Department of Public Safety & Corrections

State of Louisiana

JOHN BEL EDWARDS Governor



JAMES M. LE BLANG

October 31, 2022

MEMORANDUM

TO:	The Honorable Bobby J. Guidroz
	Sperift of St. Landry Parish
FROM:	James M. Le Blanc Secretary

RE: "Basic Jail Guidelines" Monitoring Report

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) recertification inspection that was conducted at St. Landry Parish Prison on September 7, 2022.

The following guidelines were found to be non-compliant:

I-A-004	Housekeeping – Mildew on the wall in the shower areas.
I-C-001	Emergency Plan – No Fire Marshal approved emergency plan.
I-C-006	Operational Capacity – Facility was over capacity the day of inspection.
III-A-001	Rules & Disciplinary Procedures – No procedures for restoration of good time.
IV-D-001	Health Care Quarterly Meetings – Meetings are held, however, Health Care Authority does
	not attend. Only the nursing supervisor, who is not listed as the HCA's designee.
IV-D-007	Internal Review/Quality Assurance - Medical policies have not been approved by the
	Health Care Authority.

The following guidelines were found to be Non-Compliant due to not having a file:

Cell Checks II-A-020 IV-A-007 Therapeutic/Special Diets Plumbing Fixtures - Toilets & Washbasins IV-B-001 IV-B-003 Clothing Personal Hygiene IV-B-005 IV-C-003 Provision of Treatment IV-C-014 Suicide Prevention & Intervention Confidentially of Health Information IV-D-004 IV-D-005 Informed Consent IV-D-006-1 Pregnancy Management Alleged & Substantiated Sexual Assault IV-E-001 V-B-001 Programs & Services V-B-002 Education Programming V-B-005 Mail & Correspondence V-B-006 Packages & Publications V-B-007 Canteen/Commissary Spending Limits

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V-C-001	Releasing Offenders
VI-A-003	Protection from Abuse
VII-B-006	Disposition of an Offender's Account upon Death
VII-B-007	Offender Records Security
VII-B-011	Staff Meetings

DPS&C would like to encourage full compliance with all Basic Jail Guidelines. A file for each guideline shall be maintained with documentation to support compliance. BJG Team Leader Jennifer Morgan will be available for any training and assistance you may need. <u>At this time DPS&C will return in 60 days from the date of this inspections to ensure compliance with the above referenced guidelines</u>. Thank you for your support of the BJG process.

JML/mwk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association James Doucet, Warden, St. Landry Parish Prison Seth Smith, Chief of Operations Marcus Myers, Warden, RLCC Jennifer Morgan, BJG Team Leader



BJG RECERTIFICATION REPORT

Rev. 07/29/2022 wk.

Facility Name: BJG Team Leader & Monitors:	St. Landry Parish Prison Jennifer Morgan, Team Leader, Mark Monroe, Team Member
	James Doucet jdoucet@slpsherrif.com
Facility Staff:	Captain Gary Morgan and Sgt. Lelanda Lewis
BJG Inspection Date:	September 7, 2022
Previous BJG Inspection Date:	December 18, 2019
Operational Capacity:	<mark>242</mark>
Count on Day of Visit:	244

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

Concerns or Issues from the previous BJG Monitoring Inspection:

At the previous inspection, this facility was due for recertification and were recommended for a 60 day revisit. On 03/13/2020, as we were on our way to perform the reinspection, we were instructed that all in person visits were to cease due to the COVID-19 pandemic. Once these restrictions were lifted and the facility had no positive cases of COVID, the recertification audit was scheduled for 6/25/21. Upon review of the files, the majority of them needed to be reworked. We scheduled a training for 7/28/21 to instruct staff on how to build a file, what documentation to include, etc. Due to scheduling conflicts and staff changes at the facility, we were unable to schedule their recertification until 9/7/22.

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	34	3	37
Number of Local Offenders	176	29	207
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	210	32	244

Number of DOC Offenders that are:

0	
36	
0	
36	
	0

Number of DOC Offenders that are in Restricted Housing:

Single Bunked	0
Double Bunked	1
Triple Bunked	0
Total	1

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig
				inj
Sept 2021	0	0	0	0
Oct 2021	0	. 0	0	0
Nov 2021	0	0	0	0
Dec 2021	0	0	0	0
Jan 2022	0	0	0	0
Feb 2022	0	0	0	0
Mar 2022	0	0	0	0
Apr 2022	0	0	0	0
May 2022	0	0	0	0
June 2022	0	0	0	0
July 2022	0	0	0	0
Aug 2022	0	0	0	0

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

Month/Year	Illicit	Alcohol	Weapon	Cell Phone	Other
	Substance				
Sept 2021	0	0	0	0	0
Oct 2021	0	1	1	0	0
Nov 2021	0	0	0	0	0
Dec 2021	0	0	0	0	0
Jan 2022	1	0	0	0	0
Feb 2022	0	0	0	0	0
Mar 2022	0	0	0	0	0
Apr 2022	0	0	0	0	0
May 2022	0	1	1	0	1 dice
June 2022	0	0	0	0	1 cigarette
July 2022	1	0	2	0	0
Aug 2022	0	0	2	0	0

GENERAL APPERANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area: Overall, the living areas were clean and well kept.

- Dorms Offenders all have mattresses, sheets and blankets. Only the trustee unit is set up as a dorm.
- **Cell Block** The offenders are mainly housed in a cellblock setting throughout the facility with each unit having a common area in the center. All units have shower and bathroom in each section for offender use

Culinary/Dining: The jail does not have a dining hall. Offenders are fed in their housing units. The kitchen area is clean. Food items are dated. Utensils are stored in a locked cabinet in the kitchen and are properly

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signed in and out, as well as being inventoried daily. There is a restroom available for staff and offenders to use in the kitchen.

Bathrooms: The shower areas throughout the facility had mildew growth on the walls. Sink and toilet facilities are in working order in living units.

Yard Areas: The recreation yard is on second floor of the jail and consist of a fenced in concrete area where offenders are allowed recreation time three times a week

Maintenance: There is no maintenance department at the jail. Maintenance is performed by parish government employees. There are no tools kept at the jail. Any tools brought into the facility are kept with the maintenance person at all times. Offenders do not assist with maintenance.

II-A-007 COUNTS: Compliant

- How many formal counts are conducted each shift? 3
- How many counts are conducted each day? 6
- Stick outs counts
 - How does the facility accomplish this? All stick outs are done when an offender is not in the housing unit for count or leaves the facility. The offenders are logged out to show who they are, who they are with and where they are going.
 - Does this process insure accountability and safe/secure operation of the facility? Yes

II-A-012 CLASSIFICATION SYSTEM: Compliant

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

If yes,

- What is their classification process to determine who is eligible for trustee status? The facility uses a three tier process of administrative staff to review and determine what offenders are eligible for trustee status. All three staff members must agree before an offender is made trustee. However, upon review of the trustee files, there was an offender with a detainer holding trustee status. I discussed the trustee criteria with staff and sent them a copy of the Department Regulation regarding custody levels.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
Sept 2021	8	33	24	0
Oct 2021	13	27	48	1
Nov 2021	22	37	59	1
Dec 2021	5	54	9	0
Jan 2022	10	50	20	1
Feb 2022	12	58	21	0
Mar 2022	10	43	23	2
Apr 2022	12	49	24	3
May 2022	15	24	62	45
June 2022	15	31	48	2
July 2022	7	38	18	1
Aug 2022	9	40	23	2

III-A-0010 RULES AND DISCIPLINE: Non-Compliant

- Does the facility's offender orientation include the application process for applying for restoration of good time? No
- What is their restoration of good time application process for the offender population? N/A
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? No

VII-B-010 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

V-B-002 EDUCATIONAL PROGRAMING:

GED Program

Number of GED Slots	20	
Number of Participants	_2	
YTD Number of Completions	5	

LIST ALL CERTIFIED TREATMENT PROGRAMS: (Attach Form IS-B-8-b) GED LIST ALL OTHER OFFENDER PROGRAMS: None

VI-B-002 GRIEVANCE PROCESS: Compliant

- Does grievance process include two levels of review? Yes
- Who are the designees at each level?
 1st level Lieutenant
 2nd level Captain
 3rd level Warden
 4th Level Colonel
- What is the specified time period for response at each level? 7 days

PREA COMPLIANCE: N/A

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

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OTHER: None

<u>STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS</u>: Staff was knowledgeable of job duties during the walk through and voiced no concerns or comments and morale appeared good.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE: Spoke to DOC offenders and there was no comments or concerns voiced by the offenders. Quality of life and offender morale appeared to be good.

