

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR




JAMES M. LE BLANC
SECRETARY

January 6, 2023

MEMORANDUM

TO: The Honorable Jason G. Ard
Sheriff of Livingston Parish

FROM: 
James M. Le Blanc
Secretary

RE: "Basic Jail Guidelines" Monitoring Report

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) inspection that was conducted at Livingston Parish Detention Center on September 7, 2022 and a follow-up visit on October 27, 2022.

During the inspection on September 7th, the following was noted:

- The Team found a few areas that needed evacuation routes and exit signs.
- Team recommends placing flex cuffs on an inventory and storing in a more accessible location.
- All outside buildings had no tool inventories, issues logs, etc. Team explained that to better show control the tools need to be engraved.
- While conducting the medical walkthrough, Team recommended that all sharps be counted daily and stored behind double locks, go through inventory and remove expired items, any supplies that are not being used and date all open bottles and vials of medication to ensure control.
- Guideline II-A-018 "Offender Drug Testing", was found to be non-compliant. Facility failed to meet the monthly 5% drug testing requirement. However, this has been corrected and facility is now meeting the guideline.

On October 27th, during the follow-up visit the Team noted that offender's mentioned on occasion when they made a medical emergency they might not be seen that same day. DPS&C encourages compliance with IV-C-013 "Infirmary Care".

Please note on the follow-up visit all above recommendations had been implemented by this facility.

Livingston Parish Detention Center had 62 HiSet completions during the reporting period. This facility is to be commended for their exceptional Educational Program.

At this time DPS&C is recertifying this facility in compliance with the "Basic Jail Guidelines" with annual monitoring.

Congratulations to you and your staff on this accomplishment 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
Ben Ballard, Warden, Livingston Parish Detention Center
Seth Smith, Chief of Operations
Timothy Hooper, Warden, LSP
Elisabeth Roblin, 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

Livingston Parish Detention Center
in acknowledgement of

Continued Compliance with the Basic Jail Guidelines Process

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

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



Attest


Secretary



BJG RECERTIFICATION REPORT

Rev. 07/29/2022 mwk

Facility Name: Livingston Parish Detention Center
BJG Team Leader & Monitors: Libby Roblin, Team Leader; Brittany Allen, Team Member; Britt Ross, Team Member; Ashli Oliveaux, Team Member; Joey Reagan, Team Member
Facility Warden & Email Address: Ben Ballard / bballard@lpso.org
Facility Staff: Major Lance Landry, Captain Travis Harris, Kim Plauche
BJG Inspection Date: September 7, 2022 and October 27, 2022
Previous BJJ Inspection Date: November 5, 2018
Operational Capacity: 673
Count on Day of Visit: 630

Please see attached Excel Spreadsheet for each area reviewed for BJJ compliance. (Attachment 1)

Concerns or Issues from the previous BJJ Monitoring Inspection: None

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	166	10	176
Number of Local Offenders	356	87	443
Number of Out of State Offenders	0	1	1
Number of Federal Offenders	0	0	0
Number of ICE Detainees	9	1	10
TOTAL	531	99	630

Number of DOC Offenders that are:

Single Bunked	36
Double Bunked	136
Triple Bunked	0
Total	172

Number of DOC Offenders that are in Restricted Housing:

Single Bunked	0
Double Bunked	4
Triple Bunked	0
Total	4

ASSAULTS: (Please list monthly since the previous BJG monitoring visit.) (Attachment 2)

- **Please see attached spreadsheet showing information on assaults from January 2019-August 2022.**

SEIZURE FINDINGS: (Please list monthly since the previous BJG monitoring visit.) (Attachment 3)

- **Please see attached spreadsheet showing information on seizure findings from January 2019-August 2022.**

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

During the visit, the team found there were some areas that need evacuation routes and exit signs placed; as well as, suggested placing the flex cuffs on an inventory and storing in a more accessible location. The appearance and cleanliness of the facility and grounds were above reproach.

Living Area:

- **Dorms** – All areas were very clean, organized and free from clutter and odor.
- **Cell Block** – All areas were very clean, organized and free from clutter and odor.

Culinary/Dining: Utensils are being inventoried; however, team suggested showing the correct amount of each utensil and engraving the utensils with numbers to match the inventory master list. Facility had three days' worth of meals, separated and properly labeled per guideline. All temperatures are being logged. Everything was clean, free of clutter, sealed, dated and being rotated. Freezer and cooler had no food directly on the floor. On the day of the audit visit, the dishwasher was broke; however, the facility has ordered the parts to fix it.

Bathrooms: All bathrooms, showers, toilets were in good working order. Cold and hot water were in working order in all washbasins and showers. There was no visible presence of mold anywhere.

Yard Areas: There was no activity on the yards during our walkthrough; however, yard is available from 10:30am to 3:30pm daily.

Maintenance: All outside buildings had no tool inventories, issue logs, etc. Explained that to better show control the tools need to be engraved. The maintenance cart was inventoried; however, there was a discrepancy with a tape measure.

While conducting the medical walkthrough, the team suggested that all sharps be counted daily and stored behind double locks, go through inventory and remove expired items, any supplies that are not being used and date all open bottles and vials of medication to ensure control. On October 27th, the team noted that all suggestions had implemented by staff.

Keys: There is no inventory, issue log, etc. for facility keys. This is due to the facility being completely controlled by automatic doors and key cards. There are emergency keys for said doors and they are stored and locked in the control room area.

