Department of Public Safety & Corrections State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANG SECRETARY



October 31, 2022

MEMORANDUM

TO:

The Honorable Timothy Soignet

Smerif of Terrebonne Parish

FROM:

James M. Le Blanc

CA

Secretary

RE:

"Basic Jail Guidelines" Monitoring Report

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

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

JML/mwk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association Rhonda Ledet, Warden, Terrebonne Parish Criminal Justice Complex Seth Smith, Chief of Operations Kristen Thomas, Warden, LCIW Carmisha Stinson, BJG Team Leader



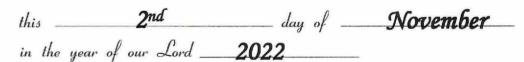
Department of Public Safety and Corrections

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

Terrebonne Parish Criminal Justice Complex
in acknowledgement of

Continued Compliance with the Basic Jail Guidelines Process

Therefore, I have hereunto set my hand and caused to be affixed the seal of the Department of Public Safety and Corrections, at the City of Baton Rouge,







BJG RECERTIFICATION REPORT

Rev. 03/22/2022 mw

Facility Name:

Terrebonne Parish Criminal Justice Complex

BJG Team Leader & Monitors:

Lt. Carmisha Stinson, Team Leader, Major. Daven Jenkins, Team

Member, Lt. Achshah Harris Team Member

Facility Warden & Email Address: Rhonda Ledet, Rledet@tpso.net

Facility Staff:

Major Rhonda Ledet, 1st Lt. Allison Zeringue, 1st Lt. Beth Bailey

BJG Inspection Date: Previous BJG Inspection Date: August 25, 2022

Operational Capacity:

February 21, 2020

Count on Day of Visit:

612 553

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

Concerns or Issues from the previous BJG Monitoring Inspection:

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	125	2	127
Number of Local Offenders	404	24	426
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	527	26	553

0

Number of DOC Offenders that are:

Single Bunked

Total

Double Bunked	126
Triple Bunked	0
Total	126
Number of DOC Offenders	that are in Restricted Housing:
Single Bunked	_1
Double Bunked	0
Triple Bunked	

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
January 2021	7	0	0	0
February 2021	9	0	0	0
March 2021	17	1	0	0
April 2021	4	2	0	0
May 2021	8	0	0	0
June 2021	6	1	0	0
July 2021	12	0	0	0
August 2021	0	0	0	0
September 2021	0	0	0	0
October 2021	0	0	0	0
November 2021	0	0	0	0
December 2021	0	0	0	0

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

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Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
January 2021	1	0	0	0	312
February 2021	. 0	0	1	0	297
March 2021	0	0	0	0	30
April 2021	0	0	0	0	50
May 2021	0	0	1	0	39
June 2021	0	0	0	0	23
July 2021	0	0	0	0	69
August 2021	0	0	0	0	0
Sept 2021	0	0	0	0	0
Oct 2021	0	0	0	0	0
Nov 2021	0	0	0	0	0
Dec 2021	0	0	0	0	0

GENERAL APPERANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area: The living area were very neat and clean.

- Dorms The dorm area were spacious with sitting areas. The dorms were also clean and odor free.
- Cell Block The area was clean and odor free.

Culinary/Dining: During the inspection, the kitchen was not preparing any meals at the time. The kitchen was very well organized and clean. The storage areas were very organized and cleaned. All items were labeled and dated. No food or boxes were stored on the floor. Sample trays were labeled and dated. The freezer and cooler logs were done daily and in range temps. Food menus and certificates were visible. All tools were locked up and were on a shadow board and were engraved.

Bathrooms: Bathrooms area were clean and odor free. All toilets, faucets, and showers were in good working condition with proper running cold and hot water.

Yard Areas: The recreation area is a large area and mostly concrete with a grass area attached.

Maintenance: All maintenance is done in house at this facility. A walk through was performed in the area. The area was well organized. Tool logs were well-kept and in place. All tool boxes and shadow boxes were locked. An inspection on the tool logbook was done and was accurate.

COUNTS:

- How many formal counts are conducted each shift? Three
- · How many counts are conducted each day? Five
- <u>Stick outs counts</u> are counts that are conducted in areas other than housing units, such as food services and other areas of normally authorized locations. When conducting and submitting the counts, employees are to actually see the offender before turning in theses counts.
 - How does the facility accomplish this? All offsite work crews are under the supervision of the sheriff department staff and counts are called into the control center.
 - Does this process insure accountability and safe/secure operation of the facility? Yes

CLASSIFICATION SYSTEM:

Does the facility have any trustees that work outside the secure perimeter? Yes If yes,

- What is their classification process to determine who is eligible for trustee status? All offenders entering the facility gets screened. An interview is conducted with the offender. The classification department conducts background checks, look at past/current crimes, and length of sentence. Once the process is completed the paperwork is sent to the warden for approval.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
January 2021	22	205	10.7	0
February 2021	15	220	6.8	0
March 2021	19	223	8.5	0
April 2021	26	225	11.6	0
May 2021	15	212	7.1	2
June 2021	18	201	8.9	0
July 2021	14	214	6.5	0
*August 2021	N/A	N/A	N/A	N/A
*September 2021	N/A	N/A	N/A	N/A
*October 2021	N/A	N/A	N/A	N/A
November 2021	2	16	12.5	0
December 2021	3	21	14.3	0

See highlighted note in "Other" section below.

RULES AND DISCIPLINE:

Does the facility's offender orientation include the application process for applying for restoration of good time? Yes

If yes,

- What is their restoration of good time application process for the offender population? Offenders are given applications upon request and forwarded to headquarters for further handling.
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria?
 Yes

BJG AUTOMATED MONTHLY REPORTING REVIEW:

Has the facility been inputting the correct info timely? Yes Does the reported info suggest any issues of concern or improvement? No

OFFENDER PROGRAMS:

GED Program

Number of GED Slots	20	
Number of Participants	16	*
YTD Number of Completions	3	

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

FDIC Money Smart for Young Adults
Inside Out Dad
UCCI- CBI- Employment
Understanding and Reducing Angry Feelings
Partners in Parenting
Thinking For A Change

LIST ALL OTHER OFFENDER PROGRAMS:

Religious Program

GRIEVANCE PROCESS:

- Does grievance process include two levels of review? Yes
- Who are the designees at each level? Lt. Shane Scwarch, Mjr. Ledet, Lt. Col. Bergeron
- What is the specified time period for response at each level? 72 hours

PREA COMPLIANCE:

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

OTHER:

During the following months of September, October, and November of 2021 the facility was closed due to storm damage and there weren't any offenders being housed at the time. Also, there wasn't a Food Retail inspection conducted due to the Jail being shut down due to the storm in 2021.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff was very knowledgeable about their job. Staff was very respectful and professional.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

Offenders stated they were being treated fairly. No other complaints were made to the monitoring team.

RECOMMENDATION:

Continued annual monitoring visiting recommended at this time.



12/22/2020 Facility: Terrebonne Parish Criminal Justice Comp. Date Conducted: August 25, 2022 Monitors: Carmisha Stinson, Team Leader Mjr. Daven Jenkins, Team Member Lt. Achshah Harris, Team Member

BASIC JAIL GUIDELINES (BJG)			
PART I - SAFETY			
A. PROTECTION FROM INJURY AND ILLNESS			
References: ACA CJS 1-1A-01, 1-1A-02, 1-1A-03, 1-1A-04, 1-1A-05, 1-1C-05, 1-4A-03, 1-4A-04	Findings	Response	
I-A-001 Safety/Sanitation/Inspections The facility complies with all applicable laws and regulations of the State Sanitation Officer and the State Fire Marshal. The following inspections are implemented: •Weekly sanitation inspections of all facility areas by a qualified departmental staff member. •Weekly inspections of all food service areas, including dining and food preparation areas and equipment. •Water temperature in housing areas is checked and recorded daily. •Comprehensive and thorough monthly inspections by a safety/sanitation specialist for compliance with sanitation, safety and fire prevention standards. •At least annual inspections by the State Sanitation Officer and the State Fire Marshal.	Compliant- Weekly sanitation inspection conducted. Fire Marshal conducted annually.		
Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports I-A-002 Disposal of Materials Disposal of liquid, solid, and hazardous material complies	Compliant - Trash disposal contract in place.		
with applicable government regulations. Visual Inspection: trash disposal contract, completed inspection reports, include documentation that deficiencies were corrected			
I-A-003 Vermin and Pests Vermin and pests are controlled. There is a written and implemented plan for the control of vermin and pests. Visual Inspection: pest control contracts, trash disposal contracts, inspection reports	Compliant- Pest control contract in place.		
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 spitation of the facility. Visual Inspection: inspection reports, completed forms. documentation of correction of identified I-A-005 Water Supply The facility's potable water source and supply is certified at least annually by an independent, outside source to be in compliance with the State Sanitary Code. The facility complies with the requirements of the state health officer. There is a specific plan for addressing deficiencies, if any, that is approved by the state health officer. Visual Inspection: documentation of approval by DHH or local authority, plan for addressing deficiencies B. VEHICLE SAFETY	Compliant		



