Department of Public Safety & Corrections

State of Louisiana

JOHN BEL EDWARDS Governor



JAMES M. LE BLANG Secretary

November 7, 2022

MEMORANDUM

TO:The Honorable Gregory C. "Greg" Champagne
Sheriff of St. Charles ParishFROM:James M. Le Blanc
Secretary

RE: "Basic Jail Guidelines" Monitoring Report

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

Please note, during the walk through offender's voiced their concerns regarding there currently being no programming offered at the facility for them to receive good time. DPS&C encourages compliance with V-B-001 "Programs and Services".

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 Alvin Robinson, Major, Nelson Coleman Correctional Center Seth Smith, Chief of Operations Kristen Thomas, Warden, LCIW Carmisha Stinson, BJG Team Leader





BJG RECERTIFICATION REPORT

Rev. 03/22/2022 mw

Facility Name: BJG Team Leader & Monitors:	Nelson Coleman Correctional Center Lt. Carmisha Stinson
	Major Alvin Robinson arobinson@stcharlessheriff.org
Facility Staff:	Lt. Justin Loupe and Lt. Daniel Levet
BJG Inspection Date:	September 23, 2022
Previous BJG Inspection Date:	September 5, 2019
Operational Capacity:	628
Count on Day of Visit:	215

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	44	1	45
Number of Local Offenders	86	13	99
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	71	0	71
Number of ICE Detainees	0	0	0
TOTAL	201	14	215

Number of DOC Offenders that are:

Single Bunked	0
Double Bunked	43
Triple Bunked	0
Total	43

Number of DOC Offenders that are in Restricted Housing:

Single Bunked	2
Double Bunked	0
Triple Bunked	0
Total	2

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
January 2021	3	1	0	0
February 2021	15	0	0	0
March 2021	22	2	0	0
April 2021	10	0	0	0
	14	1	0	0
June 2021	13	1	0	0
July 2021	19	4	1	0
August 2021	0	0	0	0
September 2021	6	0	0	0
October 2021	5	0	1	0
November 2021	3	0	0	0
December 2021	8	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
January 2021	161	0	1	0	<u> </u>
February 2021	62	0	0	0	16
March 2021	39	0	0	i o i	25
April 2021	108	0	0	0	8
May 2021	5	0	0	0	22
June 2021	28	1	0	0	6
July 2021	12	0	0	0	27
August 2021	0	0	0	0	0
Sep 2021	0	0	0	0	0
October 2021	0	0	0	0	0
Nov 2021	0	0	0	0	232
Dec 2021	0	0	0	0	354

GENERAL APPERANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area: The living area was clean, organized, and free of odor

- Dorms: Dorm area was in order and clean. The dorm also has adequate sitting space with a TV.
- Cell Block: Cellblock areas were clean and odor free.

Culinary/Dining:

The tools and sharp objects were on an inventoried locked shadow board in the security office. Tool check in and out were all logged and documented. The kitchen was very clean and neat. Sample trays were labeled and kept for three days. Cooler and freezer areas were found in good order with temperature log checks documented. Kitchen vents and floors were very clean.

Bathrooms:

Bathrooms were clean and in order and contained soap and paper towels. All cold and hot water were working. The toilets and showers all in good working condition.

Yard Areas:

Yard and recreation areas were adequate. Officers monitor the area and ensure a log is in place to document all recreation times. The facility has multiple areas for recreation yard space.

Page | 2

Maintenance:

The maintenance area is secure and all tool storage areas were properly labeled. All MSDS sheets were easily accessed. The maintenance worker was very knowledgeable of the area. The area was neat and clean

COUNTS:

- How many formal counts are conducted each shift? Three
- How many counts are conducted each day? Six
- <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 are under direct supervision.
 - > 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

lf yes,

- What is their classification process to determine who is eligible for trustee status? Policy was in place Offenders goes through intake and become screened for eligibility and then reviewed annually.
- 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	23	215	11%	0
February 2021	20	230	9%	2
March 2021	15	234	6%	0
April 2021	21	222	9%	0
May 2021	19	205	9%	0
June 2021	23	207	11%	0
July 2021	29	207	14%	0
August 2021	14	20	70%	0
September 2021	31	190	16%	0
October 2021	34	183	19%	1
November 2021	25	170	15%	3
December 2021	19	175	11%	0

RULES AND DISCIPLINE:

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

lf yes,

- What is their restoration of good time application process for the offender population?? Offenders are given applications upon request. Once the application is completed, it is then 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? N/A

OFFENDER PROGRAMS:

GED Program

Number of GED Slots	60
Number of Participants	29
YTD Number of Completions	18

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

Understanding & Reducing Angry Feelings UCCI-CBI-Employment Thinking for A Change Louisiana Risk Management- Phase One Louisiana Risk Management- Phase Two Inside out Dad FDIC- Money Smart for Young Adults

LIST ALL OTHER OFFENDER PROGRAMS:

Religious Program

GRIEVANCE PROCESS:

- Does grievance process include two levels of review? Yes, three levels
- Who are the designees at each level? Lieutenant, Captain, Warden
- What is the specified time period for response at each level? 1st level 30days, 2nd level 30 days, 3rd level 30 days.

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:

Page | 4

 If this facility is required to be PREA compliant due to contract language, and has not done so, what is their plan of action for compliance? N/A

OTHER:

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Overall staff morale was good. All employees conducted themselves professionally and respectfully. Staff was very knowledgeable about their jobs.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

During the walkthrough several offenders stated that there currently weren't any classes being offered at the facility for them to receive good time. Overall the offenders stated the facility was well organized.

RECOMMENDATION:

Continued annual monitoring visits are recommended

Page | 5

Humphrey - LSA Emails 0003347.07



		08/01/2022 mwk				
Facility: Nelson Coleman Correctional Center	Date Conducted: September 23, 2022					
Monitors: Lt. Carmisha Stinson, BJG Team Leader	onitors: Lt. Carmisha Stinson, BJG Team Leader					
BASIC JAIL G	UIDELINES (BJG)					
PART I - SAFETY						
A. PROTECTION FROM INJURY AND ILLNESS						
References: ACA CJS 1-1A-01, 1-1A-02, 1-1A-03, 1-1A-04, 1-1A-05, 1-1C-05, 1-4A-03, 1-4A-04	4					
	Findings	Response				
the State Fire Marshal. The following inspections are implemented: •Weekly sanitation inspections of all facility areas by a qualified departmental staff member.	Compliant-Fire Marshall, DHH, and Retail Food inspections are updated and on file. Weekly and monthly inspections are documented and on file. Documentation on water temperatures on file.					
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-On file is a written and implemented plan for the control of vermin and pests.					
I-A-004 Housekeeping The facility is clean and in good repair. There is a written housekeeping plan that provides for the ongoing cleanliness and sanitation of the facility. Visual Inspection: inspection reports, completed forms, documentation of correction of identified deficiencies	Compliant					



	Findings	Response
I-A-005 Water Supply The facility's potable water source and supply is certified at least annually by an independent, outside source to be in compliance with the State Sanitary Code. The facility complies with the requirements of the state health officer. There is a specific plan for addressing deficiencies, if any, that is approved by the state health officer. Visual Inspection: documentation of approval by DHH or local authority, plan for addressing deficiencies	Compliant	
B. VEHICLE SAFETY		
References: Dept. Reg. OP-A-3		
I-B-001 Offender Transport Escorted and unescorted absences of state offenders are governed by R.S. 15:811 and 833 and DPS&C Department Regulation No. OP-A-3 "Escorted Absences." All funeral trips for DOC offenders shall be conducted via video visitation. Any exceptions require prior approval from the Chief of Operations. Visual Inspection: documentation of staff training, documentation of medical, funeral, etc. (outside trips)	Compliant	
C. EMERGENCY PREPAREDNESS/RESPONSE		
References: ACA CJS 1-1C-01, 1-1C-02, 1-1C-03, 1-1C-04, 1-1C-06, 1-1C-07, 1-7E-01, Dept.		
I-C-001 Emergency Plan (MANDATORY) There is a written plan, submitted to the Secretary of DPS&C, that specify the procedures to be followed in situations that threaten facility security. Such situations include but are not limited to riots, hunger strikes, disturbances, taking of hostages, and natural or man-made disasters. These plans are made available to all applicable personnel and are reviewed annually and updated as needed. All facility personnel are trained annually in the implementation of the emergency plan. An evacuation plan is used in the event of fire or major emergency. The plan is approved by the state fire marshal, reviewed annually, and updated, if necessary. There are written procedures for significant unusual occurrences or facility emergencies including but not limited to natural or man-made disasters; major disturbances such as riots, hostage situations, escapes, fires, deaths, serious illness or injury and assaults or other acts of violence. Such procedures include the reporting of these incidents to the DPS&C, OAS, telephone 800-803-8748 during normal business hours or the control center at EHCC, telephone 800-842-4399 after hours, when they involve DPS&C offenders. In addition, the facility shall follow the incident reporting procedures as outlined in Dept. Reg. AM-I-4, "Activity Reports, UORs," Category A, B and C.	Compliant-Emergency plan for the facility is on file.	
Visual Inspection: training records, facility logs, documentation of approval of plan, documentation of annual review, documentation of staff receipt, training on the plan		



	Findings	Response
I-C-002 Immediate Release of Offenders There is a means for the immediate release of inmates from locked areas in case of emergency and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of offenders and staff in the event of fire or other emergency. Visual Inspection: facility records/logs	Compliant	
I-C-003 Fire Safety/Code Conformance (MANDATORY)	Compliant- Fire Marshall inspection on file dated 5/27/2022.	
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	Compliant- The facility has documentation on file for facility counts.	