RECOMMENDATION:

At this time I recommend a 60 day revisit to review the missing files.

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		08/01/2022 mwk
Facility: St. Landry Parish Jail	Date Conducted: 09/07/2022	
Monitors: Jennifer Morgan, Team Leader; Mark Monroe, Team Member		
BASIC JAIL G	UIDELINES (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-0	4	
	Findings	Response
 I-A-001 Safety/Sanitation/Inspections (MANDATORY) The facility complies with all applicable laws and regulations of the State Sanitation Officer and the State Fire Marshal. The following inspections are implemented: Weekly sanitation inspections of all facility areas by a qualified departmental staff member. Weekly inspections of all food service areas, including dining and food preparation areas and equipment. Water temperature in housing areas is checked and recorded daily. Comprehensive and thorough monthly inspections by a safety/sanitation specialist for compliance with sanitation, safety and fire prevention standards. At least annual inspections by the State Sanitation Officer and the State Fire Marshal. Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports I-A-002 Disposal of Materials 	Compliant - Weekly inspections of housing and food service areas. Water temperature is checked and logged daily. Compliant - Facility has contract with	
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	SteriCycle for disposal.	
 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 	Compliant - Facillity has contract with Glenn's Pest Control.	
 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 	Non-Compliant - Housekeeping plan on file. GI Logs being kept, however, there is mildew on the walls in the shower areas.	



	Findings	Response
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	Compliant - Water service provided by City of Opelousas.	
B. VEHICLE SAFETY		
References: Dept. Reg. OP-A-3		
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. OP-A-3 "Escorted Absences." All funeral trips for DOC offenders shall be conducted via video visitation. Any exceptions require prior approval from the Chief of Operations. Visual Inspection: documentation of staff training, documentation of medical, funeral, etc. (outside trips)	Compliant - Transports are in accordance with DPS&C regulations. Examples of transports on file.	
C. EMERGENCY PREPAREDNESS/RESPONSE References: ACA CJS 1-1C-01, 1-1C-02, 1-1C-03, 1-1C-04, 1-1C-06, 1-1C-07, 1-7E-01, Dept. I	Roge PS-D-3 OP-A-5 OP-R-3 AM-L4	
I-C-001 Emergency Plan (MANDATORY) 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. AM-I-4, "Activity Reports, UORs," Category A, B and C.	Non Compliant - Facility has emergency plan in place and submitted to HQ. Employees are trained annually on emergency procedures. The facility is in the process of submitting the emergency plan to the Fire Marshal's office for approval. At this time, there is no approval on file from the Fire Marshal.	
Visual Inspection: training records, facility logs, documentation of approval of plan, documentation of annual review, documentation of staff receipt, training on the plan		



	Findings	Response
I-C-002 Immediate Release of Offenders There is a means for the immediate release of inmates from locked areas in case of emergency and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of offenders and staff in the event of fire or other emergency.	Compliant - There is a policy in place and staff is trained for the evacuation of offenders.	
Visual Inspection: facility records/logs		
I-C-003 Fire Safety/Code Conformance (MANDATORY) 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.	Compliant- the facility complies with FM. Fire alarm system are checked and approved by FM.	
Visual Inspection: documentation of fire alarm and detection system maintenance and testing, plans for addressing deficiencies		
I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements. Visual Inspection: Specifications for all furnishings.	Compliant- facility furnishings meet specifications	
I-C-005 Flammable, Caustic and Toxic Materials Written policy, procedure and practice govern the control and use of all flammable, toxic and caustic materials. Visual Inspection: Staff training records, offender training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.	Compliant- materials stored properly.	
I-C-006 Operational Capacity The number of offenders present does not exceed the operational capacity as determined by the state fire marshal and state health officer. The state fire marshal will determine a capacity primarily based upon exiting capabilities. The state health officer will determine a capacity based upon the ratio of plumbing fixtures to offenders and square footage. The operational capacity will be the lower of these two figures.	Non Compliant- The facility was over capacity on the day of the visit due to pre-trail offenders housed there.	
Visual Inspection: facility count sheets		



	Findings	Response	
PART II - SECURITY			
A. PROTECTION FROM HARM	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.	AM-F-47, IS-B-1, OP-C-3	
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	Compliant- the facility is monitored 24 hours daily. There is a central pod on each floor with camera access to all areas and control of doors.		
II-A-002 Secure Perimeter The facility's perimeter is controlled by appropriate means to ensure that offenders are secured remain within the perimeter and that access by the general public is denied without proper authorization. Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls	Compliant- the facility has a secure perimeter around the jail. The perimeter fence is checked daily.		
II-A-003 Sufficient Staff There is a written document describing the facility's organization and staffing plan. This should include an organizational chart that groups similar functions, services and activities. Each facility meets minimum security staffing requirements which reflect good correctional practice. Sufficient staff, including a designated supervisor, are provided at all times to perform functions relating to the security, custody, and supervision of offenders and, as needed to operate the facility in conformance with the BJG. Visual Inspection: records of staff deployment, facility logs, documentation of annual	Compliant- Adequate staff is available. Organizational chart and staff logs on file.		
review of staffing analysis and plan 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	Compliant - there are adequate female staff schedule for each shift.		
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	Compliant- policy in place where no offender is allowed to have control over other offenders.		



	Findings	Response
 II-A-006 Staff Log (MANDATORY) 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: Personnel on duty; Offender population; Admission and release of offenders; Shift activities; Entry/exit of all visitors including legal/medical; 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 BJG I-C-001 for reporting requirements to DPS&C. 	Compliant- Copies of log book documentation and shift activities, staff on duty and any unusual occurrences that take place during a shift is documented.	
	Compliant - 3 formal counts done each shift. 6 per day.	
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 re-entry transition document envelopes shall be transferred with the offender at such time the offender is transferred to another local or DPS&C facility.	Compliant- All information kept on offenders during the admission, processing or release along with photos and finger prints.	
 Master prison form; Bill of Information and Court Minutes OR Uniform Commitment Order; One photograph; Reports of disciplinary actions, grievances, incidents or crimes committed while in custody; Records of program participation, work assignments, and classification actions; Any government issued identification (i.e., driver's license, social security card or birth certificate/birth card or any other valid identification); Offender health record (see BJG IV-D-004). Cash receipts and property receipts 		

BJG Compliance



	Findings	Response
In addition to the maintenance of the above information, the following shall be collected after sentencing and forwarded to the appropriate DPS&C Pre-Class Coordinator, along with any additional sentencing information, within three working days either by fax to 225-342-3759 or email to DOC- HQ_supplemental@la.gov. 1. Master prison form; 2. DPS&C Credit for DOC Commitment (Jail Credit letter); 3. AFIS suspect Rap Sheet with Photo (to include offender's SID # and ATN # for the disposition of the Hard Labor disposition); 4. Bill of Information and Court Minutes or Uniform Commitment Order (UCO) for each conviction (for probation violators both the original sentencing minutes and the revocation UCO or minutes are required); and 5. DPS&C Acknowledgements and Signature Statement form.		
Visual Inspection: completed forms, reports, offender record		
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 attentionan/or mental health services.	Compliant- an offender is legally committed or transferred to the jail prior to accepting custody of the offender. Offenders are seen by medical staff during the booking process.	
Admission processes for a newly admitted offender include, but are not limited to: •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 in accordance with BJG IV-C-006; •Providing information about access to health services, copay requirements and submitting grievances.	Compliant- admission forms being done upon intake. Offenders property searched and any items not allowed are inventoried and stored.	
Visual Inspection: intake and admission forms, screening forms, inventory form, receipt form		