References: Dept. Reg. C-03-003/OP-A-3	Findings	Response
I-B-001 Offender Transport Escorted and unescorted absences of state offenders are governed by R.S. 15:811 and 833 and DPS&C Department Regulation No. C-03-003 "Escorted Absences." Visual Inspection: documentation of staff training, documentation of medical, funeral, etc. (outside trips)	Compliant	
C. EMERGENCY PREPAREDNESS/RESPONSE		
References: ACA CJS 1-1C-01, 1-1C-02, 1-1C-03, 1-1C-04, 1-1C-06, 1-1C-07, 1-7E-01, Dept. Regs. A-04-002/PS-D-3, C-02-001/OP-A-5, C-02-010/OP-B-3, C-05-001/AM-I-4		Response
I-C-001 Emergency Plan There is a written plan, submitted to the Secretary of DPS&C, that specify the procedures to be followed in situations that threaten facility security. Such situations include but are not limited to riots, hunger strikes, disturbances, taking of hostages, and natural or man-made disasters. These plans are made available to all applicable personnel and are reviewed annually and updated as needed. All facility personnel are trained annually in the implementation of the emergency plan. An evacuation plan is used in the event of fire or major emergency. The plan is approved by the state fire marshal, reviewed annually, and updated, if necessary. There are written procedures for significant unusual occurrences or facility emergencies including but not limited to natural or man-made disasters; major disturbances such Visual Inspection: training records, facility logs, documentation of approval of plan, documentation of annual review, documentation of staff receipt, training on the plan	Compliant- The facility has an emergency plan. Staff is trained and aware of the plan. Training records logged.	
	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.	routes were posted throughout the facility. Policy in place for the immediate release of the offenders	
Visual Inspection: facility records/logs		
I-C-003 Fire Safety/Code Conformance The facility complies with the requirements of the state fire marshal. There is a specific plan for addressing deficiencies, if any, that is approved by the State Fire Marshal. The State Fire Marshal approves any variances, exceptions, or equivalencies. Visual Inspection: documentation of fire alarm and detection system maintenance and testing, plans for addressing deficiencies	Compliant- Facility participates in annual inspections by the State Fire Marshal.	



I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements. Visual Inspection: Specifications for all furnishings.	Compliant
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
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. Visual Inspection: facility count sheets	

PART II - SECURITY		
A. PROTECTION FROM HARM		
References: ACA CJS 1-2A-01, 1-2A-04, 1-2A-05, 1-2A-06, 1-2A-08, 1-2A-11, 1-2A-13, 1-2A-14, 1-2A-16, 1-2A-17, 1-2A-19, 1-2A-20, Dept. Regs. A-02-008/AM-F-47, B-02-001/IS-B-1, C-02-007/OP-C-3	Endines	Response
II-A-001 Control There is 24-hour monitoring and coordinating of the facility's security, life safety, and communications systems.	Compliant- The facility main control provides security and communication and also monitoring of the fire system.	
Visual Inspection: facility records/logs, maintenance records, records of staff deployment		
II-A-002 Secure Perimeter The facility's perimeter is controlled by appropriate means to ensure that offenders are secured remain within the perimeter and that access by the general public is denied without proper authorization. Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls	Compliant	
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.	Compliant	



Visual Inspection: records of staff deployment, facility logs, documentation of annual 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- Female staff works in female dorms. All male staff entering must have a female staff member present with them at all times	
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	
II-A-006 Staff Log Correctional staff maintain a permanent log and prepares shift reports that record routine information, emergency situations and unusual incidents. The facility shall maintain written records or logs which continuously document the following information: 1. Personnel on duty; 2. Offender population; 3. Admission and release of offenders; 4. Shift activities; 5. Entry/exit of all visitors including legal/medical; 6. Unusual occurrences or facility emergencies (including but not limited to major and minor disturbances such as riots, hostage situations, fires, escapes, deaths, serious illness or injury and assaults or other acts of violence.)	Compliant- Logs are in place in all areas of the facility with required information. All facility forms are completed for notifications of incidents to the administration.	
illness or injury and assaults or other acts of violence.) Visual Inspection: copies of log book, records of staff deployment		*

	Findings	Response
II-A-007 Counts The facility has a system for physically counting offenders. At least one formal count is conducted for each shift, with no less than 3 counts daily. The system includes strict accountability for offenders assigned to work and other approved temporary absences. Visual Inspection: completed forms, facility records/logs.	Compliant- Staff conducts counts five times daily and logged when out on a trip or work detail.	
II-A-008 Offender Population Management System There is an offender population management process that includes records on the admission, processing, and release of offenders. Written policy, procedure, and practice provide for offender case record management that includes at a minimum, maintenance of the following documents and information. This offender record and any reentry transition envelops shall be transferred with the offender at such time the offender is transferred to another local or DPS&C facility. 1. Master prison form; 2. Bill of Information and Court Minutes OR Uniform Commitment Order; 3. One photograph; 4. Reports of disciplinary actions, grievances, incidents, or		



In addition to the maintenance of the above information, the following shall be collected and forwarded to the DPS&C Pre-Class Coordinator either by fax to 225-342-3759 or email to DOC-HQ_Supplemental@la.gov. 1. Master prison form; 2. Fingerprints: one FBI print card from AFIS; 3. One photograph; 4. Bill of Information and Court Minutes or Uniform Commitment Order for each conviction (for probation violators both the original sentencing minutes and the revocation minutes are required); 5. Jail credit letter; 6. One Inventory Acknowledgment Form (cash and property Visual Inspection: completed forms, reports,	
offender record	
II-A-009 Reception - Legal Commitment and	
Medical Service	
Prior to accepting custody of an offender, staff determine	
that the offender is legally committed to the facility, and	
that the afforder is not in pood of immediate medical	
Visual Inspection: Completed Admission forms,	
facility logs.	
II-A-010 Admissions	Compliant
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;	
 Providing information about access to health services, 	
sanau requirements and submitting arisuances	
Visual Inspection: intake and admission forms,	
screening forms, inventory form, receipt form	
II-A-011 Out of State Offenders	Compliant
The names of any out of state offender (federal or state) to	
be housed at a local jail or privately managed facility shall	
be submitted to the Chief of Operations prior to the	
offender(s) entering the State of LA. No such offender shall	
be housed if the offender would be classified as maximum	
custody under the LA DPS&C classification procedures.	
Any offender convicted and sentenced to incarceration by a	
court in another state (federal or state) shall not be	
released in the State of LA. Any out of state offender	
(federal or state) housed in a local jail or privately managed	
facility shall be returned to an appropriate correctional	
facility located within the state where the offender was	
convicted and sentenced for release in that state, prior to	
the offender's release date.	
Visual Inspection: offender record, submittal to	
chief of operations of out-of-state offenders to be	
housed at the facility, release/transfer	
Facility - Date BJG Co	mpliance 5

Facility - Date

BJG Compliance



	Findings	Response
II-A-012 Classification System Written policy, procedure, and practice provide for a written offender classification plan that includes custody required and assignment to appropriate housing. Offender management and housing assignment considers age, gender, legal status, custody needs, special problems and needs, and behavior. All offenders are classified using an objective classification process that at a minimum: • Identifies the appropriate level of custody for each offender • Identifies appropriate housing assignment • Identifies the offender's interest and eligibility to participate in available programs Visual Inspection: offender housing records, offender classification records	Compliant	
II-A-013 Prohibition on Youthful Offenders Offenders subject to juvenile jurisdiction are housed in adult facilities only under the conditions established by law. If juveniles are committed to the facility, a plan is in place to provide for the following: • Supervision and programming needs of the juveniles to ensure their safety, security, and education; • Classification and housing plans; • Appropriately trained staff. OAS shall be notified of offenders who are under the age of 18 that are sentenced to the DPS&C as an adult for transfer to the appropriate institution. Visual Inspection: admission and housing, offender records, classification records		
II-A-014 Separation in Classification Male and female offenders must be housed in separate rooms/cells with reasonable sight and sound separation. Visual Inspection: offender housing records, offender classification records, diagram of facility		k.
II-A-016 Photo Identification The facility shall provide each DPS&C offender with photo identification, which the offender shall carry/wear on their person at all times. Visual Inspection: Offender identification card/wristband.	Compliant- Upon admissions all offenders receive an instituitional ID arm band.	
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	