	Findings	Response	
PART II - SECURITY			
A. PROTECTION FROM HARM	A. PROTECTION FROM HARM		
References: ACA CJS 1-2A-01, 1-2A-04, 1-2A-05, 1-2A-06, 1-2A-08, 1-2A-11, 1-2A-13, 1-2A-14	I, 1-2A-16, 1-2A-17, 1-2A-19, 1-2A-20, Dept. Regs.	AM-F-47, IS-B-1, OP-C-3	
II-A-001 Control There is 24-hour monitoring and coordinating of the facility's security, life safety, and communications systems. Visual Inspection: facility records/logs, maintenance records, records of staff deployment	Compliant		
 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- Documentation and photos on file.		
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	Compliant		
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			
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		



	Findings	Response
 II-A-006 Staff Log (MANDATORY) Correctional staff maintain a permanent log and prepares shift reports that record routine information, emergency situations and unusual incidents. The facility shall maintain written records or logs which continuously document the following information: Personnel on duty; Offender population; Admission and release of offenders; Shift activities; Entry/exit of all visitors including legal/medical; Unusual occurrences or facility emergencies (including but not limited to major and minor disturbances such as riots, hostage situations, fires, escapes, deaths, serious illness or injury and assaults or other acts of violence.) Refer to BJG I-C-001 for reporting requirements to DPS&C. 	Compliant-Copies of the log books were on file to show the facility in compliance with the items listed in the guidelines.	
The facility has a system for physically counting offenders. At least one formal count is	Compliant- Facility has logs on file that reflects counts being conducting for each shift, three times a day.	
	Compliant	
 Records of program participation, work assignments, and classification actions; Any government issued identification (i.e., driver's license, social security card or birth certificate/birth card or any other valid identification); Offender health record (see BJG IV-D-004). Cash receipts and property receipts 		



	Findings	Response
In addition to the maintenance of the above information, the following shall be collected after sentencing and forwarded to the appropriate DPS&C Pre-Class Coordinator, along with any additional sentencing information, within three working days either by fax to 225-342-3759 or email to DOC- HQ_supplemental@la.gov. 1. Master prison form; 2. DPS&C Credit for DOC Commitment (Jail Credit letter); 3. AFIS suspect Rap Sheet with Photo (to include offender's SID # and ATN # for the disposition of the Hard Labor disposition); 4. Bill of Information and Court Minutes or Uniform Commitment Order (UCO) for each conviction (for probation violators both the original sentencing minutes and the revocation UCO or minutes are required); and 5. DPS&C Acknowledgements and Signature Statement form.		
Visual Inspection: completed forms, reports, offender record		
II-A-009 Intake - Legal Commitment and Medical Service Prior to accepting custody of an offender, staff determine that the offender is legally committed to the facility, and that the offender is not in need of immediate medical attentionan/or mental health services.		
Visual Inspection: Completed Admission forms, facility logs.		
II-A-010 Admissions Admission processes for a newly admitted offender include, but are not limited to: • Searching of the offender and personal property; • Inventorying and providing secure storage of personal property; • Providing an itemized receipt for personal property; • Recording of basic personal data; • Performing a criminal history check; • Photographing and fingerprinting; • Separating from the general public; • Providing a health screening to assess and identify any health and safety needs in accordance with BJG IV-C-006; • Providing information about access to health services, copay requirements and submitting grievances. Visual Inspection: intake and admission forms, screening forms, inventory form, receipt form	Compliant	
II-A-011 Out of State Offenders The names of any out of state offender (federal or state) to be housed at a local jail or privately managed facility shall be submitted to the Chief of Operations prior to the offender(s) entering the State of LA. No such offender shall be housed if the offender would be classified as maximum custody under the LA DPS&C classification procedures. Any offender convicted and sentenced to incarceration by a court in another state (federal or state) shall not be released in the State of LA. Any out of state offender (federal or state) housed in a local jail or privately managed facility shall be returned to an appropriate correctional facility located within the state where the offender was convicted and sentenced for release in that state, prior to the offender's release date.	Compliant-	



	Findings	Response
Visual Inspection: offender record, submittal to chief of operations of out-of-state	- Hongo	
 offenders to be housed at the facility, release/transfer documentation II-A-012 Classification System Written policy, procedure, and practice provide for a written offender classification plan that includes custody required and assignment to appropriate housing. Offender management and housing assignment considers age, gender, legal status, custody needs, behavioral issues, and other unique needs or issues as they arise. All offenders are classified using an objective classification process that at a minimum: Identifies the appropriate level of custody for each offender Identifies appropriate housing assignment 	Compliant- The facility has written policy in place that reflects DPS&C criteria. Classification has records of offender plans on file.	
Identifies the offender's interest and eligibility to participate in available programs		
 Visual Inspection: offender housing records, offender classification records 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. 	Compliant	
facility showing male/female housing areas		
II-A-016 Photo Identification (MANDATORY) The facility shall provide each DPS&C offender with photo identification, which the offender shall carry/wear on their person at all times. Visual Inspection: Offender identification card/wristband.	Compliant-The Facility issues all offenders ID cards.	
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 (MANDATORY) Written policy, procedure, and practice provide for alcohol/drug testing, both randomly and for probable cause. Facility policy will require that a minimum of 5% of the DPS&C offender population shall be drug tested on a monthly basis.	Compliant- Documentation on file that reflects offender drug testing being done on a monthly basis.	



	Findings	Response
Visual Inspection: Facility log, documentation of alcohol/drug testing of offenders.		
II-A-019 Offender Transfers All transfers of DPS&C offenders to other than DPS&C facilities shall be reported to the OAS, at least one day prior to all scheduled transfers and within one business day for all non-scheduled transfers. The DOC offender transfer form shall be submitted by the transferring facility to OAS at least one day prior to the transfer occurring by fax to 225-342-2439 or by email to LocalJailTranfers@la.gov. Offenders should not be transferred to other than DPS&C facilities within 60 days of release, unless for disciplinary reasons. An offender scheduled for an appearance before the Committee on Parole shall not be transferred prior to the scheduled hearing date. However, if the transfer is deemed unavoidable by the Warden due to security concerns, the Warden shall obtain prior approval for an exception from the DPS&C Chief of Operations or designee. Staff from the sending facility shall notify the Committee on Parole as soon as it is known that the offender must be transferred.	Compliant	
Visual Inspection: facility logs, documentation of transfers of DPS&C offenders to other than DPS&C facilities		
II-A-020 Cell Checks Written policy, procedure, and practice provide secure, safe housing by establishing the frequency of cell checks in all cellblock areas not to exceed four (4) hours. Staff will document these checks in their staff logs.	Compliant- Facility logs show documentation of staff making frequent cell checks.	
Visual Inspection: Facility logs, documentation of frequency of cell checks.	1	

BJG Compliance

8



	Findings	Response	
B. USE OF PHYSICAL FORCE			
References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Regs. HC	References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Regs. HCP33, HCP40, OP-A-19, OP-A-16, OP-A-3		
 II-B-001 Use of Force The use of force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. Written policy, procedure, and practice govern the use of force and provide that force shall never be used as punishment. When an incident involving use of force with a DPS&C offender results in the termination and/or arrest of an employee, the facility shall immediately report the incident to the DPS&C, Office of Adult Services, telephone number 800-803-8748 during normal business hours or the control center at Elayn Hunt Correctional Center, telephone number 800-842-4399 after hours. In addition, the facility shall provide a written report of the incident to the DPS&C, Chief of Operations within three business days. Visual Inspection: facility records, logs, incident reports, training records 			
 II-B-002 Use of Restraints Written policy, procedure, and practice provide that mechanical restraints, such as handcuffs and leg irons, are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application. Restraints on offenders for medical and psychiatric purposes are only applied in accordance with policies and procedures approved by the health authority, including: Conditions under which restraints may be applied; Types of restraints to be applied; Identification of a qualified medical or behavioral health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative; Monitoring procedures; Length of time restraints are to be applied; Documentation of efforts for less restrictive treatment alternatives; An after incident review. 			