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	Findings	Response
II-A-011 Out of State Offenders The names of any out of state offender (federal or state) to be housed at a local jail or privately managed facility shall be submitted to the Chief of Operations prior to the offender(s) entering the State of LA. No such offender shall be housed if the offender would be classified as maximum custody under the LA DPS&C classification procedures. Any offender convicted and sentenced to incarceration by a court in another state (federal or state) shall not be released in the State of LA. Any out of state offender (federal or state) housed in a local jail or privately managed facility shall be returned to an appropriate correctional facility located within the state where the offender was convicted and sentenced for release in that state, prior to the offender's release date. Visual Inspection: offender record, submittal to chief of operations of out-of-state	Compliant- no out of state offenders were housed at this facility at the time of this inspection.	
offenders to be housed at the facility, release/transfer documentation 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, behavioral issues, and other unique needs or issues as they arise. All offenders are classified using an objective classification process that at a minimum: • Identifies the appropriate level of custody for each offender • Identifies appropriate housing assignment • Identifies the offender's interest and eligibility to participate in available programs Visual Inspection: offender housing records, offender classification records	Compliant- offenders are being screened during intake for proper placement in the facility.	
 II-A-013 Prohibition on Youthful Offenders Offenders subject to juvenile jurisdiction are housed in adult facilities only under the conditions established by law. If juveniles are committed to the facility, a plan is in place to provide for the following: Supervision and programming needs of the juveniles to ensure their safety, security, and education; Classification and housing plans; Appropriately trained staff. OAS shall be notified of offenders who are under the age of 18 that are sentenced to the DPS&C as an adult for transfer to the appropriate institution. 	Compliant- No youthful offenders housed at the facility.	
Visual Inspection: admission and housing, offender records, classification records II-A-014 Separation in Classification Male and female offenders must be housed in separate rooms/cells with reasonable sight and sound separation. Visual Inspection: offender housing records, offender classification records, diagram of facility showing male/female housing areas	Compliant- male and female offenders are housed in separate locations in the jail where they cannot see or hear each other.	
II-A-016 Photo Identification (MANDATORY) The facility shall provide each DPS&C offender with photo identification, which the offender shall carry/wear on their person at all times. Visual Inspection: Offender identification card/wristband.	Compliant- offenders are issued photo ID bracelet	

BJG Compliance



	Findings	Response
II-A-017 Drug Free Workplace Written policy, procedure, and practice provide for a drug-free workplace, which includes at a minimum pre-employment testing, post-accident testing, reasonable suspicion/probable cause testing, and quarterly random testing of all employees. Visual Inspection: drug testing lab fee bills for drug testing of facility employees (including pre-employment, post accident, reasonable suspicion/probable cause, random).	Compliant - Employees are drug tested n	
II-A-018 Offender Drug Testing (MANDATORY) 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. Visual Inspection: Facility log, documentation of alcohol/drug testing of offenders.	Compliant - Offender drug testing being conducted monthly on at least 5% of the DOC population.	
II-A-019 Offender Transfers All transfers of DPS&C offenders to other than DPS&C facilities shall be reported to the OAS, at least one day prior to all scheduled transfers and within one business day for all non-scheduled transfers. The DOC offender transfer form shall be submitted by the transferring facility to OAS at least one day prior to the transfer occurring by fax to 225-342-2439 or by email to LocalJailTranfers@la.gov. Offenders should not be transferred to other than DPS&C facilities within 60 days of release, unless for disciplinary reasons. An offender scheduled for an appearance before the Committee on Parole shall not be transferred prior to the scheduled hearing date. However, if the transfer is deemed unavoidable by the Warden due to security concerns, the Warden shall obtain prior approval for an exception from the DPS&C Chief of Operations or designee. Staff from the sending facility shall notify the Committee on Parole as soon as it is known that the offender must be transferred.	Compliant- Copies of offenders being transferred to other facilities on file.	
Visual Inspection: facility logs, documentation of transfers of DPS&C offenders to other than DPS&C facilities		
II-A-020 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.	Non-Compliant (no file)	
Visual Inspection: Facility logs, documentation of frequency of cell checks.		



	Findings	Response	
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. HCI	References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Regs. HCP33, HCP40, OP-A-19, OP-A-16, OP-A-3		
 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. Visual Inspection: facility records, logs, incident reports, training records 			
 II-B-002 Use of Restraints Written policy, procedure, and practice provide that mechanical restraints, such as handcuffs and leg irons, are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application. Restraints on offenders for medical and psychiatric purposes are only applied in accordance with policies and procedures approved by the health authority, including: Conditions under which restraints may be applied; Types of restraints to be applied; Identification of a qualified medical or behavioral health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative; Monitoring procedures; Length of time restraints are to be applied; Documentation of efforts for less restrictive treatment alternatives; An after incident review. 	Compliant- Facility has policy in place for the use of restraints. Staff is trained on the use of restraints.		
 Monitoring procedures; Length of time restraints are to be applied; Documentation of efforts for less restrictive treatment alternatives; 			



	Findings	Response
 II-B-002-1 Use of Restraints for Pregnant Offenders Written policy, procedure, and practice complies with the following requirements: Restraints During Pregnancy The Warden or designee shall ensure the following protocols regarding the use of restraints on pregnant offenders are adhered to: Restraints During the Second and Third Trimester The type of restraint applied and the application of the restraint shall be done in the least restrictive manner necessary; An electronic restraint belt shall never be used; The offender shall never be handcuffed behind the back; The offender shall never be restrained using leg irons; and The offender shall never be placed in a face down position. Restraints shall not be utilized on a pregnant offender during active labor and delivery unless a health care practitioner orders restraints for an offender who, due to a psychiatric or medical disorder, is a danger to herself, her child, her unborn child, or other persons. If restraints are utilized during active labor and delivery, the type of restraint applied and the application of the restraint shall be done in the least restrictive manner necessary. The Unit Medical Director shall provide guidance on the use of restraints on pregnant offenders prior Restraints During Pregnancy-Related Medical Distress, Transportation, and the Period Following Delivery Restraints shall not be used on a pregnant offender 	Compliant - Facillity has a policy in place regarding use of restraints for pregnants offenders. They are only restrained for medical trips and the protocol is followed.	Response



	Findings	Response
 2) While she is being transported to a medical facility or LCIW for delivery or any pregnancy-related medical distress, or 3) 3) During the period following delivery before the offender has been discharged from the medical delivery, unless there are compelling grounds to believe that the offender presents either of the following: An immediate and serious threat of physical harm to herself, staff, or others; or A substantial flight risk and the offender cannot be reasonably contained by other means. If restraints are utilized during transportation or the period following delivery, the offender shall not be restrained using waist restraints under any circumstances. Removal of Restraints: If a health care professional treating the pregnant offender requests, based on his or her professional medical judgment, that restraints not be used, the correctional personnel accompanying the pregnant offender shall immediately remove all restraints. Documentation of Restraints on Pregnant Offenders Should restraints be used on a pregnant offender, within ten days of the use of restraints a written record shall be made to include the following: The type of restraint used; The length of time the restraints were used. This written record shall be retained in the offender's master record for a minimum of five years, but shall not constitute a medical record. This written record shall be made available as a public records request with the offender's identifying information redacted, unless the offender gives prior written consent for the public release of the record. 		
 Visual Inspection: facility records, logs II-B-003 Use of Firearms The use of firearms complies with the following requirements. Weapons are subject to stringent safety regulations and inspections. A secure weapons locker is located outside the secure perimeter of the facility. Except in emergency situations, firearms and authorized weapons are permitted only in designated areas to which offenders have no access. Employees supervising offenders outside the facility perimeter follow procedures for the security of weapons. Employees are instructed to use deadly force only after other actions have been tried and found ineffective, unless the employee believes that a person's life is immediately threatened. Employees on duty use only firearms or other security equipment that have been approved by the facility administrator. Appropriate equipment is provided to facilitate safe unloading and loading of firearms. 	Compliant- weapons training is done annually for staff. Appropriate equipment available for storing and unloading weapons.	
Visual Inspection: training records, safety regulation and inspection reports, photos of equipment used for unloading and reloading		



	Findings	Response
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: •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	Compliant- Incident reports being done and reviewed by administrative staff.	
Visual Inspection: completed reports, facility records and logs		
C. CONTRABAND/SEARCHES		
References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. OP-A-8		
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.	Compliant- shakedowns are being done in the facility and being logged.	
Visual Inspection: observation, facility records and logs, offender and staff interviews		
D. ACCESS TO KEYS, TOOLS, UTENSILS		
References: ACA CJS 1-2D-01		
II-D-001 Key, Tool, and Utensil Control (MANDATORY) 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.	Compliant - Keys are properly signed in and out. Kitchen utensils are inventoried and logged in and out.	
Visual Inspection: documentation of perpetual inventories		



