

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR

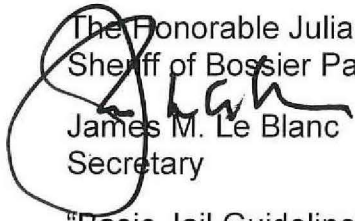


JAMES M. LE BLANC
SECRETARY

January 6, 2023

MEMORANDUM

TO: The Honorable Julian C. Whittington
Sheriff of Bossier Parish

FROM: 
James M. Le Blanc
Secretary

RE: "Basic Jail Guidelines" Monitoring Report

This is to advise that pursuant to the attached monitoring report concerning Bossier Parish Maximum Security Facility, DPS&C is recertifying this facility in compliance with the "Basic Jail Guidelines" with annual monitoring.

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

JML/mwk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Linton Jacobs, Warden, Bossier Parish Maximum Security Facility
Seth Smith, Chief of Operations
Jerry Goodwin, Warden, DWCC
Roderick Malcolm, BJJ Team Leader

State of  Louisiana

Office of the Secretary
Department of Public Safety and Corrections

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

Bossier Parish Maximum Security Facility
in acknowledgement of

Continued Compliance with the Basic Jail Guidelines Process

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

this 13th day of January
in the year of our Lord 2023



Attest:


Secretary



BJG RECERTIFICATION REPORT

Rev. 07/29/2022 mwk

Facility Name: Bossier Parish Maximum Security Facility
BJG Team Leader & Monitors: Lt. Colonel Roderick Malcolm, BJG Team Leader, (NW Region)
Asst. Warden Tyrone Mays, BJG Team Leader, (NE Region)
Facility Warden & Email Address: Warden Linton Jacobs, Email: ljacobs@bossiersheriff.com
Facility Staff: Asst. Warden Anthony Evans
BJG Inspection Date: December 29, 2022
Previous BJG Inspection Date: December 18, 2019
Operational Capacity: 544
Count on Day of Visit: 482

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	5	9	14
Number of Local Offenders	390	77	467
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	1	1
Number of ICE Detainees	0	0	0
TOTAL	395	87	482

Number of DOC Offenders that are:

Single Bunked	1
Double Bunked	13
Triple Bunked	0
Total	14

Number of DOC Offenders that are in Restricted Housing:

Single Bunked	0
Double Bunked	0
Triple Bunked	0
Total	0

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
November 2021	8	0	0	0
December 2021	11	0	0	0
January 2022	5	0	0	0
February 2022	3	0	0	0
March 2022	2	0	0	0
April 2022	4	0	0	0
May 2022	9	0	0	0
June 2022	16	0	0	0
July 2022	14	0	0	0
August 2022	11	0	0	0
September 2022	12	0	0	0
October 2022	16	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
November 2021	0	0	0	0	0
December 2021	0	0	0	0	0
January 2022	0	0	0	0	0
February 2022	0	0	0	0	0
March 2022	0	0	0	0	0
April 2022	0	0	0	0	0
May 2022	0	0	0	0	0
June 2022	0	0	0	0	5
July 2022	0	0	0	0	0
August 2022	0	0	0	0	0
September 2022	0	0	0	0	0
October 2022	0	0	0	0	0

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

The living areas were found to be clean and orderly.

- **Dorms**

There are no open dorms in this facility.

- **Cell Block**

The cellblocks and individual cells were both clean and orderly. The cellblocks were clutter and odor free. The offender property was neatly stored.

Culinary/Dining:

The culinary/dining areas were clean. The inventories were correct and all utensils accounted for. Licensed dieticians Mary Robertson approved the cycle menu in use. Offenders working in the kitchen are prescreened by the medical department. The offenders are served in their individual cells.

Bathrooms:

The bathrooms were clean, operational, and odor free. Lavatory/showers have temperature controlled hot/cold water. The temperature is checked each shift.

Yard Areas:

Each exercise yard is connected to the adjoining cellblock. The yard areas are secure and free of debris. Staff continually monitors offenders outside on the yard.

Maintenance:

Overall maintenance of the facility is good. They have a good preventive maintenance work order program in place. Bossier Parish maintenance crew performs all maintenance and they provide all tools. Logbooks indicate that repairs orders are submitted and problems are addressed immediately.

II-A-007 COUNTS:

- How many formal counts are conducted each shift?
Day Shift – **Three (3)**, Night Shift – **Two (2)**.
- How many counts are conducted each day?
Five (5) counts are conducted each day.

Stick outs counts

- How does the facility accomplish this?
By conducting a physical head count in each area and turning the count in by housing assignment.
- Does this process insure accountability and safe/secure operation of the facility?
Yes.

II-A-012 CLASSIFICATION SYSTEM:

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

- What is their classification process to determine who is eligible for trustee status?
The Assistant Warden checks for eligibility (background, Medical/NH, length of sentence, escape history, disciplinary, sex offense convictions, and detainers). Once these screenings have been accomplished and the offender meets the criteria to a trustee, she is interviewed by the Assistant Warden. The Assistant Warden, then, makes a recommendation to the Warden for review and final approval.
- Does their classification process meet DPS&C, Corrections Services' criteria? **Yes.**

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
November 2021	5	10	50%	0
December 2021	5	24	21%	0
January 2022	5	8	63%	0
February 2022	5	20	25%	0
March 2022	5	21	24%	0
April 2022	4	4	100%	0
May 2022	5	6	83%	0
June 2022	5	21	24%	0
July 2022	5	18	28%	0
August 2022	5	13	38%	0
September 2022	5	20	25%	0
October 2022	5	7	71%	0

III-A-010 RULES AND DISCIPLINE:

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

VII-B-010 BJJ 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? **None.**

V-B-002 EDUCATIONAL PROGRAMING:

GED Program

Number of GED Slots	<u>0</u>
Number of Participants	<u>0</u>
YTD Number of Completions	<u>0</u>

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

- N/A

LIST ALL OTHER OFFENDER PROGRAMS:

- Religious Services

VI-B-002 GRIEVANCE PROCESS:

- Does grievance process include two levels of review? **Yes.**
- Who are the designees at each level? **Assistant Warden Evans is the designee at the first level of review and Warden Jacobs is the second level of review.**
- What is the specified time period for response at each level? **The specified time period of response at the first level is ten (10) days, and the second level is fifteen (15) days.**

PREA COMPLIANCE:

- Is this facility required to be PREA compliant due to contract language? **Yes.**
- Is this facility PREA compliant? **Yes.**
- If yes, date compliance received: **September 22, 2022**
- 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:

Morale appears to be high. I spoke to staff members and they seemed well versed in their own duties as well as those of their peers. All staff readily assists each other so that the operation runs smoothly. Staff members observed appeared to get along well and displayed a confident, professional demeanor and were very knowledgeable and efficient in their duties. Initial and ongoing training of personnel is extensive and the result is apparent when observing deputies while working. I spoke with several employees throughout the facility and none expressed any negative comments and all seemed to enjoy their job.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

Offenders I spoke with were polite and well mannered. Offenders were properly dressed and engaged in constructive activities. Offender/staff interactions observed were mutually polite and respectful. I spoke with several offenders during the walkthrough inspection and none of them expressed any negative comments about their conditions of confinement or the food served.

RECOMMENDATION:

Bossier Parish Maximum Security Facility consistently operates smoothly and efficiently while maintaining compliance with Basic Jail Guidelines. The quality of the personnel at this facility is exceptional. Initial as well as ongoing training of deputies is excellent and is apparent while performing the walkthrough of the facility. Warden Jacobs and his staff are committed to providing a safe, secure, and stable environment for the offenders in their custody.

Based on the review of the Basic Jail Guidelines files and a walkthrough of the facility to review their practices, it is recommended that Bossier Parish Maximum Security Facility received full recertification and continue with annual monitoring.



Facility: Bossier Parish Maximum Security Facility		Date Conducted: November 29, 2022
Monitors: Lt. Colonel Roderick Malcolm, BJB Team Leader (NW Region) and Assistant Warden Tyrone Mays, BJB Team Leader (NE Region)		
BASIC JAIL GUIDELINES (BJG)		
PART I - SAFETY		
A. PROTECTION FROM INJURY AND ILLNESS		
References: ACA CJS 1-1A-01, 1-1A-02, 1-1A-03, 1-1A-04, 1-1A-05, 1-1C-05, 1-4A-03, 1-4A-04		
	Findings	Response
I-A-001 Safety/Sanitation/Inspections (MANDATORY) The facility complies with all applicable laws and regulations of the State Sanitation Officer and the State Fire Marshal. The following inspections are implemented: ●Weekly sanitation inspections of all facility areas by a qualified departmental staff member. ●Weekly inspections of all food service areas, including dining and food preparation areas and equipment. ●Water temperature in housing areas is checked and recorded daily. ●Comprehensive and thorough monthly inspections by a safety/sanitation specialist for compliance with sanitation, safety and fire prevention standards. ●At least annual inspections by the State Sanitation Officer and the State Fire Marshal. Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports	Compliant. The shift supervisor performs general inspections daily. A complete comprehensive inspection is conducted each week. Maintenance repairs performed by the Bossier Parish Maintenance Crew. Current FM (08/18/2022), DHH (09/05/2019) but has Permit to Operate (05/02/2022 -06/30/2023), and DHH Retail Food (12/09/2019) and an explanation letter (09/22/2022) inspections are in file. See attached reports.	
I-A-002 Disposal of Materials Disposal of liquid, solid, and hazardous material complies with applicable government regulations. Visual Inspection: trash disposal contract, completed inspection reports, include documentation that deficiencies were corrected	Compliant. Disposal contracts are on file. Liquid Environmental Solutions of Texas handles liquid waste and Stericycle manages the medical bio-hazardous waste.	
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. Vexcon services the facility. No pest control issues discovered during walk through inspection.	
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. The facility is clean and in good repair.	