II-A-018 Offender Drug Testing Written policy, procedure, and practice provide for	Non Compliant- The facility had 3 months that was not 5% of the	
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.		
II-A-019 Offender Transfers	Compliant	
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	i	
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		
Visual Inspection: facility logs, documentation of		
transfers of DPS&C offenders to other than DPS&C		
facilities		
II-A-020 Frequency of Cell Checks	Compliant	
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.		
Visual Inspection: Facility logs, documentation of frequency of cell checks.		
B. USE OF PHYSICAL FORCE		
References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Regs. B-06-001 HC-		
08/IS-D-HCP33, HC-29/IS-D-HCP40, C-01-008/OP- A-19, C-02-006/OP-A-16, C-03-003/OP-A-3	Findings	Response



II-B-001 Use of Force

The use of force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. Written policy, procedure, and practice govern the use of force and provide that force shall never be used as punishment. When an incident involving use of force with a DPS&C offender results in the termination and/or arrest of an employee, the facility shall immediately report the incident to the DPS&C, Office of Adult Services, telephone number 800-803-8748 during normal business hours or the control center at Elayn Hunt Correctional Center, telephone number 800-842-4399 after hours. In addition, the facility shall provide a written report of the incident to the DPS&C, Chief of Operations within three business days.

Compliant- The facility maintains policy that is in place on Use of Force. Training is conducted at orientation and annually.

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

II-B-002 Use of Restraints

Written policy, procedure, and practice provide that mechanical restraints, such as handcuffs and leg irons, are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application. Restraints on offenders for medical and psychiatric purposes are only applied in accordance with policies and procedures approved by the health authority, including:

- · Conditions under which restraints may be applied;
- · Types of restraints to be applied;
- Identification of a qualified medical or behavioral health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative;
- · Monitoring procedures;
- Length of time restraints are to be applied;

Visual Inspection: facility records, logs

Compliant- Policy and procedures are in place to indicate how, when, and where restraints are to be utilized. Documentation is demonstrated and logged.

Findings	Response



II-B-002-1 Use of Restraints for Pregnant Offenders Written policy, procedure, and practice complies with the following requirements: Restraints During Pregnancy-Related Transportation •Restraints shall not be used on a pregnant offender (1) during any pregnancy related medical distress, (2) while she is being transported to a medical facility or LCIW unless there are compelling grounds to believe that the offender presents either of the following: a) An immediate and serious threat of physical harm to herself, staff, or others; b) A substantial flight risk and the offender cannot be reasonable contained by other means. •If restraints are utilized during transportation, the offender shall not be cuffed behind the back or restrained using waist restraints.		
Visual Inspection: facility records, logs		
II-B-003 Use of Firearms The use of firearms complies with the following requirements. • Weapons are subject to stringent safety regulations and inspections. • A secure weapons locker is located outside the secure perimeter of the facility. • Except in emergency situations, firearms and authorized weapons are permitted only in designated areas to which offenders have no access. • Employees supervising offenders outside the facility perimeter follow procedures for the security of weapons. • Employees are instructed to use deadly force only after other actions have been tried and found ineffective, unless the employee believes that a person's life is immediately threatened. • Employees on duty use only firearms or other security Visual Inspection: training records, safety regulation and inspection reports, photos of equipment used for unloading and reloading	Compliant- Facility has post certification documented and logged. All staff is properly trained on the use of firearms and attends annually training.	
II-B-004 Written Reports Written reports are submitted to the facility administrator or	Compliant	
Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur: • Discharge of a firearm or other weapon • Use of less lethal devices to control offenders • Use of force to control offenders • Offender(s) remaining in restraints at the end of the shift Visual Inspection: completed reports, facility records and logs		
C. CONTRABAND/SEARCHES		Electrical and the second seco
References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. C-02-003/OP-A-8	Findings	Response



II-C-001 Procedures for Searches

Written policy, procedure and practice guide searches of facilities and offenders to control contraband. Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the offender is concealing contraband and when authorized by the facility administrator or designee. Health care personnel will conduct manual or instrument inspections in private.

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

Compliant- All offenders are
searched upon return to the facility
from work detail, trip, etc.

D. ACCESS TO KEYS, TOOLS, UTENSILS		
References: ACA CJS 1-2D-01	Findings	Response
II-D-001 Key, Tool, and Utensil Control Keys, tools, culinary equipment and medical/dental instruments and supplies (syringes, needles and other sharps) are inventoried and use is controlled. Written policy, procedure and practice govern the control and use of keys, tools, culinary equipment, and medical/dental instruments and supplies. Visual Inspection: documentation of perpetual inventories	Compliant-Facility has policy in place for key, tool, and utensil control.	

PART III - ORDER

A. OFFENDER DISCIPLINE

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

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

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

The offender must sign and date a statement

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

	Findings	Response
ity d	Compliant- Facility follows proper procedures to notify DPS&C of rule violators who needs transfer for disciplinary hearing.	
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PART IV - CARE

population.

A. FOOD SERVICES

References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04,1-4A-06, Dept. Reg. C-06-001/IS-C-1

Findings

Response



, i		
IV-A-001 Food Storage Facilities	Compliant- Daily inspections are	
There are sanitary facilities for the storage of all foods that	conducted to ensure storage areas	
comply with applicable state and/or federal guidelines.	are maintained properly.	
Visual Transation, DUU increation remarks internal		
Visual Inspection: DHH inspection reports, internal inspection reports		
IV-A-002 Food Service Facilities	Compliant Englished and available	
Toilet and hand basin facilities are available to food service	Compliant- Facilities are available	
personnel in the food preparation area.	to both offenders and employees.	
Visual Inspection: DHH inspection reports, photos		
	C. P. J.	Y.
IV-A-003 Food/Dietary Allowances	Compliant	
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.		
provide a day/place and defisit(s) for each flot filear.		
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	Compliant- Sample trays kept and	
	Compliant- Sample trays kept and labeled for at 3 days.	
Written policy, procedure, and practice require that accurate records are maintained of all meals served.	labeled for at 3 days.	
Written policy, procedure, and practice require that		
Written policy, procedure, and practice require that accurate records are maintained of all meals served. Visual Inspection: facility logs	labeled for at 3 days.	
Written policy, procedure, and practice require that accurate records are maintained of all meals served.		
Written policy, procedure, and practice require that accurate records are maintained of all meals served. Visual Inspection: facility logs IV-A-005 Denial of Food as Discipline Prohibited	labeled for at 3 days.	
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B. HYGIENE



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 prior to being assigned as a kitchen worker. Staff conduct inspections on every shift to ensure proper hygiene is taken place. Proper hand washing signs are posted in restroom areas to be done prior to returning to the work area.

Visual Inspection: inspection reports, completed forms, documentation of daily monitoring for health

and cleanliness

B. ATGIENE		
References: ACA CJS 1-4B-01, 1-4B-02, 1-4B-03, 1-4B-04, Dept. Reg. B-06-001/HC-34/IS-C-3	Findings	Response
IV-B-001 Plumbing Fixtures - Toilets and	Compliant- All pod/dorm and cells	
Washbasins	have access to hot and cold water	
Offenders have access to toilets and washbasins with	at washbasins and toilet facilities.	
temperature-controlled hot and cold running water 24	DHH perform annual inspection.	
hours per day. Offenders are able to use toilet facilities		
without staff assistance when they are confined in their		
cells/sleening areas.		
Visual Inspection: maintenance records or reports,		
inspections, documentation of periodic		
measurement of water temperature, offender		b 1
grievances		
IV-B-002 Plumbing Fixtures - Showers	Compliant- There are operable	
Offenders, including those in medical housing units or	showers in all areas of the facility.	
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		
IV-B-003 Clothing	Compliant- Facility provides	
The facility has an obligation to provide adequate	adequate clothing to the ofender	
institutional clothing appropriate to the season and the	population and maintains a log and	
offender's work status, including adequate changes of	documentation of clothing issued.	
clothing to allow for regular laundering. The facility may		
Visual Inspection: documentation of clothing issue,		
documentation of cleaning and storage		
IV-B-004 Hygiene/Bedding Issue	Compliant	
The facility shall provide adequate bedding and linen,	Compilant	
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.		
There are provisions for blanket exchange at least monthly.		
Visual Inspection: documentation of issue and		
exchange		

Response



IV-B-005 Personal Hygiene	Compliant	
Articles and services necessary for maintaining personal		
hygiene shall be available to all offenders including items		
specifically needed for females. Such items shall be		
provided to any offender (male or female) who is indigent.		
Each offender shall be provided soap, toilet paper,		
toothbrush, toothpaste and shaving equipment.		
Visual Inspection: documentation that items are provided, list of items available		

requirement.