	Findings	Response
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. OP-C-1		
Prior to being placed in the general population, each offender is provided with an orientation that includes facility rules and regulations, including access to medical care and the process for applying for restoration of good time. The facility shall follow and provide the DPS&C	Non-Compliant - Offenders are given a handbook at intake, however, this facility does not have a procedure for the restoration of good time.	
Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation		



	Findings	Response
PART IV - CARE		
A. FOOD SERVICES		
References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04,1-4A-06, Dept. Reg. IS-C-1		
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- Food storage facilities comply with regulations and inspected by DHH.	
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- restroom facilities available in the kitchen for personnel to use.	
IV-A-003 Food/Dietary Allowances (MANDATORY) 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.	Compliant- Menus are reviewed by dietician to ensure proper allowances of food is served.	
Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations IV-A-004 Records of Meals Served Written policy, procedure, and practice require that accurate records are maintained of all meals served. Visual Inspection: facility logs	Compliant- records of meals served are kept.	
IV-A-005 Denial of Food as Discipline Prohibited Written policy, procedure, and practice preclude the denial of food as a disciplinary measure.	Compliant- denial of food is not used as punishment.	



	Findings	Response
 IV-A-006 Food Service Management (MANDATORY) Written policy, procedure, and practice require that three meals (including two hot meals) are provided under staff supervision at regular meal times during each 24-hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met. Offenders shall be provided an ample opportunity to eat for each meal. Visual Inspection: records of meals served and times served, facility logs 	Compliant- Logs of meals served and serving times are kept. At least 2 of the 3 daily meals are hot meals.	
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	Non-Compliant (no file)	
IV-A-008 Health Protection for Food Service There is adequate protection for all offenders and staff in the facility and for offenders and other persons working in food service. All persons involved in the preparation of the food receive a pre- assignment inspection by appropriate kitchen staff, to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. Offenders working in food services are monitored each day for health and cleanliness by appropriate kitchen staff. All food handlers are instructed to wash their hands upon reporting to duty and after using toilet facilities.	Compliant- Offenders are screened by medical prior to being assigned to work in the kitchen.	
Visual Inspection: inspection reports, completed forms, documentation of daily monitoring for health and cleanliness		
B. HYGIENE		
References: ACA CJS 1-4B-01, 1-4B-02, 1-4B-03, 1-4B-04, Dept. Reg. IS-C-3		
 IV-B-001 Plumbing Fixtures - Toilets and Washbasins (MANDATORY) 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 	Non-Compliant (no file)	
IV-B-002 Plumbing Fixtures - Showers (MANDATORY) 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- Offenders have access to showers within the housing units with hot and cold water. Hot water temperatures are recorded on inspections. Showers walls have mildew.	



	Findings	Response
IV-B-003 Clothing The facility has an obligation to provide adequate institutional clothing appropriate to the season and the offender's work status, including adequate changes of clothing to allow for regular laundering. The facility may fulfill this obligation by furnishing clothing or permitting the offender to secure and wear his own clothing, except that when the offender does not provide adequate clothing for himself, the facility shall furnish same.	Non-Compliant (no file)	
Visual Inspection: documentation of clothing issue, documentation of cleaning and storage		
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.	Compliant- offenders are provided bedding and linens and mattress. Laundry schedule posted for the cleaning of linens.	
Visual Inspection: documentation of issue and exchange IV-B-005 Personal Hygiene (MANDATORY) 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.	Non-Compliant (no file)	
Visual Inspection: documentation that items are provided, list of items available		



	Findings	Response
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 ICP14, HCP20, HCP41, HCP42, HCP46, HCP33, HCP22, HCP34, HCP16, HCP7, HCP30, AM-(D-04, 1-4D-06, Dept. Regs. IS-D-2, HP13,
V-C-001 Access to Care/Clinical Services (MANDATORY) 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. The health authority is the health administrator or agency responsible for the provision of health care services at an institution; the responsible physician may be the health authority. When the health authority is other than a obhysician, final clinical judgments rest with a single, designated, responsible physician. Written policy, procedure, and practice provide for the delivery of health care services, including nedical, mental health, 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 bain, development of individual treatment plans, extractions of non-restorable teeth, and referral	Compliant- Offenders are informed during the intake process of medical services. Offenders have access to medical , dental, mental health. Fees are listed in the handbook.	
o 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 La. 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 noused in local jail facilities shall not exceed the DPS&C approved rate in accordance with Department Regulation 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 nsurer, or any public medical assistance program, under which he/she is covered and from which he offender may make a claim for payment or reimbursement of the cost of any such medical reatment.		
Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule. IV-C-002 Adequate Equipment and Supplies (MANDATORY) Adequate equipment and supplies for medical services are provided as determined by the health	Compliant- Facility has a supply of medical equipment and supplies on	
care authority and are in working order. This includes but is not limited to the following; automatic external defibrillators (AEDs) available and in working order, a stock of first aid supplies for the treatment of minor injuries, ambu bag, and a cut down tool. Visual Inspection: Photos	hand.	



	Findings	Response
IV-C-003 Provision of Treatment (MANDATORY) 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-sight emergency treatment of an offender.)	Non-Compliant (no file)	
Visual Inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure		
IV-C-004 Personnel Qualifications/Credentials Correctional or other personnel who do not have health care licenses may only provide limited health care services as authorized by the responsible health care authority and in accordance with appropriate training. This would typically involve the administration of medication, the following of standing orders as authorized by the responsible health care authority and the administration of first aid/CPR in accordance with POST training. Written policy, procedure and practice approved by the health authority require dispensing and administering prescribed medications by qualified personnel.	Compliant- staff credentials are up to date. Staff is trained annually in first aid/cpr	
Visual Inspection: health records, completed medication administration form, personnel records, copies of current credentials or licensure, documentation of compliance with standing orders, health record entries, staff training records		
IV-C-005 24 Hour Care (MANDATORY) 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.	Compliant - Nurse on staff 7 days per week as well as on call staff.	
Visual Inspection: designated facility, provider lists, transportation logs		



	Findings	Response
 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 Care Screening form (IV-C-006-A) provided by DPS&C. The purpose of the health screening is to protect newly admitted offenders who pose a health safety threat to themselves or others from not receiving adequate medical attention. This should include inquiry into: 1. Current medical, dental or behavioral health problems and communicable diseases; 2. Current 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: 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'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 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	Compliant- Health screenings being done upon intake into the facility. Records of screenings kept.	
IV-C-006-1 Pregnancy Management (MANDATORY) Written policy, procedure and practice require that all pregnant offenders have access to obstetrical services by a qualified provider, including prenatal, peripartum, and postpartum care. The local jail facility shall notify the Department's Medical Director when a DPS&C offender is pregnant to ensure proper placement in a DPS&C facility including transfer if necessary. Visual Inspection: written policy and procedure, health record where pregnant offender received obstetrical services by a qualified provider, notification to DPS&C when DPS&C offender is pregnant, transfer logs	Compliant- Facility has a policy in file. No pregnant offenders were housed at the time of this visit.	