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



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



	Findings	Response
II-B-004 Written Reports Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur: •Discharge of a firearm or other weapon •Use of less lethal devices to control offenders •Use of force to control offenders •Offender(s) remaining in restraints at the end of the shift •Emergency distribution of security equipment	Compliant	
Visual Inspection: completed reports, facility records and logs		
C. CONTRABAND/SEARCHES References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. OP-A-8		
II-C-001 Procedures for Searches Written policy, procedure and practice guide searches of facilities and offenders to control contraband. Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the offender is concealing contraband and when authorized by the facility administrator or designee. Health care personnel will conduct manual or instrument inspections in private.	Compliant- The facility has logs and documentation to show proper procedures for searches of the facility and the offender population.	
Visual Inspection: observation, facility records and logs, offender and staff interviews		
D. ACCESS TO KEYS, TOOLS, UTENSILS References: ACA CJS 1-2D-01		
II-D-001 Key, Tool, and Utensil Control (MANDATORY) Keys, tools, culinary equipment and medical/dental instruments and supplies (syringes, needles and other sharps) are inventoried and use is controlled. Written policy, procedure and practice govern the control and use of keys, tools, culinary equipment, and medical/dental instruments and supplies. Visual Inspection: documentation of perpetual inventories	Compliant-A written policy in place for all key, tool, and utensil control and inventory.	



	Findings	Response
PART III - ORDER		
A. OFFENDER DISCIPLINE		
References: ACA CJS 1-2A-15, 1-3A-01, 1-6C-02, 1-6C-03, 1-6C-04, Dept. Reg. OP-C-1		
III-A-001 Rules and Discipline (MANDATORY) Prior to being placed in the general population, each offender is provided with an orientation that includes facility rules and regulations, including access to medical care and the process for applying for restoration of good time. The facility shall follow and provide the DPS&C "Disciplinary Rules and Procedures for Adult Offenders", to the offender population. The offender must sign and date a statement acknowledging receipt of this information. •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.	Compliant-Documentation reflects each offender received a copy of the DPS&C rule book and the facility rules and regulation during intake.	
Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation		



	Findings	Response
PART IV - CARE		
A. FOOD SERVICES		
References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04,1-4A-06, Dept. Reg. IS-C-1		
IV-A-001 Food Storage Facilities There are sanitary facilities for the storage of all foods that comply with applicable state and/or federal guidelines. Visual Inspection: DHH inspection reports, internal inspection reports	Compliant	
IV-A-002 Food Service Facilities Toilet and hand basin facilities are available to food service personnel in the food preparation area. Visual Inspection: DHH inspection reports, photos	Compliant	
IV-A-003 Food/Dietary Allowances (MANDATORY) The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure they meet the national recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings. Written policy, procedure, and practice require that food service staff plan menus and substantially follow the plan. The planning and preparation of all meals shall take into consideration nutritional characteristics and caloric adequacy. The facility shall provide a tray/plate and utensil(s) for each hot meal.	Compliant-Documentation on file shows annual review of menu evaluations.	
Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations IV-A-004 Records of Meals Served Written policy, procedure, and practice require that accurate records are maintained of all meals served. Visual Inspection: facility logs	Compliant	
IV-A-005 Denial of Food as Discipline Prohibited Written policy, procedure, and practice preclude the denial of food as a disciplinary measure.	Compliant	



	Findings	Response
provided under staff supervision at regular meal times during each 24-hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met. Offenders shall be provided an ample opportunity to eat for each meal. Visual Inspection: records of meals served and times served, facility logs	Compliant-Documentation and logs reflects that offenders are allowed ample time to eat. Facility logs show breakfast , lunch, and dinner.	
IV-A-007 Therapeutic/Special Diets Therapeutic and/or special diets are provided as prescribed by appropriate clinicians or when religious beliefs require adherence to religious dietary laws. Written policy, procedure, and practice provide for special diets as prescribed by appropriate medical or dental personnel. Visual Inspection: health records, diet records or forms, documentation of warden's approval of religious diet	Compliant	
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. Visual Inspection: inspection reports, completed forms, documentation of daily monitoring for health and cleanliness	Compliant	
B. HYGIENE		
References: ACA CJS 1-4B-01, 1-4B-02, 1-4B-03, 1-4B-04, Dept. Reg. IS-C-3		
IV-B-001 Plumbing Fixtures - Toilets and Washbasins (MANDATORY) Offenders have access to toilets and washbasins with temperature-controlled hot and cold running water 24 hours per day. Offenders are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas. Visual Inspection: maintenance records or reports, inspections, documentation of periodic measurement of water temperature, offender grievances	Compliant-The facility shows logs and documentation on maintenance request for plumbing fixtures being completed.	
IV-B-002 Plumbing Fixtures - Showers (MANDATORY) Offenders, including those in medical housing units or infirmaries, have access to operable showers with temperature-controlled hot and cold running water 24 hours per day, on a reasonable schedule, (a minimum of three times per week). Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit.	Compliant-Documentation on file to show records of water temperatures on showers is within the required temp range. Offenders have access to showers 24 a day.	
Visual Inspection: maintenance records or reports, inspections		



	Findings	Response
V-B-003 Clothing The facility has an obligation to provide adequate institutional clothing appropriate to the season and the offender's work status, including adequate changes of clothing to allow for regular laundering. The facility may fulfill this obligation by furnishing clothing or permitting the offender to secure and wear his own clothing, except that when the offender does not provide adequate clothing for himself, the facility shall furnish same.	Compliant	
Visual Inspection: documentation of clothing issue, documentation of cleaning and storage		
IV-B-004 Hygiene/Bedding Issue The facility shall provide adequate bedding and linen, including a clean mattress, sheets, pillow and blanket, not to exclude a mattress with integrated pillow. There are provisions for linen and towel exchange at least weekly. There are provisions for blanket exchange at least monthly. Visual Inspection: documentation of issue and exchange	Compliant- Documentation on file to show issuance of complete bedding. Documentation on file to reflect the exchange of bedding items and towels.	
IV-B-005 Personal Hygiene (MANDATORY) Articles and services necessary for maintaining personal hygiene shall be available to all offenders including items specifically needed for females. Such items shall be provided to any offender (male or female) who is indigent. Each offender shall be provided soap, toilet paper, toothbrush, toothpaste and shaving equipment.	Compliant- The facility has logs that shows offenders receive personal hygiene upon intake and issued as needed.	
Visual Inspection: documentation that items are provided, list of items available		



	Findings	Response
. CONTINUUM OF HEALTH CARE SERVICES		
eferences: 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 CP14, HCP20, HCP41, HCP42, HCP46, HCP33, HCP22, HCP34, HCP16, HCP7, HCP30, AM-C		D-04, 1-4D-06, Dept. Regs. IS-D-2, HP13,
t the time of admission/intake, all offenders are informed about procedures to access health ervices, including any copay requirements, as well as procedures for submitting grievances.	Compliant- Documentation on file to show offenders receive information on how to access health care services and co pay during intake.	
Written policy, procedure, and practice provide for the delivery of health care services, including nedical, mental health, dental and behavioral health services under the control of a designated ealth care authority who shall be a physician or a licensed or registered health care provider or ealth agency. Access to these services shall be unimpeded in the sense that correctional staff hould not approve or disapprove offender requests for services in accordance with the facility's ealth care plan. Oral health services include access to diagnostic x-rays, treatment of dental ain, development of individual treatment plans, extractions of non-restorable teeth, and referral o a dental specialist, including an oral surgeon. Specialty non primary clinical services are povered by DPS&C. The requests shall be submitted by the facility staff using the software rovided by DPS&C.		
In accordance with La. R.S. 15:831, DPS&C offenders may be assessed a co-payment for acceiving medical or dental treatment, including prescription or nonprescription drugs. The co- ayment fee schedule shall be approved by the DPS&C. Such fee schedule for DPS&C offenders oused in local jail facilities shall not exceed the DPS&C approved rate in accordance with lepartment Regulation HCP14, unless prior approval has been granted by the Secretary of the IPS&C. DPS&C offenders may be required to file a claim with his/her private medical or health care isurer, or any public medical assistance program, under which he/she is covered and from which he offender may make a claim for payment or reimbursement of the cost of any such medical eatment.		
isual Inspection: Documentation that offenders are informed about health care and the rievance system, a health record, medical copayment fee schedule.		
dequate equipment and supplies for medical services are provided as determined by the health are authority and are in working order. This includes but is not limited to the following; automatic	Compliant- Documentation on file and photos to show the facility has adequate equipment for medical services. Medical supply room were fully stocked with supplies.	
isual Inspection: Photos		



