. Visual Inspection: facility logs | Compliant - Facility logs reflect that food is not denied as a disiplinary measure. | |
| IV-A-006 Food Service Management Written policy, procedure, and practice require that three meals (including two hot meals) are provided under staff supervision at regular meal times during each 24-hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met. Offenders shall be provided an ample opportunity to eat for each meal. Visual Inspection: records of meals served and times served, facility logs | Compliant - Logs reveal that offenders are allowed ample time to eat. | |
| 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. | Compliant - Health records are on file to reflect approval by health authority of therapeutic/special diets. | |
| Visual Inspection: health records, diet records or forms, documentation of warden's approval of religious diet Facility - Date BJG Co | mpliance | 11 |

and cleanliness



| 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. | Compliant - Offenders receive a medical assessement proir to assignment to the kitchen. Logs show offenders are monitored each day for health and cleanliness. |
|--|--|
| Visual Inspection: inspection reports, completed forms, documentation of daily monitoring for health | |

| B. HYGIENE | | |
|---|---|----------|
| References: ACA CJS 1-4B-01, 1-4B-02, 1-4B-03, 1-4B-04, Dept. Reg. B-06-001/HC-34/IS-C-3 | Findings | Response |
| 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 | Compliant - Documentation on file of plumbing fixtures and work orders being completed as needed. | |
| 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. | Compliant - Logs on file reflect the water temperature for showers is in the required range. Offenders have access to the showers 24 hrs per day. | |
| Visual Inspection: maintenance records or reports, inspections | | |
| 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 Visual Inspection: documentation of clothing issue, documentation of cleaning and storage | Compliant - Laundry schedules on file to show cleaning and storage. Documentation of clothing issue with receipt on file. | |
| 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. Visual Inspection: documentation of issue and exchange | Compliant - Facility has the schedule in place for linen and towel exchange weekly. Offenders are provided adequate bedding necessities. | |



| IV-B-005 | Derconal | Hygiene |
|-----------|----------|---------|
| 114-0-002 | reisonal | nvalene |

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, toothbrush and shaving equipment.

Visual Inspection: documentation that items are provided, list of items available

Compliant - Personal hygiene items are issued upon intake and distributed as needed.

C. CONTINUUM OF HEALTH CARE SERVICES

References: ACA CJS 1-2A-14, 1-4C-01, 1-4C-03, 1-4C-04, 1-4C-06, 1-4C-07, 1-4C-08, 1-4C-09, 1-4C-10, 1-4C-13, 1-4C-15, 1-4D-01, 1-4D-03, 1-4D-04, 1-4D-06, Dept. Regs. B-06-001/IS-D-2, HC-01/IS-D-HP13, HC-02/IS-D-HCP14, HC-05/IS-D-HCP20, HC-06A/IS-D-HCP41, HC-06B/IS-D-HCP42, HC-06C/IS-D-HCP46, HC-08/IS-D-HCP33, HC-09A/IS-D-HCP22, HC-11/IS-D-HCP34, HC-13/IS-D-HCP16, HC-17/IS-D-HCP7, HC-38/IS-D-HCP30, B-06-003/AM-C-4, C-02-008/OP-C-9, C-05-001/AM-I-4

Findings

Response

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 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

•In accordance with R.S. 15:831, DPS&C offenders may be assessed a co-payment for receiving medical or dental treatment, including prescription or nonprescription drugs. The co-payment fee schedule shall be approved by the DPS&C. Such fee schedule for DPS&C offenders housed in local jail facilities shall not exceed the DPS&C approved rate in accordance with Dept. Reg. B-06-001 HC-02/IS-D-HCP14,

Compliant - Offenders receive information on how to access health care services and co-pay upon orientation to the facility. Dr. Charles Reed serves as the facility doctor and provides services at least once a week. Offenders are refered to Dr. John Little for dental needs.



| •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. Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule. | | |
|---|---|----|
| 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. | Compliant - Dr. Reed provided a statement that the facility has adequate equipment and supplies for medical services. | 70 |
| Visual Inspection: Photos | | |

| | Findings | Response |
|--|---|----------|
| 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- | Compliant - Standing orders are on file and approved by Dr. Charles Reed. Current credentials are on file. | |
| Visual Inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure | | |
| 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. | Compliant - 2 supervisors per shift that dispence medication to offenders as required. Medical provides annual training to security staff on the administration of medications. | |
| 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 | | |



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

Compliant - Nursing staff provides coverage 24 hrs per day for the facility and on-call 24 hrs per day. The facility also utilizes University Health-Monroe and Franklin Parish Medical Center.

Visual Inspection: designated facility, provider lists, transportation logs

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:

- 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;
- Use of alcohol or other drugs including need for possible detoxification;
- 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.]

Visual Inspection: health records, completed screening form, transfer logs

Compliant - Facility utilizes the approved Health screening form for incoming offenders. All bullets are met in this guideline.

Response



| 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.

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

Compliant - Written policy and procedures are in place. All pregnant offenders have access to obstetrical services.