	Findings	Response
 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, HIV testing, and HCV testing within 14 days of arrival at the facility. If there is documented evidence of TB, HIV, or HCV 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. Visual Inspection: health records, clinic visit logs, documentation of waste pic up and/or cleaning logs 	Compliant-TB testing is conducted upon intake or at least within 14 days of arrival at the facility and yearly thereafter.	
IV-C-008 Annual TB Testing Written policy, procedure and practice require annual testing or medical evaluation for signs and/or symptoms of tuberculosis on all offenders. Annual TB testing will be provided at no cost to the offender. The facility's designated health care authority shall contact the DPS&C Medical Director, telephone number 225-342-1320, when an offender's test for medical signs and/or symptoms of tuberculosis is reported positive. The DPS&C Medical Director will determine if the offender requires physician or mid-level evaluation, based on the reported positive signs or symptoms.	Compliant- TB testing done upon intake and annually .	
Visual Inspection: health records		
IV-C-009 Chronic Care Program (MANDATORY) At a minimum, offenders with the chronic conditions, diabetes, hypertension, congestive heart failure, asthma, HIV, seizures, conditions requiring Coumadin therapy, or mental illness receive periodic evaluations by a qualified health care provider in accordance with individual chronic care plans. For offenders whose chronic disease cannot be reasonably managed by the local jail facility, a Medical/Mental Health Transfer Request for DOC Offenders at Local Facilities Form JO- 1-b shall be completed and email to DOC Headquarters Medical Department at HQ-Medical-MentalHealthtransfers@la.gov. The intake screening form and any other supporting documentation shall also be included when requesting transfers.	Compliant- health records kept on offenders with chronic conditions. If the facility can not provide the needed medical attention then the offender is transferred.	
Visual Inspection: health records		
IV-C-010 Pharmaceuticals Written policy, procedure, and practice approved by the health authority provide for the proper management of pharmaceuticals. Offenders are provided medication as prescribed.	Compliant- Medication is administered by medical personnel.	
Visual Inspection: health records, completed medication administration forms, inventories		



	Findings	Response
IV-C-011 First Aid Kits First aid kits are available in areas of the facility as designated by the responsible health care authority and shall be immediately accessible to housing units. Visual Inspection: location of first aid kits within the facility	Compliant- first aid kits available on each floor of the jail.	
 IV-C-012 Access to Sick Call (MANDATORY) There is a process for all offenders to initiate requests for health services on a daily basis. Written policy, procedure and practice require that sick call is conducted by a physician and/or other qualified health care personnel who are licensed, registered or certified as appropriate to their respective professional discipline and who practice only as authorized by their license, registration or certification. Sick call shall be available to all offenders as follows: Facilities with fewer than 100 offenders - 1 time per week; Facilities with 100 to 300 offenders - 3 times per week; Facilities with more than 300 offenders - 4 times per week. If an offender's custody status precludes attendance at sick call, then arrangements shall be made to provide such services in the place of the offender's detention. Visual Inspection: written policy and procedure 	Compliant- Nurses are available 24 hours per day.	
IV-C-013 Infirmary Care If infirmary care is provided onsite, it complies with applicable state regulations and local licensing requirements. Provisions include 24-hour emergency on-call consultation with a physician, dentist and behavioral health professional. Written policy, procedure and practice provide that any offender who is identified as requiring a medical, dental, or behavioral 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 DPS&C offender whose condition is problematic. Visual Inspection: admission or inpatient records, staffing schedule, completed form C-05	Outside medical facilities are used if further medical attention is needed.	
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 Department Regulation to the DPS&C's Chief Nursing Officer via email to HQ-Medical-MentalHealthTransfers@la.gov or by fax to 225-342-1329.	Compliant- There have been no medical or compassionate releases from the facility, however there is a policy in	
Visual Inspection: health records, documentation of approval of DPS&C's Chief Nursing Officer		



	Findings	Response
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. All suicide attempts and completions will be reported to the Mental Health Director of DPS&C at mentalhealth@doc.la.gov or (225)202-809. 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. Such procedures also shall include the reporting requirements as outlined in BJG 1-C-001.	Non-Compliant (no file)	
Visual Inspection: health records, documentation of staff training, documentation of observation of suicide watches.		
IV-C-015 Offender Deaths (MANDATORY) Written policy, procedure, and practice specify and govern the actions to be taken in the event of an offender's death, which includes notification of the coroner of all offender deaths. All attempts to contact the coroner regarding any death shall be thoroughly documented. Such procedures shall also include the reporting requirements as outlined in BJG I-C-001. In addition, a written report of all offender deaths shall be submitted to DPS&C on Form AM-I-4-x (via email to _DOC- HQ_Cat_A_Notfications@la.gov or via fax to (225) 342 3349).	Compliant- documentation in file stating no offender deaths as of this date.	
Visual Inspection: notification, reporting requirements, report to DPS&C		
 IV-C-016 Notification A visit with an immediate family member shall be granted when an offender is admitted to an intensive care unit (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 Department Regulation OP-C-9; If the offender's admission to the ICU or trauma center occurs between 8:00 p.m. and 4:00 a.m., 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. 	Compliant- Policy in place for the notification of family in the event an offender is admitted to hospital.	
Visual Inspection: notification records		



	Findings	Response
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-1	7, 1-4D-18, Dept. Regs. HCP44, HCP9, HCP10, Al	N-D-5
The health authority meets with the facility administrator at least quarterly. Visual Inspection: documentation of meetings	Non-Compliant - Monthly meetings are held, however the Health Care Authority does not attend. Only the nursing supervisor, who is not listed as the HCA's designee.	
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. Visual Inspection: written policy and procedure	Compliant- offenders do not participate in medical research.	
IV-D-003 Health Care Personnel/Job Descriptions Health care staff work in accordance with professional specific job descriptions approved by the health authority.	Compliant- job descriptions are in policy for medical personnel.	
Visual Inspection: job descriptions IV-D-004 Confidentiality of Health Information Information about an offender's health status is confidential. Nonmedical staff only have access to specific medical information on a "need to know" basis in order to preserve the health and safety of the specific offender, other offenders, volunteers, visitors, or correctional staff. An individual health record is maintained for all offenders in accordance with policies and procedures established by the health authority. The health record is made available to, and is used for documentation for all health care personnel. The active health record is maintained separately from the confinement case record and access is controlled. When an offender is transferred to DPS&C or another local facility, the offender's medical record is transferred as well. Visual Inspection: health records, completed consent forms, completed refusal forms		
 IV-D-005 Informed Consent Informed consent standards of the jurisdiction are observed and documented for offender care in a language understood by the offender. In the case of minors, the information consent of a parent, guardian or legal guardian applies when required by law. Offenders routinely have the right to refuse medical interventions. When health care is rendered against an offender's will, it is in accordance with state laws and regulations. Involuntary administration of psychotropic medications to offenders may only be accomplished by DPS&C. Visual Inspection: health records, completed consent forms, completed refusal forms 	Non-Compliant (no file)	



	Findings	Response
 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. Visual Inspection: verification of training, records and certificates 	Compliant- staff is trained in first aid/cpr to provide basic life support. AED also available	
 IV-D-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY) Written policy, procedure, and practice require that presumptively intoxicated offenders are assessed immediately by medical personnel in order to provide lifesaving intervention and make a determination of need for offsite medical attention. Written policy, procedure, and practice provide for access to Naloxone for officers and medical staff, as well as training for its administration. Visual Inspection: verification of training, records and certificates 	Non-Compliant (no file)	
IV-D-007 Internal Review/Quality Assurance (MANDATORY) The health authority approves policies and procedures for identifying and evaluating major risk management events related to offender health care, including offender deaths, preventable adverse outcomes and serious medication errors. Visual Inspection: evaluation of major risk management events	Non-Compliant - Medical policies have not been approved by Health Care Authority.	



	Findings	Response
E. SEXUAL ASSAULT		
References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16, Dept. Regs. PS-D-3, OP-A-15		
 V-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure, and practice provide for the prevention, detection, response, reporting and investigating of alleged and substantiated sexual assaults. Prison Rape Elimination Act (PREA) information provided to offenders about sexual abuse/assault includes: Prevention/intervention; Self-protection; Multiple channels of reporting sexual assault and sexual misconduct; Protection from retaliation; Treatment and counseling; and DPS&C zero tolerance for sexual assault and sexual misconduct When the occurrence/allegation of sexual assault or threat involves a DPS&C offender, the facility shall report the incident to DPS&C immediately, as outlined in BJG I-C-001. An investigation is conducted and documented whenever a sexual assault or threat is reported. Investigation report to the DPS&C PREA Investigation Colonel at Joel.Odom@la.gov. Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. 	Non-Compliant (no file)	