C. CONTINUUM OF HEALTH CARE SERVICES

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

IV-C-001 Access to Care/Clinical Services

At the time of admission/intake, all offenders are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an offender's ability to pay. The facility has a designated health authority with responsibility for health care services. When the health authority is other than a physician, final Written policy, procedure, and practice provide for the delivery of health care services, including medical, dental and behavioral health services under the control of a designated health care authority who shall be a physician or a licensed or registered health care provider or health agency. Access to these services shall be unimpeded in the sense that correctional staff should not approve or disapprove offender requests for services in accordance with the facility's health care plan. Oral health services include access to diagnostic x-rays, treatment of dental pain, development of individual treatment plans, extractions of non-restorable teeth, and referral to a dental specialist, including an oral surgeon. Specialty non primary clinical services are covered by DPS&C. The requests shall be submitted by the facility staff using the software provided •In accordance with R.S. 15:831, DPS&C offenders may be assessed a co-payment for receiving medical or dental treatment, including prescription or nonprescription drugs. The co-payment fee schedule shall be approved by the DPS&C. Such fee schedule for DPS&C offenders housed in local jail facilities shall not exceed the DPS&C approved rate in accordance with Dept. Reg. B-06-001 HC-02/IS-D-HCP14,

Compliant- offenders receive all necessary information on accessing health care services and co pay

Findings



•DPS&C offenders may be required to file a claim with his/her private medical or health care insurer, or any public medical assistance program, under which he/she is covered and from which the offender may make a claim for payment or reimbursement of the cost of any such medical treatment. Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule.	
IV-C-002 Adequate Equipment and Supplies	
Adequate equipment and supplies for medical services are	
provided as determined by the health care authority and	
are in working order.	
Visual Inspection: Photos	

	Findings	Response
IV-C-003 Provision of Treatment The facility has a designated health authority responsible for health care services. Requests for health services are triaged by health trained persons to ensure that needs are addressed in a timely manner in accordance with the severity of the illness. Written policy, procedure and practice provide that anyone who provides health care services to offenders be licensed, registered or certified as appropriate to their respective professional disciplines. Such personnel shall only practice as authorized by their license, registration or certification. Standing orders are used in the treatment of offenders only when authorized in writing by a physician or dentist. (Standing orders are used in the treatment of identified conditions and for the on-	Compliant	
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.		
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 Compliant 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 TV-C-004 Visual Inspection: designated facility, provider lists, transportation logs IV-C-006 Health Screens Compliant Written policy, procedure and practice require that all DPS&C offenders receive a health screening by health trained or qualified health care personnel upon intake into the facility unless there is documentation of a health screening within the previous 90 days. Screening is conducted in accordance with protocols established by the health authority. If completed by health trained personnel, all intake health screens are to be reviewed by health care personnel as soon as possible. If a facility uses a different screening form, it shall be required to have at a minimum the questions in the Intake Health Care Screening form (IV-C-006-A) provided by DPS&C. The purpose of the health screening is to protect newly admitted offenders who pose a health safety threat to themselves or others from not receiving adequate medical attention. This should include inauiry into: 1. Current medical, dental or behavioral health problems and communicable diseases; 2. Current treatment plan; 3. Current medications, including psychotropic; 4. History of hospitalization; 5. Suicidal risk assessment: 6. Use of alcohol or other drugs including need for possible detoxification; a. Appearance and behavior; b. Body deformities and other physical abnormalities; c. Ease of movement: d. Current physical traumas or characteristics and a determination of whether or not the offender should be recommended for immediate transfer to the DS&C for appropriate care; e. Any physical impairment (hearing, vision, mobility) or other disability which would impede the offender's access to programs or services. Offenders identified with such an impairment or disability shall be transferred to the DPS&C for further evaluation and determination of appropriate housing placement. [Reference 2008 Resolution Agreement: US DOJ and LA DPS&C.]

Visual Inspection: health records, completed

screening form, transfer logs



IV-C-006-1 Pregnancy Management Written policy, procedure and practice require that all pregnant offenders have access to obstetrical services by a qualified provider. The local jail facility shall notify the Department's Medical Director, when a DPS&C offender is pregnant to ensure proper placement or if transfer to a DPS&C facility is necessary. Visual Inspection: written policy and procedure, health record where pregnant offender received obstetrical services by a qualified provider, notification to DPS&C when DPS&C offender is pregnant, transfer logs	Compliant	
	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 within 14 days of arrival at the facility. If there is documented evidence of TB testing within the last 12 months, new testing is not required. Qualified health care staff will evaluate for signs and symptoms of TB. Infection control measures include the availability of personal protective equipment for staff and hand hygiene promotion throughout the facility. Procedures for handling biohazardous waste and decontaminating medical and dental equipment must comply with applicable local, state Visual Inspection: health records, clinic visit logs, documentation of waste pic up and/or cleaning logs		
IV-C-008 Annual TB Testing Written policy, procedure and practice require annual testing or medical evaluation for signs and/or symptoms of tuberculosis on all offenders. Annual TB testing will be provided at no cost to the offender. The facility's designated health care authority shall contact the DPS&C Medical Director, telephone number 225-342-1320, when an offender's test for medical signs and/or symptoms of tuberculosis is reported positive. The DPS&C Medical Director will determine if the offender requires physician or mid-level evaluation, based on the reported positive signs or symptoms Visual Inspection: health records	Compliant- Policy for TB testing is in place. Documentation and logs are well kept.	



IV-C-009 Chronic Care Program	Compliant	
Offenders with chronic conditions, such as diabetes,		
hypertension and mental illness receive periodic care by a		
qualified health care provider in accordance with individual		
treatment plans, inclusive as deemed appropriate by the		
respective health care provider. For offenders whose		
chronic disease cannot be reasonably managed by the local		
jail facility, a Medical Transfer Request for DOC Offenders		
at Local Facilities Form C-05-004-B may be submitted to the		
ARDC.	-	
Visual Inspection: health records		
IV-C-010 Pharmaceuticals	Compliant	
Written policy, procedure, and practice approved by the	1	
health authority provide for the proper management of		
pharmaceuticals. Offenders are provided medication as		
Visual Inspection: health records, completed		
medication administration forms, inventories		
IV-C-011 First Aid Kits	Compliant- First Aid Kits are	
First aid kits are available in areas of the facility as	availiable throughout the facility.	
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		
IV-C-012 Access to Sick Call	Compliant- Sick call forms are	
There is a process for all offenders to initiate requests for	accessible and availiable in all	
health services on a daily basis. Written policy, procedure	dorms and sent to medical upon	
and practice require that sick call is conducted by a	completion.	
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		
Icall 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;		
The second secon		
• 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.		
Want variety was a second		
Visual Inspection: written policy and procedure		
IV-C-013 Infirmary Care	Compliant	
If infirmary care is provided onsite, it complies with		
applicable state regulations and local licensing		
requirements. Provision include 24 hour emergency on-call		
consultation with a physician, dentist and mental health		
professional. Written policy, procedure and practice		
provide that any offender who is identified as requiring a		
medical, dental or mental health need for which care is not		
readily available from the local facility, shall be immediately		
transferred to DPS&C. It is particularly important that		
smaller facilities recognize the commitment of the DPS&C to		
accept into their custody any state offender whose		
Visual Inspection: admission or inpatient records,		
staffing schedule, completed form C-05-004-B		
starting schedule, completed form C-05-004-B		

suicide watches.



IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, Compassionate Release) Any offender sentenced to DPS&C custody that meets the medical criteria to be released on Medical Parole, Medical Treatment Furlough or Compassionate Release may be considered after submission of the required documentation in accordance with the corresponding Dept. Reg. to the DPS&C's Chief Nursing Officer via email to MedicalDirector@corrections.state.la.us or by fax to 225-Visual Inspection: health records, documentation of approval of DPS&C's Chief Nursing Officer	Compliant	
IV-C-014 Suicide Prevention and Intervention There is a written suicide prevention and intervention program that is approved by a behavioral health professional who meets the educational and license/certification criteria specified by his/her respective professional discipline. The program must include specific procedures for handling intake, screening, identifying and continually supervising the suicide-prone offender. Observation of the suicide-prone offender will vary from continual observation to intervals no greater than fifteen (15) minutes. All staff with responsibility for offender supervision are trained annually in the implementation of Visual Inspection: health records, documentation of staff training, documentation of observation of	Compliant	

	Findings	Response
IV-C-015 Offender Deaths Written policy, procedure and practice specify and govern the actions to be taken in the event of an offender's death, which includes notification of the coroner of all offender deaths. All attempts to contact the coroner regarding any death shall be thoroughly documented. Such procedures shall also include the reporting requirements as outlined in BJG I-C-001. In addition, a written report of all offender deaths shall be submitted to DPS&C on Form C-05-001-X (via email to catanotify@corrections.state.la.us or via fax to 225-342-3349). Visual Inspection: notification, reporting requirements, report to DPS&C	Compliant- Facility has policy in place for steps to be taken in the event of an offender's death.	



IV-C-016 Notification	Compliant	
A visit with an immediate family member when the offender		
is admitted to an ICU or trauma center due to a serious		
bodily injury or due to being a terminally ill offender for the		
duration of the offender's admission to the ICU or trauma		
center, unless the Warden or designee provides written		
notice within 6 hours of the offender's admission to the ICU		
or trauma center to any immediate family member seeking		
visitation why such visitation cannot be granted, pursuant to		
La. R.S. 15:833(A) and Dept. Reg. C-02-008;		
•If the offender's admission to the ICU or trauma center		
occurs between 8:00 pm and 4:00 am, the Warden or		
designee shall provide the required written notification		
within 24 hours of the time the serious bodily injury		
occurred.		
•Pursuant to La. R.S. 15:833(A), the Warden or designee		
shall attempt to notify the offender's immediate family		
Visual Inspection: notification records		

D. HEALTH SERVICES STAFF		
References: ACA CJS 1-4D-02, 1-4D-04, 1-4D-05, 1-4D-07, 1-4D-08, 1-4D-09, 1-4D-10, 1-4D-17, 1-4D-18, Dept. Regs. B-06-001/HC-24/ISD-HCP44, HC-25/IS-D-HCP9, HC-26/IS-D-HCP10, HC-33/AM-D-5	Findings	Response
IV-D-001 Health Care Quarterly Meetings The health authority meets with the facility administrator at least quarterly. Visual Inspection: documentation of meetings	Complaint- Facility has documentation and logs on quartlery staff meetings	
IV-D-002 Research Written policy, procedure, and practice prohibit offender participation in pharmaceutical, medical, or cosmetic experiments. This policy does not preclude individual treatment of an offender based on his/her needs using a Visual Inspection: written policy and procedure	Complaint	
IV-D-003 Health Care Personnel/Job Descriptions Health care staff work in accordance with professional specific job descriptions approved by the health authority.	Complaint	
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	Complaint- Facility keeps all medical records filled and confidential with access to only medical staff. Once an offender is transferred medical records is also transferred as well.	



consent forms, completed refusal forms		
IV-D-005 Informed Consent	Complaint- When specific	
Informed consent standards of the jurisdiction are observed		
and documented for offender care in a language	advised of all options and	
understood by the offender. In the case of minors, the	treatment procedures and is then	
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	are documented and filled in the	
rendered against an offender's will, it is in accordance with	offender medical record.	
state laws and regulations. Involuntary administration of		
psychotropic medications to offenders may only be		
Visual Inspection: health records, completed		
consent forms, completed refusal forms		
IV-D-006 Emergency Response	Complaint	
Emergency medical care, including first aid and basic life		
support, is provided by all health care professionals and		
those health-trained correctional staff specifically		
designated by the facility administrator. All staff		
responding to health emergencies are trained in CPR. The		
health authority approves policies and procedures that ensure that emergency supplies and equipment, including		
Visual Inspection: verification of training, records		
and certificates		
IV-D-007 Internal Review/Quality Assurance	Complaint- Policy is in place for	
The health authority approves policies and procedures for identifying and evaluating major risk management events	internal reviews upon conclusion of a serious event.	
related to offender health care, including offender deaths,	a serious event.	
preventable adverse outcomes and serious medication		
errors.		
Visual Inspection: evaluation of major risk		
management events		
E. SEXUAL ASSAULT		
References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16,		
Don't Done A OA OOD/DC D 2 C O4 ODD/OD 4 4F		
Dept. Regs. A-04-002/PS-D-3, C-01-022/OP-A-15	Findings	Response
Dept. Regs. A-04-002/PS-D-3, C-01-022/OP-A-15	Findings	Response
		Response
IV-E-001 Alleged and Substantiated Sexual Assaults		Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the	Compliant- The facility has written policies and procedures in place.	Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation	Compliant- The facility has written policies and procedures in place.	Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA)	Compliant- The facility has written policies and procedures in place. Staff is currently trained on PREA	Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual	Compliant- The facility has written policies and procedures in place. Staff is currently trained on PREA and attends annual training. Offender population receive PREA during intake to the facility. All	Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual abuse/assault includes: Prevention/intervention;	Compliant- The facility has written policies and procedures in place. Staff is currently trained on PREA and attends annual training. Offender population receive PREA during intake to the facility. All PREA investigations are conducted	Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual abuse/assault includes: Prevention/intervention;	Compliant- The facility has written policies and procedures in place. Staff is currently trained on PREA and attends annual training. Offender population receive PREA during intake to the facility. All	Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual abuse/assault includes: Prevention/intervention; Self-protection; Reporting sexual abuse/assault;	Compliant- The facility has written policies and procedures in place. Staff is currently trained on PREA and attends annual training. Offender population receive PREA during intake to the facility. All PREA investigations are conducted	Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual abuse/assault includes: Prevention/intervention; Self-protection; Reporting sexual abuse/assault; Treatment and counseling.	Compliant- The facility has written policies and procedures in place. Staff is currently trained on PREA and attends annual training. Offender population receive PREA during intake to the facility. All PREA investigations are conducted	Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual abuse/assault includes: Prevention/intervention; Self-protection; Reporting sexual abuse/assault; Treatment and counseling. When the occurrence/allegation of sexual assault or threat	Compliant- The facility has written policies and procedures in place. Staff is currently trained on PREA and attends annual training. Offender population receive PREA during intake to the facility. All PREA investigations are conducted	Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual abuse/assault includes: Prevention/intervention; Self-protection; Reporting sexual abuse/assault; Treatment and counseling. When the occurrence/allegation of sexual assault or threat involves a DPS&C offender, the facility shall report the	Compliant- The facility has written policies and procedures in place. Staff is currently trained on PREA and attends annual training. Offender population receive PREA during intake to the facility. All PREA investigations are conducted	Response
IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual abuse/assault includes: Prevention/intervention; Self-protection; Reporting sexual abuse/assault; Treatment and counseling. When the occurrence/allegation of sexual assault or threat involves a DPS&C offender, the facility shall report the incident to DPS&C immediately, as outlined in BJG I-C-001.	Compliant- The facility has written policies and procedures in place. Staff is currently trained on PREA and attends annual training. Offender population receive PREA during intake to the facility. All PREA investigations are conducted	Response
Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) (Information provided to offenders about sexual abuse/assault includes: Prevention/intervention; Self-protection; Preporting sexual abuse/assault; Treatment and counseling. When the occurrence/allegation of sexual assault or threat nvolves a DPS&C offender, the facility shall report the	Compliant- The facility has written policies and procedures in place. Staff is currently trained on PREA and attends annual training. Offender population receive PREA during intake to the facility. All PREA investigations are conducted	Response

sexual assault or threat is reported. Investigative reports, that include DPS&C offenders, shall be submitted to appropriate DPS&C Regional Team Leader on Form C-01-



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

PART V - OFFENDER PROGRAMS AND ACTIVITY

A. OFFENDER OPPORTUNITIES FOR IMPROVEMENT

References: ACA CJS 1-5A-01, Dept. Reg. B-08- 004/PS-F-1	Findings	Response
V-A-001 Volunteers/Registration There is an official registration and identification system for volunteers.	Compliant	
Visual Inspection: activity schedules, facility logs		
V-A-002 Volunteer Services A current schedule of volunteer services is available to all offenders and is posted in appropriate areas of the facility	Compliant	
Visual Inspection: activity schedules, facility logs		
V-A-003 Programs and Services Written policy, procedure and practice provide for the availability of offender programs, services and counseling. Such programming may be obtained from acceptable internal or external sources which should include, at a minimum, assistance in obtaining individualized educational program instruction at a variety of levels. The local jail facility shall maintain class files on all DPS&C approved programming, whether the program is administered by DPS&C or other staff. The class files should include at a minimum: 1. Screening of offender(s) for program placement; 2. Offender application to program; 3. Program sign-in sheets and/or attendance rosters; 4. Signed copy of CTRP credit forms; 5. Documentation for staff oversight if program is not	Compliant	
Visual Inspection: activity schedules, facility logs		
V-A-003-1 Educational Programming The DPS&C and the facility encourage educational programming which includes: 1. Adult Basic Education and/or Literacy 2. Industry Based Certification Training 3. Pell-eligible Post-Secondary Training Any planned or proposed programs for education in local jail facilities that house DPS&C offenders shall be submitted to the DPS&C Education Director. Visual Inspection: activity schedules, facility logs	Compliant	