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 Visual Inspection: health records, clinic visit logs, documentation of waste pic up and/or cleaning logs

Compliant - Written plans on file for the management of communicable disease. Facility has a contract with Stericycle for handling waste.

Findings

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.

Visual Inspection: health records

Compliant - Facility conducts TB Testing upon intake and annually for offenders at no cost.



| 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. Visual Inspection: health records | | |
|--|---|--|
| 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 Visual Inspection: health records, completed medication administration forms, inventories | Compliant - Completed and accurate inventories of pharmaceutical are in place. Mars revealed the offenders are receiving medication as prescribed. | |
| 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. Visual Inspection: location of first aid kits within the | Compliant - First aid kits are in medical, control center, kitchen, dorms H1, H2, vans and in maintenance and approved by the health care authority. | |
| facility | | |
| 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: •Facilities with fewer than 100 offenders - 1 time per week; •Facilities with 100 to 300 offenders - 3 times per week; •Facilities with more than 300 offenders - 4 times per week. If an offender's custody status precludes attendance at sick call, then arrangements shall be made to provide such services in the place of the offender's detention. | | |
| Visual Inspection: written policy and procedure | | |
| 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 | Compliant - 24 hr care is provided by Dr. Reed in conjuction with the Franklin Parish Medical Center. Offenders are transferred to DPS&C if needed. | |



| Visual Inspection: admission or inpatient records, staffing schedule, completed form C-05-004-B IV-C-013-1 Medical Releases (Medical Parole, | Compliant - Policies and procedures | |
|--|---|----------|
| 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- Visual Inspection: health records, documentation of approval of DPS&C's Chief Nursing Officer | are in place related to medical releases according to DPS&C guidelines. Documentation of any such occurrence is maintained. | |
| 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 | Compliant - The written suicide prevention and intervention policy was approved by Dr. Joel Etheridge. Annual training is provided for new, part time and full time employees. | |
| Visual Inspection: health records, documentation of staff training, documentation of observation of suicide watches. | | |
| | Findings | Response |
| 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 BJG I-C-001. In addition, a written report of all offender deaths shall be submitted to DPS&C on Form C-05-001-X | Compliant - Written policy and procedure are in place governing notification of offender death. There were no offenders deaths this past year. In the event of offender death, DOC Form C05-001-X will be used for notification purposes. | |

225-342-3349).

(via email to catanotify@corrections.state.la.us or via fax to

Visual Inspection: notification, reporting

requirements, report to DPS&C



| IV-C-016 Notification | Compliant - Policy and procedure | |
|---|------------------------------------|--|
| A visit with an immediate family member when the offender | | |
| is admitted to an ICU or trauma center due to a serious | of family and visitation with an | |
| bodily injury or due to being a terminally ill offender for the | offender admitted to ICU or trauma | |
| duration of the offender's admission to the ICU or trauma | center according to DPS&C | |
| center, unless the Warden or designee provides written | guidelines. Documentation of any | |
| notice within 6 hours of the offender's admission to the ICU | such occurrence is maintained. | |
| 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 | | |
| Visual Inspection: notification records | | |
| | T . | |

| D. HEALTH SERVICES STAFF | | |
|---|---|----------|
| References: ACA CJS 1-4D-02, 1-4D-04, 1-4D-05, 1-4D-07, 1-4D-08, 1-4D-09, 1-4D-10, 1-4D-17, 1-4D-18, Dept. Regs. B-06-001/HC-24/ISD-HCP44, HC-25/IS-D-HCP9, HC-26/IS-D-HCP10, HC-33/AM-D-5 | Findings | Response |
| IV-D-001 Health Care Quarterly Meetings The health authority meets with the facility administrator at least quarterly Visual Inspection: documentation of meetings | Compliant - Dr. Charles Reed meets quarterly the Warden and department Heads. | |
| 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 | Compliant - Written policy and procedures are in place. | |
| Visual Inspection: written policy and procedure | | |
| IV-D-003 Health Care Personnel/Job Descriptions Health care staff work in accordance with professional specific job descriptions approved by the health authority. | Compliant - Job descriptions for Health care staff are in place. | 2 |
| Visual Inspection: job descriptions | | |
| 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 | | |



| Visual Inspection: health records, completed consent forms, completed refusal forms | | |
|--|---|----------|
| 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 Visual Inspection: health records, completed | Compliant - Completed consent and refusal forms are on file. | |
| consent forms, completed refusal forms | | |
| 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 Visual Inspection: verification of training, records and certificates | Compliant - All staff receives CPR training. Records of training is on file. | |
| 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. Visual Inspection: evaluation of major risk management events | Compliant - A written policy and procedure and practice on file. Offenders received the required information in the offender handbook during orientation. | |
| E. SEXUAL ASSAULT | | |
| References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16, Dept. Regs. A-04-002/PS-D-3, C-01-022/OP-A-15 | Findings | Response |
| 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: •Prevention/intervention; •Self-protection; •Reporting sexual abuse/assault; •Treatment and counseling. 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 BJG 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- | procedure are in place. Staff has | |