	Findings	Response		
PART V - OFFENDER PROGRAMS AND ACTIVITY				
A. OFFENDER OPPORTUNITIES FOR IMPROVEMENT				
References: ACA CJS 1-5A-01, Dept. Reg. PS-F-1				
V-A-001 Volunteers/Registration There is an official registration and identification system for volunteers. Visual Inspection: activity schedules, facility logs	Compliant- policy in place for volunteers, however there have been no volunteers at the facillity since the COVID pandemic.			
V-A-002 Volunteer Services A current schedule of volunteer services is available to all offenders and is posted in appropriate areas of the facility.	Compliant- policy in place for volunteers, however there have been no volunteers at the facillity since the COVID pandemic.			
Visual Inspection: activity schedules, facility logs V-A-003 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 Department Regulation OP-C-9. Visual Inspection: activity schedules, facility logs	Compliant - Offenders are allowed video visits.			
V-A-004 Religious Programs Written policy, procedure, and practice define and provide reasonable offender opportunity for religious practice.	Compliant - policy in place, however, there have been no religious service since the COVID pandemic.			
Visual Inspection: activity schedules, facility logs V-A-005 Exercise and Recreation Access (MANDATORY) 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 DPS&C offenders. If a DPS&C offender requires special management or has security supervision needs which preclude the opportunity for outdoor exercise at a facility, then he or she shall be transferred to the DPS&C. If a facility based on location, or other legitimate concern, does not make provision for outdoor exercise, then compensating dedicated exercise facilities of adequate size to provide three exercise opportunities per week shall be available. Visual Inspection: activity schedules, facility logs	Compliant - Offenders are allowed recreation for 30 minutes, 3 times per week (weather permitting)			



	Findings	Response
B. PROGRAMS AND SERVICES		
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, AM-C-2, PS-I-1, OP-C-9, OP-C-7	1-5B-02-2, 1-5B-04, 1-5C-01, 1-5C-04, 1-5C-06, De	ept. Regs PS-D-3, IS-B-1, HCP7, PS-E-1, PS-C-
 V-B-001 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 the offender(s) for program placement; 2. Offender application to program; 3. Program sign-in sheets and/or attendance rosters; 4. Student Education Records shall be maintained at the facility. The student record includes but is not limited to the WorkReady U Intake form (which includes Demographics, Self- Disclosure Information, Release Statement, Family Educational Rights and Privacy Act- FERPA, Grievance Procedure, Class Rules, test scores, certificates, diplomas, etc.; 5. Copies of certificates of program completion, skills certifications, etc.; 6. Signed copy of CTRP credit forms; 7. Documentation for staff oversight if program is not administered and/or overseen by DPS&C staff; and/or 8. Signed Reentry Preparation Refusal form if offender refused program. 		
Visual Inspection: actibity schedules, facility records and logs, offender records		



	Findings	Response
 V-B-002 Eductional Programming The DPS&C and the facility encourage educational programming which includes: Adult Basic Education and/or Literacy; Industry Based Certification Training; Pell-eligible Post-Secondary Training; Peer Tutor/Mentor Implementation. 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 for review and approval. If the DPS&C implements the educational program in cooperation with the facility, compliance measures must be followed to abide by the terms of the funding sources, as well as state and federal regulations. A determination of ATLO needs will be determined with the facility during implantation of education programs. During this time the party responsible for cost of ATLO lab, devices, etc. will be determined. In some cases, technology is utilized for Education and Reentry purposes (ATLO Software). This will be determined. Visual Inspection: activity schedule, facility logs		
 V-B-003 Substance Abuse Programs The facility encourages offender participation in substance abuse programs when available. The continuum of substance abuse programming includes: Substance Abuse Education/Relapse Prevention; I2 Step Recovery Meetings (i.e., Alcoholics Anonymous/Narcotics Anonymous); Living in Balance: Moving from a Life of Addiction to a Life of Recovery. Provisions for offender referrals and transfers to DPS&C approved intensive residential substance abuse programs are made prior to placement in a transitional work program or release from custody. Visual Inspection: activity schedule, facility logs	Compliant - although the facility does not offer substance abuse programs, if requested, the offender is transferred to a facility where it is available.	
V-B-004 Library Services Reading materials shall be available to offenders on a reasonable basis. Visual Inspection: activity schedule, facility logs	Compliant - reading material is available for the offenders.	



	Findings	Response
 V-B-005 Mail and Correspondence Offenders may send and receive mail. Indigent offenders shall have access to postage necessary to send two personal letters per week, postage necessary to send out approved legal mail. 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. Such policy shall include the following provisions: 1. Both incoming and outgoing offender mail (except privileged mail) may be opened and inspected for contraband. Mail may be read or rejected only when the facility administrator or his designee determines through relevant information that the correspondence contains material that interferes with legitimate penological objectives (including but not limited to deterrence of crime, rehabilitation of offenders, or maintenance of internal/external security of a facility); Privileged correspondence is defined as mail to or from: a. Identifiable prosecuting attorneys; c. Identifiable Probation and Parole Officers, Parole and Board of Pardons; d. State and local chief executive officers; e. Identifiable attorneys; f. Secretary, Deputy Secretary, Chief of Operations, Undersecretary, Assistant Secretary and other officials and administrators of the grievance system of the DPS&C g. Local, state, or federal law enforcement agencies and officials. 3. Incoming privileged correspondence shall not be opened or inspected except in the presence of the offender to verify that the correspondence does not contain material that is not entitled to privilege; 4. Outgoing privileged mail may be posted sealed; 	Non-Compliant (no file)	
 5. Incoming and outgoing privileged mail may be opened and inspected outside the offender's presence in the following circumstances: a. Letters that are unusual in appearance or appear different from mail normally received or sent by the individual or public entity; b. Letters that are of a size or shape not customarily received or sent by the individual or public entity; c. Letters that have a city and/or sate postmark that is different from the return address; d. Letters that are leaking, stained, or emitting a strange or unusual odor or have a powdery residue; and/or e. When reasonable suspicion of illicit activity has resulted in a formal investigation and such inspection has been authorized by the Secretary or designee. 		
V-B-006 Packages and Publications Written policy, procedure, and practice govern offender access to publication and packages from outside source.	Non-Compliant (no file)	
Visual Inspection:	Compliance	



BJG Monitoring Report

	Findings	Response
V-B-007 Canteen/Commissary Spending Limits The offender commissary spending limit shall be \$200.	Non-Compliant (no file)	
Visual Inspection: facility logs/store sheet		



	Findings	Response
C. REENTRY		
References: Dept. Regs. IS-B-6, BOP3, IS-B-7, HCP31		
 V-C-001 Releasing Offenders Procedures for releasing offenders from the facility include, but are not limited to, the following: Return of personal property, to include any government issued identification card (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 DPS&C Transition Document Envelopes (TDE) and all its contents if present at the facility. Otherwise, inform offender their TDE (if they have one) will be mailed to their release address on record. 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 thirty (30) days of medication upon transfer or discharge. Prior to release, offenders with serious medical and behavioral health conditions are referred to available community services. All efforts shall be made to schedule any medical/mental health appointments prior to release. Appropriate health information is shared with the new providers in accordance with consent requirements. This information shall be documented in the offender's medical record. Offenders identified as needing transportation, should be afforded a bus ticket from the facility to the residence plan address listed on the release paperwork. For offenders with out of state residence plans, screen and complete an ICOT 4-6 months prior to release and submit to local P&P district. If offender has no address, shelter placement shall be done by Local Jail Transitional Specialist or staff. Provision of adequate street clothing for indigent offenders. Offenders shall not release in any prison issued attire, including but not limited to jumpsuits, striped scrubs, or stenciled clothing. 		