B. PROGRAMS



References: ACA CJS 1-4C-02, 1-5B-01, 1-5B-01-1, 1-5B-01-2, 1-5B-01-3, 1-5B-02, 1-5B-02-1, 1-5B-02-2, 1-5B-04, 1-5C-01, 1-5C-04, 1-5C-06, Dept. Regs A-04-002/PS-D-3, B-02-001/IS-B-1, B-06-001/HC-17/IS-D-HCP7, B-08-005/PS-E-1, B-08-013/PS-C-1, B-09-003/AM-C-2, C-01-012/PS-I-1, C-02-008/OP-C-9, C-02-009/OP-C-7	Findings	Response
V-B-001 Releasing Offenders Procedures for releasing offenders from the facility include, but are not limited to, the following: •Return of personal property, to include any govt. issued ID (i.e., driver's license) that may have been collected from the offender during the intake process. •Provide offender with/and have him/her sign for any reentry transition document envelopes and all its contents. •Provision of a listing of available community resources. •Consideration by the prescribing health care practioner for a provision of a 5-day supply of current maintenance medication (medication prescribed to stabilize a chronic medical or behavioral health illness), along with a prescription for a thirty (30) day of medication upon transfer or discharge. •Prior to release, offenders with serious medical and behavioral health conditions are referred to available Visual Inspection: completed release forms and documents, facility records and logs, offender records	medication.	
V-B-002 Visiting Written policy, procedure and practice govern visiting. The number of visitors an offender may receive and the length of the visits may be limited only by the facility's schedule, space and personnel constraints or when the facility administrator can present clear and convincing evidence that such visitation jeopardizes the safety and security of the facility. Conditions under which visits may be denied and visitors may be searched are defined in writing. Provisions are made for special visits in accordance with Dent. Rea. C-02-008. Visual Inspection: activity schedule, facility logs	Compliant	
V-B-003 Library Services Written Reading materials shall be available to offenders on a reasonable basis. Visual Inspection: activity schedule, facility logs	Compliant	
V-B-004 Religious Programs Written policy, procedure and practice define and provide reasonable offender opportunity for religious practice. Visual Inspection: documentation of offender religious activities, activity schedule	Compliant	,



F		
V-B-005 Exercise and Recreation Access	Compliant	
Offenders have access to exercise and recreation		
opportunities. Written policy, procedure, and practice		
provide for exercise opportunities adequate to ensure major		
muscle activity. Outdoor exercise shall be available on a		
regular basis (at least three times per week-weather		
permitting) for state inmates. If a state offender requires		
special management or has security supervision needs		
which preclude the opportunity for outdoor exercise at a		
facility, then he shall be transferred to the DPS&C. If a		
facility based on location, or other legitimate concern, does		
not make provision for outdoor exercise, then		
compensating, dedicated exercise facilities of adequate size		
to provide three exercise opportunities per week shall be		
Visual Inspection: activity schedule, facility logs		
V-B-006 Transitional Work Program/Standard		
Operating Procedures		
Transitional Work programs shall be operated in accordance		
with the Standard Operating Procedures for Offender Work		
Delay Decorption of the best o		
Visual Inspection: DPS&C monitoring report		
V-B-007 Participation in Transitional Work	Compliant	
Programs		
Participation in transitional work programs by state		
offenders shall comply with R.S. 15:711 and DPS&C		
Department Regulation No. B-02-001 "Assignment and		
Transfer of Offenders." Specific approval by the Secretary		
of DPS&C is required prior to program assignment of state		
offenders. Refer to Standard Operating Procedures for		
Offender Transitional Work Programs.		
Visual Inspection: approval for participation by the		
Secretary of DPS&C		
V-B-008 Offender Work Program	Compliant	
Participation in offender work programs by state offenders		
shall comply with the provision of R.S. 15:708 (parish jails)		
or R.S. 15:832 (police maintenance).		
Visual Inspection: offender voluntary participation,		
sheriff's approval of work program request, facility		
logs		
就是特殊的主义。	Findings	Response
V-B-009 Approval for Transitional Work Programs	Compliant	
Any Sheriff interested in operation of a TWP facility shall		
obtain prior approval from the Chief of Operations. Refer to		
Standard Operating Procedures for Offender Transitional		
Work Programs.		
Visual Inspection: approval of Chief of Operations		
V-B-010 Proposed Expansions	Compliant- There are no proposed	
Any planned or proposed expansions for transitional work	expansions at this time.	
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.		
Visual Inspection:		



V-B-011 Mail and Correspondence Any Offenders may send and receive mail. Indigent offenders receive a specified postage allowance. Offenders are notified in writing when incoming or outgoing letters are withheld in part or in full. Written policy, procedure, and practice govern offender correspondence.	Compliant- Policy in place for mail and correspondence. All mail is inspected for contraband and legal mail is opened in the presence of the offender.	
Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail		
V-B-012 Packages and Publications Written policy, procedure and practice govern offender access to publications and packages from outside sources.	Compliant- Publications must be ordered and received directly from the publisher. Items are inspected	
Visual Inspection:	for consent and if rejected a notice	
Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail	is sent to the offender in writing with reasonings.	

C. REENTRY		
References: Dept. Regs. B-01-001/IS-B-6, B-01-002/BOP3, B-01-004/IS-B-7, B-06-001/HC-40/IS-D-HCP31	Findings	Response
V-C-001 Substance Abuse Programs The facility encourages offender participation in substance abuse programs when available.	Compliant	
Visual Inspection: facility log, activity schedule		
V-C-002 Reentry Programs The DPS&C and the facility encourages reentry programming which includes: 1. Employment opportunities through work release; 2. At least two forms of valid identification upon release; 3. The development of a residential plan prior to release; 4. Referral to community based service providers upon release; 5. Where feasible, recommend DPS&C offenders receive 100 hours of pre-release training at a regional reentry center prior to transfer to a TWP, or release from custody. The local jail facility shall maintain reentry transition document envelops for all DPS&C offenders, which include at a minimum, if applicable: 1. Any valid forms of identification; 2. Prescriptions and Medicaid card;	Compliant- Offenders are provided with two forms of identifications and referral to community services.	
Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan		
V-C-003 Pre-Parole Preparation The facility shall complete Form B-01-004-C, Pre-Parole LARNA II Questionnaire for Local Jail Facilities, and submit via e-mail to DPS&C HQ at LOCALlarna@corrections.state.la.us or by fax to 225-342- 0929 within the first two weeks of the month proceeding Visual Inspection: offender record, completed questionnaire	Compliant- LARNAs are completed in a timely manner. Completed questionaires on file.	

presence at parole board



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
Visual Inspection: offender record, trip log, documentation showing facility Warden or designee	

PART VI - JUSTICE A. OFFENDER'S RIGHTS References: ACA CJS 1-6A-01, 1-6A-02, 1-6A-03, 1-**Findings** Response 6A-06, Dept. Reg. C-01-004/OP-C-10 Compliant- Facility has logs VI-A-001 Access to Courts/Access to Legal Materials showing offenders have access to Written policy, procedure, and practice ensure the right of legal materials. offenders to have access to courts. This includes reasonable access to legal reference materials or access to legal or paralegal assistance. Illiterate offenders shall be provided the assistance of a fellow offender or be furnished adequate assistance from the facility staff or other persons who have a legitimate connection with the legal issues being pursued. If an offender's requirements in this area are significant and complex, exceeding the capability of the local facility to meaningfully provide assistance, then the inmate shall be transferred to the DPS&C. Visual Inspection: facility log VI-A-002 Access to Counsel Compliant Written policy, procedure, and practice ensure offenders' confidential access to counsel. Such contact includes, but is not limited to telephone communications, uncensored correspondence and visits. Visual Inspection: facility log, record of attorney interviews VI-A-003 Protection from Abuse Compliant- The facility has written Written policy, procedure, and practice protect offenders policy and procedure in place to ensure offenders are free from from personal abuse, corporal punishment, personal injury, protection and abuse. disease, property damage, or harassment. Visual Inspection: facility log, incident reports, staff