Visual Inspection: documentation of reports to DPS&C, investigative reports

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. | Compliant - A schedule and log of volunteers entering the facility is on file. | |
| Visual Inspection: activity schedules, facility logs | | |
| 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 | Compliant - A volunteer schedule is posted in the dorms. | |
| Visual Inspection: activity schedules, facility logs | | |
| W-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 | Compliant - Facility provides educational programming. | |
| Visual Inspection: activity schedules, facility logs | | |
| 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. | Compliant - Logs on file for offenders receiving Educational Programming. | |
| Visual Inspection: activity schedules, facility logs | | |

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 |
|---|---|----------|
| 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 practioner 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 Visual Inspection: completed release forms and documents, facility records and logs, offender records | resources. | |
| 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 Dent. Rea. C-02-008. Visual Inspection: activity schedule, facility logs | Compliant - Dorms have visitation on alternating weekends. | |
| V-B-003 Library Services Written Reading materials shall be available to offenders on a reasonable basis. Visual Inspection: activity schedule, facility logs | Compliant - Reading materials are made available to the offenders population. | |
| V-B-004 Religious Programs Written policy, procedure and practice define and provide reasonable offender opportunity for religious practice. Visual Inspection: documentation of offender religious activities, activity schedule | Compliant - Religious programming is held weekly. | |



| V P OOF Eversies and Degraphics Assess | Compliant English lang of | |
|--|--------------------------------------|----------|
| V-B-005 Exercise and Recreation Access | Compliant- Facility logs of | |
| Offenders have access to exercise and recreation | recreation shows that offenders are | |
| opportunities. Written policy, procedure, and practice | receiving recreation at least 3 time | |
| provide for exercise opportunities adequate to ensure major | a week. | |
| 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 | | N. |
| 9.11 | | |
| Visual Inspection: activity schedule, facility logs | | |
| V-B-006 Transitional Work Program/Standard | Compliant - TWP monitoring report | |
| Operating Procedures | is on file to reflect compliance. | |
| Transitional Work programs shall be operated in accordance | 2 | |
| with the Standard Operating Procedures for Offender Work | | |
| D. L D | - | |
| Visual Inspection: DPS&C monitoring report | | |
| V-B-007 Participation in Transitional Work | Compliant - Approval from the | |
| Programs | Secertary of DPS&C for offenders | |
| Participation in transitional work programs by state | participation in TWP is on file. | |
| offenders shall comply with R.S. 15:711 and DPS&C | | |
| Department Regulation No. B-02-001 "Assignment and | | |
| Transfer of Offenders." Specific approval by the Secretary | | |
| of DPS&C is required prior to program assignment of state | | |
| offenders. Refer to Standard Operating Procedures for | | |
| Offender Transitional Work Programs. | | |
| Visual Inspection: approval for participation by the | | |
| Secretary of DPS&C | | |
| V-B-008 Offender Work Program | Compliant - Facility logs on file | |
| Participation in offender work programs by state offenders | reflect work program for offenders. | |
| shall comply with the provision of R.S. 15:708 (parish jails) | | |
| or R.S. 15:832 (police maintenance). | | |
| Visual Inspection: offender voluntary participation, | | |
| sheriff's approval of work program request, facility | | |
| logs | | |
| | Findings | Response |
| V-B-009 Approval for Transitional Work Programs | Compliant | P |
| 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. | | |
| Visual Inspection: approval of Chief of Operations | | |
| V-B-010 Proposed Expansions | Compliant - There are no plans for | |
| Any planned or proposed expansions for transitional work | expansion. | |
| 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 | | |
| Likecutive Director of the LSA for consideration and | 1 | |
| approval. | | |
| STATE THE PROPERTY OF THE STATE | | |



| 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. Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail | procedure are in place. | |
|---|--|--|
| V-B-012 Packages and Publications Written policy, procedure and practice govern offender access to publications and packages from outside sources. Visual Inspection: | Compliant - Policy on file for packages/ publication. Offender is notified in writing when withheld. | |
| Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail | | |

| C. REENTRY | | |
|---|---|----------|
| 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 | Findings | Response |
| V-C-001 Substance Abuse Programs The facility encourages offender participation in substance abuse programs when available. | Compliant - The facility offers a substance abuse class. | |
| Visual Inspection: facility log, activity schedule | | |
| 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 envelops for all DPS&C offenders, which include at a minimum, if applicable: 1. Any valid forms of identification; 2. Prescriptions and Medicaid card; | Compliant - Facility ensures each offender is released with 2 forms of ID. Employment opportunities are afforded through their TWP program. | |
| Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan | | |
| 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 Visual Inspection: offender record, completed questionnaire | Compliant - Tigers are completed in a timely manner. Completed questionaire on file. | |

Response



| and the second | | | |
|----------------|----------|-------|-------------------|
| W-C-00 | A Darole | Roard | Procedures |
| V-C-UU | - raivic | Dualu | rivceuules |

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.