	Findings	Response
 V-C-002 Regional Reentry Programs Facilities shall remain in compliance with any separate contract with the facility through which the DPS&C reimburses for reentry programming which includes: Employment opportunities through referral and transfer to transitional work programs, or when inappropriate, for transitional work program placement, enrollment in the Reentry Workforce Portal, and outside service providers to connect discharging offenders with employment opportunities upon release; At least two forms of valid identification upon release, preferably a Louisiana State ID and Social Security Card; The development of a residential plan prior to release; Referral to community based service providers upon release. Ensuring that all DPS&C offenders complete 100 hours of pre- release training at a regional reentry center prior to transfer to a transitional work program or release from custody. Regional Reentry Programs shall maintain reentry transition document envelopes for all DPS&C offenders housed in local jails in their region, which include at a minimum, if applicable: Any valid forms of identification; Prescriptions and Medicaid card; Community service referrals; and CRANNUAL printed report. Regional Reentry Programs shall coordinate with local jails and Probation & Parole Districts in their region to insure offenders receive their Transition Document Envelopes (TDE) either prior to release or upon release. Regional Reentry programs shall main tard cannot be provided the TDE before release. Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan	Compliant - although the facility does not offer reentry programs, if requested, the offender is transferred to a facility where it is available.	
 V-C-003 Pre-Parole Preparation The facility shall complete Form IS-B-7-c "Pre-Parole TIGER Questionnaire for Local Jail Facilities" and submit via e-mail to DPS&C Headquarters at mleger@la.gov or by fax to (225) 342 3095 within the first two weeks of the month preceding the scheduled hearing. Visual Inspection: offender record, completed questionnaire 	Compliant- Documentation stating no DOC offenders have been sent to parole board hearing from the facility.	
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.	Compliant- Documentation stating no DOC offenders have been sent to parole board hearing from the facility.	
Visual Inspection: offender record, trip log, documentation showing facility Warden or designee presence at parole board		



	Findings	Response
D. TRANSITIONAL WORK PROGRAMS		
References: Dept. Regs. PS-D-3, ISB-1		
V-D-001 Trasitional Work Program/Standard Operation Procedures Transitional Work Programs shall be operated in accordance with the Standard Operating Procedures for Offender Transitional Work Programs established by DPS&C. Visual Inspection: DPS&C Monitoring Report	N/A - facility does not have a TWP	
V-D-002 Participation in Trasitional Work Program Participation in Transitional Work Programs by DPS&C offenders shall comply with La. R.S. 15:711 and DPS&C Department Regulation IS-B-1 "Assignment and Transfer of Offenders." Specific approval by the Secretary of DPS&C is required prior to program assignment of DPS&C offenders. Refer to Standard Operating Procedures for Offender Transitional Work Programs. Visual Inspection: approval for participation by the Secretary of DPS&C	Compliant - Offenders are transferred for TWP	
 V-D-003 Offender Work Programs Participation in Offender Work Programs by DPS&C offenders shall comply with the provisions of La. R.S. 15:708 (parish jails) or La. R.S. 15:832 (police maintenance). Visual Inspection: offender voluntary participation, sheriff's approval of work program 	Compliant - work logs are kept for offenders who hold jobs in the facility.	
request, facility logs V-D-004 Approval for Transitional Work Programs Any sheriff interested in operation of a Transitional Work Program facility shall obtain prior approval from the Chief of Operations. Refer to Standard Operating Procedures for Offender Transitional Work Programs.	N/A - facility does not have a TWP	
Visual Inspection: approval of Chief of Operations		



	Findings	Response
PART VI - JUSTICE		
A. OFFENDER'S RIGHTS		
References: ACA CJS 1-6A-01, 1-6A-02, 1-6A-03, 1-6A-06, Dept. Reg. OP-C-10		
VI-A-001 Access to Courts/Access to Legal Materials Written policy, procedure, and practice ensure the right of offenders to have access to courts. This includes reasonable access to legal reference materials or access to legal or paralegal assistance. Illiterate offenders shall be provided the assistance of a fellow offender or be iurnished 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.	Compliant - facility has a law library and are allowed attorney visits.	
Visual Inspection: facility log 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.	Compliant - facility logs show attorney visits.	
Visual Inspection: facility log, record of attorney interviews VI-A-003 Protection from Abuse Written policy, procedure, and practice protect offenders from personal abuse, corporal punishment, personal injury, disease, property damage, or harassment. Visual Inspection: facility log, incident reports, staff training records	Non-Compliant (no file)	
road insposion home is stand of the stand of		
B. FAIR TREATMENT OF OFFENDERS		
References: ACA CJS 1-2A-16, 1-4C-01, 1-6B-01, 1-6B-02, Dept. Reg. OP-C-13		
VI-B-001 Discrimination Written policy, procedure, and practice provide that program access and administrative decisions are made without regard to offenders' race, religion, national origin, gender, sexual orientation, or disability.	Compliant- policy in place to avoid discrimination of offenders	
Visual Inspection: facility records, grievances, activity logs VI-B-002 Grievance Process (MANDATORY) 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- policy in place for offenders to be able to file a grievance. Forms are available on kiosk.	
/isual Inspection: grievances	A DE LA DESERVICIÓN D	



	Findings	Response
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-0	02, 1-7B-04, 1-7B-06, Dept. Regs. AM-F-22, OP-A-	19
 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: Security procedures; Hostage procedures – including staff roles and safety; Fire and emergency plan/ procedures; Suicide precaution and signs of suicide risks; Use of force policies; Inmate rules and regulations; CPR and first aid; Requirements of the Prison Rape Elimination Act (PREA); Employees whose duties are the care, custody and control of offenders must complete the Peace Officers Standards and Training (POST) Level 3 certification training program, which consists of the ACA core curriculum, within one year of employment. 	Compliant- Staff is trained annually.	
Visual Inspection: lesson plans, staff training records VII-A-002 Weapons Training All personnel authorized to use firearms and less-than-lethal weapons must demonstrate competency at least annually. Training includes decontamination procedures for individuals exposed to chemical agents.	Compliant- Staff is trained annually.	
Visual Inspection: personnel records, training records		
B. FACILITY ADMINISTRATION		
References: ACA CJS 1-4D-02, 1-7D-01, 1-7D-03, Dept. Reg. AM-I-4 VII-B-001 Authority There is a statue or constitutional provision authorizing the establishment of the local jail facility of its parent agency. Visual Inspection:	Compliant - Statute in place granting authority fo the facility.	
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: personnel or training records	Compliant - no formal agreement, but provided hourly by Mike Leger.	



	Findings	Response
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, not to exceed three years. Visual Inspection: annual audit	Compliant - audits conducted by Kolder, Slaven and Co.	
VII-B-004 Facility Insurance Written policy, procedure, and practice provide for institutional insurance coverage, including at a minimum: worker's compensation, civil liability for employees, liability for official vehicles, and either a commercial crime/employee theft insurance policy, or public employee blanket bond.	Compliant - current policy with AmWins Brokerage of Texas.	
Visual Inspection: insurance policy		
 VII-B-005 Mgmt. of Offender Personal Funds Written policies and procedures shall govern the management of offender personal funds held in trust by the facility. The policies and procedures shall include: Specific guidelines and controls for collecting, safeguarding, and disbursing offender personal funds; Require offenders be provided receipts for all financial transactions; Comply with general accounting procedures and state law; and Establish a system of checks and balances. Any interest earned on monies other than operating funds accrues to the benefit of the offenders. 	Compliant- Copies of funds being put in offender account in file	
Visual Inspection: offender records		
 VII-B-006 Disposition of an Offender's Account upon Death The facility shall complete its fiduciary duty to ensure all of the deceased offender's funds due to the estate are properly accounted for, safeguarded, and disbursed. Upon the death of an offender, facility staff shall do the following: Complete the Disposition of Offender Funds upon Death (DPS&C Form AM-C-2-b) to determine the amount owed to the decedent's estate and to determine what a claimant shall submit to receive the amount owed to the estate. Check the offender's Master Record and Visiting Lists to determine if there is a living spouse or other living heirs listed in the offender's personal information. If so, facility staff shall attempt to notify the spouse or heirs of the amount owed to the estate, after all debts have been cleared, and the documentation required to receive the funds. If the amount owed to the estate is less than or equal to \$2,500, provide the claimant a copy of the Claimant's Request for Offender Funds Upon the Offender's Death and Due to the Offender's Estate (Form AM-C-2-a). The claimant must submit the completed and notarized form to receive the amount owed to the estate. If the amount owed to the estate is greater than \$2,500, inform the claimant he/she must obtain a Judgement of Possession or Louisiana Small Succession Affidavit to receive the amount owed to the estate. 		