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	Findings	Response
<p>I-A-005 Water Supply The facility's potable water source and supply is certified at least annually by an independent, outside source to be in compliance with the State Sanitary Code. The facility complies with the requirements of the state health officer. There is a specific plan for addressing deficiencies, if any, that is approved by the state health officer. Visual Inspection: documentation of approval by DHH or local authority, plan for addressing deficiencies</p>	<p>Compliant. Facility utilizes West Central Bossier Water System Public Water Supply ID: LA1015048. Facility has passed all inspections by the DHH, including independent test.</p>	

B. VEHICLE SAFETY

References: Dept. Reg. OP-A-3		
<p>I-B-001 Offender Transport Escorted and unescorted absences of state offenders are governed by R.S. 15:811 and 833 and DPS&C Department Regulation No. 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)</p>	<p>Compliant. Escorted absences are approved by Warden Jacobs. Documentation of compliance in file.</p>	

C. EMERGENCY PREPAREDNESS/RESPONSE

References: ACA CJS 1-1C-01, 1-1C-02, 1-1C-03, 1-1C-04, 1-1C-06, 1-1C-07, 1-7E-01, Dept. Regs. PS-D-3, OP-A-5, OP-B-3, AM-I-4		
<p>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. Visual Inspection: training records, facility logs, documentation of approval of plan, documentation of annual review, documentation of staff receipt, training on the plan</p>	<p>Compliant. A detailed emergency plan is in place. All staff members have been properly trained. Staff members that were questioned regarding emergency policy/procedure and contingency plans were knowledgeable. All staff training is documented in file. Emergency plan was submitted to DPS&C.</p>	

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	Findings	Response
<p>I-C-002 Immediate Release of Offenders There is a means for the immediate release of inmates from locked areas in case of emergency and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of offenders and staff in the event of fire or other emergency.</p> <p>Visual Inspection: facility records/logs</p>	<p>Compliant. Staff has been properly trained regarding the immediate release of offenders during emergency situations and all cells have emergency releases. Evacuation routes are clearly posted throughout the facility. Exits are properly marked and unobstructed.</p>	
<p>I-C-003 Fire Safety/Code Conformance (MANDATORY) The facility complies with the requirements of the state fire marshal. There is a specific plan for addressing deficiencies, if any, that is approved by the State Fire Marshal. The State Fire Marshal approves any variances, exceptions, or equivalencies.</p> <p>Visual Inspection: documentation of fire alarm and detection system maintenance and testing, plans for addressing deficiencies</p>	<p>Compliant. The facility is in compliance with the Fire Marshal's requirements.</p>	
<p>I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements.</p> <p>Visual Inspection: Specifications for all furnishings.</p>	<p>Compliant. Furnishings are compliant with life safety codes.</p>	
<p>I-C-005 Flammable, Caustic and Toxic Materials Written policy, procedure and practice govern the control and use of all flammable, toxic and caustic materials.</p> <p>Visual Inspection: Staff training records, offender training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.</p>	<p>Compliant. Policy in place and all chemicals are stored properly. Staff has been trained in the control of all flammable, toxic, caustic materials.</p>	
<p>I-C-006 Operational Capacity The number of offenders present does not exceed the operational capacity as determined by the state fire marshal and state health officer. The state fire marshal will determine a capacity primarily based upon 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.</p> <p>Visual Inspection: facility count sheets</p>	<p>Compliant. The facility operates within the capacity. The FM approved a capacity rating of 558, but the operational capacity remains at 544 as reported. Count of the facility during this inspection was 482.</p>	

PART II - SECURITY		
A. PROTECTION FROM HARM		
References: ACA CJS 1-2A-01, 1-2A-04, 1-2A-05, 1-2A-06, 1-2A-08, 1-2A-11, 1-2A-13, 1-2A-14, 1-2A-16, 1-2A-17, 1-2A-19, 1-2A-20, Dept. Regs. AM-F-47, IS-B-1, OP-C-3		
<p>II-A-001 Control There is 24-hour monitoring and coordinating of the facility's security, life safety, and communications systems.</p> <p>Visual Inspection: facility records/logs, maintenance records, records of staff deployment</p>	<p>Compliant. The facility's camera/audio monitoring system that is utilized is excellent.</p>	



	Findings	Response
<p>II-A-002 Secure Perimeter The facility's perimeter is controlled by appropriate means to ensure that offenders are secured remain within the perimeter and that access by the general public is denied without proper authorization. Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls</p>	<p>Compliant. The facility perimeter is secure. Personnel was knowledgeable about policy and procedures. Effective security practices are in place to prevent escapes and access by unauthorized persons. Officers were familiar with assigned duties.</p>	
<p>II-A-003 Sufficient Staff There is a written document describing the facility's organization and staffing plan. This should include an organizational chart that groups similar functions, services and activities. Each facility meets minimum security staffing requirements which reflect good correctional practice. Sufficient staff, including a designated supervisor, are provided at all times to perform functions relating to the security, custody, and supervision of offenders and, as needed to operate the facility in conformance with the BJJ. Visual Inspection: records of staff deployment, facility logs, documentation of annual review of staffing analysis and plan</p>	<p>Compliant. Sufficient staff is provided on all shifts with one (1) sergeant and ten (10) officers. Due to the female offender population, facility staffs at least two (2) female officers at all times. The Bossier Parish Medium Security Facility across the street can provide assistance if needed.</p>	
<p>II-A-004 Female Offenders and Female Staff When a female offender is housed in a facility, at least one female staff member is on duty at all Visual Inspection: records of staff deployment, facility logs</p>	<p>Compliant. Written policy strictly followed. Facility staffs at least two (2) female officers at all times.</p>	
<p>II-A-005 No Offender Control Over Others No offender or group of offenders is given control, or allowed to exert authority over other offenders. Visual Inspection: written policy and procedure</p>	<p>Compliant. Policy and practice prohibits any offender having authority over other offenders at this facility.</p>	
<p>II-A-006 Staff Log (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: 1. Personnel on duty; 2. Offender population; 3. Admission and release of offenders; 4. Shift activities; 5. Entry/exit of all visitors including legal/medical; 6. Unusual occurrences or facility emergencies (including but not limited to major and minor disturbances such as riots, hostage situations, fires, escapes, deaths, serious illness or injury and assaults or other acts of violence.) Refer to BJJ I-C-001 for reporting requirements to DPS&C. Visual Inspection: copies of log book, records of staff deployment</p>	<p>Compliant. Staff logs of pertinent information (i.e., shift activity, daily events, deputy/supervisor rounds, etc.) were reviewed and found in order. Logs are maintained in the file in accordance with this guideline.</p>	
<p>II-A-007 Counts (MANDATORY) The facility has a system for physically counting offenders. At least one formal count is conducted for each shift, with no less than 3 counts daily. The system includes strict accountability for offenders assigned to work and other approved temporary absences. Visual Inspection: completed forms, facility records/logs.</p>	<p>Compliant. Five (5) formal are conducted per day. Three (3) formal count is conducted on the day shift and two (2) on the night shift.</p>	



	Findings	Response
<p>II-A-008 Offender Population Management System There is an offender population management process that includes records on the admission, processing, and release of offenders. Written policy, procedure, and practice provide for offender case record management that includes at a minimum, maintenance of the following documents and information. This offender record and any re-entry transition document envelopes shall be transferred with the offender at such time the offender is transferred to another local or DPS&C facility.</p> <ul style="list-style-type: none"> • Master prison form; • Bill of Information and Court Minutes OR Uniform Commitment Order; • One photograph; • Reports of disciplinary actions, grievances, incidents or crimes committed while in custody; • Records of program participation, work assignments, and classification actions; • Any government issued identification (i.e., driver's license, social security card or birth certificate/birth card or any other valid identification); • Offender health record (see BJJ IV-D-004). • Cash receipts and property receipts <p>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.</p> <ol style="list-style-type: none"> 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. <p>Visual Inspection: completed forms, reports, offender record</p>	<p>Compliant. All records are transferred with the offender when an offender is transferred to another local or DPS&C facility.</p>	
<p>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 attention and/or mental health services.</p> <p>Visual Inspection: Completed Admission forms, facility logs.</p>	<p>Compliant. Offender intake procedures are in place that cover all required information. All offenders are properly screened by the Medical Department upon reception, to determine any medical needs. Documentation is completed properly and located in the files.</p>	

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	Findings	Response
<p>II-A-010 Admissions Admission processes for a newly admitted offender include, but are not limited to:</p> <ul style="list-style-type: none"> •Searching of the offender and personal property; •Inventorying and providing secure storage of personal property; •Providing an itemized receipt for personal property; •Recording of basic personal data; •Performing a criminal history check; •Photographing and fingerprinting; •Separating from the general public; •Providing a health screening to assess and identify any health and safety needs in accordance with BJJ IV-C-006; •Providing information about access to health services, copay requirements and submitting grievances. <p>Visual Inspection: intake and admission forms, screening forms, inventory form, receipt form</p>	<p>Compliant. Current policy and procedures are in place. Admissions forms are thorough and completed properly.</p>	
<p>II-A-011 Out of State Offenders The names of any out of state offender (federal or state) to be housed at a local jail or privately managed facility shall be submitted to the Chief of Operations prior to the offender(s) entering the State of LA. No such offender shall be housed if the offender would be classified as maximum custody under the LA DPS&C classification procedures. 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.</p> <p>Visual Inspection: offender record, submittal to chief of operations of out-of-state offenders to be housed at the facility, release/transfer documentation</p>	<p>Compliant. Policy and procedures are in place. Currently, no out-of-state offenders are being housed at this facility. Staff are trained to the proper procedures in the event this were to occur. Policy regarding acceptance of any out of state offender is in accordance with this guideline.</p>	
<p>II-A-012 Classification System Written policy, procedure, and practice provide for a written offender classification plan that includes custody required and assignment to appropriate housing. Offender management and housing assignment considers age, gender, legal status, custody needs, behavioral issues, and other unique needs or issues as they arise. All offenders are classified using an objective classification process that at a minimum:</p> <ul style="list-style-type: none"> • Identifies the appropriate level of custody for each offender • Identifies appropriate housing assignment • Identifies the offender's interest and eligibility to participate in available programs <p>Visual Inspection: offender housing records, offender classification records</p>	<p>Compliant. Assistant Warden checks for trustee eligibility (background, medical/MH, length of sentence, escape history, disciplinary, sex offense convictions, and detainers). Once screened and offender meets criteria to be trustee, he is interviewed by the Assistant Warden. The Assistant Warden forwards recommendation to the Warden for review and final approval.</p>	