Visual Inspection: offender record, trip log, documentation showing facility Warden or designee presence at parole board

References: ACA CJS 1-6A-01, 1-6A-02, 1-6A-03, 1-

Compliant - Documentation of file reflects shows facility Warden or designee presence at parole board.

Findings

Compliant - Facility logs show that offenders have access to legal

PART VI - JUSTICE

A. OFFENDER'S RIGHTS

6A-06, Dept. Reg. C-01-004/OP-C-10

| 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 |
| |

ed ns

materials as needed.

Visual Inspection: facility log

inmate shall be transferred to the DPS&C.

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.

Visual Inspection: facility log, record of attorney interviews

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.

Visual Inspection: facility log, incident reports, staff training records Compliant - Facility logs show that offender have access to visits with attorney and attorney phone calls as needed.

Compliant - Written policy and procedure are in place to ensure offenders are free from protection from abuse.

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 |
|--|---|----------|
| 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. | Compliant - Written policy and procedures on file. Completed grievance on file. | |
| Visual Inspection: facility records, grievances, | | |

activity logs

Response



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,

Compliant - Completed greivance on file. The facility has 2 levels of review- 1st step Captain and 2nd step is the Warden.

Findings

Compliant - The training program

employees prior to assuming their

reflects that staff have received the

includes orientation for all new

assigments. Documentation

required annual training.

PART VII - ADMINISTRATION AND MANAGEMENT

A. RECRUITMENT, RETENTION AND PROMOTION

| References: | ACA-CJS 1-1A-01, 1-1B-01, 1-1C-01, 1- |
|-------------|---------------------------------------|
| | 13, 1-4D-05, 1-4D-14, 1-7B-02, 1-7B- |
| | Dept. Regs. A-02-028/AM-F-22, C-01- |
| 008/OP-A-19 | 9 |
| | |

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;

Visual Inspection: grievances

- 4. Suicide precaution and signs of suicide risks;
- 5. Use of force policies;
- Inmate rules and regulations;
- CPR and first aid;
- 8. Requirements of the Prison Rape Elimination Act (PREA);
- 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.

Visual Inspection: lesson plans, staff training records

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.

Visual Inspection: personnel records, training records

Compliant-Weapons training is conducted in conjuction with the Franklin Parish Sheriff's Office.
Training records are on file.

B. FACILITY ADMINISTRATION

| References: ACA CJS 1-4D-02, 1-7D-01, 1-7D-03, Dept. Reg. C-05-001/AM-I-4 | Findings | Response |
|--|---|----------|
| VII-B-001 Authority There is a statue or constitutional provision authorizing the establishment of the local jail facility or its parent agency. | Compliant - A copy of the Louisiana Revised Statute is on file to reflect compliance. | |

Facility - Date

BJG Compliance



| Compliant - Legal assistance is made available for staff through Attorney Johnny Brooks. | |
|---|---|
| | |
| Compliant - Last audit was 6/30/21 by David M. Hartt Accounting Corporation of West Monroe, LA. | |
| | |
| Compliant - Facility has comprehensive Insurance coverage. Policy on file is with | |
| | |
| Compliant - Offenders banking records on file to reflect compliance. | |
| | |
| Compliant - Basic Jail Guidelines are in order with appropriate policy and procedures. | |
| Compliant | |
| | |
| | made available for staff through Attorney Johnny Brooks. Compliant - Last audit was 6/30/21 by David M. Hartt Accounting Corporation of West Monroe, LA. Compliant - Facility has comprehensive Insurance coverage. Policy on file is with Thomas Agency LLC. Compliant - Offenders banking records on file to reflect compliance. Compliant - Basic Jail Guidelines are in order with appropriate policy |



| Findings | Response |
|---|--|
| Compliant - Facility is handicapped accessible by all staff and visitors. | |
| r | held with the Department Heads. Staff meetings minutes on file. Findings Compliant - Facility is handicapped |

| References. ACA C33 1-7E-01 | rindings | Response |
|--|--|---|
| VII-C-001 Facility Equipment/Reasonable | Compliant - Facility is handicapped | |
| Accommodation | accessible by all staff and visitors. | |
| 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. | | |
| accession and access of claim and monters man accessions | | |
| Visual Inspection: | | |
| INSPE | CTION REPORTS | 000000000000000000000000000000000000000 |
| DEPARTMENT | Deficiencies | Corrective Action Taken |
| Fire Marshall | Sprinkler head in W dorm shower | Deficiencies were |
| | corroded, sprinkler head in kitchen | corrected. (see attach) |
| Date of Current Report: 7/26/22 | needs cleaning, Paint on sprinkler | |
| the state of the s | head in main bldg, corroded | |
| Maximum Capacity: 834 | sprinkler head in shower in oak, | |
| | pecan, pine and gum dorms, | |
| DHH - Health | Walls are not smooth and easily | Deficiencies were |
| Data of Comment Departs 6/10/22 | cleanable, peeling paint on walls of | corrected (see attach) |
| Date of Current Report: 6/10/22 | B dorm restroom, hand lavatory in | |
| Maximum Capacity: 834 | disrepair leaks at faucets in pear | l |
| Maximum Capacity. 654 | dorm and drinking fountain in pine | 1 |
| | dorm, sinks draining slowly in pine, | |
| | peach and pear dorm. | |
| | | |
| DHH - Retail Food | non-food contact surfaces are not | Deficiencies were |
| | and the state of t | corrected.(see attach) |
| Date of Current Report: 6/10/22 | constructed of corrosion-resistant | corrected (see actually |
| Date of Current Report: 6/10/22 | non absorbent smooth material, | corrected (See account) |