	Findings	Response
IV-C-003 Provision of Treatment (MANDATORY) The facility has a designated health authority responsible for health care services. Requests for health services are triaged by health trained persons to ensure that needs are addressed in a timely manner in accordance with the severity of the illness. Written policy, procedure and practice provide that anyone who provides health care services to offenders be licensed, registered or certified as appropriate to their respective professional disciplines. Such personnel shall only practice as authorized by their license, registration or certification. Standing orders are used in the treatment of offenders only when authorized in writing by a physician or dentist. (Standing orders are used in the treatment of identified conditions and for the on-sight emergency treatment of an offender.)	Compliant- Documentation on file that shows sick call request along with providers. Copies of medical staff credentials on file.	
Visual Inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure		
 IV-C-004 Personnel Qualifications/Credentials Correctional or other personnel who do not have health care licenses may only provide limited health care services as authorized by the responsible health care authority and in accordance with appropriate training. This would typically involve the administration of medication, the following of standing orders as authorized by the responsible health care authority and the administration of first aid/CPR in accordance with POST training. Written policy, procedure and practice approved by the health authority require dispensing and administering prescribed medications by qualified personnel. 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 	Compliant	
 IV-C-005 24 Hour Care (MANDATORY) Written policy, procedure, and practice ensure that offenders have access to 24-hour emergency medical, dental, and mental health services, including on-site first aid, basic life support, and transfer to community based services. This requirement may be met by agreement with a local state hospital, a local private hospital, on-call qualified health care personnel (see IV-C-003), or on-duty qualified health care personnel. Decisions regarding access to emergency medical services shall not be the sole province of correctional or other non-health personnel except in accordance with IV-C-004. Visual Inspection: designated facility, provider lists, transportation logs 	Compliant-The facility provides 24 hour care to the offenders. Records indicate a list of providers.	



Findings	Response
Compliant- Documentation on file that shows transfer logs.	
	Compliant Compliant Compliant- Documentation on file that shows



	Findings	Response
 IV-C-007 Communicable Disease and Infection Control Program Communicable diseases are managed in accordance with a written plan approved by the health authority in consultation with local public health officials. The plan includes for the screening, surveillance, treatment, containment, and reporting of infectious diseases. The plan shall comprise of testing to detect communicable diseases, including TB testing, HIV testing, and HCV testing within 14 days of arrival at the facility. If there is documented evidence of TB, HIV, or HCV testing within the last 12 months, new testing is not required. Qualified health care staff will evaluate for signs and symptoms of TB. Infection control measures include the availability of personal protective equipment for staff and hand hygiene promotion throughout the facility. Procedures for handling biohazardous waste and decontaminating medical and dental equipment must comply with applicable local, state, and federal regulations. Visual Inspection: health records, clinic visit logs, documentation of waste pic up and/or 	Compliant	
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.	Compliant- The facility has health records on file to reflect offender population receives annual TB test.	
Visual Inspection: health records		
IV-C-009 Chronic Care Program (MANDATORY) At a minimum, offenders with the chronic conditions, diabetes, hypertension, congestive heart failure, asthma, HIV, seizures, conditions requiring Coumadin therapy, or mental illness receive periodic evaluations by a qualified health care provider in accordance with individual chronic care plans. For offenders whose chronic disease cannot be reasonably managed by the local jail facility, a Medical/Mental Health Transfer Request for DOC Offenders at Local Facilities Form JO- 1-b shall be completed and email to DOC Headquarters Medical Department at HQ-Medical-MentalHealthtransfers@la.gov. The intake screening form and any other supporting documentation shall also be included when requesting transfers.		
Visual Inspection: health records		
IV-C-010 Pharmaceuticals Written policy, procedure, and practice approved by the health authority provide for the proper management of pharmaceuticals. Offenders are provided medication as prescribed.	Compliant	
Visual Inspection: health records, completed medication administration forms, inventories		



	Findings	Response
	Compliant- First aid kits were in all areas throughout the facility.	
There is a process for all offenders to initiate requests for health services on a daily basis. Written policy, procedure and practice require that sick call is conducted by a physician and/or	Compliant- written policy and procedure in place that shows sick call is conducted by medical staff and offenders have 24 hour acess to sick call.	
IV-C-013 Infirmary Care If infirmary care is provided onsite, it complies with applicable state regulations and local licensing requirements. Provisions include 24-hour emergency on-call consultation with a physician, dentist and behavioral health professional. Written policy, procedure and practice provide that any offender who is identified as requiring a medical, dental, or behavioral health need for which care is not readily available from the local facility shall be immediately transferred to DPS&C. It is particularly important that smaller facilities recognize the commitment of the DPS&C to accept into their custody any DPS&C offender whose condition is problematic. Visual Inspection: admission or inpatient records, staffing schedule, completed form C-05- 004-B	Compliant	
 IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, Compassionate Release) Any offender sentenced to DPS&C custody that meets the medical criteria to be released on Medical Parole, Medical Treatment Furlough or Compassionate Release may be considered after submission of the required documentation in accordance with the corresponding Department Regulation to the DPS&C's Chief Nursing Officer via email to HQ-Medical-MentalHealthTransfers@la.gov or by fax to 225-342-1329. Visual Inspection: health records, documentation of approval of DPS&C's Chief Nursing Officer 	Compliant	



-

	Findings	Response
IV-C-014 Suicide Prevention and Intervention (MANDATORY) There is a written suicide prevention and intervention program that is approved by a behavioral health professional who meets the educational and license/certification criteria specified by his/her respective professional discipline. The program must include specific procedures for handling intake, screening, identifying and continually supervising the suicide-prone offender. All suicide attempts and completions will be reported to the Mental Health Director of DPS&C at mentalhealth@doc.la.gov or (225)202-809. Observation of the suicide-prone offender will vary from continual observation to intervals no greater than fifteen (15) minutes. All staff with responsibility for offender supervision are trained annually in the implementation of the program. Such procedures also shall include the reporting requirements as outlined in BJG 1-C-001.	Compliant- Documentation and records of staff training annually on suicide prevention and intervention.	
Visual Inspection: health records, documentation of staff training, documentation of observation of suicide watches.		
 IV-C-015 Offender Deaths (MANDATORY) Written policy, procedure, and practice specify and govern the actions to be taken in the event of an offender's death, which includes notification of the coroner of all offender deaths. All attempts to contact the coroner regarding any death shall be thoroughly documented. Such procedures shall also include the reporting requirements as outlined in BJG I-C-001. In addition, a written report of all offender deaths shall be submitted to DPS&C on Form AM-I-4-x (via email to _DOC-HQ_Cat_A_Notifications@la.gov or via fax to (225) 342 3349). Visual Inspection: notification, reporting requirements, report to DPS&C 	Compliant- Written policy and procedure in place for notifications of offenders death.	
 IV-C-016 Notification A visit with an immediate family member shall be granted when an offender is admitted to an intensive care unit (ICU) or trauma center due to a serious bodily injury or due to being a terminally ill offender for the duration of the offender's admission to the ICU or trauma center, unless the Warden or designee provides written notice within 6 hours of the offender's admission to the ICU or trauma center to any immediate family member seeking visitation why such visitation cannot be granted, pursuant to La. R.S. 15:833(A) and Department Regulation OP-C-9; If the offender's admission to the ICU or trauma center occurs between 8:00 p.m. and 4:00 a.m., the Warden or designee shall provide the required written notification within 24 hours of the time the serious bodily injury occurred. Pursuant to La. R.S. 15:833(A), the Warden or designee shall attempt to notify the offender's immediate family within 8 hours of the medical decision to transport the offender to the ICU or trauma center. Based on extenuating circumstances, the Warden or designee may extend the definition of an offender's immediate family member. 		