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	Findings	Response
<p>II-A-013 Prohibition on Youthful Offenders Offenders subject to juvenile jurisdiction are housed in adult facilities only under the conditions established by law. If juveniles are committed to the facility, a plan is in place to provide for the following:</p> <ul style="list-style-type: none"> • Supervision and programming needs of the juveniles to ensure their safety, security, and education; • Classification and housing plans; • Appropriately trained staff. <p>OAS shall be notified of offenders who are under the age of 18 that are sentenced to the DPS&C as an adult for transfer to the appropriate institution.</p> <p>Visual Inspection: admission and housing, offender records, classification records</p>	<p>Compliant. Facility currently housing one (1) juvenile offender. Policy, procedure, and practice are well maintained. Documentation in file.</p>	
<p>II-A-014 Separation in Classification Male and female offenders must be housed in separate rooms/cells with reasonable sight and sound separation.</p> <p>Visual Inspection: offender housing records, offender classification records, diagram of facility showing male/female housing areas</p>	<p>Compliant. This facility currently housing eighty-seven (87) female offenders; nine (9) which are DOC. Written policy in file.</p>	
<p>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.</p> <p>Visual Inspection: Offender identification card/wristband.</p>	<p>Compliant.</p>	
<p>II-A-017 Drug Free Workplace Written policy, procedure, and practice provide for a drug-free workplace, which includes at a minimum pre-employment testing, post-accident testing, reasonable suspicion/probable cause testing, and quarterly random testing of all employees.</p> <p>Visual Inspection: drug testing lab fee bills for drug testing of facility employees (including pre-employment, post accident, reasonable suspicion/probable cause, random).</p>	<p>Compliant. Policy, procedure, and practice are well maintained. Necessary documentation noted in file.</p>	
<p>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.</p> <p>Visual Inspection: Facility log, documentation of alcohol/drug testing of offenders.</p>	<p>Compliant. Offender drug testing is conducted in accordance with this guideline. The minimum of 5% of the offender population are tested monthly of the reporting period.</p>	



	Findings	Response
<p>II-A-019 Offender Transfers All transfers of DPS&C offenders to other than DPS&C facilities shall be reported to the OAS, at least one day prior to all scheduled transfers and within one business day for all non-scheduled transfers. The DOC offender transfer form shall be submitted by the transferring facility to OAS at least one day prior to the transfer occurring by fax to 225-342-2439 or by email to LocalJailTransfers@la.gov. Offenders should not be transferred to other than DPS&C facilities within 60 days of release, unless for disciplinary reasons. An offender scheduled for an appearance before the Committee on Parole shall not be transferred prior to the scheduled hearing date. However, if the transfer is deemed unavoidable by the Warden due to security concerns, the Warden shall obtain prior approval for an exception from the DPS&C Chief of Operations or designee. Staff from the sending facility shall notify the Committee on Parole as soon as it is known that the offender must be transferred.</p> <p>Visual Inspection: facility logs, documentation of transfers of DPS&C offenders to other than DPS&C facilities</p>	<p>Compliant. All DOC transfers are reported to the OAS in accordance with this guideline. Files in place.</p>	
<p>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.</p> <p>Visual Inspection: Facility logs, documentation of frequency of cell checks.</p>	<p>Compliant. Per policy, staff checks all cells at least every four (4) hours. Documentation is maintained.</p>	

B. USE OF PHYSICAL FORCE		
References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Regs. HCP33, HCP40, OP-A-19, OP-A-16, OP-A-3		
<p>II-B-001 Use of Force The use of force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. Written policy, procedure, and practice govern the use of force and provide that force shall never be used as punishment. When an incident involving use of force with a DPS&C offender results in the termination and/or arrest of an employee, the facility shall immediately report the incident to the DPS&C, Office of Adult Services, telephone number 800-803-8748 during normal business hours or the control center at Elayn Hunt Correctional Center, telephone number 800-842-4399 after hours. In addition, the facility shall provide a written report of the incident to the DPS&C, Chief of Operations within three business days.</p> <p>Visual Inspection: facility records, logs, incident reports, training records</p>	<p>Compliant. Good use of force policy is in place. No indications of unnecessary/excessive force, or force being use as a means of punishment were observed during the walkthrough.</p>	

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<p>II-B-002 Use of Restraints Written policy, procedure, and practice provide that mechanical restraints, such as handcuffs and leg irons, are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application. Restraints on offenders for medical and psychiatric purposes are only applied in accordance with policies and procedures approved by the health authority, including:</p> <ul style="list-style-type: none"> • Conditions under which restraints may be applied; • Types of restraints to be applied; • Identification of a qualified medical or behavioral health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative; • Monitoring procedures; • Length of time restraints are to be applied; • Documentation of efforts for less restrictive treatment alternatives; <p>Visual Inspection: facility records, logs</p>	<p>Compliant. Policy and procedures in place. All Staff trains on the entire policy prior to supervising or applying restraints on offenders. In review of the facility logs, it appears that the policy is held in strict adherence and restraints are used only when justified.</p>	
<p>II-B-002-1 Use of Restraints for Pregnant Offenders Written policy, procedure, and practice complies with the following requirements: Restraints During Pregnancy The Warden or designee shall ensure the following protocols regarding the use of restraints on pregnant offenders are adhered to:</p> <ol style="list-style-type: none"> 1. Restraints During the Second and Third Trimester <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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. 3. Restraints During Pregnancy-Related Medical Distress, Transportation, and the Period Following Delivery <ol style="list-style-type: none"> a. Restraints shall not be used on a pregnant offender <ol style="list-style-type: none"> 1) During any pregnancy-related medical distress, 	<p>Compliant. Good policy, procedure, and practice is in place. This facility does not house any pregnant offenders as of November 29, 2022. Signed policy in file.</p>	



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<p>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:</p> <ul style="list-style-type: none"> i. An immediate and serious threat of physical harm to herself, staff, or others; or ii. A substantial flight risk and the offender cannot be reasonably contained by other means. <p>b. If restraints are utilized during transportation or the period following delivery, the offender shall not be restrained using waist restraints under any circumstances.</p> <p>4. 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.</p> <p>5. Documentation of Restraints on Pregnant Offenders</p> <ul style="list-style-type: none"> a. 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: <ul style="list-style-type: none"> 1) The type of restraint used; 2) The circumstances that necessitated the use of restraints; and 3) The length of time the restraints were used. b. 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. c. 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. <p>Visual Inspection: facility records, logs</p>	<p>Compliant. Good policy, procedure, and practice is in place. This facility does not house any pregnant offenders as of November 29, 2022. Signed policy in file.</p>	
<p>II-B-003 Use of Firearms The use of firearms complies with the following requirements.</p> <ul style="list-style-type: none"> •Weapons are subject to stringent safety regulations and inspections. •A secure weapons locker is located outside the secure perimeter of the facility. •Except in emergency situations, firearms and authorized weapons are permitted only in designated areas to which offenders have no access. •Employees supervising offenders outside the facility perimeter follow procedures for the security of weapons. •Employees are instructed to use deadly force only after other actions have been tried and found ineffective, unless the employee believes that a person's life is immediately threatened. •Employees on duty use only firearms or other security equipment that have been approved by the facility administrator. •Appropriate equipment is provided to facilitate safe unloading and loading of firearms. <p>Visual Inspection: training records, safety regulation and inspection reports, photos of equipment used for unloading and reloading</p>	<p>Compliant. Formalization training has been provided to all deputies at Bossier Parish Maximum Security Facility. Documentation is in file.</p>	

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<p>II-B-004 Written Reports Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur:</p> <ul style="list-style-type: none"> ● Discharge of a firearm or other weapon ● Use of less lethal devices to control offenders ● Use of force to control offenders ● Offender(s) remaining in restraints at the end of the shift ● Emergency distribution of security equipment <p>Visual Inspection: completed reports, facility records and logs</p>	<p>Compliant. Review of multiple reports indicates that the deputies produce thorough, legible, and detailed reports when necessary. All duties complete thorough reports before ending the shift.</p>	
C. CONTRABAND/SEARCHES		
References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. OP-A-8		
<p>II-C-001 Procedures for Searches Written policy, procedure and practice guide searches of facilities and offenders to control contraband. Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the offender is concealing contraband and when authorized by the facility administrator or designee. Health care personnel will conduct manual or instrument inspections in private.</p> <p>Visual Inspection: observation, facility records and logs, offender and staff interviews</p>	<p>Compliant. During the inspection, documentation was reviewed showing that the logs were maintained on all searches and detection of contraband. Visual body cavity searches are conducted on offenders upon intakes, and anytime an offenders returns form an outside trip/travel.</p>	
D. ACCESS TO KEYS, TOOLS, UTENSILS		
References: ACA CJS 1-2D-01		
<p>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.</p> <p>Visual Inspection: documentation of perpetual inventories</p>	<p>Compliant. Staff members were questioned regarding accountability, policy, and procedures. They were found to be very knowledgeable. Keys and utensils are being accurately accounted for. No tools are kept with this facility since all maintenance concerns are performed by Bossier Parish Maintenance Crew who provide all necessary tools.</p>	