Office of State Fire Marshal

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

Inspection Report



| John Bel Edwards GOVERNOR | Report # CB-21-017535-5 Deficient/Cautionary Codes cited. | | | | | | Daniel H. Wallis FIRE MARSHAL | | | | |
|---|--|--|---|--------|---------------------------------------|--------------------------------|----------------------------------|------------------------|-------|---|--|
| | | | Loc | cation | Inform | atio | n | | | | |
| Inspection Type | Compliance | Compliance Building Inspection Ins | | | Inspection Dat | Inspection Date 7/26/2022 5:04 | | 22 5:04:52 PM | | | |
| Structure ID | 124766 | | No. of Build | ings | 16 | - | Facility Code | J | 1105 | | |
| Capacity | | | Year Built | | 1997 | | Construction 1 | Гуре Т | ype V | B / (000) | |
| Building/Trade Na | me | | | | Addres | s | | | | | |
| FRANKLIN PARISH | H DETENTION | CENTER | R - DORMS | | 388 NA | TURE | S ACRES ROA | D, WINNS | BORC |), LA 71295 | |
| | | | O | wner | Informa | ition | | | | | |
| Owner Type | | Name | | | | Con | tact Phone | ct Phone Contact Email | | | |
| Municipal Project | | FRANKL DEPART | IN PARISH S MENT | HERI | FF | (318 |) 435-8229 | CHADLE ET | E@FF | RANKLINSHERIFF.N | |
| Address | | | | | | | | | | | |
| PO BOX 231, WINI | NSBORO, LA | 71295 | | | | - | | | | | |
| | | | Te | nant | Informa | ation | | | | | |
| Name | | | | Suite | Numbe | | Floor Numbe | Floor Number | | Square Footage | |
| | | | 00 | CCUDE | ancy De | tails | | | | | |
| Occupancy Type | war and the same of the same o | Details | | | | **** | | | | | |
| Institutional | | | | | | | IP I-3 (DETENTI PE: CONDITION | | RECTI | ON); | |
| | | - | Deficien | t and | Cautio | nary | Items | | | *************************************** | |
| Description | | | | | | | Code Statu | IS | | Correction Date | |
| NFPA 101 (1997) 1 automatic sprinkler attention: (1) Sprinkler head is (2) sprinkler head is (3) Paint on all sprinkler head sprinkler head sprinkler head sprinkler head sprinkler head sprinkler All sprinkler head building. All sprinkler Sprinkler systems a | system. Curre n W dorm show in kitchen need nkler heads in ler heads in th ls have been r er systems are leads in the ma | ntly the former is cornument of comment of the followers of the following the followin | ollowing items roded. I ling s in Oak, Peca | were i | noted that ne, and G eads in th | um ne ma | | | | 8/23/2022 | |
| | | | | Cor | nments | | | | | | |
| THE SPRINKLER H NOT BEING FLUSH TO CORRECT THE | WITH THE V | | | NOT | INSTALL | ED C | | | | CUTCHEON PLATE CTOR TO SEE HOW | |
| | | A Lorenza de la Companya de la Compa | Insp | oecto | r Inform | atio | n | | | | |
| Name: Robert Foley Badge Number: 748 Inspector Signature: | | | | | | | | | | | |

Person to whom requirements were explained



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

Routine/Renewal

| Permit Number 21-01-224 | Permit Name Franklin Parish Detention Center-224 | | |
|---|---|--|------------------|
| Name of Establishment Franklin Parish Detention Center-224 | | Owner Name FRANKLIN PARISH SHERIFF'S OFFICE | |
| Address 388 Natures Acres RD Winnsboro, LA 71295 | | Date 06/10/2022 | Time 09:00 AM |