	Findings	Response
D. HEALTH SERVICES STAFF		
References: ACA CJS 1-4D-02, 1-4D-04, 1-4D-05, 1-4D-07, 1-4D-08, 1-4D-09, 1-4D-10, 1-4D-1	7, 1-4D-18, Dept. Regs. HCP44, HCP9, HCP10, AM	1-D-5
IV-D-001 Health Care Quarterly Meetings (MANDATORY) The health authority meets with the facility administrator at least quarterly. Visual Inspection: documentation of meetings	Compliant- Facility has records and documentation on staff meetings done on a quartely basis.	
IV-D-002 Research Written policy, procedure, and practice prohibit offender participation in pharmaceutical, medical, or cosmetic experiments. This policy does not preclude individual treatment of an offender based on his/her needs using a specific medical procedure that is not generally available.	Compliant	
Visual Inspection: written policy and procedure		
IV-D-003 Health Care Personnel/Job Descriptions Health care staff work in accordance with professional specific job descriptions approved by the health authority.	Compliant	
Visual Inspection: job descriptions		
IV-D-004 Confidentiality of Health Information Information about an offender's health status is confidential. Nonmedical staff only have access to specific medical information on a "need to know" basis in order to preserve the health and safety of the specific offender, other offenders, volunteers, visitors, or correctional staff. An individual health record is maintained for all offenders in accordance with policies and procedures established by the health authority. The health record is made available to, and is used for documentation for all health care personnel. The active health record is maintained separately from the confinement case record and access is controlled. When an offender is transferred to DPS&C or another local facility, the offender's medical record is transferred as well. Visual Inspection: health records, completed consent forms, completed refusal forms IV-D-005 Informed Consent		
Informed consent standards of the jurisdiction are observed and documented for offender care in a language understood by the offender. In the case of minors, the information consent of a parent, guardian or legal guardian applies when required by law. Offenders routinely have the right to refuse medical interventions. When health care is rendered against an offender's will, it is in accordance with state laws and regulations. Involuntary administration of psychotropic medications to offenders may only be accomplished by DPS&C.	refusal forms, and consent forms filled out and completed by offenders	r
Visual Inspection: health records, completed consent forms, completed refusal forms	Compliant	
IV-D-006 Emergency Response Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the facility administrator. All staff responding to health emergencies are trained in CPR. The health authority approves policies and procedures that ensure that emergency supplies and equipment, including automatic external defibrillators (AEDs) are readily available and in working order.	Compliant	χ
Visual Inspection: verification of training, records and certificates		

BJG Compliance



	Findings	Response
IV-D-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY) Written policy, procedure, and practice require that presumptively intoxicated offenders are assessed immediately by medical personnel in order to provide lifesaving intervention and make a determination of need for offsite medical attention. Written policy, procedure, and practice provide for access to Naloxone for officers and medical staff, as well as training for its administration. Visual Inspection: verification of training, records and certificates	Compliant	
IV-D-007 Internal Review/Quality Assurance (MANDATORY) The health authority approves policies and procedures for identifying and evaluating major risk management events related to offender health care, including offender deaths, preventable adverse outcomes and serious medication errors. Visual Inspection: evaluation of major risk management events	Compliant- Documentation shows the Doctor approves the policy for identifying and evaluating major risk management needs.	



	Findings	Response
. SEXUAL ASSAULT		
References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16, Dept. Regs. PS-D-3, OP-A-15		
 V-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure, and practice provide for the prevention, detection, response, reporting and investigating of alleged and substantiated sexual assaults. Prison Rape Elimination Act PREA) information provided to offenders about sexual abuse/assault includes: Prevention/intervention; Self-protection; Multiple channels of reporting sexual assault and sexual misconduct; Protection from retaliation; Treatment and counseling; and DPS&C zero tolerance for sexual assault and sexual misconduct When the occurrence/allegation of sexual assault or threat involves a DPS&C offender, the 'acility shall report the incident to DPS&C immediately, as outlined in BJG I-C-001. An nvestigation is conducted and documented whenever a sexual assault or threat is reported. nvestigative reports shall be submitted to the appropriate DPS&C Regional BJG Team Leader for Form OP-A-15-e "Standardized Case Report Form." The Regional BJG Team Leader shall forward any investigation report to the DPS&C PREA Investigation Colonel at Joel.Odom@la.gov. Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. 	Compliant- written policy and procedure in place in accordance to DPS&C on sexual assaults.	



	Findings	Response
PART V - OFFENDER PROGRAMS AND ACTIVITY		
A. OFFENDER OPPORTUNITIES FOR IMPROVEMENT		
References: ACA CJS 1-5A-01, Dept. Reg. PS-F-1		
V-A-001 Volunteers/Registration There is an official registration and identification system for volunteers. Visual Inspection: activity schedules, facility logs	Compliant	
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- Facility has activity schedules placed in various areas throughout the institution.	
Visual Inspection: activity schedules, facility logs V-A-003 Visiting Written policy, procedure, and practice govern visiting. The number of visitors an offender may receive and the length of the visits may be limited only by the facility's schedule, space, and personnel constraints, or when the facility administrator can present clear and convincing evidence that such visitation jeopardizes the safety and security of the facility. Conditions under which visits may be denied and visitors may be searched are defined in writing. Provisions are made for special visits in accordance with Department Regulation OP-C-9. Visual Inspection: activity schedules, facility logs	Compliant	
V-A-004 Religious Programs Written policy, procedure, and practice define and provide reasonable offender opportunity for religious practice.	Compliant	
Visual Inspection: activity schedules, facility logs V-A-005 Exercise and Recreation Access (MANDATORY) Offenders have access to exercise and recreation opportunities. Written policy, procedure, and practice provide for exercise opportunities adequate to ensure major muscle activity. Outdoor exercise shall be available on a regular basis (at least three times per week-weather permitting) for DPS&C offenders. If a DPS&C offender requires special management or has security supervision needs which preclude the opportunity for outdoor exercise at a facility, then he or she shall be transferred to the DPS&C. If a facility based on location, or other legitimate concern, does not make provision for outdoor exercise, then compensating dedicated exercise facilities of adequate size to provide three exercise opportunities per week shall be available. Visual Inspection: activity schedules, facility logs	Compliant- The facility has documentation that show daily recreation logs weather permitting.	



	Response
1, 1-5B-02-2, 1-5B-04, 1-5C-01, 1-5C-04, 1-5C-06, De	pt. Regs PS-D-3, IS-B-1, HCP7, PS-E-1, PS-C-
s	
	(
s	
s e	ss ut e



	Findings	Response
V-B-002 Eductional Programming The DPS&C and the facility encourage educational programming which includes: Adult Basic Education and/or Literacy; Industry Based Certification Training; Pell-eligible Post-Secondary Training; Peer Tutor/Mentor Implementation. Any planned or proposed programs for education in local jail facilities that house DPS&C offenders shall be submitted to the DPS&C Education Director for review and approval. If the DPS&C implements the educational program in cooperation with the facility, compliance measures must be followed to abide by the terms of the funding sources, as well as state and federal regulations. A determination of ATLO needs will be determined with the facility during implantation of education programs. During this time the party responsible for cost of ATLO lab, devices, etc. will be determined. In some cases, technology is utilized for Education and Reentry purposes (ATLO Software). This will be determined. In some cases, technology is utilized for Education and Reentry purposes (ATLO lab and services will be determined.		
 Visual Inspection: activity schedule, facility logs V-B-003 Substance Abuse Programs The facility encourages offender participation in substance abuse programs when available. The continuum of substance abuse programming includes: Substance Abuse Education/Relapse Prevention; I2 Step Recovery Meetings (i.e., Alcoholics Anonymous/Narcotics Anonymous); Living in Balance: Moving from a Life of Addiction to a Life of Recovery. Provisions for offender referrals and transfers to DPS&C approved intensive residential substance abuse programs are made prior to placement in a transitional work program or release from custody. Visual Inspection: activity schedule, facility logs		
V-B-004 Library Services Reading materials shall be available to offenders on a reasonable basis. Visual Inspection: activity schedule, facility logs	Compliant- Facility logs show offender have access to library services.	



	Findings	Response
V-B-005 Mail and Correspondence	Compliant-The facility has documentation that	
Offenders may send and receive mail. Indigent offenders shall have access to postage necessary		
to send two personal letters per week, postage necessary to send out approved legal mail.	of mail waiver and rejection notice was in file.	
Offenders are notified in writing when incoming or outgoing letters are withheld in part or in full.		
Written policy, procedure, and practice govern offender correspondence. Such policy shall		
include the following provisions:		
1. Both incoming and outgoing offender mail (except privileged mail) may be opened and		
inspected for contraband. Mail may be read or rejected only when the facility administrator or his		
designee determines through relevant information that the correspondence contains material that		
interferes with legitimate penological objectives (including but not limited to deterrence of crime,		
rehabilitation of offenders, or maintenance of internal/external security of a facility);		
Privileged correspondence is defined as mail to or from:		
a. Identifiable courts;		
 b. Identifiable prosecuting attorneys; 		
c. Identifiable Probation and Parole Officers, Parole and Board of Pardons;		
 d. State and local chief executive officers; 		
e. Identifiable attorneys;		
f. Secretary, Deputy Secretary, Chief of Operations, Undersecretary, Assistant Secretary and		
other officials and administrators of the grievance system of the DPS&C		
g. Local, state, or federal law enforcement agencies and officials.		
3. Incoming privileged correspondence shall not be opened or inspected except in the presence		
of the offender to verify that the correspondence does not contain material that is not entitled to		
privilege;		
Outgoing privileged mail may be posted sealed;		
5. Incoming and outgoing privileged mail may be opened and inspected outside the offender's		
presence in the following circumstances:		
a. Letters that are unusual in appearance or appear different from mail normally received or sent		
by the individual or public entity;		
b. Letters that are of a size or shape not customarily received or sent by the individual or public		
entity;		
c. Letters that have a city and/or sate postmark that is different from the return address;		
d. Letters that are leaking, stained, or emitting a strange or unusual odor or have a powdery		
residue; and/or		
e. When reasonable suspicion of illicit activity has resulted in a formal investigation and such		
inspection has been authorized by the Secretary or designee.		
Visual Inspection: activity schedule, facility logs		
V-B-006 Packages and Publications	Compliant	
Written policy, procedure, and practice govern offender access to publication and packages from		
outside source.		
Visual Inspection:	2 Compliance	29
BJG Compliance 29		