	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		
<p>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.</p> <p>Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation</p>	<p>Compliant. Offenders receive the state and facility rule books upon intake. Signed receipts are in the files. RVRs are viewed by the Warden to determine if RVR will be handled in-house DB Court or referred to DOC Regional Court for the possible loss of Good Time.</p>	
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		
<p>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</p>	<p>Compliant. Food storage areas are clean.</p>	
<p>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</p>	<p>Compliant. Adequate facilities are available to the offenders and clearly marked signs are posted.</p>	
<p>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. Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations</p>	<p>Compliant. Licensed Dietitian, Mary Robertson, approved all cycle menus. Lic #: DT81345 Exp: May 31, 2023</p>	

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<p>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</p>	<p>Compliant. Accurate records are maintained. The quality of food is good and the quantity is sufficient.</p>	
<p>IV-A-005 Denial of Food as Discipline Prohibited Written policy, procedure, and practice preclude the denial of food as a disciplinary measure. Visual Inspection: facility logs</p>	<p>Compliant. Food is never withheld as a form of discipline.</p>	
<p>IV-A-006 Food Service Management (MANDATORY) Written policy, procedure, and practice require that three meals (including two hot meals) are provided under staff supervision at regular meal times during each 24-hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met. Offenders shall be provided an ample opportunity to eat for each meal. Visual Inspection: records of meals served and times served, facility logs</p>	<p>Compliant. Facility has a policy in place for food service. Meal times are in accordance with policy and never vary as a form of discipline. All offenders receive at least two (2) hot meals per day.</p>	
<p>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</p>	<p>Compliant. Records indicate medical diets are prescribed by physician. Religious diets reviewed and approved by Warden Jacobs. Master list is maintained in food service area.</p>	
<p>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</p>	<p>Compliant. All food service workers are properly screened prior to employment and are monitored for proper grooming and good health. All offenders receive a pre-assignment inspection prior to being assigned in food service. Documentation reflected compliance.</p>	



	Findings	Response
B. HYGIENE		
References: ACA CJS 1-4B-01, 1-4B-02, 1-4B-03, 1-4B-04, Dept. Reg. IS-C-3		
<p>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.</p> <p>Visual Inspection: maintenance records or reports, inspections, documentation of periodic measurement of water temperature, offender grievances</p>	<p>Compliant. All offenders have access to toilets and washbasins with temperature controlled hot/cold water at all times.</p>	
<p>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.</p> <p>Visual Inspection: maintenance records or reports, inspections</p>	<p>Compliant. All offenders are able to shower everyday. Water temperature logs indicate compliance with water temperature requirements.</p>	
<p>IV-B-003 Clothing The facility has an obligation to provide adequate institutional clothing appropriate to the season and the offender's work status, including adequate changes of clothing to allow for regular laundering. The facility may fulfill this obligation by furnishing clothing or permitting the offender to secure and wear his own clothing, except that when the offender does not provide adequate clothing for himself, the facility shall furnish same.</p> <p>Visual Inspection: documentation of clothing issue, documentation of cleaning and storage</p>	<p>Compliant. Adequate clothing is supplied to all offenders by the facility.</p>	
<p>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.</p> <p>Visual Inspection: documentation of issue and exchange</p>	<p>Compliant. Upon arrival, each offender receives a bag with hygiene items, clothing, bedding, and linen. The facility launders all linens as required. Signed receipts are in file.</p>	
<p>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.</p> <p>Visual Inspection: documentation that items are provided, list of items available</p>	<p>Compliant. Documentation reflects that indigent offenders are provided with personal hygiene items as needed at no cost to them.</p>	

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	Findings	Response
C. CONTINUUM OF HEALTH CARE SERVICES		
References: ACA CJS 1-2A-14, 1-4C-01, 1-4C-03, 1-4C-04, 1-4C-06, 1-4C-07, 1-4C-08, 1-4C-09, 1-4C-10, 1-4C-13, 1-4C-15, 1-4D-01, 1-4D-03, 1-4D-04, 1-4D-06, Dept. Regs. IS-D-2, HP13, HCP14, HCP20, HCP41, HCP42, HCP46, HCP33, HCP22, HCP34, HCP16, HCP7, HCP30, AM-C-4, OP-C-9, AM-I-4		
<p>IV-C-001 Access to Care/Clinical Services (MANDATORY) At the time of admission/intake, all offenders are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an offender's ability to pay. The facility has a designated health authority with responsibility for health care services. The health authority is the health administrator or agency responsible for the provision of health care services at an institution; the responsible physician may be the health authority. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician.</p> <ul style="list-style-type: none"> • Written policy, procedure, and practice provide for the delivery of health care services, including medical, mental health, dental and behavioral health services under the control of a designated health care authority who shall be a physician or a licensed or registered health care provider or health agency. Access to these services shall be unimpeded in the sense that correctional staff should not approve or disapprove offender requests for services in accordance with the facility's health care plan. Oral health services include access to diagnostic x-rays, treatment of dental pain, development of individual treatment plans, extractions of non-restorable teeth, and referral to a dental specialist, including an oral surgeon. Specialty non primary clinical services are covered by DPS&C. The requests shall be submitted by the facility staff using the software provided by DPS&C. • In accordance with La. R.S. 15:831, DPS&C offenders may be assessed a co-payment for receiving medical or dental treatment, including prescription or nonprescription drugs. The co-payment fee schedule shall be approved by the DPS&C. Such fee schedule for DPS&C offenders housed in local jail facilities shall not exceed the DPS&C approved rate in accordance with Department Regulation HCP14, unless prior approval has been granted by the Secretary of the DPS&C. • DPS&C offenders may be required to file a claim with his/her private medical or health care insurer, or any public medical assistance program, under which he/she is covered and from which the offender may make a claim for payment or reimbursement of the cost of any such medical treatment. <p>Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule.</p>	<p>Compliant. Co-payments are currently established as follows: \$10.00 for sick call, \$15.00 for Dental, Rx co-pay is \$5.00. These fees have been approved by DPS&C. Facility is in compliance with this guideline and documentation is in file. Offenders are provided adequate medical attention regardless of their ability to pay established medical co-payments. Offenders sign a receipt notification of co-pay. Jennifer Roberts is the facility's RN. (Lic#: 20130846; Exp. 01/31/2023). April Minnifield is the facility's LPN. (Lic#: 20120359; Exp. 01/31/20233). Dr. Vincent Lococo is the physician used by this facility. (Lic#: MD021984; Exp. 12/31/2022).</p>	
<p>IV-C-002 Adequate Equipment and Supplies (MANDATORY) Adequate equipment and supplies for medical services are provided as determined by the health care authority and are in working order. This includes but is not limited to the following; automatic external defibrillators (AEDs) available and in working order, a stock of first aid supplies for the treatment of minor injuries, ambu bag, and a cut down tool.</p> <p>Visual Inspection: Photos</p>	<p>Compliant. Equipment and supplies for medical services maintained and approved by HCA.</p>	

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<p>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.)</p> <p>Visual Inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure</p>	<p>Compliant. Appropriate licensed staff have current license and agreement letters are in file to provide services to the offender population.</p>	
<p>IV-C-004 Personnel Qualifications/Credentials Correctional or other personnel who do not have health care licenses may only provide limited health care services as authorized by the responsible health care authority and in accordance with appropriate training. This would typically involve the administration of medication, the following of standing orders as authorized by the responsible health care authority and the administration of first aid/CPR in accordance with POST training. Written policy, procedure and practice approved by the health authority require dispensing and administering prescribed medications by qualified personnel.</p> <p>Visual Inspection: health records, completed medication administration form, personnel records, copies of current credentials or licensure, documentation of compliance with standing orders, health record entries, staff training records</p>	<p>Compliant. Only Health Care Staff dispense medication. All medications are tracked on a MARS system. All Deputies receive CPR and First Aid training and certification. Standing orders have been approved by HCA. Signed copy is in the file. A copy of all current licenses are in file.</p>	
<p>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.</p> <p>Visual Inspection: designated facility, provider lists, transportation logs</p>	<p>Compliant. Written policy and procedures are in place. Medical personnel are on call and available 24 hours per day. In the event of a medical emergency, offenders are transported to Ochsner/LSU-Shreveport or Willis Knighton.</p>	

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<p>IV-C-006 Health Screens Written policy, procedure and practice require that all DPS&C offenders receive a health screening by health trained or qualified health care personnel upon intake into the facility unless there is documentation of a health screening within the previous 90 days. Screening is conducted in accordance with protocols established by the health authority. If completed by health trained personnel, all intake health screens are to be reviewed by health care personnel as soon as possible. If a facility uses a different screening form, it shall be required to have at a minimum the questions in the Intake Health Care Screening form (IV-C-006-A) provided by DPS&C. The purpose of the health screening is to protect newly admitted offenders who pose a health safety threat to themselves or others from not receiving adequate medical attention. This should include inquiry into:</p> <ol style="list-style-type: none"> 1. Current medical, dental or behavioral health problems and communicable diseases; 2. Current treatment plan; 3. Current medications, including psychotropic; 4. History of hospitalization; 5. Suicidal risk assessment; 6. Use of alcohol or other drugs including need for possible detoxification; 7. Possibility of pregnancy; 8. Observation of the following: <ol style="list-style-type: none"> a. Appearance and behavior; b. Body deformities and other physical abnormalities; c. Ease of movement; d. Current physical traumas or characteristics and a determination of whether or not the offender should be recommended for immediate transfer to the DS&C for appropriate care; e. Any physical impairment (hearing, vision, mobility) or other disability which would impede the offender's access to programs or services. Offenders identified with such an impairment or disability shall be transferred to the DPS&C for further evaluation and determination of appropriate housing placement. [Reference 2008 Resolution Agreement: US DOJ and LA DPS&C.] 9. Current health insurance. <p>Visual Inspection: health records, completed screening form, transfer logs</p>	<p>Compliant. Proper screenings are completed upon intake. All required information is solicited from the offender as stated in this guideline. Records reflect excellent documentation.</p>	
<p>IV-C-006-1 Pregnancy Management (MANDATORY) Written policy, procedure and practice require that all pregnant offenders have access to obstetrical services by a qualified provider, including prenatal, peripartum, and postpartum care. The local jail facility shall notify the Department's Medical Director when a DPS&C offender is pregnant to ensure proper placement in a DPS&C facility including transfer if necessary.</p> <p>Visual Inspection: written policy and procedure, health record where pregnant offender received obstetrical services by a qualified provider, notification to DPS&C when DPS&C offender is pregnant, transfer logs</p>	<p>Compliant. Written policy and procedure are in place. As of November 29, 2022, this facility does not house pregnant offenders.</p>	

