

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



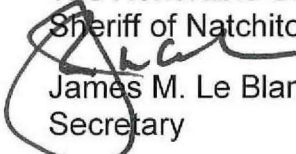
JAMES M. LE BLANC
SECRETARY

A handwritten signature in blue ink, likely of James M. Le Blanc, located to the right of the date.

October 7, 2022

MEMORANDUM

TO: The Honorable Stuart Wright
Sheriff of Natchitoches Parish

FROM: 
James M. Le Blanc
Secretary

RE: "Basic Jail Guidelines" Monitoring Report

This is to advise that pursuant to the attached monitoring report concerning Natchitoches 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 BJJ I-A-001 "Safety and Sanitation Inspections" and II-D-001 "Key, Tool, and Utensil Control".

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

JML/mwk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Roger Henson, Major, Natchitoches Parish Detention Center
Seth Smith, Chief of Operations
Jerry Goodwin, Warden, DWCC
Scott Cottrell, BJJ Team Leader

State of  Louisiana

Office of the Secretary
Department of Public Safety and Corrections

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

Natchitoches Parish Detention Center
in acknowledgement of

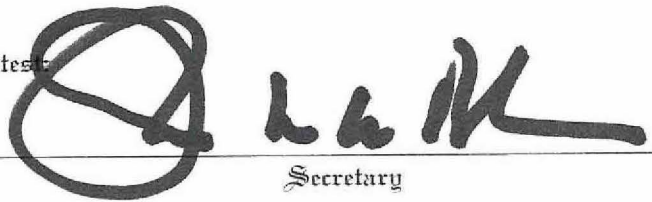
Continued Compliance with the Basic Jail Guidelines Process

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 21st day of October
in the year of our Lord 2022



Attest


Secretary



BJG RECERTIFICATION REPORT

Rev. 03/22/2022 mw

Facility Name: Natchitoches Parish Detention Center
BJG Team Leader & Monitors: Colonel Scott Cottrell, BJJ Team Leader (NW Region)
 Mr. Tommy Garrett, BJJ Team Member
 Ms. Hope Triplet, BJJ Team Member
Facility Warden & Email Address: Roger Henson, Major of Corrections
 Email: rhenson@npsheriff.met
Facility Staff: Roger Henson, Major, Tonya Reliford, Safety / Guidelines
 Officer, Aaron Sines, Captain
BJG Inspection Date: 18 August 2022
Previous BJJ Inspection Date: 27 May 2021
Operational Capacity: 516
Count on Day of Visit: 245

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

Concerns or Issues from the previous BJJ Monitoring Inspection:

II-D-001 Key, Tool, and Utensil Control
 IV-A-003 Food/Dietary Allowances

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	96	1	97
Number of Local Offenders	127	13	140
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	18	4	22
Number of ICE Detainees	0	0	0
TOTAL	241	18	259

Number of DOC Offenders that are:

Single Bunked	4
Double Bunked	89
Triple Bunked	0
Total	93

Number of DOC Offenders that are in Restricted Housing:

Single Bunked	4
Double Bunked	0
Triple Bunked	0
Total	4

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
August 2021	3	0	0	0
September 2021	3	0	0	0
October 2021	2	0	0	0
November 2021	2	0	0	0
December 2021	1	0	0	0
January 2022	1	0	0	0
February 2022	3	0	0	0
March 2022	4	0	0	0
April 2022	2	0	0	0
May 2022	7	0	0	0
June 2022	4	0	0	0
July 2022	0	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
August 2021	0	0	0	0	0
September 2021	0	0	0	0	3
October 2021	0	0	0	0	0
November 2021	0	0	0	0	0
December 2021	0	0	0	0	0
January 2022	0	0	0	0	0
February 2022	0	0	0	0	0
March 2022	0	0	0	0	0
April 2022	0	0	0	0	0
May 2022	0	0	1	0	0
June 2022	0	0	2	0	2
July 2022	0	0	0	0	2

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

The living areas were found to be clean and orderly.

Dorms: Compliant

The dorms were in good condition and clean; however, some of the shower areas have missing tiles but are thoroughly clean. Personal property was neatly stored. Bulletin boards in each dorm contained information regarding policies and procedures.

Cell Block: Compliant

The cells were clean and minimal property was noted. The offenders voiced no negative comments regarding the facility or their place of confinement.

Culinary/Dining: Compliant

The culinary/dining areas were clean. The inventories were incorrect and there was no accountability for the utensils; however, this issue was addressed and corrected. The Kitchen Permit is out of date but DHH paperwork shows that a license was recommended on 04/19/22. A licensed dietician (Katherine A. Crowley) approved the cycle menu in use. Offenders working in the kitchen are pre-screened by the medical department. The offenders are served in the common areas of the dorms or in their individual cell.

Bathrooms: Compliant

The dormitory and cellblock bathrooms were clean and operational. Lavatory/showers have temperature controlled hot/cold water and the temperatures are checked.

Yard Areas: Compliant

There is ample yard space for offenders to exercise and they are well kept and free of debris. Logbook documentation reflects that offenders are afforded the opportunity to exercise regularly. Staff continually monitors offenders outside on the yard.

Maintenance: Compliant.

Overall maintenance of the facility is good. They have a good preventive maintenance program in place. The tools in the Maintenance Department and Mechanic Shop were accounted for and accurately inventoried.

COUNTS: Compliant

- How many formal counts are conducted each shift? **Formal counts are conducted each shift.**
 - Day Shift – **Four (4)**
 - Night Shift - **Five (5)**
- How many counts are conducted each day? **There are a total of nine (9) counts conducted each day.**

Stick outs are counts that are conducted in areas other than housing units, such as food services and other areas of normally authorized locations. When conducting and submitting the counts, employees are to actually see the offender before turning in these counts.

- How does the facility accomplish this? **The facility has an assigned two-man count team to ensure accuracy and security. Offenders are count and stuck-out by housing unit.**
- Does this process insure accountability and safe/secure operation of the facility? **Yes.**

CLASSIFICATION SYSTEM: Compliant

Does the facility have any trustees that work outside the secure perimeter? **Yes.**

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.**

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
August 2021	5	105	5%	0
September 2021	6	108	6%	0
October 2021	6	106	6%	0
November 2021	6	111	5%	0
December 2021	6	111	5%	0
January 2022	7	103	7%	0
February 2022	8	118	7%	1 (THC)
March 2022	9	113	8%	0
April 2022	10	115	9%	0
May 2022	6	115	5%	0
June 2022	6	109	6%	0
July 2022	5	108	5%	0

Rules and Discipline: Compliant

- Does the facility's offender orientation include the application process for applying for restoration of good time? Yes.
- What is their restoration of good time application process for the offender population? After completing the two (2) year period write-up free, the offender can submit a request to Major of Corrections Roger Henson for the restoration of good time. Once Major Henson has reviewed the request, it is forwarded to the Regional Warden Jerry Goodwin for approval.
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes.

BJG AUTOMATED MONTHLY REPORTING REVIEW: Compliant

Has the facility been inputting the correct info timely? **Yes.**

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

OFFENDER PROGRAMS: Compliant

No programs at this facility at this time.

GED Program

Number of GED Slots	<u>25</u>
Number of Participants	<u>6</u>
YTD Number of Completions	<u>14</u>

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

Per Ms. Theresa Blocker there are no CTRP programs conducted at this facility.

LIST ALL OTHER OFFENDER PROGRAMS:

None

GRIEVANCE PROCESS: Compliant

- Does grievance process include at least two levels of review? Yes
- Who is the designee at each level of review?
Deputy Reliford is the designee for the first level of review, Captain Aaron Sines for the second level of review, and then to Major Henson.
- What is the specified time period for response at each level?
The response time period for the first level of review is ten (10) days, second level is thirty (30) days, and the third is sixty (60) days.

PREA COMPLIANCE: Compliant

- Is this facility required to be PREA compliant due to contract language? **No**
- Is this facility PREA compliant? **Yes.**
If yes, date compliance received: 2019
- 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 members that I spoke with throughout the facility were both professional and dedicated to their job. The staff morale was high and no one expressed any concerns. Major of Corrections Roger Henson and the staff of Natchitoches Parish Detention Center have clearly made a commitment to provide a correctional environment that promotes professionalism and accountability for their employees and

offenders alike; a fact which was obvious during the walkthrough this inspection.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

I spoke with several offenders during my walkthrough inspection and they were polite and well mannered. None of them expressed any negative comments about their conditions of confinement. Overall, offender comments were positive in nature and the offender morale was very good. At this time; this facility does not offer any offender programs except for Hi-Set. The offenders stated that they would like to be able to participate in classes.

RECOMMENDATION:

This facility consistently operates smoothly and efficiently and the level of dedication and professionalism of the staff members are exceptional. Major of Corrections Roger Henson and staff are committed to maintaining compliance with BJJ guidelines and providing a safe, secure, and stable environment for the offenders in their custody. Based on the walk-through of the facility and the review of the guidelines, it is recommended that Natchitoches Parish Detention Center receive full recertification with continued annual monitoring.