	Findings	Response
V-B-007 Canteen/Commissary Spending Limits The offender commissary spending limit shall be \$200.	Compliant- Logs shows commissary items and offender store sheets.	
Visual Inspection: facility logs/store sheet		

BJG Compliance





	Findings	Response
 V-C-002 Regional Reentry Programs Facilities shall remain in compliance with any separate contract with the facility through which the DPS&C reimburses for reentry programming which includes: Employment opportunities through referral and transfer to transitional work programs, or when inappropriate, for transitional work program placement, enrollment in the Reentry Workforce Portal, and outside service providers to connect discharging offenders with employment opportunities upon release; At least two forms of valid identification upon release, preferably a Louisiana State ID and Social Security Card; The development of a residential plan prior to release; Referral to community based service providers upon release. Ensuring that all DPS&C offenders complete 100 hours of pre- release training at a regional reentry center prior to transfer to a transitional work program or release from custody. Regional Reentry Programs shall maintain reentry transition document envelopes for all DPS&C offenders housed in local jails in their region, which include at a minimum, if applicable: Any valid forms of identification; Prescriptions and Medicaid card; Community service referrals; and CRANNUAL printed report. Regional Reentry Programs shall coordinate with local jails and Probation & Parole Districts in their region to insure offenders receive their Transition Document Envelopes (TDE) either prior to release or upon release. Regional Reentry programs shall maint and cannot be provided the TDE before release. 	Findings Compliant-The facility provides offenders with two forms of identification and referral to community services.	Response
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 IS-B-7-c "Pre-Parole TIGER Questionnaire for Local Jail Facilities" and submit via e-mail to DPS&C Headquarters at mleger@la.gov or by fax to (225) 342 3095 within the first two weeks of the month preceding the scheduled hearing.	Compliant- LARNA's are completed in a timely fashion.	
Visual Inspection: offender record, completed questionnaire V-C-004 Parole Board Procedures	Compliant	
The facility Warden or his/her designee, of the local level facility in which the offender is housed, shall be present to provide information to members of the Parole Board regarding the offender's progress and disciplinary infractions during incarceration.		
Visual Inspection: offender record, trip log, documentation showing facility Warden or designee presence at parole board		



	Findings	Response
D. TRANSITIONAL WORK PROGRAMS		
References: Dept. Regs. PS-D-3, ISB-1		
V-D-001 Trasitional Work Program/Standard Operation Procedures Transitional Work Programs shall be operated in accordance with the Standard Operating Procedures for Offender Transitional Work Programs established by DPS&C. Visual Inspection: DPS&C Monitoring Report	N/A	
V-D-002 Participation in Trasitional Work Program Participation in Transitional Work Programs by DPS&C offenders shall comply with La. R.S. 15:711 and DPS&C Department Regulation IS-B-1 "Assignment and Transfer of Offenders." Specific approval by the Secretary of DPS&C is required prior to program assignment of DPS&C offenders. Refer to Standard Operating Procedures for Offender Transitional Work Programs. Visual Inspection: approval for participation by the Secretary of DPS&C	N/A	
V-D-003 Offender Work Programs Participation in Offender Work Programs by DPS&C offenders shall comply with the provisions of La. R.S. 15:708 (parish jails) or La. R.S. 15:832 (police maintenance). Visual Inspection: offender voluntary participation, sheriff's approval of work program request, facility logs	N/A	
V-D-004 Approval for Transitional Work Programs Any sheriff interested in operation of a Transitional Work Program facility shall obtain prior approval from the Chief of Operations. Refer to Standard Operating Procedures for Offender Transitional Work Programs.	N/A	
Visual Inspection: approval of Chief of Operations		



	Findings	Response
PART VI - JUSTICE		
A. OFFENDER'S RIGHTS		
References: ACA CJS 1-6A-01, 1-6A-02, 1-6A-03, 1-6A-06, Dept. Reg. OP-C-10	() () () () () () () () () () () () () (
VI-A-001 Access to Courts/Access to Legal Materials Written policy, procedure, and practice ensure the right of offenders to have access to courts. This includes reasonable access to legal reference materials or access to legal or paralegal assistance. Illiterate offenders shall be provided the assistance of a fellow offender or be 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.	Compliant- Facility logs shows offenders have access to legal materials as needed.	
Visual Inspection: facility log VI-A-002 Access to Counsel Written policy, procedure, and practice ensure offenders' confidential access to counsel. Such contact includes, but is not limited to telephone communications, uncensored correspondence and visits. Visual Inspection: facility log, record of attorney interviews	Compliant- Facility logs shows offenders have access to visits with attorneys and attorney phone calls.	
VI-A-003 Protection from Abuse Written policy, procedure, and practice protect offenders from personal abuse, corporal punishment, personal injury, disease, property damage, or harassment. Visual Inspection: facility log, incident reports, staff training records	Compliant	
B. FAIR TREATMENT OF OFFENDERS		
References: ACA CJS 1-2A-16, 1-4C-01, 1-6B-01, 1-6B-02, Dept. Reg. OP-C-13		
VI-B-001 Discrimination Written policy, procedure, and practice provide that program access and administrative decisions are made without regard to offenders' race, religion, national origin, gender, sexual orientation, or disability.	Compliant	
Visual Inspection: facility records, grievances, activity logs VI-B-002 Grievance Process (MANDATORY) Offenders have reasonable access to a grievance remedy procedure that includes at least two levels of review if necessary. The grievance remedy procedure shall be an administrative means through which an offender may seek formal review of a complaint which relates to any aspect of his imprisonment if less formal procedures have not resolved the matter. Such complaints and grievances include, but are not limited to, actions pertaining to conditions of confinement, personal injuries, medical complaints, time computations, the classification process, or challenges to rules, regulations, or policies. Through this procedure, offenders shall receive reasonable responses within a specified time period and where appropriate, meaningful remedies.	Compliant- The facility has grievances on file and have three levels of review Lieutenant, Captain, Warden.	
Visual Inspection: grievances		

BJG Compliance



	Findings	Response		
PART VII - ADMINISTRATION AND MANAGEMENT				
A. RECRUITMENT, RETENTION, AND PROMOTION				
References: ACA-CJS 1-1A-01, 1-1B-01, 1-1C-01, 1-1C-07, 1-4C-13, 1-4D-05, 1-4D-14, 1-7B-	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. AM-F-22, OP-A-19			
 VII-A-001 Training and Staff Development The facility conducts or participates in a training program which includes orientation for all new employees (appropriate to their job) prior to assuming a position or post. Such training must include: Security procedures; Hostage procedures – including staff roles and safety; Fire and emergency plan/ procedures; Suicide precaution and signs of suicide risks; Use of force policies; Inmate rules and regulations; CPR and first aid; Requirements of the Prison Rape Elimination Act (PREA); Employees whose duties are the care, custody and control of offenders must complete the Peace Officers Standards and Training (POST) Level 3 certification training program, which consists of the ACA core curriculum, within one year of employment. 	Compliant- The facility shows documentation on staff trainings at orientation and annually.			
Visual Inspection: lesson plans, staff training records VII-A-002 Weapons Training All personnel authorized to use firearms and less-than-lethal weapons must demonstrate competency at least annually. Training includes decontamination procedures for individuals exposed to chemical agents.	Compliant			
Visual Inspection: personnel records, training records				
	1	1		
B. FACILITY ADMINISTRATION				
References: ACA CJS 1-4D-02, 1-7D-01, 1-7D-03, Dept. Reg. AM-I-4				
VII-B-001 Authority There is a statue or constitutional provision authorizing the establishment of the local jail facility o its parent agency. Visual Inspection:	Compliant			
VII-B-002 Legal Assistance for Staff Written policy, procedure and practice specify the circumstances and methods for the facility administrator and other staff to obtain legal assistance as needed in the performance of their duties. Visual Inspection: personnel or training records	Compliant- written policy and procedure in place.			