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	Findings	Response
<p>IV-C-007 Communicable Disease and Infection Control Program Communicable diseases are managed in accordance with a written plan approved by the health authority in consultation with local public health officials. The plan includes for the screening, surveillance, treatment, containment, and reporting of infectious diseases. The plan shall comprise of testing to detect communicable diseases, including TB testing, 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.</p> <p>Visual Inspection: health records, clinic visit logs, documentation of waste pic up and/or cleaning logs</p>	<p>Compliant. Policy, procedure, practice are in place to work in conjunction with Public Health Officials to identify, monitor, control any health concerns that could jeopardize the safety of anyone at this facility. The plan has been approved by a Health Care Authority. Signed copy for Stericycle dating 07/01/2022 is in the file.</p>	
<p>IV-C-008 Annual TB Testing Written policy, procedure and practice require annual testing or medical evaluation for signs and/or symptoms of tuberculosis on all offenders. Annual TB testing will be provided at no cost to the offender. The facility's designated health care authority shall contact the DPS&C Medical Director, telephone number 225-342-1320, when an offender's test for medical signs and/or symptoms of tuberculosis is reported positive. The DPS&C Medical Director will determine if the offender requires physician or mid-level evaluation, based on the reported positive signs or symptoms.</p> <p>Visual Inspection: health records</p>	<p>Compliant. TB testing is conducted on all offenders upon intake as well as annually at no cost to the offender. File documentation reflects total compliance with this guideline.</p>	
<p>IV-C-009 Chronic Care Program (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.</p> <p>Visual Inspection: health records</p>	<p>Compliant. Clinics provided to monitor offender's medical illnesses for treatment and maintenance meds.</p>	
<p>IV-C-010 Pharmaceuticals Written policy, procedure, and practice approved by the health authority provide for the proper management of pharmaceuticals. Offenders are provided medication as prescribed.</p> <p>Visual Inspection: health records, completed medication administration forms, inventories</p>	<p>Compliant. MARS sheets are completed as required.</p>	

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	Findings	Response
<p>IV-C-011 First Aid Kits First aid kits are available in areas of the facility as designated by the responsible health care authority and shall be immediately accessible to housing units. Visual Inspection: location of first aid kits within the facility</p>	<p>Compliant. First Aid Kits are strategically located throughout the facility. The location have been approved by their HCA.</p>	
<p>IV-C-012 Access to Sick Call (MANDATORY) There is a process for all offenders to initiate requests for health services on a daily basis. Written policy, procedure and practice require that sick call is conducted by a physician and/or other qualified health care personnel who are licensed, registered or certified as appropriate to their respective professional discipline and who practice only as authorized by their license, registration or certification. Sick call shall be available to all offenders as follows: <ul style="list-style-type: none"> ●Facilities with fewer than 100 offenders - 1 time per week; ●Facilities with 100 to 300 offenders - 3 times per week; ●Facilities with more than 300 offenders - 4 times per week. If an offender's custody status precludes attendance at sick call, then arrangements shall be made to provide such services in the place of the offender's detention. Visual Inspection: written policy and procedure</p>	<p>Compliant. Offenders can submit Sick Call requests five (5) days per week. Medical staff will see them the same day. Dr. Lococo see the patients on site Tuesday and Friday. Dental appointments are scheduled for either Wednesday or Friday. Medical Emergency are seen immediately by medical staff. During weekends and after hours, an on-call nurse addresses any life-threatening medical emergencies and if necessary refers offender to Ochsner/LSU-Shreveport or Willis Knighton.</p>	
<p>IV-C-013 Infirmiry Care If infirmiry 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</p>	<p>Non-Applicable. This facility does not manage offenders requiring 24-hour infirmiry care. Offenders requiring infirmiry housing are transferred to a DOC facility. Should an offender require immediate hospital care, offender is transferred to Ochsner/LSU-Shreveport.</p>	
<p>IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, Compassionate Release) Any offender sentenced to DPS&C custody that meets the medical criteria to be released on Medical Parole, Medical Treatment Furlough or Compassionate Release may be considered after submission of the required documentation in accordance with the corresponding 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</p>	<p>Compliant. There have been no medical releases approved for this monitoring period.</p>	

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	Findings	Response
<p>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 BJJ 1-C-001.</p> <p>Visual Inspection: health records, documentation of staff training, documentation of observation of suicide watches.</p>	<p>Compliant. The facility has a good suicide prevention and intervention program in place. Dr. Vincent Lococo (MD) approved the suicide prevention and intervention policy that is effectively in place. Documentation in file reflected that training is conducted annually.</p>	
<p>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 BJJ 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).</p> <p>Visual Inspection: notification, reporting requirements, report to DPS&C</p>	<p>Compliant. Current policy in place. Staff are aware of reporting requirements. There were no offender deaths during this reporting period.</p>	
<p>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; <ul style="list-style-type: none"> • 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. <p>Visual Inspection: notification records</p> </p>	<p>Compliant. Policies and procedures are in place related to notification of family and visitation with an offender admitted to an ICU or trauma center according to DPS&C guidelines. Documentation of any such occurrence is maintained; however, facility has not had any offenders who were admitted to an ICU or trauma center during inspection period.</p>	



	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-17, 1-4D-18, Dept. Regs. HCP44, HCP9, HCP10, AM-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 Quarterly meetings are conducted and documentation is in file for 08/30/2022 Quarterly meeting.	
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. Visual Inspection: written policy and procedure	Compliant. Current policy prohibits offenders from participation in clinical trials or experiments.	
IV-D-003 Health Care Personnel/Job Descriptions Health care staff work in accordance with professional specific job descriptions approved by the health authority. Visual Inspection: job descriptions	Compliant. Health care staff work in accordance with established guidelines.	
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	Compliant. Access to offender medical information or files is controlled and restricted to those who have legal authority. Medical records are maintained in a separate file and are forwarded along with the offender upon transfer to DPS&C or another facility.	
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 informed consent of a parent, guardian or legal guardian applies when required by law. Offenders routinely have the right to refuse medical interventions. When health care is rendered against an offender's will, it is in accordance with state laws and regulations. Involuntary administration of psychotropic medications to offenders may only be accomplished by DPS&C. Visual Inspection: health records, completed consent forms, completed refusal forms	Compliant. Completed consent and refusal forms are in the file.	



	Findings	Response
<p>IV-D-006 Emergency Response Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the facility administrator. All staff responding to health emergencies are trained in CPR. The health authority approves policies and procedures that ensure that emergency supplies and equipment, including automatic external defibrillators (AEDs) are readily available and in working order. Visual Inspection: verification of training, records and certificates</p>	<p>Compliant. All staff have been trained in First Aid and CPR. Certificates are in file.</p>	
<p>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</p>	<p>Compliant. Policy and procedure are in place. Any offender suspected of intoxication is immediately seen by medical staff to assess if symptoms are medically induced or drug induced. Both deputies and medical staff have necessary training and documentation is in file.</p>	
<p>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</p>	<p>Compliant Facility has a policy in place that has been approved by the HC Authority.</p>	

E. SEXUAL ASSAULT

References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16, Dept. Regs. PS-D-3, OP-A-15

<p>IV-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: <ul style="list-style-type: none"> • Prevention/intervention; • Self-protection; • Multiple channels of reporting sexual assault and sexual misconduct; • Protection from retaliation; • Treatment and counseling; and • DPS&C zero tolerance for sexual assault and sexual misconduct When the occurrence/allegation of sexual assault or threat involves a DPS&C offender, the facility shall report the incident to DPS&C immediately, as outlined in BJJ I-C-001. An investigation is conducted and documented whenever a sexual assault or threat is reported. Investigative reports shall be submitted to the appropriate DPS&C Regional BJJ Team Leader on Form OP-A-15-e "Standardized Case Report Form." The Regional BJJ 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. Visual Inspection: documentation of reports to DPS&C, investigative reports</p>	<p>Compliant. There were no substantiated PREA allegations reported during this inspection period. Passed PREA audit on 09/22/2022 by auditors William Peck and Michelle Dauzat.</p>	
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	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. Facility has a schedule log on file for volunteers.	
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. Visual Inspection: activity schedules, facility logs	Compliant. Religious service are posted in all living areas.	
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. All visiting is controlled and supervised by facility staff according to policy. Visitation is currently conducted via video visitation.	
V-A-004 Religious Programs Written policy, procedure, and practice define and provide reasonable offender opportunity for religious practice. Visual Inspection: activity schedules, facility logs	Compliant. Documentation of Religious Services are in file.	
V-A-005 Exercise and Recreation Access (MANDATORY) Offenders have access to exercise and recreation opportunities. Written policy, procedure, and practice provide for exercise opportunities adequate to ensure major muscle activity. Outdoor exercise shall be available on a regular basis (at least three times per week-weather permitting) for DPS&C offenders. If a DPS&C offender requires special management or has security supervision needs which preclude the opportunity for outdoor exercise at a facility, then he or she shall be transferred to the DPS&C. If a facility based on location, or other legitimate concern, does not make provision for outdoor exercise, then compensating dedicated exercise facilities of adequate size to provide three exercise opportunities per week shall be available. Visual Inspection: activity schedules, facility logs	Compliant. Offenders have access to ample exercise space and recreational opportunities; weather permitting, three (3) times a week for one (1) hour offenders are given access to recreation. Logbooks indicate compliance.	