12/22/2020	
Facility: Natchitoches Parish Detention Center	Date Conducted: 18 August 2022
Monitors: Colonel Scott Cottrell, BJG Team Leader (NW Region); Mr. Tommy Garrett, BJG Team Member; and Ms. Hope Triplet, BJG Team Member.	
BASIC JAIL GUIDELINES (BJG)	
PART I - SAFETY	
A. PROTECTION FROM INJURY AND ILLNESS	
References: ACA CJS 1-1A-01, 1-1A-02, 1-1A-03, 1-1A-04, 1-1A-05, 1-1C-05, 1-4A-03, 1-4A-04	
	Findings
	Response
<p>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</p>	<p>Compliant. The shift supervisor perform general inspections daily. A complete comprehensive inspection is conducted each week. Current FM (12/13/2021), DHH (04/19/2022), and Retail Food (04/19/2022) reports are on file. See reports for deficiencies.</p>
<p>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</p>	<p>Compliant. MedPro Waste Disposal, LLC. has the contract for medical waste. Waste Connection Bayou, Inc. handles the contract for trash disposal.</p>
<p>I-A-003 Vermin and Pests Vermin and pests are controlled. There is a written and implemented plan for the control of vermin and pests. Visual Inspection: pest control contracts, trash disposal contracts, inspection reports</p>	<p>Compliant. A contract for Rollins LLC (dba Orkin, LLC) is on file. File contains receipt for services.</p>
<p>I-A-004 Housekeeping The facility is clean and in good repair. There is a written housekeeping plan that provides for the ongoing cleanliness and sanitation of the facility. Visual Inspection: inspection reports, completed forms, documentation of correction of identified deficiencies</p>	<p>Compliant. Very good housekeeping policy in place. The facility was clean and functional.</p>
<p>I-A-005 Water Supply The facility's potable water source and supply is certified at least annually by an independent, outside source to be in compliance with the State Sanitary Code. The facility complies with the requirements of the state health officer. There is a specific plan for addressing deficiencies, if any, that is approved by the state health officer. Visual Inspection: documentation of approval by DHH or local authority, plan for addressing deficiencies</p>	<p>Compliant. Facility has passed all water inspections by the DHH, including independent test conducted on the Natchitoches Water System. Copy of certification on file.</p>
B. VEHICLE SAFETY	
References: Dept. Reg. C-03-003/OP-A-3	
	Findings
	Response
<p>I-B-001 Offender Transport Escorted and unescorted absences of state offenders are governed by R.S. 15:811 and 833 and DPS&C Department Regulation No. C-03-003 "Escorted Absences." Visual Inspection: documentation of staff training, documentation of medical, funeral, etc. (outside trips)</p>	<p>Compliant. All requested escorted absences are reviewed and approved/denied by Major Roger Henson.</p>
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
<p>I-C-001 Emergency Plan There is a written plan, submitted to the Secretary of DPS&C, that specify the procedures to be followed in situations that threaten facility security. Such situations include but are not limited to riots, hunger strikes, disturbances, taking of hostages, and natural or man-made disasters. These plans are made available to all applicable personnel and are reviewed annually and updated as needed. All facility personnel are trained annually in the implementation of the emergency plan. An evacuation plan is used in the event of fire or major emergency. The plan is approved by the state fire marshal, reviewed annually, and updated, if necessary. There are written procedures for significant unusual occurrences or facility emergencies including but not limited to natural or man-made disasters; major disturbances such as riots, hostage situations, escapes, fires, deaths, serious illness or injury and assaults or other acts of violence. Such procedures include the reporting of these incidents to the DPS&C, OAS, telephone 800-803-8748 during normal business hours or the control center at EHCC, telephone 800-842-4399 after hours, when they involve DPS&C offenders. In addition, the facility shall follow the incident reporting procedures as outlined in Dept. Reg. C-05-001/AM-I-4, "Activity Reports, UORs," Category A, B and C. Visual Inspection: training records, facility logs, documentation of approval of plan, documentation of annual review, documentation of staff receipt, training on the plan</p>	<p>Compliant. A detailed emergency plan is in place. All staff members have been properly trained. Staff members that were questioned regarding emergency policy/procedure and contingency plans were knowledgeable. All staff training is documented in file. Emergency plan was approved by the Fire Marshal and submitted to DPS&C.</p>



	Findings	Response
<p>I-C-002 Immediate Release of Offenders There is a means for the immediate release of inmates from locked areas in case of emergency and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of offenders and staff in the event of fire or other emergency. Visual Inspection: facility records/logs</p>	<p>Compliant. Staff has been properly trained regarding the immediate release of offenders during emergency situations. Exits are properly marked and unobstructed.</p>	
<p>I-C-003 Fire Safety/Code Conformance The facility complies with the requirements of the state fire marshal. There is a specific plan for addressing deficiencies, if any, that is approved by the State Fire Marshal. The State Fire Marshal approves any variances, exceptions, or equivalencies. Visual Inspection: documentation of fire alarm and detection system maintenance and testing, plans for addressing deficiencies</p>	<p>Compliant. This facility is in compliance with the State Fire Marshal's requirements.</p>	
<p>I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements. Visual Inspection: Specifications for all furnishings.</p>	<p>Compliant. Furnishings are compliant with life safety codes set by the State Fire Marshall's Office.</p>	
<p>I-C-005 Flammable, Caustic and Toxic Materials Written policy, procedure and practice govern the control and use of all flammable, toxic and caustic materials. Visual Inspection: Staff training records, offender training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.</p>	<p>Compliant. File documentation reflects that all staff have been trained in the use and control of flammable, caustic, and toxic materials. Verification of inventory forms indicate excellent accountability of materials.</p>	
<p>I-C-006 Operational Capacity The number of offenders present does not exceed the operational capacity as determined by the state fire marshal and state health officer. The state fire marshal will determine a capacity primarily based upon existing 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 lowest of the two. Visual Inspection: facility count sheets</p>	<p>Compliant. On the day of the inspection, 245 offenders were assigned to the facility. The operational capacity is 516.</p>	

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/TS-B-1, C-02-007/OP-C-3

	Findings	Response
<p>II-A-001 Control There is 24-hour monitoring and coordinating of the facility's security, life safety, and communications systems. Visual Inspection: facility records/logs, maintenance records, records of staff deployment</p>	<p>Compliant. Facility has a state of the art system that is monitored 24/7.</p>	
<p>II-A-002 Secure Perimeter The facility's perimeter is controlled by appropriate means to ensure that offenders are secured remain within the perimeter and that access by the general public is denied without proper authorization. Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls</p>	<p>Compliant. The facility perimeter is secure. Adequate security practices are in place to prevent access by unauthorized persons.</p>	
<p>II-A-003 Sufficient Staff There is a written document describing the facility's organization and staffing plan. This should include an organizational chart that groups similar functions, services and activities. Each facility meets minimum security staffing requirements which reflect good correctional practice. Sufficient staff, including a designated supervisor, are provided at all times to perform functions relating to the security, custody, and supervision of offenders and, as needed to operate the facility in an emergency. Visual Inspection: records of staff deployment, facility logs, documentation of annual review of staffing analysis and plan</p>	<p>Compliant. Sufficient staff was on duty to promote good correctional practices. There are four shifts and each has a Lieutenant, a Sergeant, and six (6) deputies.</p>	
<p>II-A-004 Female Offenders and Female Staff When a female offender is housed in a facility, at least one female staff member is on duty at all times. Visual Inspection: records of staff deployment, facility logs</p>	<p>Compliant. The females are supervised by female staff.</p>	
<p>II-A-005 No Offender Control Over Others No offender or group of offenders is given control, or allowed to exert authority over other offenders. Visual Inspection: written policy and procedure</p>	<p>Compliant. Policy and practice prohibits any offender having authority over other offenders at this facility.</p>	
<p>II-A-006 Staff Log Correctional staff maintain a permanent log and prepares shift reports that record routine information, emergency situations and unusual incidents. The facility shall maintain written records or logs which continuously document the following information: 1. Personnel on duty; 2. Offender population; 3. Admission and release of offenders; 4. Shift activities; 5. Entry/exit of all visitors including legal/medical; 6. Unusual occurrences or facility emergencies (including but not limited to major and minor disturbances such as riots, hostage situations, fires, escapes, deaths, serious illness or injury and assaults or other acts of violence.) Refer to BJC I-C-001. Visual Inspection: copies of log book, records of staff deployment</p>	<p>Compliant. Staff logs of pertinent information (i.e., shift activity, daily events, security staff/supervisor rounds, etc.) were reviewed and found in good order. Logs are maintained in the file, in accordance with this guideline.</p>	



	Findings	Response
<p>II-A-007 Counts The facility has a system for physically counting offenders. At least one formal count is conducted for each shift, with no less than 3 counts daily. The system includes strict accountability for offenders assigned to work and other approved temporary absences.</p> <p><u>Visual Inspection: completed forms, facility records/logs.</u></p>	<p>Compliant. Facility conducts a total of nine (9) counts daily; four (4) counts are conducted on the day shift and five (5) counts on the night shift. Additional counts are conducted during inclement weather & as necessary.</p>	
<p>II-A-008 Offender Population Management System There is an offender population management process that includes records on the admission, processing, and release of offenders. Written policy, procedure, and practice provide for offender case record management that includes at a minimum, maintenance of the following documents and information. This offender record and any reentry transition envelopes shall be transferred with the offender at such time the offender is transferred to another local or DPS&C facility.</p> <ol style="list-style-type: none"> 1. Master prison form; 2. Bill of Information and Court Minutes OR Uniform Commitment Order; 3. One photograph; 4. Reports of disciplinary actions, grievances, incidents, or crimes committed while in custody; 5. Records of program participation, work assignments, classification actions; 6. Any government issued identification card (i.e., driver's license, social security card or birth certificate/birth card or any other valid identification); 7. Offender health record (see BJC IV-D-0041). <p>In addition to the maintenance of the above information, the following shall be collected and forwarded to the DPS&C Pre-Class Coordinator either by fax to 225-342-3759 or email to DOC-HQ_Supplemental@la.gov.</p> <ol style="list-style-type: none"> 1. Master prison form; 2. Fingerprints: one FBI print card from AFIS; 3. One photograph; 4. Bill of Information and Court Minutes or Uniform Commitment Order for each conviction (for probation violators both the original sentencing minutes and the revocation minutes are required); 5. Jail credit letter; <p><u>Visual Inspection: completed forms, reports, offender record</u></p>	<p>Compliant. If an offender is transferred to another local or DPS&C facility, all records are transferred with the offender.</p>	
<p>II-A-009 Reception - Legal Commitment and Medical Service Prior to accepting custody of an offender, staff determine that the offender is legally committed to the facility, and that the offender is not in need of immediate medical attention.</p> <p><u>Visual Inspection: Completed Admission forms, facility logs.</u></p>	<p>Compliant. Offender reception procedures are in place. All offenders are properly screened by the medical department upon reception to determine any medical needs. Documentation is completed properly and located in the files. Policy regarding acceptance of any out of state offender is in accordance with this guideline.</p>	
<p>II-A-010 Admissions Admission processes for a newly admitted offender include, but are not limited to:</p> <ul style="list-style-type: none"> •Searching of the offender and personal property; •Inventorying and providing secure storage of personal property; •Providing an itemized receipt for personal property; •Recording of basic personal data; •Performing a criminal history check; •Photographing and fingerprinting; •Separating from the general public; •Providing a health screening to assess and identify any health and safety needs; •Providing information about access to health services, copy requirements and submitting grievances. <p><u>Visual Inspection: intake and admission forms, screening forms, inventory form, receipt form.</u></p>	<p>Compliant. Current policy and procedures are in place. Admission forms are thorough and completed properly.</p>	
<p>II-A-011 Out of State Offenders The names of any out of state offender (federal or state) to be housed at a local jail or privately managed facility shall be submitted to the Chief of Operations prior to the offender(s) entering the State of LA. No such offender shall be housed if the offender would be classified as maximum custody under the LA DPS&C classification procedures.</p> <p>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</p> <p><u>Visual Inspection: offender record, submittal to chief of operations of out-of-state offenders to be housed at the facility, release/transfer documentation</u></p>	<p>Compliant. Current policy & procedures in place satisfy requirements with regards to housing and/or release of out of state offenders. Staff are aware of the proper procedures in the event of this occurrence.</p>	