\$



BJG Monitoring Report

	Findings	Response
VII-B-003 Independent Financial Audit Written policy, procedure, and practice provide for an independent financial audit of the facility. This audit is conducted annually or as stipulated by statute or regulation, not to exceed three years. Visual Inspection: annual audit	Compliant	
VII-B-004 Facility Insurance Written policy, procedure, and practice provide for institutional insurance coverage, including at a minimum: worker's compensation, civil liability for employees, liability for official vehicles, and either a commercial crime/employee theft insurance policy, or public employee blanket bond.	Compliant-Copy of the facility insurance on file.	
Visual Inspection: insurance policy VII-B-005 Mgmt. of Offender Personal Funds	Compliant- Documentation of offenders fund	
 Write-bods might: of Orienteer Personal Purities Written policies and procedures shall govern the management of offender personal funds held in trust by the facility. The policies and procedures shall include: Specific guidelines and controls for collecting, safeguarding, and disbursing offender personal funds; Require offenders be provided receipts for all financial transactions; Comply with general accounting procedures and state law; and Establish a system of checks and balances. Any interest earned on monies other than operating funds accrues to the benefit of the offenders. 	on file.	
VII-B-006 Disposition of an Offender's Account upon Death	Compliant	
The facility shall complete its fiduciary duty to ensure all of the deceased offender's funds due to the estate are properly accounted for, safeguarded, and disbursed. Upon the death of an offender, facility staff shall do the following: 1. Complete the Disposition of Offender Funds upon Death (DPS&C Form AM-C-2-b) to determine the amount owed to the decedent's estate and to determine what a claimant shall submit to receive the amount owed to the estate. 2. Check the offender's Master Record and Visiting Lists to determine if there is a living spouse of other living heirs listed in the offender's personal information. 3. If so, facility staff shall attempt to notify the spouse or heirs of the amount owed to the estate, after all debts have been cleared, and the documentation required to receive the funds. a. If the amount owed to the estate is less than or equal to \$2,500, provide the claimant a copy of the Claimant's Request for Offender Funds Upon the Offender's Death and Due to the Offender's Estate (Form AM-C-2-a). The claimant must submit the completed and notarized form to receive the amount owed to the estate. b. If the amount owed to the estate is greater than \$2,500, inform the claimant he/she must obtain a Judgement of Possession or Louisiana Small Succession Affidavit to receive the amount owed to the estate.		



BJG Monitoring Report

	Findings	Response
 4. Pay all remaining debts of the decedent. 5. Release the funds to the claimant upon receipt of the required form/judgement/affidavit. 6. Forward subsequent monies received on behalf of the decedent to the claimant on file. Supporting documentation of funds received and forwarded should be maintained in the offender's file. 7. Maintain the decedent's funds within the facility's bank account designated for offender personal funds until the decedent's individual account balance has been depleted. 8. Upon the death of an ex-offender after release, but before all funds have been distributed to him, facility staff shall do the following: a. Follow the above steps required for disposition of funds upon death. b. Obtain a certified death certificate from the claimant. c. Attach the certified death certificate to form AM-C-2-b. Unclaimed funds of deceased offenders are not considered abandoned property as provided in La. R.S. 15:866.2. If attempts to notify a spouse or heirs have been unsuccessful for a period of five years, the money in the offender's account should be submitted along with an unclaimed property report to the Department of Revenue and Taxation in compliance with La. R.S. 9:151 through 9:156. Visual Inspection: offender records 		
	Compliant	
Visual Inspection: offender records VII-B-008 Organization Written policies and procedures describe all facets of facility operation, maintenance, and administration, are reviewed annually and updated, as needed. New or revised policies and procedures are disseminated to staff. A file for each guideline shall be maintained with documentation (primarily written) to support compliance.	Compliant	
Visual Inspection: annual review, dissemination to staff VII-B-009 Annual Compliance Statement Written policy, procedure and practice demonstrate that the facility shall submit an annual statement confirming continued compliance with the BJG to the appropriate DPS&C Regional Team Leader. This statement, submitted by January 31st each year, is in writing and shall include: 1. A copy of the current Fire Marshal Report; 2. A copy of the current Health Inspection Report; 3. Any proposed or projected expansions; 4. Any rehabilitative programs that are available; 5. Summary of any re-entry initiatives/programs implemented by the facility. Visual Inspection: annual statement	Compliant- Documentation of all items listed on file.	



	Findings	Response
VII-B-010 Monthly Reporting Written policy, procedure and practice ensure that any facility with DPS&C offenders report activities to the Chief of Operations on a monthly basis in accordance with Dept. Reg. C-05- 001/AM-I-4. These reports shall be submitted on automated reporting forms provided by the DPS&C, no later than the 15th day of the month for the previous month's activities. Automated reporting shall be completed, by the appropriate DPS&C Regional Team Leader, no later than the 20th day of the month for the previous month's activities.	Compliant- The facility submit their monthly report in a timely manner.	
Visual Inspection: monthly report		
VII-B-011 Staff Meetings Written policy, procedure and practice provide for regular meetings between the Sheriff, facility administrator, or designee and all department heads. There is formal documentation that such meetings are conducted at least monthly. Visual Inspection: staff meeting minutes/notes VII-B-012 Proposed Expansion	Compliant- Documentation on file to show staff meeting minutes. Compliant-	
Any planned or proposed expansions for transitional work program or jail facilities that house DPS&C offenders shall be submitted to the Secretary of the DPS&C and the Executive Director of the LSA for consideration and approval.		
Visual Inspection:		
C. REASONABLE ACCOMMODATION References: ACA CJS 1-7E-01		
VII-C-001 Facility Equipment/Reasonable Accommodation Reasonable accommodations is made to ensure that all parts of the facility are accessible to the public are accessible and usable by staff and visitors with disabilities. Visual Inspection:	Compliant-	



	Findings	Response	
INSPECTION REPORTS			
DEPARTMENT Deficiencies Corrective Action Taken			

Fire Marshall	Compliant	
Date of Current Report: 5/27/2022		
Maximum Capacity: 628		

DHH - Health	Compliant	
Date of Current Report: 6/23/2022		
Maximum Capacity: 628		

DHH - Retail Food	Compliant	
Date of Current Report: 6/23/2022		



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-21-044951-1

John Bel Edwards GOVERNOR

No Deficient/Cautionary Codes cited.

Daniel H. Wallis FIRE MARSHAL

			Loc	cation	n Inforn	nation	n .		
Inspection Type	Compliance	Building I	nspection				Inspection Da	te E	5/27/2022 6:27:31 PM
Structure ID	118461		No. of Buildi	ings	1		Facility Code		J435
Capacity	628		Year Built		2000		Construction	Туре	Гуре IIIA / (211)
Building/Trade Na	me				Addres	s			
NELSON COLEMA	N CORRECT	IONAL			5061 HI	GHW	AY 3127, KILLO	DNA, LA 7	0057
			Ov	wner	Informa	ation			
Owner Type		Name				Cont	act Phone	Contact	Email
		SAINT C	HARLES PAR CEMENT	RISH LAW		KHEBERT@STCHARLE ORG		RT@STCHARLESSHERIFF.	
Address									
5061 HIGHWAY 31	27, KILLONA,	LA 70057							
			Tei	nant	Informa	tion			
Name				Suite Number		Floor Number		Square Footage	
			Oc	cupa	ncy De	tails			
Occupancy Type		Details					,		
Institutional	INSTITUTIONAL BUILDING TYPE: GF DETENTION/CORRECTION FACILITY			ROUF Y TYF	PI-3 (DETENTI PE: CONDITION	ON/CORF N 5	RECTION);		
				Con	nments				
NO APPARENT DEI	FICIENCIES	DBSERVE	D AT TIME O			N. AC	CEPTABLE FO	DR OCCU	PANCY AT THIS TIME.
			Insp	ector	Inform	ation			
Name: Ashley Boo	ne	Badge Nu	mber: 704			Inspec	ctor Signature:	abure	
	-	Perso	n to whom	requi	irement	s we	re explained		
Name:		Title:			T	Signat			

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

R. S. 40: 1621 Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, Title 40 of the Louisiana Revised Statutes of 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	Permit Name				
45-02-224	Nelson Coleman Correctional Center-224				
Name of Establishment Nelson Coleman Correctional Center-224		Owner Name			
Address		Date	Time		
5061 Highway 3127 Killona, LA 70057		06/23/2022	12:25 PM		

LAC TITLE 51 PART XVIII

Comments:

Verbal acknowledgement of report provided by Justin Loupe, lieutenant. Copy of report emailed to Khebert@stcharlessheriff.org