	Findings	Response
B. PROGRAMS AND SERVICES		
References: ACA CJS 1-4C-02, 1-5B-01, 1-5B-01-1, 1-5B-01-2, 1-5B-01-3, 1-5B-02, 1-5B-02-1, 1-5B-02-2, 1-5B-04, 1-5C-01, 1-5C-04, 1-5C-06, Dept. Regs PS-D-3, IS-B-1, HCP7, PS-E-1, PS-C-1, AM-C-2, PS-I-1, OP-C-9, OP-C-7		
<p>V-B-001 Programs and Services Written policy, procedure, and practice provide for the availability of offender programs, services, and counseling. Such programming may be obtained from acceptable internal or external sources which should include, at a minimum, assistance in obtaining individualized educational program instruction at a variety of levels. The local jail facility shall maintain class files on all DPS&C approved programming, whether the program is administered by DPS&C or other staff. The class files should include at a minimum:</p> <ol style="list-style-type: none"> 1. Screening of the offender(s) for program placement; 2. Offender application to program; 3. Program sign-in sheets and/or attendance rosters; 4. Student Education Records shall be maintained at the facility. The student record includes but is not limited to the WorkReady U Intake form (which includes Demographics, Self- Disclosure Information, Release Statement, Family Educational Rights and Privacy Act- FERPA, Grievance Procedure, Class Rules, test scores, certificates, diplomas, etc.; 5. Copies of certificates of program completion, skills certifications, etc.; 6. Signed copy of CTRP credit forms; 7. Documentation for staff oversight if program is not administered and/or overseen by DPS&C staff; and/or <p>Visual Inspection: activity schedules, facility records and logs, offender records</p>	<p>Compliant. The facility has a written policy in place regarding all programs and services scheduled. This facility currently only offers HiSet. Any offender requesting to participate in other programs may request to transfer to another facility.</p>	



	Findings	Response
<p>V-B-002 Educational 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 during the needs assessment of the facility. The cost of ATLO lab and services will be determined. Visual Inspection: activity schedule, facility logs</p>	<p>Compliant. HiSet Program is offered at this facility.</p>	
<p>V-B-003 Substance Abuse Programs The facility encourages offender participation in substance abuse programs when available. The continuum of substance abuse programming includes: 1. Substance Abuse Education/Relapse Prevention; 2. 12 Step Recovery Meetings (i.e., Alcoholics Anonymous/Narcotics Anonymous); 3. 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</p>	<p>Compliant. This facility does not offer any substance abuse programs. The Steve Hoyle Intensive Substance Abuse Program (SHISAP) is discontinued at this time.</p>	
<p>V-B-004 Library Services Reading materials shall be available to offenders on a reasonable basis. Visual Inspection: activity schedule, facility logs</p>	<p>Compliant. Library services are available to all offenders.</p>	



	Findings	Response
<p>V-B-005 Mail and Correspondence Offenders may send and receive mail. Indigent offenders shall have access to postage necessary to send two personal letters per week, postage necessary to send out approved legal mail. Offenders are notified in writing when incoming or outgoing letters are withheld in part or in full. Written policy, procedure, and practice govern offender correspondence. Such policy shall include the following provisions:</p> <ol style="list-style-type: none"> 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); 2. Privileged correspondence is defined as mail to or from: <ol style="list-style-type: none"> 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; 4. 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: <ol style="list-style-type: none"> 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 state 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. <p>Visual Inspection: activity schedule, facility logs</p>	<p>Compliant. All mail except identifiable "privileged mail" is opened and screened for contraband. Mail that has been classified as "Privileged Mail" is opened and check for contraband in front of the receiving offender.</p>	
<p>V-B-006 Packages and Publications Written policy, procedure, and practice govern offender access to publication and packages from outside source.</p> <p>Visual Inspection:</p>	<p>Compliant. Packages and publications are permitted so long as they are sent from and identifiable source.</p>	
<p>V-B-007 Canteen/Commissary Spending Limits The offender commissary spending limit shall be \$200.</p> <p>Visual Inspection: facility logs/store sheet</p>	<p>Compliant. Documentation in file of a Commissary Receipt for 11/03/2022 reflects compliance with this standard.</p>	

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	Findings	Response
C. REENTRY		
References: Dept. Regs. IS-B-6, BOP3, IS-B-7, HCP31		
<p>V-C-001 Releasing Offenders Procedures for releasing offenders from the facility include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Return of personal property, to include any government issued identification card (i.e., driver's license) that may have been collected from the offender during the intake process. Provide offender with/and have him/her sign for any DPS&C Transition Document Envelopes (TDE) and all its contents if present at the facility. Otherwise, inform offender their TDE (if they have one) will be mailed to their release address on record. • Provision of a listing of available community resources. • Consideration by the prescribing health care practitioner for a provision of a 5-day supply of current maintenance medication (medication prescribed to stabilize a chronic medical or behavioral health illness), along with a prescription for thirty (30) days of medication upon transfer or discharge. • Prior to release, offenders with serious medical and behavioral health conditions are referred to available community services. All efforts shall be made to schedule any medical/mental health appointments prior to release. Appropriate health information is shared with the new providers in accordance with consent requirements. This information shall be documented in the offender's medical record. • Offenders identified as needing transportation, should be afforded a bus ticket from the facility to the residence plan address listed on the release paperwork. • For offenders with out of state residence plans, screen and complete an ICOT 4-6 months prior to release and submit to local P&P district. If offender has no address, shelter placement shall be done by Local Jail Transitional Specialist or staff. • Provision of adequate street clothing for indigent offenders. Offenders shall not release in any prison issued attire, including but not limited to jumpsuits, striped scrubs, or stenciled clothing. 	<p>Compliant. Offenders receive all needed medications, community resource information, and property upon release. Release packets are maintained in file. All offenders sign a receipt for property and medications.</p>	
<p>Visual Inspection: facility log, activity schedule</p>		



	Findings	Response
<p>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: 1. 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; 2. At least two forms of valid identification upon release, preferably a Louisiana State ID and Social Security Card; 3. The development of a residential plan prior to release; 4. Referral to community based service providers upon release. 5. 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: 1. Any valid forms of identification; 2. Prescriptions and Medicaid card; 3. Community service referrals; and 4. 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 mail TDE's to the release address on record for offenders who release full term and cannot be provided the TDE before release.</p> <p>Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan</p>	<p>Compliant. Discharge packets include all necessary documents. Offenders released with two (2) forms of identification.</p>	
<p>V-C-003 Pre-Parole Preparation The facility shall complete Form IS-B-7-c "Pre-Parole TIGER Questionnaire for Local Jail Facilities" and submit via e-mail to DPS&C Headquarters at mleger@la.gov or by fax to (225) 342-3095 within the first two weeks of the month preceding the scheduled hearing. Visual Inspection: offender record, completed questionnaire</p>	<p>Compliant. TIGER Questionnaires are completed as required.</p>	
<p>V-C-004 Parole Board Procedures The facility Warden or his/her designee, of the local level facility in which the offender is housed, shall be present to provide information to members of the Parole Board regarding the offender's progress and disciplinary infractions during incarceration. Visual Inspection: offender record, trip log, documentation showing facility Warden or designee presence at parole board</p>	<p>Compliant. The Warden or designated Representative from the facility is present at all hearings.</p>	



	Findings	Response
D. TRANSITIONAL WORK PROGRAMS		
References: Dept. Regs. PS-D-3, ISB-1		
V-D-001 Transitional 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	Non-Applicable.	
V-D-002 Participation in Transitional 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	Non-Applicable.	
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	Compliant. All offender work programs are in compliance with R.S. 15:708.	
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.	Non-Applicable.	

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. Visual Inspection: facility log	Compliant. Offenders have access to legal materials by completing a request form. Court Hearings and/or Conferences are conduct via Video or in person.	
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. Offenders have access to verifiable attorneys via attorney visits, telephone calls, video conferences, and confidential privileged mail. Documentation in file.	

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	Findings	Response
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 No signs of abuse observed visually or upon reading documentation in files. Training and facility logs indicate compliance.	

B. FAIR TREATMENT OF OFFENDERS

References: ACA CJS 1-2A-16, 1-4C-01, 1-6B-01, 1-6B-02, Dept. Reg. 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. Visual Inspection: facility records, grievances, activity logs	Compliant. Policy in place. Documentation reflects compliance and no signs of discrimination were observed. Review of related files indicates equal treatment and opportunities.	
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 Compliant which relates to any aspect of his imprisonment if less formal procedures have not resolved the matter. Such Compliant and grievances include, but are not limited to, actions pertaining to conditions of confinement, personal injuries, medical Compliant, time computations, the classification process, or challenges to rules, regulations, or policies. Through this procedure, offenders shall receive reasonable responses within a specified time period and where appropriate, meaningful remedies. Visual Inspection: grievances	Compliant. All offenders have access to a grievance process which includes at least two levels of review.	