	Findings	Response
<p>II-A-012 Classification System Written policy, procedure, and practice provide for a written offender classification plan that includes custody required and assignment to appropriate housing. Offender management and housing assignment considers age, gender, legal status, custody needs, special problems and needs, and behavior. All offenders are classified using an objective classification process that at a minimum:</p> <ul style="list-style-type: none"> Identifies the appropriate level of custody for each offender Identifies appropriate housing assignment Identifies the offender's interest and eligibility to participate in available programs <p>Visual Inspection: offender housing records, offender classification records</p>	<p>Compliant. This classification system in place meets all requirements. Any potential issues are addressed upon initial classification, to aid in ensuring proper custody level and placement within the facility; as well as eligibility for available programs. At this time there are no programs at the facility except for HI-Set.</p>	
<p>II-A-013 Prohibition on Youthful Offenders Offenders subject to juvenile jurisdiction are housed in adult facilities only under the conditions established by law. If juveniles are committed to the facility, a plan is in place to provide for the following:</p> <ul style="list-style-type: none"> Supervision and programming needs of the juveniles to ensure their safety, security, and education; Classification and housing plans; Appropriately trained staff. <p>OAS shall be notified of offenders who are under the age of 18 that are sentenced to the facility.</p> <p>Visual Inspection: admission and housing, offender records, classification records</p>	<p>Compliant. Facility does not house youthful offenders.</p>	
<p>II-A-014 Separation in Classification Male and female offenders must be housed in separate rooms/cells with reasonable sight and sound separation.</p> <p>Visual Inspection: offender housing records, offender classification records, diagram of facility showing male/female housing areas</p>	<p>Compliant. The female offenders at this facility are housed with reasonable sight and sound separation from the male offender.</p>	
<p>II-A-016 Photo Identification The facility shall provide each DPS&C offender with photo identification, which the offender shall carry/wear on their person at all times.</p> <p>Visual Inspection: Offender identification card/wristband.</p>	<p>Compliant. All offenders receive a photo identification bracelet upon intake.</p>	
<p>II-A-017 Drug Free Workplace Written policy, procedure, and practice provide for a drug-free workplace, which includes at a minimum pre-employment testing, post-accident testing, reasonable suspicion/probable cause testing, and quarterly random testing of all employees.</p> <p>Visual Inspection: drug testing lab fee bills for drug testing of facility employees (including pre-employment, post-accident, reasonable suspicion/probable cause, random).</p>	<p>Compliant. Employee's are tested in accordance with policy. Meets DOC guidelines.</p>	
<p>II-A-018 Offender Drug Testing Written policy, procedure, and practice provide for alcohol/drug testing, both randomly and for probable cause. Facility policy will require that a minimum of 5% of the DPS&C offender population shall be drug tested on a monthly basis.</p> <p>Visual Inspection: Facility log, documentation of alcohol/drug testing of offenders.</p>	<p>Compliant. This facility has consistently drug tested 5% or more of the DOC population.</p>	
<p>II-A-019 Offender Transfers All transfers of DPS&C offenders to other than DPS&C facilities shall be reported to the OAS, at least one day prior to all scheduled transfers and within one business day for all non-scheduled transfers. The DOC offender transfer form shall be submitted by the transferring facility to OAS at least one day prior to the transfer occurring by fax to 225-342-2439 or by email to LocalJailTransfers@la.gov. Offenders should not be transferred to other than DPS&C facilities within 60 days of release, unless for disciplinary reasons.</p> <p>An offender scheduled for an appearance before the Committee on Parole shall not be transferred prior to the scheduled hearing date. However, if the transfer is deemed unavoidable by the Warden due to security concerns, the Warden shall obtain prior approval for an exception from the DPS&C Chief of Operations or designee. Staff from the sending facility shall notify the Committee on Parole as soon as it is known that the offender must be transferred.</p> <p>Visual Inspection: facility logs, documentation of transfers of DPS&C offenders to other than DPS&C facilities</p>	<p>Compliant. All transfers are reported as required to OAS.</p>	
<p>II-A-020 Frequency of Cell Checks Written policy, procedure, and practice provide secure, safe housing by establishing the frequency of cell checks in all cellblock areas not to exceed four (4) hours. Staff will document these checks in their staff logs.</p> <p>Visual Inspection: Facility logs, documentation of frequency of cell checks.</p>	<p>Compliant. Per policy, staff checks all cells at least every four (4) hours. Documentation is maintained.</p>	

B. USE OF PHYSICAL FORCE

References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Regs. B-06-001 HC-08/IS-D-HCP33, HC-29/IS-D-HCP40, C-01-008/OP-A-19, C-02-006/OP-A-16, C-03-003/OP-A-3

	Findings	Response
<p>II-B-001 Use of Force The use of force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. Written policy, procedure, and practice govern the use of force and provide that force shall never be used as punishment. When an incident involving use of force with a DPS&C offender results in the termination and/or arrest of an employee, the facility shall immediately report the incident to the DPS&C, Office of Adult Services, telephone number 800-803-8748 during normal business hours or the control center at Elayn Hunt Correctional Center, telephone number 800-842-4399 after hours. In addition, the facility shall provide a written report of the incident to the DPS&C, Chief of Operations within three business days.</p> <p>Visual Inspection: facility records, logs, incident reports, training records</p>	<p>Compliant. Good use of force policy is in place. There are no indications of unnecessary/excessive force, or force being used as a means of punishment.</p>	
<p>II-B-002 Use of Restraints Written policy, procedure, and practice provide that mechanical restraints, such as handcuffs and leg irons, are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application. Restraints on offenders for medical and psychiatric purposes are only applied in accordance with policies and procedures approved by the health authority, including:</p> <ul style="list-style-type: none"> Conditions under which restraints may be applied; Types of restraints to be applied; Identification of a qualified medical or behavioral health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative; Monitoring procedures; Length of time restraints are to be applied; Documentation of efforts for less restrictive treatment alternatives; <p>Visual Inspection: facility records, logs</p>	<p>Compliant. Written policy and procedures are in place. Restraints are mainly used to prevent self-injury, injury to others or damage to property. Restraints are not applied for more time than necessary.</p>	



	Findings	Response
<p>II-B-002-1 Use of Restraints for Pregnant Offenders Written policy, procedure, and practice complies with the following requirements: Restraints During Pregnancy-Related Transportation</p> <ul style="list-style-type: none"> Restraints shall not be used on a pregnant offender (1) during any pregnancy related medical distress, (2) while she is being transported to a medical facility or LCIW unless there are compelling grounds to believe that the offender presents either of the following: <ul style="list-style-type: none"> a) An immediate and serious threat of physical harm to herself, staff, or others; b) A substantial flight risk and the offender cannot be reasonably contained by other means. If restraints are utilized during transportation, the offender shall not be cuffed behind the back or restrained using waist restraints. <p>Visual Inspection: facility records, logs</p>	<p>Compliant. Written policy and procedures are in place. The use of restraints on pregnant offenders is done in strict accordance with written policy.</p>	
<p>II-B-003 Use of Firearms The use of firearms complies with the following requirements.</p> <ul style="list-style-type: none"> Weapons are subject to stringent safety regulations and inspections. A secure weapons locker is located outside the secure perimeter of the facility. Except in emergency situations, firearms and authorized weapons are permitted only in designated areas to which offenders have no access. Employees supervising offenders outside the facility perimeter follow procedures for the security of weapons. Employees are instructed to use deadly force only after other actions have been tried and found ineffective, unless the employee believes that a person's life is immediately threatened. Employees on duty use only firearms or other security equipment that have been approved by the facility administrator. Appropriate equipment is provided to facilitate safe unloading and loading of firearms. <p>Visual Inspection: training records, safety regulation and inspection reports, photos of equipment used for unloading and reloading</p>	<p>Compliant. Policy is in place regarding use, safe storage, and prohibited areas. Deputies are POST certified and training has been provided in the use of firearms. Firearms training records are located in files.</p>	
<p>II-B-004 Written Reports Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur:</p> <ul style="list-style-type: none"> Discharge of a firearm or other weapon Use of less lethal devices to control offenders Use of force to control offenders Offender(s) remaining in restraints at the end of the shift Emergency distribution of security equipment <p>Visual Inspection: completed reports, facility records and logs</p>	<p>Compliant. Written reports are on file at the facility. Deputies must complete all reports prior to leaving the facility upon conclusion of his/her shift.</p>	

C. CONTRABAND/SEARCHES

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

	Findings	Response
<p>II-C-001 Procedures for Searches Written policy, procedure and practice guide searches of facilities and offenders to control contraband. Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the offender is concealing contraband and when authorized by the facility administrator or designee. Health care personnel will conduct manual or instrument inspections in private.</p> <p>Visual Inspection: observation, facility records and logs, offender and staff interviews</p>	<p>Compliant. Procedures in place & logs maintained on searches & detection of contraband. Detailed shakedown & daily search logs are on file.</p>	

D. ACCESS TO KEYS, TOOLS, UTENSILS

References: ACA CJS 1-2D-01

	Findings	Response
<p>II-D-001 Key, Tool, and Utensil Control Keys, tools, culinary equipment and medical/dental instruments and supplies (syringes, needles and other sharps) are inventoried and use is controlled. Written policy, procedure and practice govern the control and use of keys, tools, culinary equipment, and medical/dental instruments and supplies.</p> <p>Visual Inspection: documentation of perpetual inventories</p>	<p>Compliant. The Kitchen tool inventories were incorrect and there was no accountability for the utensils.; However, this issue was addressed and corrected. All other inventories were accurate and correct.</p>	

PART III - ORDER

A. OFFENDER DISCIPLINE

References: ACA CJS 1-2A-15, 1-3A-01, 1-6C-02, 1-6C-03, 1-6C-04, Dept. Reg. B-05-001 (OP-C-1)

	Findings	Response
<p>III-A-001 Rules and Discipline Prior to being placed in the general population, each offender is provided with an orientation that includes facility rules and regulations, including access to medical care. The facility shall follow and provide the DPS&C "Disciplinary Rules and Procedures for Adult Offenders", to the offender population.</p> <ul style="list-style-type: none"> If the Sheriff or local jail administrator believes that a loss of good time is appropriate, then the incident shall be fully documented and the offender transferred to the DPS&C for a disciplinary hearing to ensure due process in accordance with La. R.S. 15:571.4. <p>The offender must sign and date a statement acknowledging receipt of this information.</p> <p>Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation</p>	<p>Compliant. Each offender is provided a DPS&C rulebook and facility rules and regulations book during orientation. They are advised by medical on how to access medical care. Signatures are in files.</p>	