B. FAIR TREATMENT OF OFFENDERS			
References: ACA CJS 1-2A-16, 1-4C-01, 1-6B-01, 1-6B-02, Dept. Reg. B-05-005/OP-C-13	Findings	Response	
VI-B-001 Discrimination Written policy, procedure, and practice provide that program access and administrative decisions are made without regard to offenders' race, religion, national origin, gender, sexual orientation, or disability.	Compliant		
Visual Inspection: facility records, grievances, activity logs			

training records

Response



Commisses

VI-B-002 Grievance Process Offenders have reasonable access to a grievance remedy

procedure that includes at least two levels of review if necessary. The grievance remedy procedure shall be an administrative means through which an offender may seek formal review of a complaint which relates to any aspect of his imprisonment if less formal procedures have not resolved the matter. Such complaints and grievances include, but are not limited to, actions pertaining to conditions of confinement, personal injuries, medical complaints, time computations, the classification process, or challenges to rules, regulations, or policies. Through this procedure, offenders shall receive reasonable responses within a specified time period and where appropriate,

	Compliant	
k		
of		-

Findings

Compliant- Facility has logs and

documentation showing staff

training records

Visual Inspection: grievances

PART VII - ADMINISTRATION AND MANAGEMENT

A. RECRUITMENT, RETENTION AND PROMOTION

References: ACA-CJS 1-1A-01, 1-1B-01, 1-1C-01, 1-
1C-07, 1-4C-13, 1-4D-05, 1-4D-14, 1-7B-02, 1-7B-
04, 1-7B-06, Dept. Regs. A-02-028/AM-F-22, C-01-
008/OP-A-19
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VII-A-001 Training and Staff Development

The facility conducts or participates in a training program which includes orientation for all new employees (appropriate to their job) prior to assuming a position or post. Such training must include:

- 1. Security procedures;
- 2. Hostage procedures including staff roles and safety;
- 3. Fire and emergency plan/ procedures;
- Suicide precaution and signs of suicide risks;
- 5. Use of force policies;
- Inmate rules and regulations;
- 7. CPR and first aid;
- 8. Requirements of the Prison Rape Elimination Act (PREA);
- Employees whose duties are the care, custody and control of offenders must complete the Peace Officers Standards and Training (POST) Level 3 certification training program, which consists of the ACA core curriculum, within one year of employment.

Visual Inspection: lesson plans, staff training records

VII-A-002 Weapons Training

All personnel authorized to use firearms and less-than-lethal weapons must demonstrate competency at least annually. Training includes decontamination procedures for individuals exposed to chemical agents.

Visual Inspection: personnel records, training records

Com	plia	nt

B. FACILITY ADMINISTRATION

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

Facility - Date

BJG Compliance



Visual Inspection:	I
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	
Written policy, procedure and practice provide for an independent financial audit of the facility. This audit is conducted annually or as stipulated by statute or regulation.	
Visual Inspection: annual audit	
Written policy, procedure and practice provide for comprehensive facility insurance coverage.	
Visual Inspection: insurance policy	
VII-B-005 Offender Funds Offenders' personal funds held by the facility are controlled by generally accepted accounting principals (GAAP). Any interest earned, other than operating funds, accrues to the benefit of the offenders. Visual Inspection: offender records	
VII-B-006 Organization Compliant	
Written policies and procedures describe all facets of facility operation, maintenance and administration are reviewed annually and updated as needed. New or revised policies and procedures are disseminated to staff. A file for each guideline shall be maintained with documentation (primarily written) to support compliance.	
Visual Inspection: annual reviews, dissemination to	
VII-B-007 Annual Compliance Statement Written policy, procedure and practice demonstrate that the facility shall submit an annual statement confirming continued compliance with the 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.	
implemented by the facility. Visual Inspection: annual statement	



VII-B-008 Monthly Reporting Written policy, procedure and practice ensure that any facility with DPS&C offenders report activities to the Chief of Operations on a monthly basis in accordance with Dept. Reg. C-05-001/AM-I-4. These reports shall be submitted on automated reporting forms provided by the DPS&C, no later than the 15th day of the month for the previous month's activities. Automated reporting shall be completed, by the appropriate DPS&C Regional Team Leader, no later than the 20th day of the month for the previous month's activities.		
Visual Inspection: monthly report	Compliant	
VII-B-009 Staff Meetings Written policy, procedure and practice provide for regular meetings between the Sheriff, facility administrator, or designee and all department heads. There is formal documentation that such meetings are conducted at least monthly. Visual Inspection: staff meeting minutes/notes	Compliant-	
C. REASONABLE ACCOMMODATION		
References: ACA CJS 1-7E-01	Findings	Pernance
VII-C-001 Facility Equipment/Reasonable	Compliant	Response
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:		
TAICHE	CTION DEDODTS	
DEPARTMENT	TION REPORTS Deficiencies	Corrective Action Taken
PEI AIGIPIENI	Deficiencies	CONFECURE ACTION TAKEN
Fire Marshall	Compliant	
Date of Current Report: 08/18/2021		
Maximum Capacity: 612		
DHH - Health	Compliant	
Date of Current Report: 06/11/2021		
Maximum Capacity: 612		
DHH - Retail Food Date of Current Report: 06/01/2022	Compliant	



John Bel Edwards GOVERNOR

Office of State Fire Marshal

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

Inspection Report

Report # CB-20-024998-2

No Deficient/Cautionary Codes cited.



H. "Butch" Browning FIRE MARSHAL

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Inspection Type	Compliance	Building	Inspection				Inspection Da	te	8/18/2021 4:47:28 PM
Structure ID	35849		No. of Building	gs	1		Facility Code		J108
Capacity			Year Built		1992		Construction	Туре	Type IIIA / (211)
Building/Trade Na	me			\neg	Addres	s			
TERREBONNE CR	IMINAL COM	PLEX			3211GF	CAND	CALLIOU ROA	D, HOL	JMA, LA 70363
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Municipal Project	1-	TERREI GOVER	BONNE PARISH NMENT	CO	NSOL	(985)	857-0364	RLED	ET@TPSO.NET
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Occupancy Type		Details							
Institutional		INSTITU DETENT	INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 4						
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IN COMPLIANCE									
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Name: Tyler Heb		Badge N	lumber: 605			Inspe	ctor Signature:		D-
		Per							
Name: Thomas So	chwausch	Title: L	ieutenant			Signa	iture:	· mad	

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

R. S. 40: 1621

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



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

Routine/Renewal

Permit Number 55-01-224	Permit Name Terrebonne Parish Crin	ninal Justice Complex Bldg 1-224	
Name of Establishment Terrebonne Parish Crim Jus	stice Complex Bldg 1-224	Owner Name	
Address 3211 Grand Caillou RD Ho	uma, LA 70363	Date 06/11/2021	Time 09:00 AM

LAC TITLE 51 PART XVIII

by this office.		
Category	Code Reference	Description of Violations
Building Requirement	101	5 - The floors are not smooth and easily cleanable. D700 shower floor is not smooth and easily cleanable.
Building Requirement	101	6 - The ceilings are not in good repair, C700 ceiling paint is falling off.

	Reference	
Building Requirement	101	5 - The floors are not smooth and easily cleanable. D700 shower floor is not smooth and easily cleanable.
Building Requirement	101	6 - The ceilings are not in good repair. C700 ceiling paint is falling off.
C		
Comments: Rooms checked-		

Women's: A200, A100, intake cell

Men's: B4 B200, B3 B100, B2 B400, C700, D4 D200, D2 D700.