LAC TITLE 51 PART XVIII

| Category | Code Reference | Description of Violations |
|------------------------|-------------------|---|
| Handwashing Lavatories | 101 | 12 - *There is no hot water at the hand lavatory. Cell F-222 has no hot water. Cell D234 has leaking hot water faucet valve. Work orders entered. [COS] |
| Toilet Facilities | 101 | 18 - *The toilets are in disrepair. Toilet water supply leaking at one toilet in Pear Dorm. One urinal flush valve leaking in Pear Dorm. Work orders started. [COS][Repeat] |

| NON-CRITICAL ITEMS: T by this office. | hese items should | d be corrected by the next regular inspection or according to the compliance schedule (see below) established |
|---------------------------------------|-------------------|--|
| Category | Code Reference | Description of Violations |
| Building Requirement | 101 | 4 - The walls are not smooth and easily cleanable. Peeling paint noted on walls of restroom in B Dorm. |
| Handwashing Lavatories | 101 | 16 - The hand lavatory is in disrepair. Leaks at faucets in Pear Dorm, and at drinking fountain in Pine Dorm. Sinks noted draining slowly in Pine, Peach and Pear Dorms. [Repeat] |

| Comments: | | | |
|------------------------------------|--|--|-----------------------------------|
| Number Licensed | For | Number in Attendance 826 | License Anniversary 06/30/2022 |
| Sanitarian Name/Print Don Riser | Phone # 318-435-2921 | Sanitarian Signature | R.S.# 925 |
| The above mentioned violations w | vere called to my attention and were e | explained to me in detail. I hereby agree to | |
| Correct Critical Violations by | | Correct Non-Critical Violations | by |
| Name/Title Chad Lee, Warden | | Signature of Recipient | |



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Routine/Renewal

| Permit Number 21-0001046-1 | Permit Name FRANKLIN PARISH DE | TENTION CENTER cafateria | | |
|--|-----------------------------------|--|------------------|--|
| Name of Establishment FRANKLIN PARISH DETENTION CENTER | | Owner Name FRANKLIN PARISH SHERIFF'S OFFICE | | |
| Address 388 NATURE ACRES RD WINNSBORO, LA 71295 | | Date 06/10/2022 | Time 09:15 AM | |

LAC TITLE 51 PART XXIII

| Category | Code | Description of Violations |
|--|-----------|--|
| | Reference | |
| FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION | 2513 | 30 - 2513 - Quaternary ammonium solution concentration for warewashing is not 200 p.p.m. at 75°F. Corrected on site. [COS] |

| NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office. | | |
|--|-------------------|--|
| Category | Code Reference | Description of Violations |
| UTENSILS/EQUIPMENT/SINGLE SERVICE | 2113 | 69 - 2113 - Non-food contact surfaces are not constructed of a corrosion-resistant, non -absorbent, smooth material. Bulk container lid in disrepair. |

Comments:

NOTICE RS 40:31.38 (ACT 66)

RS 40:31.38 (ACT 66) authorizes the Louisiana Department of Health to charge a fee of \$150 to any permitted 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). Reinspections 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 Don Riser | Phone # 318-435-2921 | Sanitarian Signature | R.S. # 925 | |
|---|---|--|---------------|--|
| The above mentioned violations | were called to my attention and were ex | plained to me in detail. I hereby agree to | | |
| Correct Critical Violations by | | Correct Non-Critical Violations | by | |
| Name/Title Darrel Teats, Food Service Direc | | Signature of Recipient | | |
| Darret Teats, Food Service Direc | tor | | | |

| STATE C | OF LOUISIANA | |
|---|--------------------|--|
| | ENT OF HEALTH | |
| OFFICE OF | PUBLIC HEALTH | |
| | | |
| | TION REPORT | |
| Agency License No. | Anniversary Month | |
| N/A | JUNE | |
| Name of Establishment | Mailing Address | |
| FRANKLIN PARISH DETENTION CENTER-224 | | |
| Address | | |
| 388 NATURES ACRES RD | | |
| City, state, Zip Code | | |
| WINNSBORO LA 71295 | | |
| Type of Facility | | 533 138 3F W. S. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| JAILS 826 | | |
| Parish | Date Inspected | |
| Franklin | 06/10/2022 | |
| The above establishment has been inspected by a representative of | this section, and: | |
| License is Recommended; | | |
| License is Not Recommended; | | |
| License is Pending Reinspection; | | |
| from the standpoint of sanitation | DON RISER | 0 9 2 5 |
| | DOMINIOLIX | 10191210 |
| | | |
| | | |
| LHS 48 (R 7/99) | | D 101 |

Franklin Parish Detention Center 388 Natures Acres Road Winnsboro, Louisiana 71295 Phone: (318) 435-8229

Fax: (318) 435-8186

Attachments: Copies of Fire Marshal's Inspections and Health Dept. Report and Continue Compliance Statement

Note: During the last inspection for Health Inspection (06/10/2022) several deficiencies was detected. All corrections were made before correction date (07/10/2022).

Note: During the last inspection for Fire Marshal (05/192022) several deficiencies was detected. All corrections were made before correction date (06/22/2022).

Waiting for next inspection.