PART IV - CARE		
A. FOOD SERVICES		
References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04, 1-4A-06, Dept. Reg. C-06-001/IS-C-1	Findings	Response
IV-A-001 Food Storage Facilities There are sanitary facilities for the storage of all foods that comply with applicable state and/or federal guidelines. Visual Inspection: DHH inspection reports, internal inspection reports	Compliant. All food was being properly stored and temperatures were properly documented.	
IV-A-002 Food Service Facilities Toilet and hand basin facilities are available to food service personnel in the food preparation area. Visual Inspection: DHH inspection reports, photos	Compliant. Adequate facilities are available to the offenders and clearly marked signs are posted. The kitchen has a restroom for food service workers.	
IV-A-003 Food/Dietary Allowances The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure they meet the national recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings. Written policy, procedure, and practice require that food service staff plan menus and substantially follow the plan. The planning and preparation of all meals shall take into consideration nutritional characteristics and caloric adequacy. The facility shall provide a tray/plate and utensil(s) for each hot meal. Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations	Compliant. All cycle menus are reviewed and approved by Registered Dietitian Katherine A. Crowley. License through 08/31/2022. A tray/plate is provided for each hot meal. Kitchen permit is out-of-date but DHH paperwork shows that a license was recommended on 04/19/22.	
IV-A-004 Records of Meals Served Written policy, procedure, and practice require that accurate records are maintained of all meals served. Visual Inspection: facility logs	Compliant. Accurate records are maintained. The quality of food is good and the quantity is sufficient.	
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. Food is never withheld as a form of discipline.	
IV-A-006 Food Service Management Written policy, procedure, and practice require that three meals (including two hot meals) are provided under staff supervision at regular meal times during each 24-hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met. Offenders shall be provided an ample amount of food for each meal. Visual Inspection: records of meals served and times served, facility logs	Compliant. Offenders are provided two hot meals per day. Ample time is permitted for meal consumption and time lapsed between meals is in compliance with this guideline.	
IV-A-007 Therapeutic/Special Diets Therapeutic and/or special diets are provided as prescribed by appropriate clinicians or when religious beliefs require adherence to religious dietary laws. Written policy, procedure, and practice provide for special diets as prescribed by appropriate medical or dental personnel. Visual Inspection: health records, diet records or forms, documentation of warden's approval of religious diet	Compliant. Therapeutic diets are prescribed by medical personnel. Major Roger Henson approves religious diets.	
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. Visual Inspection: inspection reports, completed forms, documentation of daily monitoring for health and cleanliness	Compliant. Proper safety precautions are taken. All food service workers are prescreened and monitored regularly, for proper grooming and good health. Good file documentation.	
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. All offenders have access to toilets and washbasins with temperature controlled hot/cold water at all times.	
IV-B-002 Plumbing Fixtures - Showers Offenders, including those in medical housing units or infirmaries, have access to operable showers with temperature-controlled hot and cold running water 24 hours per day, on a reasonable schedule, (a minimum of three times per week). Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit. Visual Inspection: maintenance records or reports, inspections	Compliant. Logs on file reflect the water temperature for showers is in the required range. Offenders have access to showers 24 hours per day.	
IV-B-003 Clothing The facility has an obligation to provide adequate institutional clothing appropriate to the season and the offender's work status, including adequate changes of clothing to allow for regular laundering. The facility may fulfill this obligation by furnishing clothing or permitting the offender to secure and wear his own clothing, except that when the offender does not provide adequate clothing for himself, the facility shall provide adequate clothing for the offender. Visual Inspection: documentation of clothing issue, documentation of cleaning and storage	Compliant. The facility provides adequate clothing as needed.	
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. Appropriate bedding and linens are provided to all offenders. The facility launders all linens as required.	
IV-B-005 Personal Hygiene Articles and services necessary for maintaining personal hygiene shall be available to all offenders including items specifically needed for females. Such items shall be provided to any offender (male or female) who is indigent. Each offender shall be provided soap, toilet paper, toothbrush, toothpaste and shaving equipment. Visual Inspection: documentation that items are provided, list of items available	Compliant. Indigent offenders are provided with personal hygiene items if they're not able to purchase them.	



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-T-4	Findings	Response
<p>IV-C-001 Access to Care/Clinical Services At the time of admission/intake, all offenders are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an offender's ability to pay. The facility has a designated health authority with responsibility for health care services. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician.</p> <ul style="list-style-type: none"> Written policy, procedure, and practice provide for the delivery of health care services, including medical, dental and behavioral health services under the control of a designated health care authority who shall be a physician or a licensed or registered health care provider or health agency. Access to these services shall be unimpeded in the sense that correctional staff should not approve or disapprove offender requests for services in accordance with the facility's health care plan. Oral health services include access to diagnostic x-rays, treatment of dental pain, development of individual treatment plans, extractions of non-restorable teeth, and referral to a dental specialist, including an oral surgeon. Specialty non primary clinical services are covered by DPS&C. The requests shall be submitted by the facility staff using the software provided by DPS&C. In accordance with R.S. 15:831, DPS&C offenders may be assessed a co-payment for receiving medical or dental treatment, including prescription or nonprescription drugs. The co-payment fee schedule shall be approved by the DPS&C. Such fee schedule for DPS&C offenders housed in local jail facilities shall not exceed the DPS&C approved rate in accordance with Dept. Reg. B-06-001 HC-02/IS-D-HCP14, unless prior approval has been granted by the Secretary of the DPS&C. DPS&C offenders may be required to file a claim with his/her private medical or health care insurer, or any public medical assistance program, under which he/she is covered and from which the offender may make a claim for payment or reimbursement of the cost of any such medical treatment. <p>Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule.</p>	<p>Compliant. This facility has sent a request for a waiver of the medical co-pay rates. Co-payments are currently established as follows: \$5.00 for sick call, \$3.00 for Dental, Rx co-pay is \$3.00. OTC medications are \$3.00 per week. Request for Mental Health services co-pay is \$10.00. These fees have been approved by DPS&C. Offenders are provided adequate medical attention regardless of their ability to pay established medical co-payments. Offenders sign a receipt for notification of co-pay.</p>	
<p>IV-C-002 Adequate Equipment and Supplies Adequate equipment and supplies for medical services are provided as determined by the health care authority and are in working order.</p> <p>Visual Inspection: Photos</p>	<p>Compliant. Adequate equipment and supplies for medical services are maintained and have been approved for use by Dr. Otis Barnum.</p>	
<p>IV-C-003 Provision of Treatment The facility has a designated health authority responsible for health care services. Requests for health services are triaged by health trained persons to ensure that needs are addressed in a timely manner in accordance with the severity of the illness. Written policy, procedure and practice provide that anyone who provides health care services to offenders be licensed, registered or certified as appropriate to their respective professional disciplines. Such personnel shall only practice as authorized by their license, registration or certification. Standing orders are used in the treatment of offenders only when authorized in writing by a physician or dentist. (Standing orders are used in the treatment of identified conditions and for the on-site emergency treatment of an offender.)</p> <p>Visual Inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure</p>	<p>Compliant. Appropriate licensed staff have current agreement letters on file to provide medical, dental, and everyday services to the offender population.</p>	
<p>IV-C-004 Personnel Qualifications/Credentials Correctional or other personnel who do not have health care licenses may only provide limited health care services as authorized by the responsible health care authority and in accordance with appropriate training. This would typically involve the administration of medication, the following of standing orders as authorized by the responsible health care authority and the administration of first aid/CPR in accordance with POST training. Written policy, procedure and practice approved by the health authority require dispensing and administering prescribed medications by qualified personnel.</p> <p>Visual Inspection: health records, completed medication administration form, personnel records, copies of current credentials or licensure, documentation of compliance with standing orders, health record entries, staff training records</p>	<p>Compliant. All deputies are properly trained by health care staff in dispensing medication. All dispensing medication is tracked on a MARS system. All deputies have received CPR and first aid training/certification. Standing Orders have been approved by the Health Care Authority. Signed copy is in the file.</p>	
<p>IV-C-005 24 Hour Care Written policy, procedure, and practice ensure that offenders have access to 24-hour emergency medical, dental, and mental health services, including on-site first aid, basic life support, and transfer to community based services. This requirement may be met by agreement with a local state hospital, a local private hospital, on-call qualified health care personnel (see IV-C-003), or on-duty qualified health care personnel. Decisions regarding access to emergency medical services shall not be the sole province of correctional or other non-health personnel except in accordance with IV-C-004.</p> <p>Visual Inspection: designated facility, provider lists, transportation logs</p>	<p>Compliant. Medical personnel are on call & available 24 hours per day. Written policy & procedures are in place. Current licenses are on file for medical staff. In the event of a medical emergency, offenders are transported to Ochsner/LSU- Shreveport or Natchitoches Regional Medical Center. Current letters of agreement are on file.</p>	