Verbal acknowledgement of report provided by Rhonda Ledet/Warden Copy of report emailed to rledet@tpso.net

Number Licensed For		Number in Attendance 488	License Anniversary 10/31/2021	
Sanitarian Name/Print Robin Reed	Phone # (985)857-3770	Sanitarian Signature	R.S. # 1184	
The above mentioned violations	were called to my attention and w	ere explained to me in detail. I hereby agree to		
Correct Critical Violations by		Correct Non-Critical Violations by	у	
		Signature of Recipient		
Name/Title			-	
Rhonda Ledet/Warden				

	LOUISIANA	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
treative statement of the statement of t	NT OF HEALTH				
OFFICE OF F	PUBLIC HEALTH				
INSTITUT	ON REPORT				
Agency License No.	Anniversary Month OCTOBER				
Name of Establishment	Mailing Address				
TERREBONNE PARISH CRIM JUSTICE COMPLEX BLDG 1-224		NV. 388**-2			
Address 3211 GRAND CAILLOU RD					
City, state, Zip Code HOUMA LA 70363					
Type of Facility JAILS 488					
Parish	Date Inspected				
Terrebonne	06/11/2021				
The above establishment has been inspected by a representative of the	nis section, and:				
✓ License is Recommended;					
License is Not Recommended;					
License is Pending Reinspection;					
from the standpoint of sanitation	ROBIN REED	1	1.	8	4
LHS 48 (R 7/99)					D 1014



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Routine/Renewal

Permit Number	Permit Name		
55-0001543-1	TERREBONNE PARISH CRIM JUST COM Jail		
Name of Establishment		Owner Name	
TERREBONNE PARISH CRIM JUST COM		TERREBONNE PARISH SHERIFF'S DEPT/ GLEN	
		HEBERT	
Address		Date	Time
3211 GRAND CAILLOU	RD HOUMA, LA 70363	06/01/2022	10:10 AM

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.			
Category	Code Reference	Description of Violations	
	Reference	2	
FOOD SAFETY	305	23 - 305 - A current state food safety certificate is not held by the owner or a	
CERTIFICATION		designated employee of the establishment.	

Category	Code Reference	Description of Violations
UTENSILS/EQUIPMENT/SINGLE SERVICE	2101	67 - 2101.1 - Non-food contact equipment is not maintained in good repair. Dishwasher.
UTENSILS/EQUIPMENT/SINGLE SERVICE	2515	82 - 2515.2 - Equipment and utensils are not air dried.
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.4 - Walls/ceilings or attached equipment are not in good repair. Damaged ceiling tiles by three compartment sink.

Comments:

Verbal acknowledgement of report provided by Mitch Dupre, captain. Copy of report emailed to rpicou@tpso.net and rledet@tpso.net and dforet@tpso.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 Richard Grabert	Phone # (985) 857-3770	Sanitarian Signature	R.S. # 3214
The above mention detail. I hereby aga		I to my attention and were	e explained to me in
Correct Critical Vi	olations by	Correct Non-Critical	Violations by
Name/Title Mitch Dupre, capt	ain	Signature of Recipien	t

Facility: Terrebonne Parish Criminal Justice Complex	
Date: 9/13/22	
Name of Program: FDIC - Money Smart For Young Adults	
Date of Program Implementation: 4/25/17 - PRESENT	
Primary Area of Service Provided:	
Education Job Skill Training Values Development and Faith Based Initiatives Treatment Programs Miscellaneous	
Program has been certified by DPS&C? 🗵 Yes 🗌 No	
Program application process is consistent with DPS&C existing assessments of the process is consistent with DPS&C existing assessments.	ent and classification
las program curriculum changed during preceding 12 months? 🔲 Yes 🔀] No
s there an objective method used to assess completion? 🗵 Yes 🔲 No	
Detailed records are maintained on the following:	
Number of offenders accepted. Number and type of services provided. Yes	⊠ No □ No □ No □ No
s there a formal graduation ceremony for those who complete the program?	☐ Yes 🗵 No
The CTRP referenced above continues to meet necessary criteria to maintain Department of Public Safety and Corrections.	its certification by the
and the	9:13:22
Monitoring Team Member of BJG Team Member/Leader	Date

Facility: Terrebonne Parish Criminal Justice Complex	
Date: 9/13/22	·
Name of Program: Inside Out Dad	
Date of Program Implementation: 10/7/19 - PRESENT	
Primary Area of Service Provided:	
 ☐ Education ☐ Job Skill Training ☐ Values Development and Faith Based Initiatives ☐ Treatment Programs ☑ Miscellaneous 	
Program has been certified by DPS&C? X Yes No	
Program application process is consistent with DPS&C existing assessment system? ☐ Yes ☐ No	ent and classification
Has program curriculum changed during preceding 12 months? ☐ Yes ☐	No
Is there an objective method used to assess completion? Yes No	
Detailed records are maintained on the following:	
Number of offenders accepted. Number and type of services provided. X Yes Yes	No No No No No
Is there a formal graduation ceremony for those who complete the program?	_ Yes ⊠ No
The CTRP referenced above continues to meet necessary criteria to maintain Department of Public Safety and Corrections.	•
Land Mon	9.13.22
Monitoring Team Member or BJG Team Member/Leader	Date

Facility: Terrebonne Parish Criminal Justice Complex	
Date: 9/13/22	
Name of Program: UCCI - CBI - Employment	
Date of Program Implementation: 7/15/19 - PRESENT	aurophylining Andrew
Primary Area of Service Provided:	
 ☐ Education ☑ Job Skill Training ☐ Values Development and Faith Based Initiatives ☑ Treatment Programs ☒ Miscellaneous 	
Program has been certified by DPS&C? ☑ Yes ☐ No	
Program application process is consistent with DPS&C existing assessment system? ☑ Yes ☐ No	and classification
Has program curriculum changed during preceding 12 months? 🔲 Yes 🔯 N	lo
s there an objective method used to assess completion? 🗵 Yes 📋 No	
Detailed records are maintained on the following:	
Number of offenders accepted.	No No No No
s there a formal graduation ceremony for those who complete the program?	Yes 🛛 No
The CTRP referenced above continues to meet necessary criteria to maintain its Department of Public Safety and Corrections.	-
armish XI	9.13.22
Nonitoring Team Member or BJG Team Member/Leader 🔻 🗜	ate

Facility: Terrebonne Parish Criminal Justice Complex	
Date: 9/13/22	
Name of Program: Understanding and Reducing Angry Feelings	
Date of Program Implementation: 3/16/17 - PRESENT	.
Primary Area of Service Provided:	
 ☑ Education ☐ Job Skill Training ☐ Values Development and Faith Based Initiatives ☐ Treatment Programs ☑ Miscellaneous 	
Program has been certified by DPS&C? ☑ Yes ☐ No	
Program application process is consistent with DPS&C existing assessment system? ☑ Yes ☐ No	and classification
Has program curriculum changed during preceding 12 months? 🔲 Yes 🔀 No	
ls there an objective method used to assess completion? 🛛 Yes 📋 No	
Detailed records are maintained on the following:	
Number of offenders accepted. Yes N	lo lo lo
s there a formal graduation ceremony for those who complete the program?	Yes 🛭 No
The CTRP referenced above continues to meet necessary criteria to maintain its constraint of Public Safety and Corrections.	certification by the
au L St	9.13.12
Monitoring Team Member or BJG Team Member/Leader Da	ite

Facility: Terrebonne Parish Criminal Justice Complex	
Date: 9/13/22	
Name of Program: Partners in Parenting	
Date of Program Implementation: 4/25/17 - PRESENT	
Primary Area of Service Provided:	
 ☑ Education ☐ Job Skill Training ☐ Values Development and Faith Based Initiatives ☐ Treatment Programs ☒ Miscellaneous 	
Program has been certified by DPS&C? 🗵 Yes 🗌 No	
Program application process is consistent with DPS&C existing assessn system? ⊠ Yes □ No	nent and classification
Has program curriculum changed during preceding 12 months? Yes	⊠ No
s there an objective method used to assess completion? 🗵 Yes 🔲 No	
Detailed records are maintained on the following:	
All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes Yes	☐ No ☐ No ☐ No ☐ No ☐ No
s there a formal graduation ceremony for those who complete the program?	☐ Yes ☒ No
The CTRP referenced above continues to meet necessary criteria to maintain Department of Public Safety and Corrections.	n its certification by the
armish It	913.22
Jonitoring Team Member or B.I.G. Team Member/Leader	Date

Facility: Terrebonne Parish Criminal Justice Complex	
Date: _9/13/22	
Name of Program: Thinking For A Change	
Date of Program implementation:4/3/17 - PRESENT	
Primary Area of Service Provided:	
 □ Education □ Job Skill Training □ Values Development and Faith Based Initiatives □ Treatment Programs □ Miscellaneous 	
Program has been certified by DPS&C? ⊠ Yes □ No	
Program application process is consistent with DPS&C existing assessr system? ⊠ Yes □ No	ment and classification
Has program curriculum changed during preceding 12 months? Yes	⊠ No
s there an objective method used to assess completion? 🗵 Yes 🗌 No	
Detailed records are maintained on the following:	
All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes Yes	No No No No No
s there a formal graduation ceremony for those who complete the program?	☐ Yes ☒ No
The CTRP referenced aboye continues to meet necessary criteria to maintain Department of Public Salety and Corrections.	·
	9.13.22
Monitoring Team Member or BJG Team Member/Leader	Date