Maintenance Supervisor

Franklin Parish Detention Center 388 Natures Acres Road Winnsboro, Louisiana 71295 Phone: (318) 435-8229

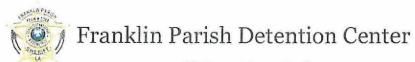
Fax: (318) 435-8186

July 27, 2022

Attachments: Copies of Fire Marshal's Inspections and Health Dept. Report and Continue Compliance Statement

Budda Boseman, with Fire Pro was contacted on 07/27/2022 in reference to escutcheon plate not flushing with the wall. We are scheduling a date to come how to correct it.

Maintenance Supervisor



388 Natures Acres Road

Winnsboro La, 71295

318.435.8229

318.435.2620

318.435.2621

Programs Offered

Sheriff Kevin Cobb and the Franklin Parish Detention Center are pleased to offer the following list of educational programming.

- 100 hr Standardized Prerelease
- FDIC Money Smart for Young Adults
- The Only Person You Cheat Is You (TOPUCU)
- Thinking For A Change
- Inside/Out Dad Program
- · Partners In Parenting
- Louisiana Risk Management: Phase 1 & 2
- Understanding and Reducing Angry Feelings
- Victim Impact
- Sex Offender Treatment
- Culinary ServSafe Certification
- NCCER Core
- IC3 Certification
- GED/HiSET
- UCCI CBI Employment
- Forklift
- · Heavy Equipment Operator
- OSHA 10
- First Aid/CPR
- · Financial Management
- Work Ready U / Job Skills

| Facility: Franklin Parish Detention Center |
|---|
| Date: January 3, 2022 |
| Name of Program: Standardized Pre-Release Curriculum |
| Date of Program Implementation: 2015 |
| 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? $oxed{oxtime}$ Yes $oxed{oxtime}$ No |
| Has program curriculum changed during preceding 12 months? 🔲 Yes 🔀 No |
| s there an objective method used to assess completion? 🛛 Yes 🔲 No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| s 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. |
| Colonal Qames Arnold Wonitoring Veam Member or BJG Team Member/Leader Date E/X//20 |
| Monitoring Veam Member or BJG Team Member/Leader Date $\mathcal{E}/\mathcal{X}//\mathcal{D}\mathcal{D}$ |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: FDIC Money Smart for Young Adults |
| Date of Program Implementation: 2016 |
| 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. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| Is there a formal graduation ceremony for those who complete the program? 🗵 Yes 📋 No |
| The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections. |
| Colonsl Qames Arnold Monitoring Team Member or BJG Team Member/Leader Date 8 21 22 |
| with the most of Big learn intemper/Leader Date Significant |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: TOPUCU |
| 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? |
| Has program curriculum changed during preceding 12 months? 🔲 Yes 🗵 No |
| ls there an objective method used to assess completion? ☑ Yes ☐ No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| ls 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. |
| Colonel James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date 名/スリノスス |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Thinking For a Change |
| Date of Program Implementation: 2015 |
| 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 |
| s there an objective method used to assess completion? 🛛 Yes 🔲 No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| s 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. |
| Colonal Games Arnold Monitoring Team Member or BJG Team Member/Leader Date 8/21/22 |
| Monitoring Team Member or BJG Team Member/Leader Date 8/21/22 |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Inside/Out Dad Program |
| 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 |
| s there an objective method used to assess completion? 🗵 Yes 🔲 No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| s 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. |
| Colonal Qames Arnold Date $8/3/2$ Monitoring Team Member or BJG Team Member/Leader Date $8/3/2$ |
| Monitoring Team Member or BJG Team Member/Leader Date $3/3/3$ |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Partners in Parenting |
| Date of Program Implementation: 2015 |
| 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? |
| 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. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| ls 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. |
| Colonal James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date $8/24/22$ |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Louisiana Risk Management Model: Phase I & II |
| Date of Program Implementation: 2015 |
| 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 |
| ls there an objective method used to assess completion? 🗵 Yes 🔲 No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| s 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. |
| Colonal Games Arnold Monitoring Team Member or BJG Team Member/Leader Date 8/24/22 |
| Monitoring Team Member or BJG Team Member/Leader Date 8/24/22 |