	Findings	Response
<p>IV-C-006 Health Screens Written policy, procedure and practice require that all DPS&C offenders receive a health screening by health trained or qualified health care personnel upon intake into the facility unless there is documentation of a health screening within the previous 90 days. Screening is conducted in accordance with protocols established by the health authority. If completed by health trained personnel, all intake health screens are to be reviewed by health care personnel as soon as possible. If a facility uses a different screening form, it shall be required to have at a minimum the questions in the Intake Health Care Screening form (IV-C-006-A) provided by DPS&C. The purpose of the health screening is to protect newly admitted offenders who pose a health safety threat to themselves or others from not receiving adequate medical attention. This should include inquiry into:</p> <ol style="list-style-type: none"> 1. Current medical, dental or behavioral health problems and communicable diseases; 2. Current treatment plan; 3. Current medications, including psychotropic; 4. History of hospitalization; 5. Suicidal risk assessment; 6. Use of alcohol or other drugs including need for possible detoxification; 7. Possibility of pregnancy; 8. Observation of the following: <ol style="list-style-type: none"> a. Appearance and behavior; b. Body deformities and other physical abnormalities; c. Ease of movement; d. Current physical traumas or characteristics and a determination of whether or not the offender should be recommended for immediate transfer to the DS&C for appropriate care; e. Any physical impairment (hearing, vision, mobility) or other disability which would impede the offender's access to programs or services. Offenders identified with such an impairment or disability shall be transferred to the DPS&C for further evaluation and determination of appropriate housing placement. [Reference 2008 <p>Visual Inspection: health records, completed screening form, transfer logs</p>	<p>Compliant. Written policy and procedures in place regarding the health screens of offenders in to the facility. Proper screenings are completed upon intake. The health screen meets all of the items required in the guideline.</p>	
<p>IV-C-006-1 Pregnancy Management Written policy, procedure and practice require that all pregnant offenders have access to obstetrical services by a qualified provider. The local jail facility shall notify the Department's Medical Director, when a DPS&C offender is pregnant to ensure proper placement or if transfer to a DPS&C facility is necessary.</p> <p>Visual Inspection: written policy and procedure, health record where pregnant offender received obstetrical services by a qualified provider, notification to DPS&C when DPS&C offender is pregnant, transfer logs</p>	<p>Compliant. Written policy and procedures are in place. All pregnant offenders have access to obstetrical services. The females are supervised by female staff.</p>	
<p>IV-C-007 Communicable Disease and Infection Control Program Communicable diseases are managed in accordance with a written plan approved by the health authority in consultation with local public health officials. The plan includes for the screening, surveillance, treatment, containment, and reporting of infectious diseases. The plan shall comprise of testing to detect communicable diseases, including TB testing within 14 days of arrival at the facility. If there is documented evidence of TB testing within the last 12 months, new testing is not required. Qualified health care staff will evaluate for signs and symptoms of TB. Infection control measures include the availability of personal protective equipment for staff and hand hygiene promotion throughout the facility. Procedures for handling biohazardous waste and decontaminating medical and dental equipment must comply with applicable local, state and federal regulations.</p> <p>Visual Inspection: health records, clinic visit logs, documentation of waste pick up and/or cleaning logs</p>	<p>Compliant. A written plan is in place to address communicable diseases. The plan has been approved by a Dr. Otis Barnum. Signed copy on file. The facility uses MedPro Waste Disposal, LLC. for all medical waste disposal.</p>	
<p>IV-C-008 Annual TB Testing Written policy, procedure and practice require annual testing or medical evaluation for signs and/or symptoms of tuberculosis on all offenders. Annual TB testing will be provided at no cost to the offender. The facility's designated health care authority shall contact the DPS&C Medical Director, telephone number 225-342-1320, when an offender's test for medical signs and/or symptoms of tuberculosis is reported positive. The DPS&C Medical Director will determine if the offender requires physician or mid-level evaluation, based on the reported positive signs or</p> <p>Visual Inspection: health records</p>	<p>Compliant. TB testing is conducted on all offenders upon intake as well as annually at no cost to the offender. File documentation reflects total compliance with this guideline.</p>	
<p>IV-C-009 Chronic Care Program Offenders with chronic conditions, such as diabetes, hypertension and mental illness receive periodic care by a qualified health care provider in accordance with individual treatment plans, inclusive as deemed appropriate by the respective health care provider. For offenders whose chronic disease cannot be reasonably managed by the local jail facility, a Medical Transfer Request for DOC Offenders at Local Facilities Form C-05-004-B may be submitted to the ARDC.</p> <p>Visual Inspection: health records</p>	<p>Compliant. Only offenders who are stable through use of maintenance medications are housed at this facility. All others are transferred to a DOC facility upon approval from DOC.</p>	
<p>IV-C-010 Pharmaceuticals Written policy, procedure, and practice approved by the health authority provide for the proper management of pharmaceuticals. Offenders are provided medication as prescribed.</p> <p>Visual Inspection: health records, completed medication administration forms, inventories</p>	<p>Compliant. MARS sheets are completed as required. Pill call was observed and proper dispensing of medication was observed.</p>	
<p>IV-C-011 First Aid Kits First aid kits are available in areas of the facility as designated by the responsible health care authority and shall be immediately accessible to housing units.</p> <p>Visual Inspection: location of first aid kits within the facility</p>	<p>Compliant. First Aid kits are strategically located throughout the facility. The location plan has been approved by Dr. Barnum.</p>	
<p>IV-C-012 Access to Sick Call There is a process for all offenders to initiate requests for health services on a daily basis. Written policy, procedure and practice require that sick call is conducted by a physician and/or other qualified health care personnel who are licensed, registered or certified as appropriate to their respective professional discipline and who practice only as authorized by their license, registration or certification. Sick call shall be available to all offenders as follows:</p> <ul style="list-style-type: none"> •Facilities with fewer than 100 offenders - 1 time per week; •Facilities with 100 to 300 offenders - 3 times per week; •Facilities with more than 300 offenders - 4 times per week. <p>If an offender's custody status precludes attendance at sick call, then arrangements shall be made to provide such services in the place of the offender's detention.</p> <p>Visual Inspection: written policy and procedure</p>	<p>Compliant. Offenders can submit sick call requests five (5) days per week via Kiosk and medical staff will see them the same day. Offenders declaring a medical emergency are seen immediately by medical staff. During weekends and after hours, the facility has a nurse on call to address any non-life threatening medical emergencies. Dr. Otis Barnum and/or Nurse Practitioner Meg Barnum sees offenders on Tuesday and Thursday. In the case of an emergency, offenders are transferred to Ochsner/LSU- Shreveport or Natchitoches Regional Medical Center.</p>	



	Findings	Response
<p>IV-C-013 Infirmary Care If infirmary care is provided onsite, it complies with applicable state regulations and local licensing requirements. Provision include 24 hour emergency on-call consultation with a physician, dentist and mental health professional. Written policy, procedure and practice provide that any offender who is identified as requiring a medical, dental or mental health need for which care is not readily available from the local facility, shall be immediately transferred to DPS&C. It is particularly important that smaller facilities recognize the commitment of the DPS&C to accept into their custody any state offender whose condition is problematic.</p> <p>Visual Inspection: admission or inpatient records, staffing schedule, completed form C-05-004-B</p>	<p>Compliant. Offenders are transferred to DPS&C if the care cannot be provided at the facility. Should an offender require immediate hospital care, they are transported to Ochsner/LSU- Shreveport or Natchitoches Regional Medical Center.</p>	
<p>IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, Compassionate Release) Any offender sentenced to DPS&C custody that meets the medical criteria to be released on Medical Parole, Medical Treatment Furlough or Compassionate Release may be considered after submission of the required documentation in accordance with the corresponding Dept. Reg. to the DPS&C's Chief Nursing Officer via email to MedicalDirector@corrections.state.la.us or by fax to 225-342-7240.</p> <p>Visual Inspection: health records, documentation of approval of DPS&C's Chief Nursing Officer</p>	<p>Compliant. This facility does not have an in-house infirmary, therefore, any offenders to which this guideline applies, is transferred to a DOC facility.</p>	
<p>IV-C-014 Suicide Prevention and Intervention There is a written suicide prevention and intervention program that is approved by a behavioral health professional who meets the educational and license/certification criteria specified by his/her respective professional discipline. The program must include specific procedures for handling intake, screening, identifying and continually supervising the suicide-prone offender. Observation of the suicide-prone offender will vary from continual observation to intervals no greater than fifteen (15) minutes. All staff with responsibility for offender supervision are trained annually in the implementation of the program.</p> <p>Visual Inspection: health records, documentation of staff training, documentation of observation of suicide watches</p>	<p>Compliant. Facility has a good suicide prevention & intervention program in place, it is approved by Dr. Otis Barnum. Thorough documentation reflects that offenders receive prompt care as well as ongoing management when being treated. File documentation reflects that all staff members have been properly trained.</p>	
<p>IV-C-015 Offender Deaths Written policy, procedure and practice specify and govern the actions to be taken in the event of an offender's death, which includes notification of the coroner of all offender deaths. All attempts to contact the coroner regarding any death shall be thoroughly documented. Such procedures shall also include the reporting requirements as outlined in BJC I-C-001. In addition, a written report of all offender deaths shall be submitted to DPS&C on Form C-05-001-X (via email to catanotify@corrections.state.la.us or via fax to 225-342-3349).</p> <p>Visual Inspection: notification, reporting requirements, report to DPS&C</p>	<p>Compliant. Current policy is in place & fulfills the requirements of this guideline. Staff are aware of reporting requirements.</p>	
<p>IV-C-016 Notification A visit with an immediate family member when the offender is admitted to an ICU or trauma center due to a serious bodily injury or due to being a terminally ill offender for the duration of the offender's admission to the ICU or trauma center, unless the Warden or designee provides written notice within 6 hours of the offender's admission to the ICU or trauma center to any immediate family member seeking visitation why such visitation cannot be granted, pursuant to La. R.S. 15:833(A) and Dept. Reg. C-02-008: •If the offender's admission to the ICU or trauma center occurs between 8:00 pm and 4:00 am, the Warden or designee shall provide the required written notification within 24 hours of the time the serious bodily injury occurred. •Pursuant to La. R.S. 15:833(A), the Warden or designee shall attempt to notify the offender's immediate family within 8 hours of the medical decision to transport the offender to the ICU or trauma center. •Based on extenuating circumstances the Warden or designee may extend the definition of an offender's immediate family member.</p> <p>Visual Inspection: notification records</p>	<p>Compliant. Policies and procedures are in place related to notification of family and visitation with an offender admitted to an ICU or trauma center according to DPS&C guidelines. Documentation of any such occurrence is maintained. This facility has no incidents to date.</p>	
<p>D. HEALTH SERVICES STAFF References: ACA CJS 1-4D-02, 1-4D-04, 1-4D-05, 1-4D-07, 1-4D-08, 1-4D-09, 1-4D-10, 1-4D-17, 1-4D-18, Dept. Regs. B-06-001/HC-24/ISD-HCP44, HC-25/IS-D HCP9, HC-26/IS-D-HCP10, HC-33/AM-D-5</p>		
<p>IV-D-001 Health Care Quarterly Meetings The health authority meets with the facility administrator at least quarterly.</p> <p>Visual Inspection: documentation of meetings</p>	<p>Compliant. Quarterly meetings are conducted and documentation is in file.</p>	
<p>IV-D-002 Research Written policy, procedure, and practice prohibit offender participation in pharmaceutical, medical, or cosmetic experiments. This policy does not preclude individual treatment of an offender based on his/her needs using a specific medical procedure that is not generally available.</p> <p>Visual Inspection: written policy and procedure</p>	<p>Compliant. Current policy prohibits offenders from participation in clinical trials or experiments.</p>	
<p>IV-D-003 Health Care Personnel/Job Descriptions Health care staff work in accordance with professional specific job descriptions approved by the health authority.</p> <p>Visual Inspection: job descriptions</p>	<p>Compliant. Job descriptions have been approved by a Health Care Authority. Copies are in file.</p>	
<p>IV-D-004 Confidentiality of Health Information Information about an offender's health status is confidential. Nonmedical staff only have access to specific medical information on a "need to know" basis in order to preserve the health and safety of the specific offender, other offenders, volunteers, visitors, or correctional staff. An individual health record is maintained for all offenders in accordance with policies and procedures established by the health authority. The health record is made available to, and is used for documentation for all health care personnel. The active health record is maintained separately from the confinement case record and access is controlled. When an offender is transferred to DPS&C or another local facility, the offender's medical record is transferred as well.</p> <p>Visual Inspection: health records, completed consent forms, completed refusal forms</p>	<p>Compliant. Access to offender medical information/files is controlled and restricted to those whom have the proper authority. Medical records are maintained in separate files and are forwarded along with the offender upon transfer. Completed consent forms are in file.</p>	



	Findings	Response
<p>IV-D-005 Informed Consent Informed consent standards of the jurisdiction are observed and documented for offender care in a language understood by the offender. In the case of minors, the information consent of a parent, guardian or legal guardian applies when required by law. Offenders routinely have the right to refuse medical interventions. When health care is rendered against an offender's will, it is in accordance with state laws and regulations. Involuntary administration of psychotropic medications to offenders may only be accomplished by DPS&C.</p> <p>Visual Inspection: health records, completed consent forms, completed refusal forms</p>	<p>Compliant. Completed consent and/or refusal forms are on file.</p>	
<p>IV-D-006 Emergency Response Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the facility administrator. All staff responding to health emergencies are trained in CPR. The health authority approves policies and procedures that ensure that emergency supplies and equipment, including automatic external defibrillators (AEDs) are readily available and in working order.</p> <p>Visual Inspection: verification of training, records and certificates</p>	<p>Compliant. All staff have been trained in first aid and CPR. Certificates are in file. Emergency Medical Plans has been approved by a Health Care Authority. An AED is available and in working order. Documentation is in file.</p>	
<p>IV-D-007 Internal Review/Quality Assurance The health authority approves policies and procedures for identifying and evaluating major risk management events related to offender health care, including offender deaths, preventable adverse outcomes and serious medication errors.</p> <p>Visual Inspection: evaluation of major risk management events</p>	<p>Compliant. Facility has a policy in place that has been signed & approved by a Health Care Authority.</p>	