PART VII - ADMINISTRATION AND MANAGEMENT

A. RECRUITMENT, RETENTION, AND PROMOTION

References: ACA-CJS 1-1A-01, 1-1B-01, 1-1C-01, 1-1C-07, 1-4C-13, 1-4D-05, 1-4D-14, 1-7B-02, 1-7B-04, 1-7B-06, Dept. Regs. 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: 1. Security procedures; 2. Hostage procedures – including staff roles and safety; 3. Fire and emergency plan/ procedures; 4. Suicide precaution and signs of suicide risks; 5. Use of force policies; 6. Inmate rules and regulations; 7. CPR and first aid; 8. Requirements of the Prison Rape Elimination Act (PREA); 9. Employees whose duties are the care, custody and control of offenders must complete the Peace Officers Standards and Training (POST) Level 3 certification training program, which consists of the ACA core curriculum within one year of employment. Visual Inspection: lesson plans, staff training records	Compliant. The Bossier Parish Sheriff's Department provides continuous education throughout the year. Qualifications are required annually and documentation is maintained in file.	
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	Findings	Response
<p>VII-A-002 Weapons Training All personnel authorized to use firearms and less-than-lethal weapons must demonstrate competency at least annually. Training includes decontamination procedures for individuals exposed to chemical agents. Visual Inspection: personnel records, training records</p>	<p>Compliant All deputies are POST certified and receive appropriate training regarding the use, handling, and retention of weapons by the Bossier Parish Sheriff's Department. Facility maintains excellent training documentation.</p>	

B. FACILITY ADMINISTRATION

References: ACA CJS 1-4D-02, 1-7D-01, 1-7D-03, Dept. Reg. AM-I-4

<p>VII-B-001 Authority There is a statute or constitutional provision authorizing the establishment of the local jail facility or its parent agency. Visual Inspection:</p>	<p>Compliant. Copy of statute is in file.</p>	
<p>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</p>	<p>Compliant. Legal assistance for staff is provided by Glenn L. Langley, Attorney at Law. Contract letter in file.</p>	
<p>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</p>	<p>Compliant. The previous Annual Audit conducted by Carr, Riggs & Ingram, LLC. on October 21, 2021. Documentation in file.</p>	
<p>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. Visual Inspection: insurance policy</p>	<p>Compliant. Current policy in place. Insurance provided by: Bossier Parish Police Jury.</p>	
<p>VII-B-005 Mgmt. of Offender Personal Funds Written policies and procedures shall govern the management of offender personal funds held in trust by the facility. The policies and procedures shall include: • Specific guidelines and controls for collecting, safeguarding, and disbursing offender personal funds; • Require offenders be provided receipts for all financial transactions; • Comply with general accounting procedures and state law; and • Establish a system of checks and balances. Any interest earned on monies other than operating funds accrues to the benefit of the offenders. Visual Inspection: offender records</p>	<p>Compliant. Offender funds are managed by trained department personnel. Excellent accounting procedures in place. Documentation in file.</p>	



	Findings	Response
<p>VII-B-006 Disposition of an Offender's Account upon Death The facility shall complete its fiduciary duty to ensure all of the deceased offender's funds due to the estate are properly accounted for, safeguarded, and disbursed. Upon the death of an offender, facility staff shall do the following:</p> <ol style="list-style-type: none"> 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 or 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. <ol style="list-style-type: none"> 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. 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: <ol style="list-style-type: none"> 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. <p>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</p> <p>Visual Inspection: offender records</p>	<p>Compliant. There were no DOC offender deaths this year.</p>	
<p>VII-B-007 Offender Records Security Written data security policy, procedure, and practice govern the collection, storage, retrieval, access, use, secure placement and preservation of records, and transmission of sensitive or confidential data contained in paper, physical, or electronic format. Access to any information system by an offender in the custody or supervision of the Department is strictly prohibited. All personnel having access to the information systems are responsible for ensuring the security of the computer equipment and preventing unauthorized access.</p> <p>Visual Inspection: offender records</p>	<p>Compliant. Policy and procedures are in place to ensure that offender records are secure from unauthorized viewing in compliance with guideline.</p>	



	Findings	Response
<p>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. Visual Inspection: annual review, dissemination to staff</p>	<p>Compliant. All BJJ Files are in excellent order.</p>	
<p>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 BJJ 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</p>	<p>Compliant.</p>	
<p>VII-B-010 Monthly Reporting Written policy, procedure and practice ensure that any facility with DPS&C offenders report activities to the Chief of Operations on a monthly basis in accordance with Dept. Reg. C-05-001/AM-I-4. These reports shall be submitted on automated reporting forms provided by the DPS&C, no later than the 15th day of the month for the previous month's activities. Automated reporting shall be completed, by the appropriate DPS&C Regional Team Leader, no later than the 20th day of the month for the previous month's activities. Visual Inspection: monthly report</p>	<p>Compliant. This facility regularly submits complete and accurate monthly reports on time.</p>	
<p>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</p>	<p>Compliant. Conducted as required and documentation of meetings is in file.</p>	
<p>VII-B-012 Proposed Expansion Any planned or proposed expansions for transitional work program or jail facilities that house DPS&C offenders shall be submitted to the Secretary of the DPS&C and the Executive Director of the LSA for consideration and approval. Visual Inspection:</p>	<p>Compliant. Facility does not currently have an expansion plan.</p>	

C. REASONABLE ACCOMMODATION

References: ACA CJS 1-7E-01		
<p>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:</p>	<p>Compliant. All ADA requirements are met at this facility for offenders and visitors.</p>	

Humphrey - LSA Emails
0003329.40



	Findings	Response
INSPECTION REPORTS		
DEPARTMENT	Deficiencies	Corrective Action Taken
Fire Marshall Date of Current Report: 08/18/2022 Maximum Capacity: 558	See report for deficiencies.	See report for corrective actions taken.
DHH - Health Date of Current Report: 09/15/2019 Maximum Capacity: 558	Note: Current Permit to Operate (05/02/2022 through 06/30/2023)	
DHH - Retail Food Date of Current Report: 12/09/2019	Letter from Sanitarian 5, Parish Manager R.S. Alfred Barrow in file regarding inspections of incarceration facilities.	



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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



Daniel H. Wallis
FIRE MARSHAL

Inspection Report

Report # CB-22-013546-1

Deficient/Cautionary Codes cited.

Location Information			
Inspection Type	Compliance Building Inspection	Inspection Date	8/18/2022 1:01:00 PM
Structure ID	140731	No. of Buildings	5
Capacity	558	Facility Code	J488
		Year Built	2003
		Construction Type	Type IB / Type II (222)
Building/Trade Name		Address	
BOSSIER PARISH MAXIMUM SECURITY		2985 OLD PLAIN DEALING HWY, PLAIN DEALING, LA 71064	
Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	BOSSIER PARISH POLICE JURY	(318) 326-4405	LJACOBS@BOSSIERSHERIFF.COM
Address			
204 BURT BLVD, PLAIN DEALING, LA 71064			
Tenant Information			
Name	Suite Number	Floor Number	Square Footage
Occupancy Details			
Occupancy Type	Details		
Institutional	INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 4		
Deficient and Cautionary Items			
Description	Code Status	Correction Date	
NFPA-101 9.6.1.3 A fire alarm system required by code shall be installed, tested, and maintained in accordance with the requirements of NFPA-70/72. The fire alarm system in this facility currently has troubles showing on the panel. Have the fire alarm system repaired, serviced and tagged by a state licensed company.	DEFICIENT	9/15/2022	



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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Daniel H. Wallis
FIRE MARSHAL

Inspection Report

Report # CB-22-013546-1

Deficient/Cautiory Codes cited.

<p>2009 NFPA 101 - 4.5.8 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained, unless the Code exempts such maintenance.</p> <p>CURRENTLY, SOME OF THE SPRINKLER RISERS AT THIS LOCATION ARE YELLOW TAGGED FOR VARIOUS DEFICIENCIES. THEY HAVE BEEN YELLOW TAGGED SINCE JANURAY OF 2019.</p> <p>THEY ARE LOCATED IN THE FOLLOWING AREAS: PODS A, B, H, D, AND F., THE RISER IN THE SALLY PORT, AND THE RISER IN THE KITCHEN.</p> <p>HAVE ALL SPRINKLER SYSTEMS REPAIRED BY A LOUISIANA LICENSED COMPANY.</p> <p>05/04/20 - I SPOKE WITH CAPT. BOYER BY PHONE. HE TOLD ME THAT NOTHING HAS BEEN COMPLETED DUE TO FIRE TECH HAVING ISSUES GETTING PARTS. ALL DEFICIENCIES REMAIN.</p> <p>06/24/20 = RE-INSPECTION : THE SPRINKLER RISERS IN QUESTION ARE NOW RED TAGGED DUE TO MULTIPLE REASONS. LT. PORTER IS IN CONTACT WITH THE FIRE ALARM COMPANY TO ADDRESS THE ISSUES.</p>	<p>DEFICIENT</p>	<p>9/15/2022</p>
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Comments

- THE FIRE ALARM CONTROL PANEL IS SHOWING TROUBLES
- HAVE FIRE ALARM CONTROL PANEL REPAIRED, SERVICED, AND TAGGED BY A LICENSED COMPANY.
- FOLLOW UP INSPECTION IS SET FOR 9/15/2022.
- IF REPAIRED PRIOR TO FOLLOW UP DATE, CONTACT DEPUTY AULTMAN 225-955-7086

Inspector Information

Name: Christopher Aultman	Badge Number: 723	Inspector Signature:
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Person to whom requirements were explained

Name: Lt. Evans	Title: Assistant Warden	Signature:
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For questions regarding the contents of this report, please call: (225) 587 5656

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. 40:1589 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.

FIRE TECH



SYSTEMS
INC

#F583

Fire Tech Systems, Inc.

Phone: (318) 688-8800

Fax: (318) 688-8844

www.firetechsystems.com

Est. 1990

WORK ORDER AUTHORIZATION - FIRE SPRINKLER SYSTEM

Customer:	_____	FTS Job No.:	0401/144154
Address:	_____	C.O. No.:	_____
Phone:	_____	Date:	11-15-02
Fax:	_____	FTS Foreman:	F.R.
Email:	_____	Customer P.O. No.:	_____
Job Name:	_____	Job Contact:	_____
Job Address:	_____	Alt. Contact:	_____
	_____	Phone:	_____

DESCRIPTION OF WORK TO BE PERFORMED

COMPLETE YES / NO

Print Name: _____ Authorized by: _____

* A minimum 2 hour service rate and truck allowance will be charged. MUST BE SIGNED BY CUSTOMER REP.