Number Licensed For		Number in Attendance	License Anniversary 06/30/2022	
Sanitarian Name/Print Chance Wooton	Phone # 985-764-4376	Sanitarian Signature	R.S. # 3184	
The above mentioned violations	were called to my attention and were	e explained to me in detail. I hereby agree to		
Correct Critical Violations by		Correct Non-Critical Violations by	Ŷ	
		Signature of Recipient		
Name/Title Justin Loupe, lieutenant				

F LOUISIANA
NT OF HEALTH
PUBLIC HEALTH
ION REPORT
Anniversary Month
JUNE
Mailing Address
Date Inspected
06/23/2022
nis section, and:
CHANCE WOOTON 3 1 8 4
D 1014

file-///C:// Isers/khehart/AnnData// Acal/MicrosoftM/indouc//NatCastal/Castal Cuttast// CTERV/C/State of Lauisiana Basat 06030000 434005 http://



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Routine/Renewal

Pennit Number	Permit Name			
45-0001545-1	NELSON COLEMAN CORRECTIONAL CTR JAIL KITCHEN			
Name of Establishment		Owner Name		
NELSON COLEMAN CORRECTIONAL CTR		ST CHARLES PARISH SHERIFF DEPT		
Address 5061 HIGHWAY 3127 KILLONA, L	A 70066	Date 06/23/2022	Time 12:25 PM	

LAC TITLE 51 PART XXIII

Category	Code Reference	Description of Violations
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2513	29 - 2513 - Utensil surface temperature of 160° F is not being achieved. [COS]

NON-CRITICAL ITEMS: These items should be corrected by this office.	by the next rep	gular inspection or according to the compliance schedule (see below) established
Category	Code Reference	Description of Violations
LABELING	1107	49 - 1107 - Bulk containers are not properly labeled. [COS]
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.4 - Walls/ceilings or attached equipment are not in good repair.

Missing ceiling tiles in dry storage. [COS]

Comments:

Verbal acknowledgement of report provided by Troy Stackhouse, sergeant. Copy of report emailed to troystackhouse@stcharlessheriff.org

NOTICE RS 40:31.38 (ACT 66)

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

Sanitarian Name/Print Chance Wooton	Phone # 985-764-4376	Sanitarian Signature	R.S. # 3184	
		plained to me in detail. I hereby agree to		
Correct Critical Violations by	were cancer to my attention and were ex	Correct Non-Critical Violations	by	
Name/Title		Signature of Recipient	And A SALAN A CONTRACT OF A SALAR	
Troy Stackhouse, sergeant				

Humphrey - LSA Emails 0003347.50

Form IS-B-8-b 05 November 2010

Facility: Nelson Coleman Correctional Center/St. Charles PP/TWP
Date: 9/26/22
Name of Program: UNDERSTANDING & REDUCING ANGRY FEELINGS
Date of Program Implementation: 4/9/19 - 3/25/22
Primary Area of Service Provided:
 Education Job Skill Training Values Development and Faith Based Initiatives Treatment Programs Miscellaneous
Program has been certified by DPS&C? 🛛 Yes 🗌 No
Program application process is consistent with DPS&C existing assessment and classification system? X Yes No
Has program curriculum changed during preceding 12 months? 🗌 Yes 🛛 No
Is there an objective method used to assess completion? 🛛 Yes 🗌 No
Detailed records are maintained on the following:
All offenders who apply.YesNoNumber of offenders accepted.YesNoNumber and type of services provided.YesNoOffender's completion/termination from program.YesNo
Is there a formal graduation ceremony for those who complete the program?
The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.
Chinush 126.22 Monitoring Team Member or BJG Team Member/Leader Date

Form IS-B-8-b 05 November 2010

Facility: Nelson Coleman Correctional Center/St. Charles PP/TWP
Date: 9/26/22
Name of Program: UCCI - CBI - EMPLOYMENT
Date of Program Implementation: 7/16/19 - 6/23/22
Primary Area of Service Provided:
 Education Job Skill Training Values Development and Faith Based Initiatives Treatment Programs Miscellaneous
Program has been certified by DPS&C? 🛛 Yes 🗌 No
Program application process is consistent with DPS&C existing assessment and classification system? X Yes No
Has program curriculum changed during preceding 12 months? 🗌 Yes 🛛 No
Is there an objective method used to assess completion? 🛛 Yes 🗌 No
Detailed records are maintained on the following:
All offenders who apply.YesNoNumber of offenders accepted.YesNoNumber and type of services provided.YesNoOffender's completion/termination from program.YesNo
Is there a formal graduation ceremony for those who complete the program? 🗌 Yes 🛛 No
The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.
Carnish Stu 9.26.22
Monitoring Team Member or BJG Team Member/Leader Date

Form IS-B-8-b 05 November 2010

CERTIFIED TREATMENT AND REHABILITATION PROGRAM CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Nelson Coleman Correctional Center/St. Charles PP/TWP	
Date:9/26/22	
Name of Program:	
Date of Program Implementation: 2/19/19 - 11/4/21	
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 INo	
Program application process is consistent with DPS&C existing assessment and system? X Yes No	classification
Has program curriculum changed during preceding 12 months?	
Is there an objective method used to assess completion? Xes No	
Detailed records are maintained on the following:	
All offenders who apply.Image: YesNoNumber of offenders accepted.Image: YesNoNumber and type of services provided.Image: YesNoOffender's completion/termination from program.Image: YesNo	
Is there a formal graduation ceremony for those who complete the program?	🛛 No
The CTRP referenced above continues to meet necessary criteria to maintain its certi- Department of Public Safety and Corrections.	fication by the) ごし・ここ
Monitoring Team Member or BJG Team Member/Leader Date	

Monitoring Team Member or BJG Team Member/Leader

Facility: Nelson Coleman Correctional Center/St. Charles PP/TWP		
Date: 9/26/22		
Name of Program: LOUISIANA RISK MANAGEMENT - PHASE TWO		
Date of Program Implementation: 1/29/19 - 6/21/22		
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 and system? X Yes No	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:		
All offenders who apply.Image: YesXoNumber of offenders accepted.XimitsYesNoNumber and type of services provided.XimitsYesNoOffender's completion/termination from program.XimitsYesNo		
Is there a formal graduation ceremony for those who complete the program? Yes	🛛 No	
The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.		
	55.05	
Monitoring Team Member or BJG Team Member/Leader Date		

Facility: Nelson Coleman Correctional Center/St. Charles PP/TWP		
Date: _9/26/22		
Name of Program: LOUISIANA RISK MANAGEMENT - PHASE ONE		
Date of Program Implementation: 1/8/19 - 5/10/22		
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 and o system? X Yes No	lassification	
Has program curriculum changed during preceding 12 months? 🗌 Yes 🛛 No		
Is there an objective method used to assess completion? Xes Do		
Detailed records are maintained on the following:		
All offenders who apply.Image: YesNoNumber of offenders accepted.Image: YesNoNumber and type of services provided.Image: YesNoOffender's completion/termination from program.Image: YesNo		
Is there a formal graduation ceremony for those who complete the program? Yes	🗙 No	
The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.		
Monitoring Team Member or BJG Team Member/Leader Date		

Monitoring Team Member or BJG Team Member/Leader

Humphrey - LSA Emails 0003347.55

Facility: Nelson Coleman Correctional Center/St. Charles PP/TWP		
Date: 9/26/22		
Name of Program: INSIDE OUT DAD		
Date of Program Implementation: <u>10/10/19 - 6/22/21</u>		
Primary Area of Service Provided:		
 Education Job Skill Training Values Development and Faith Based Initiatives Treatment Programs Miscellaneous 		
Program has been certified by DPS&C? 🛛 Yes 🗌 No		
Program application process is consistent with DPS&C existing assessment and classification system? X Yes No		
Has program curriculum changed during preceding 12 months? 🗌 Yes 🛛 No		
Is there an objective method used to assess completion? 🛛 Yes 🗌 No		
Detailed records are maintained on the following:		
All offenders who apply.YesNoNumber of offenders accepted.YesNoNumber and type of services provided.YesNoOffender's completion/termination from program.YesNo		
Is there a formal graduation ceremony for those who complete the program? Ves X No		
The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.		
Monitoring Team Member or BJG Team Member/Leader Date		

Facility: Nelson Coleman Correctional Center/St. Charles PP/TWP	
Date:9/26/22	
Name of Program:FDIC - MONEY SMART FOR YOUNG ADULTS	
Date of Program Implementation: _4/11/19 - 3/25/21	
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?	lo
Is there an objective method used to assess completion? 🛛 Yes 🗌 No	
Detailed records are maintained on the following:	
Number of offenders accepted.XYesNumber and type of services provided.XYes	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 its Department of Public Safety and Corrections.	2
and the	9.26.22
Monitoring Team Member or BJG Team Member/Leader D	Date