E. SEXUAL ASSAULT
References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16, Dept. Regs. A-04-002/PS-D-3, C-01-022/OP-A-15

	Findings	Response
<p>IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual abuse/assault includes: <ul style="list-style-type: none"> •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 BJJ I-C-001. An investigation is conducted and documented whenever a sexual assault or threat is reported. Investigative reports, that include DPS&C offenders, shall be submitted to appropriate DPS&C Regional Team Leader on Form C-01-022-E. Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence.</p> <p>Visual Inspection: documentation of reports to DPS&C, investigative reports</p>	<p>Compliant. Written policy and procedures are in place. Staff has received training on PREA. Offenders receive PREA training during their orientation to the facility. PREA investigations are conducted according to DPS&C policy. There have not been any substantiated PREA allegations associated with DOC offenders during this rating period.</p>	

PART V - OFFENDER PROGRAMS AND ACTIVITY

A. OFFENDER OPPORTUNITIES FOR IMPROVEMENT

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

	Findings	Response
<p>V-A-001 Volunteers/Registration There is an official registration and identification system for volunteers.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant. Due to Covid-19 restrictions, no volunteers have been granted admittance.</p>	
<p>V-A-002 Volunteer Services A current schedule of volunteer services is available to all offenders and is posted in appropriate areas of the facility.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant. Schedules are posted in appropriate areas of the facility, however no service have been scheduled due to Covid-19 restrictions.</p>	
<p>V-A-003 Programs and Services Written policy, procedure and practice provide for the availability of offender programs, services and counseling. Such programming may be obtained from acceptable internal or external sources which should include, at a minimum, assistance in obtaining individualized educational program instruction at a variety of levels. The local jail facility shall maintain class files on all DPS&C approved programming, whether the program is administered by DPS&C or other staff. The class files should include at a minimum: 1. Screening of offender(s) for program placement; 2. Offender application to program; 3. Program sign-in sheets and/or attendance rosters; 4. Signed copy of CTRP credit forms; 5. Documentation for staff oversight if program is not administered and/or overseen by DPS&C staff.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant. Per Ms. Theresa Blocker there are no CTRP classes offered at this facility at this time.</p>	
<p>V-A-003-1 Educational Programming The DPS&C and the facility encourage educational programming which includes: 1. Adult Basic Education and/or Literacy 2. Industry Based Certification Training 3. Pell-eligible Post-Secondary Training Any planned or proposed programs for education in local jail facilities that house DPS&C offenders shall be submitted to the DPS&C Education Director.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant. GED/Hi-Set programming is available at this facility.</p>	



B. PROGRAMS		
References: ACA CJS 1-4C-02, 1-5B-01, 1-5B-01-1, 1-5B-01-2, 1-5B-01-3, 1-5B-02, 1-5B-02-1, 1-5B-02-2, 1-5B-04, 1-5C-01, 1-5C-04, 1-5C-06, Dept. Regs A-04-002/PS-D-3, B-02-001/15-B-1, B-06-001/HC-17/15-D-HCP7, B-08-005/PS-E-1, B-09-013/PS-C-1, B-09-003/AM-C-2, C-01-012/PS-1-1, C-02-008/OP-C-9, C-02-009/OP-C-7	Findings	Response
<p>V-B-001 Releasing Offenders Procedures for releasing offenders from the facility include, but are not limited to, the following:</p> <ul style="list-style-type: none"> •Return of personal property, to include any govt. issued ID (i.e., driver's license) that may have been collected from the offender during the intake process. •Provide offender with/and have him/her sign for any reentry transition document envelopes and all its contents. •Provision of a listing of available community resources. •Consideration by the prescribing health care practitioner for a provision of a 5-day supply of current maintenance medication (medication prescribed to stabilize a chronic medical or behavioral health illness), along with a prescription for a thirty (30) day of medication upon transfer or discharge. •Prior to release, offenders with serious medical and behavioral health conditions are referred to available community services. Appropriate health information is shared with the new providers in accordance with consent requirements. •Provision of adequate street clothing for indigent offenders. Offender shall not release in any prison issued attire, including but not limited to jumpsuits, striped scrubs, or stenciled clothing. <p>Visual Inspection: completed release forms and documents, facility records and logs, offender records</p>	<p>Compliant. Prior to their release, offenders receive all needed medications, property, and community resource information. The release packets are maintained and on file. All offenders sign a receipt for property and medications.</p>	
<p>V-B-002 Visiting Written policy, procedure and practice govern visiting. The number of visitors an offender may receive and the length of the visits may be limited only by the facility's schedule, space and personnel constraints or when the facility administrator can present clear and convincing evidence that such visitation jeopardizes the safety and security of the facility. Conditions under which visits may be denied and visitors may be searched are defined in writing. Provisions are made for special visits in accordance with Dept. Reg. C-02-008.</p> <p>Visual Inspection: activity schedule, facility logs</p>	<p>Compliant. Visitation is conducted by video at this facility.</p>	
<p>V-B-003 Library Services Written Reading materials shall be available to offenders on a reasonable basis.</p> <p>Visual Inspection: activity schedule, facility logs</p>	<p>Compliant. Library services are available to all offenders.</p>	
<p>V-B-004 Religious Programs Written policy, procedure and practice define and provide reasonable offender opportunity for religious practice.</p> <p>Visual Inspection: documentation of offender religious activities, activity schedule</p>	<p>Compliant. There have not been any programs since Covid-19 started. They are in the process of offering religious programs by zoom.</p>	
<p>V-B-005 Exercise and Recreation Access Offenders have access to exercise and recreation opportunities. Written policy, procedure, and practice provide for exercise opportunities adequate to ensure major muscle activity. Outdoor exercise shall be available on a regular basis (at least three times per week-weather permitting) for state inmates. If a state offender requires special management or has security supervision needs which preclude the opportunity for outdoor exercise at a facility, then he shall be transferred to the DPS&C. If a facility based on location, or other legitimate concern, does not make provision for outdoor exercise, then compensating, dedicated exercise facilities of adequate size to provide three exercise opportunities</p> <p>Visual Inspection: activity schedule, facility logs</p>	<p>Compliant. Offenders have access to suitable exercise and recreation opportunities as scheduled. Logbooks indicate compliance with this BJG.</p>	
<p>V-B-006 Transitional Work Program/Standard Operating Procedures Transitional Work programs shall be operated in accordance with the Standard Operating Procedures for Offender Work Release Programs established by the DPS&C.</p> <p>Visual Inspection: DPS&C monitoring report</p>	<p>Non-Applicable.</p>	
<p>V-B-007 Participation in Transitional Work Programs Participation in transitional work programs by state offenders shall comply with R.S. 15:711 and DPS&C Department Regulation No. B-02-001 "Assignment and Transfer of Offenders." Specific approval by the Secretary of DPS&C is required prior to program assignment of state offenders. Refer to Standard Operating Procedures for Offender Transitional Work Programs.</p> <p>Visual Inspection: approval for participation by the Secretary of DPS&C</p>	<p>Non-Applicable.</p>	
<p>V-B-008 Offender Work Program Participation in offender work programs by state offenders shall comply with the provision of R.S. 15:708 (parish jails) or R.S. 15:832 (police maintenance).</p> <p>Visual Inspection: offender voluntary participation, sheriff's approval of work program request, facility logs</p>	<p>Non-Applicable.</p>	
<p>V-B-009 Approval for Transitional Work Programs Any Sheriff interested in operation of a TWP facility shall obtain prior approval from the Chief of Operations. Refer to Standard Operating Procedures for Offender Transitional Work Programs.</p> <p>Visual Inspection: approval of Chief of Operations</p>	<p>Non-Applicable.</p>	
<p>V-B-010 Proposed Expansions Any planned or proposed expansions for transitional work program or jail facilities that house DPS&C offenders shall be submitted to the Secretary of the DPS&C and the Executive Director of the LSA for consideration and approval.</p> <p>Visual Inspection:</p>	<p>Compliant. There are no current plans for expansion.</p>	
<p>V-B-011 Mail and Correspondence Any Offenders may send and receive mail. Indigent offenders receive a specified postage allowance. Offenders are notified in writing when incoming or outgoing letters are withheld in part or in full. Written policy, procedure, and practice govern offender correspondence.</p> <p>Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail</p>	<p>Compliant. Offenders are provided written notification when offender mail is rejected. Written policy and procedures are in place. All mail except identifiable legal mail is opened and screened for contraband. Identifiable legal mail is opened up and screened for contraband in front of the offender.</p>	
<p>V-B-012 Packages and Publications Written policy, procedure and practice govern offender access to publications and packages from outside sources.</p> <p>Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail</p>	<p>Compliant. Packages are not allowed without prior approval. Publications are permitted if sent from identifiable sources.</p>	