BJG Monitoring Report

	Findings	Response
 4. Pay all remaining debts of the decedent. 5. Release the funds to the claimant upon receipt of the required form/judgement/affidavit. 6. Forward subsequent monies received on behalf of the decedent to the claimant on file. Supporting documentation of funds received and forwarded should be maintained in the offender's file. 7. Maintain the decedent's funds within the facility's bank account designated for offender personal funds until the decedent's individual account balance has been depleted. 8. Upon the death of an ex-offender after release, but before all funds have been distributed to him, facility staff shall do the following: a. Follow the above steps required for disposition of funds upon death. b. Obtain a certified death certificate to form AM-C-2-b. Unclaimed funds of deceased offenders are not considered abandoned property as provided in La. R.S. 15:866.2. If attempts to notify a spouse or heirs have been unsuccessful for a period of five years, the money in the offender's account should be submitted along with an unclaimed property report to the Department of Revenue and Taxation in compliance with La. R.S. 9:151 through 9:156. Visual Inspection: offender records 		
VII-B-007 Offender Records Security Written data security policy, procedure, and practice govern the collection, storage, retrieval, access, use, secure placement and preservation of records, and transmission of sensitive or confidential data contained in paper, physical, or electronic format. Access to any information system by an offender in the custody or supervision of the Department is strictly prohibited. All personnel having access to the information systems are responsible for ensuring the security of the computer equipment and preventing unauthorized access. Visual Inspection: offender records	Non-Compliant (no file)	
VII-B-008 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.	Compliant- policies are reviewed and changed as necessary for facility operation	
Visual Inspection: annual review, dissemination to staff VII-B-009 Annual Compliance Statement Written policy, procedure and practice demonstrate that the facility shall submit an annual statement confirming continued compliance with the BJG to the appropriate DPS&C Regional Team Leader. This statement, submitted by January 31st each year, is in writing and shall include: 1. A copy of the current Fire Marshal Report; 2. A copy of the current Health Inspection Report; 3. Any proposed or projected expansions; 4. Any rehabilitative programs that are available; 5. Summary of any re-entry initiatives/programs implemented by the facility. Visual Inspection: annual statement	Compliant - Compliance Statements are provided annually along with current DHH and FM reports.	



	Findings	Response
VII-B-010 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: monthly report	Compliant - monthly reports are submitted for approval in a timely manner.	
VII-B-011 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: staff meeting minutes/notes	Non-Compliant (no file)	
VII-B-012 Proposed Expansion 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.	Compliant - There are no proposed expansions at this time.	
Visual Inspection:		
C. REASONABLE ACCOMMODATION		
References: ACA CJS 1-7E-01		
VII-C-001 Facility Equipment/Reasonable Accommodation Reasonable accommodations is made to ensure that all parts of the facility are accessible to the public are accessible and usable by staff and visitors with disabilities. Visual Inspection:	Compliant - facility has handicap accomodations for staff, visitors and offenders.	



	Findings	Response		
INSPECTION REPORTS				
DEPARTMENT Deficiencies Corrective Action Taken				

Fire Marshall		
Date of Current Report: 09/27/2022	-	
Maximum Capacity:	-	

DHH - Health	
Date of Current Report: 07/20/2022	
Maximum Capacity:	

H - Retail Food	
Date of Current Report:	

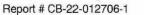
BJG Compliance



Office of State Fire Marshal

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

Inspection Report



John Bel Edwards GOVERNOR



No Deficient/Cautionary Codes cited.

		Locat	ion Infor	mation			
Inspection Type	Compliance Building Inspection			Inspection E	ate	9/27/2022 5:33:32 PM	
Structure ID	13175 No. of Buildin		s 1	Facility Cod	e	J124	
Capacity	244	Year Built	1983	Construction	п Туре	Type I (442)	
Building/Trade Na SAINT LANDRY P/			Addre 108 M	ARKET STREET, OF	PELOUSA	AS, LA 70570	
		Own	er Inforn	nation			
Owner Type		Name Contact Phone Contact Em		ct Email			
Municipal Project		ST LANDRY POLICE JU	RY	(337) 948-6516		GMORGAN@SLPSHERIFF.COM	
Address						and the second se	
111 MARKET ROA	D, OPELOUS	AS, LA 70570					
		Tena	nt Inforn	nation			
Name		SL	lite Numb	er Floor Num	ber	Square Footage	
	and the second s	Occu	pancy D	Details			
Occupancy Type		Details					
Institutional		INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 4					
		(Commen	ts			
NO APPARENT DE CURRENT CAPAC		WERE NOTED AT THE TI	ME OF IN	SPECTION.			
		Inspec	tor Info	rmation			
Name: John Cher	nevert	Badge Number: 616		Inspector Signatur	е:		

 Person to whom requirements were explained

 Name: St landry
 Title: St Landry

 Signature:
 Advs File

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

(800) 554 0006

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.



Routine/Renewal

STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

Permit Number 49-08-224	Permit Name ST LANDRY PARISH JAIL - 224			
Name of Establishment ST LANDRY PARISH JAIL - 224	Owner Name			
Address 111 N Market ST Opelousas, LA 70570	Date 07/20/2022	Time 10:00 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	7 - There is peeling paint on the walls in the shower. * shower areas need to be painted
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair. Tolets hard to flush: 253, 305, 310, 326, 323, 316,345, 348, 353, 244, 352, 338, 344 Hot water does not work: 245, 337, 350, 340, 317, 251, 331, 7, 14 Cold water does not work: 340, 320, 318, 331, 279 Sink does not drain well: 258, 316, 355, 254 Water continuously runs: 345, 351 [Repeat]

Comments:

Verbal acknowledgement of report provided by Tory Andrepont

Copy of report emailed to chspencer@slpsheriff.com, gmorgan@slpsheriff.com, ericvanchrisley@gmail.com, tandrepont@slpgov.net

Number Licensed For		Number in Attendance	License Anniversary 05/31/2022	
Sanitarian Name/Print Justin Clark	Phone # 337-948-0267	Sanitarian Signature JC MS	R.S. # 3200	
The above mentioned violations were called to my Correct Critical Violations by		o my attention and were explained to Correct Non-Critical V	, .	
Name/Title Tory Andrepont, maintenar	nce	Signature of Recipient O_{π} F.L		



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Routine/Renewal

Permit Number	Permit Name	Permit Name			
49-0001501-1	SAINT LANDRY PAR	SAINT LANDRY PARISH JAIL Detention Center Kitchen			
Name of Establishment SAINT LANDRY PARISH JAIL		Owner Name ST LANDRY PARISH POLICE JURY			
Address		Date	Time		
108 S MARKET ST OPELOUSAS, LA 70570		07/20/2022	09:30 AM		

LAC TITLE 51 PART XXIII

Category	Code Reference	Description of Violations	
LABELING	1107	49 - 1107 - Bulk containers are not properly labeled. [COS][Repeat]	
UTENSILS/EQUIPMENT/SINGLE SERVICE	1321	66 - 1321.2 - An accurate ambient air temperature-measuring device is not provided. *reach in cooler	
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.6 - Floor is not maintained in good repair. *walk in cooler and freeze [Repeat]	
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.4 - Walls/ceilings or attached equipment are not in good repair. *ceiling vents and light shields	
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.4 - Walls/ceilings or attached equipment are not in good repair. *ceiling tiles in disrepair	

Comments:

Verbal acknowledgement of report provided by Nora Lazard

Copy of report emailed to tdarbonne@slpgov.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 Justin Clark	Phone # 337-948-0267	Sanitarian Signature ブレ・パブ	R.S. # 3200	
The above mentioned violations	were called to my attention and were ex	plained to me in detail. I hereby agree to		
Correct Critical Violations by		Correct Non-Critical Violations	by	
		Signature of Recipient		
Name/Title Nora Lazard, kitchen manager		On File		

https://la.mydhd.com/webadmin/dhd_626/paper/_paper_inspection_form.cfm?inspectionI... 9/27/2022

Humphrey - LSA Emails 0003367.49



OFFICE OF THE SHERIFF • ST. LANDRY PARISH BOBBY J. GUIDROZ Sheriff and Exolflicis Tax Collacter P.O. 8ox 1029 Opelousas, LA 70571-1029 Atain Office: 337-948-6516 Civil Deportment: 337-948-3636 Criminal Investigation Division: 337-594-8565

7/20/22

State of Louisiana Department of Health conducted an inspection of the Retail Food areas of the St. Landry Parish Jail.

The found multiple Non- Critical items to not be in compliance. They were addressed as followers:

Labeling Of bulk containersThe Kitchen supervisor was made aware and advised to
correct the issue.Utensils/Equipment/single serveKitchen Supervisor was made aware and advised to
correct the issue.Structural /Design/Maintenance/PlumbingMaintenance ticket was opened with St. Landry Parish
Government.Structural /Design/Maintenance/PlumbingMaintenance ticket was opened with St. Landry Parish
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Government.

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Warden James Doucet