TIME & MATERIAL BREAKDOWN

Regular Hours: Labor	_____ MHRS	@ \$110.00 / HR \$	_____
Superintendent	_____ MHRS	@ \$120.00 / HR \$	_____
Overtime Hours: Labor	_____ MHRS	@ \$165.00 / HR \$	_____
		MATERIALS \$	_____
DATE JOB ASSIGNED	_____	TAX ON MATERIALS \$	_____
DATE JOB COMPLETED	11/19/02	EQUIPMENT RENTAL \$	_____
# OF CHANGE ORDERS	_____	SUBCONTRACTS \$	_____
SIGNED WORK ORDER	YES / NO	DESIGN & EXPENSES \$	_____
SYSTEM LEFT IN SERVICE	YES / NO	TRAVEL / MISC. \$	_____
MATERIALS	YES / NO	PERMIT, FEES, ETC. \$	_____
MATERIALS TRANSFER	YES / NO # OF MT	TRUCK ALLOWANCE \$	_____
PURCHASE ORDER	YES / NO # OF PO	TOTAL COST \$	_____
EQUIPMENT RENTAL	YES / NO # OF PO		
FOREMAN SIGNATURE	_____		
	FOREMAN		



**STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH**

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

Permit Number 08-04-224	Permit Name Bossier Maximum Security Facility-224		
Name of Establishment Bossier Maximum Security Facility-224		Owner Name	
Address 2985 Old Plain Dealing RD Plain Dealing, LA 71064		Date 09/05/2019	Time 12:10 PM

LAC TITLE 51 PART XVIII

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.

Category	Code Reference	Description of Violations
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair. E201, H101, R202, F215, F113, G212
Approved Plumbing	101	39 - The hand washing fixtures are not properly installed. block H bottom, block F top, block E bottom, block Btop
Approved Plumbing	101	41 - Drinking fountain is in disrepair. D112

Comments:

rboyer@bossiersheriff.com

Number Licensed For	Number in Attendance 452	License Anniversary 08/31/2019
Sanitarian Name/Print Amanda Wisak	Phone # 318-741-7492	Sanitarian Signature
		R.S. # T1102

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

Correct Critical Violations by

Correct Non-Critical Violations by

Signature of Recipient

Title
R Boyer

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
12/04/2019	Porter	Max/Kitchen

WORK REQUESTED
Water line is busted under sink.

AUTHORIZATION	
PROPERTY MANAGER'S SIGNATURE	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN Repaired copper line that was busted at the slab.	
DATE/TIME COMPLETED 12/11/19	WORK PERFORMED BY Dunkel
ESSENTIAL LIST (Material needed to purchase parts obtained by Facility Personnel)	MANHOLES USED

PART III (filled out by facility manager)

The work was performed as desired.

Facility Manager Signature

FACILITIES WORK REQUEST

PART I (filled out by requestor)

965-3509

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
9/5/19	Darrell	The main

WORK REQUESTED Health inspector says faucets on hand sinks need to be tightened

AUTHORIZATION	
<small>DATE</small> _____ <small>BY</small> _____ <small>SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)</small>	<small>DATE</small> _____ <small>BY</small> _____ <small>SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)</small>

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
Replaced broken faucet in kitchen	
DATE/TIME COMPLETED	WORK PERFORMED BY
9/5/19	TL
EXPENSE	
MATERIAL LIST (all material charged to purchase account obtained by facility manager)	MANHOURE USED
1 - Gossneck faucet (Goburn's supply)	
PART III (filled out by facility manager) The work was performed as desired.	
_____ Facility Manager Signature	

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
09/09/2019	Porter	Max

WORK REQUESTED
Sink doesn't work in I-201, H-101, H-202, F-215, F-113, G-212

AUTHORIZATION	
FACILITY MANAGER SIGNATURE (required)	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN G-212 - Replaced flow control assembly & adjust water pressure F-113 - Replaced diaphragm F-215 - Adjust water pressure I-109 - Replaced flow control assembly H-101 - Adjust water pressure H-202 & I-201 - Adjusted water pressure I-210 - Replaced diaphragm	
DATE/TIME COMPLETED 9/11/19	WORK PERFORMED BY Daniel
EXPENSE (if applicable, include amount & item)	MAN-HOURS USED
2 - Flow control assembly 2 - Acara diaphragms	
<p>PART III (filled out by facility manager) The work was performed as desired.</p> <p style="text-align: center;">_____ Facility Manager Signature</p>	

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
09/09/2019	Porter	Max

WORK REQUESTED
 Drinking fountain in D-112 is in disrepair.

AUTHORIZATION	
PATROL MANAGER SIGNATURE (obtained by Pat. Mgr. as required)	SHERIFF'S SIGNATURE (obtained by Pat. Mgr. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN Replaced worn diaphragm	
DATE/TIME COMPLETED 9/10/19	WORK PERFORMED BY D. Smith
MATERIAL LIST (all material should be provided request obtained by facility manager)	
1 - Acorn diaphragm	MAN-HOURS USED

PART III (filled out by facility manager)
The work was performed as desired.

 Facility Manager Signature

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
09/09/2019	Porter	Max
WORK REQUESTED Showers in H-lower have heads that do not work. E-upper, E-bottom, B-upper also. E Bottom		
AUTHORIZATION		
FACILITY MANAGER SIGNATURE _____ SHERIFF'S SIGNATURE (obtained by Fac. Mgr. as required) _____		

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	H Pod replaced Branch Box. E Pod replaced 2 Acorn Diaphragms B Pod replaced Acorn diaphragm + Flow control assembly F-Bottom - Flow Control - diaphragm	
DATE/TIME COMPLETED	9/15/19 WORK PERFORMED BY Ted & Kenneth	
MATERIALS LIST (Material charged to purchase request obtained by facility manager)	EXPENSE	MAN-HOURS USED
1 - Branch Box 4 - Acorn diaphragms 2 - Flow control assemblies		
PART III (filled out by facility manager)		
The work was performed as desired.		
_____ Facility Manager Signature		

FW: Incarceration Facility Inspections

Brad Anderson <banderson@bossiersheriff.com>

Thu 9/22/2022 8:44 AM

To: Linton Jacobs <ljacobs@bossiersheriff.com>

It's our jail-Let's make it better!

banderson@bossiersheriff.com



This email, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this email, you are hereby notified that any dissemination, distribution or copying of this fax, and any attachments thereto, is strictly prohibited.

If you have received this email in error, please immediately notify me by telephone at 318-965-2203 and permanently delete the original and any copy or any printout thereof.

From: Alfred Barrow <Alfred.Barrow@LA.GOV>
Sent: Thursday, September 22, 2022 8:42 AM
To: Brad Anderson <banderson@bossiersheriff.com>
Subject: Incarceration Facility Inspections

Good Morning Mr. Anderson,

During covid inspections were put on hold for incarceration facilities.

Our state covid protocols and re-entry plan regarding inspections of incarceration facilities has not yet changed. The policy is currently being reviewed and may be updated soon. I will keep you updated.

Sincerely,

Alfred Barrow, R.S.



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Retail Food
Notice of Violations

Routine/Renewal

Permit Number 08-0052357-1	Permit Name BOSSIER MAXIMUM SECURITY FACILITY KITCHEN	
Name of Establishment BOSSIER MAXIMUM SECURITY FACILITY	Owner Name BOSSIER PARISH POLICE JURY	
Address 2985 OLD PLAIN DEALING RD PLAIN DEALING, LA 71006	Date 12/09/2019	Time 10:30 AM

LAC TITLE 51 PART XXIII

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.		
Category	Code Reference	Description of Violations
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3101	102 - 3101 - Plumbing is not maintained.

Comments:

NOTICE RS 40:31.38 (ACT 66)

RS 40:31.38 (ACT 66) authorizes the Louisiana Department of Health to charge a fee of \$150 to any permitted food establishment 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. Establishments 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 William Reeves	Phone # 318-741-7492	Sanitarian Signature <i>W. Reeves</i>	R.S. # 936
The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to		Correct Non-Critical Violations by	
Correct Critical Violations by		Signature of Recipient <i>Darrell Cooper</i>	
Name/Title DARRELL COOPER/ MANAGER			

https://la.mydhd.com/webadmin/dhd_626/paper/_paper_inspection_form.cfm?inspectionI... 12/10/2019

Louisiana Department of Health / Office of Public Health

628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

ANNUAL

Print Date 05/02/2022

Expires on 06/30/2023

Type of Operation: Retail Food

2022 PERMIT TO OPERATE 2023

Description: Permanent Food Service Establishment

PERMIT NUMBER:

08-0060220-1

This is to certify that the below named owner and establishment name and location has duly registered with the Louisiana Department of Health in accordance with the Sanitary Code of Louisiana, and is hereby given permission to operate.

Permit to Operate is not transferable: New Owner and/or New Location requires a new permit.

Permit to Operate remains the property of the Louisiana Department of Health, Office of Public Health, and may be revoked or suspended for failure to comply with provisions of the State Sanitary Code or other applicable laws and/or regulations.

ISSUED TO/NOT TRANSFERABLE

BOSSIER PARISH SHERIFF DEPARTMENT
PO BOX 850
BENTON LA 71006

BOSSIER WORK AND REHABILITATION FACILITY KITCHEN
181 MCCAULEY RD
PLAIN DEALING LA 71064

JOSEPH KANTER, M.D.
STATE HEALTH OFFICER

STATE OF LOUISIANA

LHS-16B (R 3/22)

Louisiana Department of Health / Office of Public Health

628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

ANNUAL

Print Date 05/02/2022

Expires on 06/30/2023

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ISSUED TO/NOT TRANSFERABLE

BOSSIER PARISH SHERIFF DEPARTMENT
PO BOX 850
BENTON LA 71006

BOSSIER WORK AND REHABILITATION FACILITY KITCHEN
181 MCCAULEY RD
PLAIN DEALING LA 71064

JOSEPH KANTER, M.D.
STATE HEALTH OFFICER

DUPLICATE

FOR YOUR INFORMATION Please post in a conspicuous place.

It is the responsibility of the permit holder to notify the appropriate Parish/Parish Manager of any changes regarding the above permitted establishment.

Please include the permit number of the establishment with any and all correspondence.