C. REENTRY		
References: Dept. Regs. 8-01-001/IS-B-6, 8-01-002/BOP3, 8-01-004/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. Visual Inspection: facility log, activity schedule	Compliant. No programs at this time.	
V-C-002 Reentry Programs The DPS&C and the facility encourages reentry programming which includes: 1. Employment opportunities through work release; 2. At least two forms of valid identification upon release; 3. The development of a residential plan prior to release; 4. Referral to community based service providers upon release; 5. Where feasible, recommend DPS&C offenders receive 100 hours of pre-release training at a regional reentry center prior to transfer to a TWP, or release from custody. The local jail facility shall maintain reentry transition document envelopes for all DPS&C offenders, which include at a minimum, if applicable: 1. Any valid forms of identification; 2. Prescriptions and Medicaid card; 3. Community service referrals. Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan	Compliant. A discharge packet was reviewed and found to be compliant. Most offenders are released with two (2) forms of identification.	
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 LDCALJama@corrections.state.la.us or by fax to 225-342-0929 within the first two weeks of the month preceding the scheduled hearing. Visual Inspection: offender record, completed questionnaire	Compliant. Tiger Questionnaires are completed in a timely manner.	
V-C-004 Parole Board Procedures The facility Warden or his/her designee, of the local level facility in which the offender is housed, shall be present to provide information to members of the Parole Board regarding the offender's progress and disciplinary infractions during incarceration. Visual Inspection: offender record, trip log, documentation showing facility Warden or designee presence at parole board	Compliant. The Major or designee is present at all Parole Board Hearings.	
PART VI - JUSTICE		
A. OFFENDER'S RIGHTS		
References: ACA CJS 1-6A-01, 1-6A-02, 1-6A-03, 1-6A-06, Dept. Reg. C-01-004/OP-C-10	Findings	Response
VI-A-001 Access to Courts/Access to Legal Materials Written policy, procedure, and practice ensure the right of offenders to have access to courts. This includes reasonable access to legal reference materials or access to legal or paralegal assistance. Illiterate offenders shall be provided the assistance of a fellow offender or be furnished adequate assistance from the facility staff or other persons who have a legitimate connection with the legal issues being pursued. If an offender's requirements in this area are significant and complex, exceeding the capability of the local facility to meaningfully provide assistance, then the inmate shall be transferred to the DPS&C. Visual Inspection: facility log	Compliant. Offenders have access to legal materials/documents by completing a request form, or by talking with an offender counsel when they make rounds.	
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	Compliant. All offenders have access to attorney's by way of confidential legal mail, confidential attorney telephone calls, and visits.	
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. Policy is in place. There were not any signs of abuse observed visually, or upon reading documentation in files. Training and facility logs indicate compliance.	
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. Visual Inspection: facility records, grievances, activity logs	Compliant. Written policy and procedures on file. Review of related documents indicates equal treatment & opportunities for all offenders. No grievances have been filed during inspection period.	
VI-B-002 Grievance Process Offenders have reasonable access to a grievance remedy procedure that includes at least two levels of review if necessary. The grievance remedy procedure shall be an administrative means through which an offender may seek formal review of a complaint which relates to any aspect of his imprisonment if less formal procedures have not resolved the matter. Such complaints and grievances include, but are not limited to, actions pertaining to conditions of confinement, personal injuries, medical complaints, time computations, the classification process, or challenges to rules, regulations, or policies. Through this procedure, offenders shall receive reasonable responses within a specified time period and where appropriate, meaningful remedies. Visual Inspection: grievances	Compliant. Deputy Reliford is the designee for the first level of review, Captain Aaron Sines for the second level of review, and then to Major Henson. The response time period for the first level of review is ten (10) days, second level is thirty (30) days, and the third is sixty (60) days.	



PART VII - ADMINISTRATION AND MANAGEMENT		
A. RECRUITMENT, RETENTION AND PROMOTION		
References: ACA-CJS 1-1A-01, 1-1B-01, 1-1C-01, 1-1C-07, 1-4C-13, 1-4D-05, 1-4D-14, 1-7B-02, 1-7B-04, 1-7B-06, Dept. Regs. A-02-02B/AM-F-22, C-01-008/OP-A-19	Findings	Response
VII-A-001 Training and Staff Development The facility conducts or participates in a training program which includes orientation for all new employees (appropriate to their job) prior to assuming a position or post. Such training must include: 1. Security procedures; 2. Hostage procedures – including staff roles and safety; 3. Fire and emergency plan/ procedures; 4. Suicide precaution and signs of suicide risks; 5. Use of force policies; 6. Inmate rules and regulations; 7. CPR and first aid; B. Requirements of the Prison Rape Elimination Act (PREA); 9. Employees whose duties are the care, custody and control of offenders must complete the Peace Officers Standards and Training (POST) Level 3 certification training program, which consists of the ACA core curriculum, within one year of hire. Visual Inspection: <u>lesson plans, staff training records</u>	Compliant. Excellent training and staff development program is in place. All deputies receive appropriate initial and annual training as required. Deputies are POST certified. Training documentation reflects full compliance.	
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: <u>personnel records, training records</u>	Compliant. All deputies are POST certified, and receive appropriate training regarding the use, handling, and retention of weapons. Qualifications are required annually and documentation is maintained in 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 statute or constitutional provision authorizing the establishment of the local jail facility or its parent agency. Visual Inspection:	Compliant. A copy of the Louisiana Revised Statute is on file to reflect compliance.	
VII-B-002 Legal Assistance for Staff Written policy, procedure and practice specify the circumstances and methods for the facility administrator and other staff to obtain legal assistance as needed in the performance of their duties. Visual Inspection: <u>personnel or training records</u>	Compliant. Agreement letter with Attorneys Whitehead III and T. Taylor Townsend in file.	
VII-B-003 Independent Financial Audit Written policy, procedure and practice provide for an independent financial audit of the facility. This audit is conducted annually or as stipulated by statute or regulation. Visual Inspection: <u>annual audit</u>	Compliant. Annual completed as required by Thomas, Cunningham, Boardway, and Todtenbier on 30 June 2021.	The audit for 2022 is still being conducted.
VII-B-004 Facility Insurance Written policy, procedure and practice provide for comprehensive facility insurance coverage. Visual Inspection: <u>insurance policy</u>	Compliant. Facility has comprehensive insurance coverage Amguard Insurance Policy in file effective through (10/07/21) – (10/07/22).	
VII-B-005 Offender Funds Offenders' personal funds held by the facility are controlled by generally accepted accounting principals (GAAP). Any interest earned, other than operating funds, accrues to the benefit of the offenders. Visual Inspection: <u>offender records</u>	Compliant. All offender funds are managed by trained department personnel. There are excellent accounting procedures in place. Documentation in file.	
VII-B-006 Organization Written policies and procedures describe all facets of facility operation, maintenance and administration are reviewed annually and updated as needed. New or revised policies and procedures are disseminated to staff. A file for each guideline shall be maintained with documentation (primarily written) to support compliance. Visual Inspection: <u>annual reviews, dissemination to staff</u>	Compliant. Basic Jail Guidelines are in order with appropriate policy and procedures.	
VII-B-007 Annual Compliance Statement Written policy, procedure and practice demonstrate that the facility shall submit an annual statement confirming continued compliance with the BJC to the appropriate DPS&C Regional Team Leader. This statement, submitted by January 31st each year, is in writing and shall include: 1. A copy of the current Fire Marshal Report; 2. A copy of the current Health Inspection Report; 3. Any proposed or projected expansions; 4. Any rehabilitative programs that are available; Visual Inspection: <u>annual statement</u>	Compliant.	
VII-B-008 Monthly Reporting Written policy, procedure and practice ensure that any facility with DPS&C offenders report activities to the Chief of Operations on a monthly basis in accordance with Dept. Reg. C-05-001/AM-I-4. These reports shall be submitted on automated reporting forms provided by the DPS&C, no later than the 15th day of the month for the previous month's activities. Automated reporting shall be completed, by the appropriate DPS&C Regional Team Leader, no later than the 20th day of the month for the previous month's activities. Visual Inspection: <u>monthly report</u>	Compliant. This facility regularly submits complete and accurate monthly reports prior to their due date.	
VII-B-009 Staff Meetings Written policy, procedure and practice provide for regular meetings between the Sheriff, facility administrator, or designee and all department heads. There is formal documentation that such meetings are conducted at least monthly. Visual Inspection: <u>staff meeting minutes/notes</u>	Compliant. Policy in place. File documentation reflects excellent practice.	
C. REASONABLE ACCOMMODATION		
References: ACA CJS 1-7E-01	Findings	Response
VII-C-001 Facility Equipment/Reasonable Accommodation Reasonable accommodations is made to ensure that all parts of the facility are accessible to the public are accessible and usable by staff and visitors with disabilities. Visual Inspection:	Compliant. All ADA requirements are met at this facility for employees, visitors and offenders.	



INSPECTION REPORTS		
DEPARTMENT	Deficiencies	Corrective Action Taken
Fire Marshall Date of Current Report: 12/13/2021 Maximum Capacity: 565/26	No deficiencies note at this time.	
DHH - Health Date of Current Report: 04/19/2022 Maximum Capacity: 564	See Report.	
DHH - Retail Food Date of Current Report: 04/19/2022	See Report.	

Physical Plant Inspection Natchitoches Parish Detention Center

Security Practices	Findings/Comments
Tool/Key Control	Systems were in place to ensure tool and key control but need improvement.
Evacuation Routes/Exit Signs Posted	Exit signs were posted throughout the facility.
Fire Extinguisher Inspections Current	All fire extinguishers in place with current inspections.
FTC (Flammable, Toxic, Caustic) Inventory & MSDS Sheets Readily Available	MSDS sheets are readily available.
First Aid Kit Availability (list locations)	First Aid kits were in appropriate locations.
Number of Flex Cuffs on Hand	There were 2010 flexcuffs on hand during inspection.
All Offenders Drug Tested every 90 Days. Review 90 Day Tracking System and 5% of population tested monthly	System was in place to keep track of this process.
Employees Furnished With an Employee Handbook	Documentation showed that all employees were furnished with an Employee Handbook.
All staff, Volunteers and Employers Receive PREA Training; Review Logs and Training Verification Forms	Documentation showed that training was conducted.
General Appearance of Facility/Grounds	Overall appearance was good.
Offender Living Quarters	Findings/Comments
Areas Clean and Organized; Offenders Have Ample Storage Space for Personal Property	Living areas were clean and organized.
Bathrooms Have Working Showers/Sinks/Toilets; Areas Free of Mold	Bathroom fixtures were working and area was free of mold.
Recreation Areas Available to Offenders; Activities Offered to Offenders	Recreation area was clean and free of debris.
Morale of Offenders	The morale of offenders seemed to be okay.

Kitchen	Findings/Comments
Cycle Menu Current	Cycle menus were current and approved by a registered dietician.
Record of Meals Served	Documentation showed meals being served according to guidelines with the exception of some meals served warm.
Utensil Inventory/Log in Place	The inventories were incorrect and there was no accountability for the utensils; however, this issue was addressed and corrected.
Sample Trays Maintained	Sample trays were available for review.
Freezer/Cooler/Dry Storage Temperatures Recorded	Daily temperature logs were completed.
Hand Washing Facilities with Soap and Towels Available	Facilities were available with soap and towels
Registered Dietitian - Name and License Expiration	Registered Dietitian Katherine A. Crowley , license exp. 08/31/22.
Medical	Findings/Comments
Sharps are Controlled and Inventoried	All sharps were inventoried and secured.
Medications are Secured and Controlled	All medications were inventoried and secured.
How Often Sick Call Conducted	Sick call is conducted five (5) days a week via Kiosk.
Method of Tracking Annual TB Testing	Methods were in place for annual TB testing.
Outside Hospital Utilized for Emergencies	Facility utilizes Natchitoches Regional Medical Center or Ochsner/LSU- Shreveport when needed.
Doctor and Registered Nurse - Name and License Expiration	Dr. Otis Barnum and RN Meg Barnum.



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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

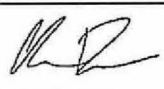



H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # CB-21-045759-1

No Deficient/Cautionary Codes cited.