| Facility: Franklin Parish Detention Center |
|---|
| Date: January 3, 2022 |
| Name of Program: Understanding and Reducing Angry Feelings |
| Date of Program Implementation: 2015 |
| 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' $oximes$ Yes $\ \Box$ No |
| Has program curriculum changed during preceding 12 months? 🔲 Yes 🗵 No |
| s there an objective method used to assess completion? 🗵 Yes 🔲 No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| s 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. |
| Colonel James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date 8/24/22 |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Victim Impact |
| Date of Program Implementation: 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? |
| 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. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| is there a formal graduation ceremony for those who complete the program? ☐ Yes ☐ No |
| The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections. |
| Colonel James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date 92422 |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Sex Offender Treatment (Madison County Risk Sex Offender Psycho-Social) |
| Date of Program Implementation: 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? |
| 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. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| Is there a formal graduation ceremony for those who complete the program? ☐ Yes ☐ No |
| The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections. |
| Colonel James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date 8/24/22 |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Culinary ServSafe Certification |
| Date of Program Implementation: 2016 |
| 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? $oxed{oxtime}$ Yes $oxed{oxtime}$ No |
| Has program curriculum changed during preceding 12 months? 🔲 Yes 🗵 No |
| ls there an objective method used to assess completion? 🛛 Yes 🔲 No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| s 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. |
| Colons Qames Arnold Monitoring Team Member or BJG Team Member/Leader Date 8/21/22 |
| Monitoring Team Member or BJG Team Member/Leader Date 8/21/22 |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: NCCER Core |
| Date of Program Implementation: 2021 |
| 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? $oxed{\boxtimes}$ Yes $oxed{\Box}$ 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. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| ls 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. |
| Colonal James Arnold Monitoring Team Member or BJG Team Member/Leader Date 8/24/22 |
| Monitoring Team Member or BJG Team Member/Leader Date 8/21/22 |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: IC3 |
| Date of Program Implementation: 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? $oxed{oxtime}$ Yes $oxed{oxtime}$ No |
| Has program curriculum changed during preceding 12 months? 🔲 Yes 🛛 No |
| ls there an objective method used to assess completion? ☑ Yes ☐ No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| ls 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. |
| Colonal Games Arnold Monitoring Team Member or BJG Team Member/Leader Date 8 24 22 |
| Montholling regularisation of page regularisation regards and page of soil 98 |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: General Education Development (GED/HISET) |
| Date of Program Implementation: 2017 |
| 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? |
| Has program curriculum changed during preceding 12 months? 🗵 Yes 🗌 No |
| ls there an objective method used to assess completion? ☑ Yes □ No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No |
| Is there a formal graduation ceremony for those who complete the program? ☐ Yes ☐ No |
| The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections. |
| Colonel James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date $2/24/22$ |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: UCCI CBI Employment |
| Date of Program Implementation: 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? |
| Has program curriculum changed during preceding 12 months? 🔲 Yes 🔀 No |
| ls there an objective method used to assess completion? ⊠ Yes □ No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| Is there a formal graduation ceremony for those who complete the program? 🛛 Yes 🔲 No |
| The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections. |
| Colonal Games Arnold Monitoring Team Member or BJG Team Member/Leader Date 8/21/22 |
| Monitoring Team Member or BJG Team Member/Leader Date ピルルコ |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Forklift |
| Date of Program Implementation: 2021 |
| 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? $oxed{oxtime}$ Yes $oxed{oxtime}$ No |
| Has program curriculum changed during preceding 12 months? Yes No |
| ls there an objective method used to assess completion? 🛛 Yes 🔲 No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| ls 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. |
| Colonal James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date $8/2/2$ |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Heavy Equipment Operator |
| Date of Program Implementation: 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? |
| 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. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| Is there a formal graduation ceremony for those who complete the program? Yes No |
| The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections. |
| Colonal James Arnold Monitoring Team Member or BJG Team Member/Leader Date 8/24/22 |
| Monitoring Team Member or BJG Team Member/Leader Date 8/24/22 |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: OSHA - 10 |
| Date of Program Implementation: 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. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| Is there a formal graduation ceremony for those who complete the program? ☐ Yes ☐ No |
| The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections. |
| Colonel James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date $\mathcal{E} \mathcal{X} \mathcal{J}$ |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: First Ald/CPR |
| Date of Program Implementation: 2021 |
| 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 |
| ls there an objective method used to assess completion? 🛛 Yes 🔲 No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| is there a formal graduation ceremony for those who complete the program? 🛛 🖂 Yes 🗀 No |
| The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections. |
| Colonal James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date ピルレス |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Financial Management |
| Date of Program Implementation: 2018 |
| 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? $oxed{oxtime}$ Yes $oxed{oxtime}$ No |
| Has program curriculum changed during preceding 12 months? 🔲 Yes 🗵 No |
| ls there an objective method used to assess completion? ⊠ Yes ☐ No |
| Detailed records are maintained on the following: |
| All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| ls 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. |
| Colonel James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date 8 24 22 |

| Facility: Franklin Parish Detention Center |
|--|
| Date: January 3, 2022 |
| Name of Program: Work Ready U |
| Date of Program Implementation: 2018 |
| 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. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No Yes No |
| Is there a formal graduation ceremony for those who complete the program? ☐ Yes |
| The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections. |
| Colonal James Arnold |
| Monitoring Team Member or BJG Team Member/Leader Date 2/21/22 |



Northeast Louisiana Substance Abuse

Gloria Wright, Executive Director

July 11, 2022

Franklin Parish Detention Center 388 Natures Acres Road Winnsboro, LA 71295

Please allow this letter to serve as verification that the Northeast Louisiana Substance Abuse agency provides outpatient substance abuse counseling services to your facility on an as needed basis. This service also includes referrals to inpatient substance abuse treatment facilities as needed.

Should you need any further assistance, please contact us at the number below.

Sincerely,

Gloria Wright, Executive Director

NELSA

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