Location Information			
Inspection Type	Compliance Building Inspection	Inspection Date	12/13/2021 11:02:58 AM
Structure ID	133452	No. of Buildings	11
Capacity	MAIN - 565 TRUSTEE - 26	Year Built	1994
Building/Trade Name		Address	
NATCHITOCHES DETENTION CENTER		299 EDWINA DRIVE, NATCHITOCHES, LA 71457	
Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	NATCHITOCHES PARISH LAW ENFORCEMENT	(318) 357-9300	TRELIFORD@NPSHERIFF.NET
Address			
PO BOX 266, NATCHITOCHES, LA 71457			
Tenant Information			
Name	Suite Number	Floor Number	Square Footage
Occupancy Details			
Occupancy Type	Details		
Institutional	INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 5		
Business			
Factory/Industrial	TYPE OF FACTORY/INDUSTRIAL BUILDING: GROUP F-1 (MODERATE HAZARD)		
Comments			
NO APPARENT DEFICIENCIES AT TIME OF INSPECTION IN COMPLIANCE			
Inspector Information			
Name: Chance Downs	Badge Number: 724	Inspector Signature: 	
Person to whom requirements were explained			
Name: Aaron sines	Title: Lt	Signature: 	

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

R. S. 40: 1621 Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1569 excepted, shall be fined not more than five hundred dollars or imprisoned, for more than six months or both. Each day's violation of an order constitutes a separate offense and may be punished as such at the discretion of court.



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Detention or Incarceration
Notice of Violations

Routine/Renewal


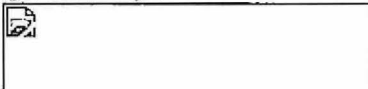
Permit Number 35-01-224	Permit Name Natchitoches Parish Detention Center-224		
Name of Establishment Natchitoches Parish Detention Center-224		Owner Name	
Address 299 Edwina ST Natchitoches, LA 71457		Date 04/19/2022	Time 11:05 AM

LAC TITLE 51 PART XVIII

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.		
Category	Code Reference	Description of Violations
Building Requirement	101	3 - The walls are in disrepair. 1. Missing baseboard tiles under hand sinks in Dorm H 2. Broken window on lockdown door #4 [Repeat]

Comments:

Verbal acknowledgement of report provided by Tonya Reliford
Copy of report emailed to treliford@npsheriff.net

Number Licensed For	Number in Attendance	License Anniversary	
564	248	10/31/2022	
Sanitarian Name/Print Lisa Jefferson	Phone # 318-357-2266	Sanitarian Signature 	R.S. # 3102
The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to		Correct Non-Critical Violations by	
Correct Critical Violations by		Signature of Recipient 	
Name/Title Tonya Reliford-Safety Guideline Officer			



NATCHITOCHE PARISH SHERIFF'S OFFICE
R. Stuart Wright, Sheriff & Ex-Officio Tax Collector

CORRECTIONS BUREAU
Roger Henson, Major of Corrections

Lisa Jefferson
Louisiana Department of Health and Hospitals
Natchitoches, LA 71457

April 22nd, 2022

RE: Plan of Action Building Inspection

Ms. Jefferson

In reference to your inspection report dated 04/19/2022, please be advised of the following action taken:

Violation –

Building Requirement. Code Reference 101. The walls are in disrepair. Missing baseboard tiles under hand sinks in Dorm H.

In Progress: Tiles have been replaced. Repairs will be completed upon arrival of tiles.

Building Requirement. Code Reference 101. Broken window on lockdown door 4.

Corrective action taken: Window has been replaced.

Aaron Sines, Captain of Security

A handwritten signature in black ink, appearing to read "Capt. A. Sines".



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Retail Food
Notice of Violations

Routine/Renewal

Permit Number	Permit Name		
35-0001338-1	NATCHITOCHE PARISH DETENTION CENTE KITCHEN		
Name of Establishment	Owner Name		
NATCHITOCHE PARISH DETENTION CENTE	NATCHITOCHE PARISH DETENTION CENTE		
Address	Date	Time	
299 EDWINA DR NATCHITOCHE, LA 71457	04/19/2022	10:40 AM	

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.

Category	Code Reference	Description of Violations
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2513	30 - 2513 - Chlorine sanitizer concentration for warewashing is not between 50-100 p.p.m. at 75°F. [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
LABELING	1107	49 - 1107 - Bulk containers are not properly labeled. 1. Grits [COS]
FOOD PROTECTION	1501	54 - 1501.1 - Food is not stored in a clean, covered container. 1. Salt [COS][Repeat]
UTENSILS/EQUIPMENT/SINGLE SERVICE	2101	67 - 2101.1 - Non-food contact equipment is not maintained in good repair. 1. Gasket on walk in cooler door
UTENSILS/EQUIPMENT/SINGLE SERVICE	2501	75 - 2501.2 - Non-food contact surfaces of equipment have an accumulation of dust, dirt, food residue and

		other debris, 1. Fan covers in walk in cooler [COS][Repeat]
UTENSILS/EQUIPMENT/SINGLE SERVICE	2517	83 - 2517.5 - Clean equipment/utensils are not stored covered or inverted. 1. Plates 2. Pots [COS][Repeat]
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.6 - Floor is not maintained in good repair. 1. Damaged floor tiles through out kitchen area [Repeat]
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.3 - Walls/ceilings or attached equipment are not clean. 1. Air vents where needed 2. Coiling where needed [COS][Repeat]
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.4 - Walls/ceilings or attached equipment are not in good repair. 1. Wall in storage building [Repeat]
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3707	107 - 3707.1 - Light bulbs are not shielded or coated in areas where there is exposed food, clean equipment, utensils, or unwrapped single service or single use articles. 1. Storage building [COS][Repeat]
PERMITS/PLANS/FOOD SAFETY CERTIFICATES	501	114 - 501.3 - A valid permit to operate is not posted in a conspicuous location.


Comments:

Verbal acknowledgement of report provided by Tonya Reliford

Copy of report emailed to treliford@npsheriff.net

NOTICE RS 40:31.38 (ACT 66)

RS 40:31.38 (ACT 66) authorizes the Louisiana Department of Health to charge a fee of \$150 to any permitted facility that fails to correct the necessary sanitary code violations to be in compliance at the time of its follow up inspection (1st re-inspection). Re-inspections are required when there are five or more uncorrected non-critical violations and/or one or more uncorrected critical violations remaining at the conclusion of an inspection. The fee is only charged if the necessary violations are not corrected before the 2nd re-inspection and other subsequent re-inspections. Facilities can avoid this fee if the violations noted on the routine inspection report are corrected by, or during, the follow up inspection. If a fee is assessed, the \$150 fee is payable within 30 days' notice, and failure to pay shall result in revocation of the permit.

Sanitarian Name/Print	Phone #	Sanitarian Signature	R.S. #
Lisa Jefferson	318-357-2266		3102

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

Correct Critical Violations by

Correct Non-Critical Violations by

Name/Title

Signature of Recipient

Tonya Reliford-Safety Guideline



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No.

Anniversary Month

N/A

AUGUST

Name of Establishment

Mailing Address

NATCHITOCHE PARISH DETENTION CENTER-224

Address

299 EDWINA ST

City, state, Zip Code

NATCHITOCHE LA 71457

Type of Facility

JAILS 564 248

Parish

Date Inspected

Natchitoches

04/19/2022

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

LISA JEFFERSON

3 1 0 2



NATCHITOCHEES PARISH SHERIFF'S OFFICE
R. Stuart Wright, Sheriff & Ex-Officio Tax Collector

CORRECTIONS BUREAU
Roger Henson, Major of Corrections

Lisa Jefferson
Louisiana Department of Health and Hospitals
Natchitoches, LA 71457

April 22, 2022

RE: Plan of Action Retail Food Inspection

Ms. Jefferson

In reference to your inspection report dated 04/19/22, please be advised of the following action taken:

Critical Item:

Violation –

Food contact equipment / utensils, construction and sanitization. 2513. 30 - 2513 – Chlorine sanitizer concentration for ware washing is not between 50 – 100 p.p.m. at 75 A F.

Corrective action taken: Chlorine sanitizer concentration has been adjusted per test strip.

Non-Critical Items:

Violation –

Labeling. 1107. 49 – 1107 – Bulk containers are not properly labeled. 1. Grits

Corrective action taken: Label placed on container.

Violation –

Food Protection. 1501. 54 – 1501.1 – Food is not stored in a clean, covered container. 1. Salt.

Corrective action taken: Food was removed from the shelf and stored in a clean, covered container.

Violation –

Utensils/ equipment/ single service. 2101. 67 – 2101.1 Non-food contact equipment is not maintained in good repair. 1. Gasket on walk in cooler door.

299 Edwina Drive • Natchitoches, Louisiana 71457 • (318) 357-9300 • Fax (318) 357-9400

In progress: Gasket and all components are on order. Items will be replaced upon arrival.

Violation –

Utensils/ equipment/ single service. 2501.75 – 2501.2 – Non-food contact surfaces of equipment have an accumulation of dust, dirt, food residue and other debris. 1. Fan covers in walk in cooler.

Corrective action taken: Fan covers have been removed and cleaned.

Violation –

Utensils/ equipment/ single service. 2517.83 – 2517.5. Clean equipment / utensils are not stored covered or inverted. 1. Plates 2. Pots

Corrective action taken: Plates and pots have been inverted.

Violation –

Structural/ design/ maintenance/ plumbing. 3701.105 – 3701.6 Floor is not maintained in good repair. 1. Damaged floor tiles throughout kitchen area.

In progress: Floor material is on order for repair.

Violation –

Structural/ design/ maintenance/ plumbing. 3703.3 Walls/ceilings or attached equipment are not clean. 1. Air vents where needed, 2. Ceiling where needed.

Corrective action taken: Air vents have been cleaned.

Violation –

Structural/ design/ maintenance/ plumbing. 3703.106 – 3703.4. Walls / ceilings or attached equipment are not in good repair. Wall in storage building.

Corrective action taken: Wall has been repaired.

Violation –

Structural/ design/ maintenance/ plumbing. 3707.3707.1 Light bulbs are not shielded or coated in areas where there is exposed food, clean equipment, utensils, or unwrapped single service or single use articles. 1. Storage building.

Corrective action taken: Light bulbs have been replaced with LED lights.

Violation –

Permits / plans/ food safety certificates, 501. 114 – 501.3 – A valid permit to operate is not posted in a conspicuous location.

Corrective action taken: Permit has been obtained and posted in a conspicuous location.

Aaron Sines, Captain of Security

A handwritten signature in black ink, appearing to read 'A. Sines', with a stylized flourish at the end.

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Natchitoches Parish DC (NPDC)

Date: 9/12/2022

Name of Program: HiSET (Education)

Date of Program Implementation: 2014

Primary Area of Service Provided:

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

Program has been certified by DPS&C? Yes No

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

Has program curriculum changed during preceding 12 months? Yes No

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

Detailed records are maintained on the following:

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

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

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

Tarator - Central Region Educ Coord.
Monitoring Team Member or BJC Team Member/Leader

9/12/2022
Date