II-A-007

COUNTS (Mandatory):

- How many formal counts are conducted each shift?
3 counts during the day shifts and 4 counts during the night shifts.
- How many counts are conducted each day?
At least 7 counts
- **Stick outs counts**
 - How does the facility accomplish this? During the facility's head count times, the trustees are counted and verified with the facility by the armed deputies supervising the detail.
 - 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? Trusty status is determined by classification, criminal charges, and prior disciplinary issues. No maximum security inmate or any other offender criminally charged with a crime of violence, current or past arrest for a sexually based crime, vehicular homicide or neglect homicide in which the crime occurred within the boundaries of Livingston Parish, and/or has a bond that exceeds \$100,000 is allowed trusty status. Offenders arrested or convicted of domestic violence are only allowed trusty status inside the secured perimeter of the detention center.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

II-A-018

OFFENDER DRUG TESTING (Mandatory): (Please list monthly since the previous BJJ monitoring visit.) (Attachment 4)

- **Please see attached spreadsheet showing information on offender drug testing from January 2019-August 2022.**

III-A-001

RULES AND DISCIPLINE (Mandatory):

- 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? The offender can fill out the form, turn it in to security, who then mails it to Headquarters.
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes

VII-B-010

BJG AUTOMATED MONTHLY REPORTING REVIEW:

- Has the facility been inputting the correct info timely? Yes
- Does the reported info suggest any issues of concern or improvement?
The facility was not meeting the requirements for the 5% offender drug testing consistently due to new staff not fully understanding the requirements. However, this has been corrected and they are meeting it.

V-B-002

EDUCATIONAL PROGRAMING:

GED Program

Number of GED Slots	<u>48</u>
Number of Participants	<u>22</u>
YTD Number of Completions	<u>62</u>

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

GED, Anger Management, Risk Management Phase I and II, FDIC Money Smart, IC3 Programming

LIST ALL OTHER OFFENDER PROGRAMS:

VI-B-002 GRIEVANCE PROCESS (Mandatory):

- Does grievance process include two levels of review? Yes
- Who are the designees at each level?
 - 1st Level – Assistant Warden
 - 2nd Level – Warden
 - 3rd Level – Sheriff
- What is the specified time period for response at each level?
 - 1st Level – 15 days from receipt of grievance
 - 2nd Level – 25 days from receipt of grievance
 - 3rd Level – 40 days from receipt of grievance

PREA COMPLIANCE:

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

OTHER:

This facility was a pleasure to visit. It was clean, organized and everyone was very helpful and open to suggestions. They have advanced systems they use, mostly all electronic, which ensures accuracy and allows staff more time to priorities their duties and still maintain security.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

The staff is great. Every visit we have found the staff to be enjoyable, professional, and helpful. Audits can be stressful on employees; however, Ben Ballard and his team do not show it. They all work great together and it shows in their confidence and professionalism.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

The BJJ team spoke to several offenders. None voiced any complaints or concerns in regards to living or food quality. The only issue brought to the team's attention was that on occasion when they made an alleged medical emergency they might not be seen that same day.

RECOMMENDATION:

At this time, the BJJ Monitoring Team would like to recommend recertification with continued annual monitoring visits. The BJJ Team Leader, Libby Roblin is available at any time.



Facility: Livingston Parish Detention Center FOLLOW-UP		Date Conducted: 09/07/22 and 10/27/22
Monitors:		
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: <ul style="list-style-type: none"> • 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. Suggestion: have backup show 2 consecutive weeks/months since the guideline specifically ask for that.	
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	
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	
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.	File was missing backup for 2020 and 2021; however, during the audit visit, the facility was able to provide a letter stating that DHH would not come to inspect due to COVID.
I-A-005 Water Supply The facility's potable water source and supply is certified at least annually by an independent, outside source to be in compliance with the State Sanitary Code. The facility complies with the requirements of the state health officer. There is a specific plan for addressing deficiencies if any, that is approved by the state health officer. Visual Inspection: documentation of approval by DHH or local authority, plan for addressing deficiencies	Compliant.	File was missing backup for 2020 and 2021; however, during the audit visit, the facility was able to provide a letter stating that DHH would not come to inspect due to COVID.
B. VEHICLE SAFETY		
References: Dept. Reg. OP-A-3		
I-B-001 Offender Transport Escorted and unescorted absences of state offenders are governed by R.S. 15:811 and 833 and DPS&C Department Regulation No. OP-A-3 "Escorted Absences." All funeral trips for DOC offenders shall be conducted via video visitation. Any exceptions require prior approval from the Chief of Operations. Visual Inspection: documentation of staff training, documentation of medical, funeral, etc. (outside trips)	Compliant. Suggestion: use the training transcript as backup	



	Findings	Response
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 Reporting Procedures." 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>File does not show proof that the Emergency Plan is reviewed annually, approved or submitted to Chief Smith at HQ. Per Warden Ballard, they have been in contact with the Fire Marshal regarding the facility's Emergency Plan. They are updating some suggestions the FM had and then forwarding it to him for his review and approval. **Forwarded the facility a generic annual review form that might help assist them moving forward.</p>	<p>Compliant - Facility updated and turned into the Fire Marshal who reviewed and accepted the plan on 9/16/22.</p>
<p>I-C-002 Immediate Release of Offenders There is a means for the immediate release of inmates from locked areas in case of emergency and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of offenders and staff in the event of fire or other emergency. Visual Inspection: facility records/logs</p>	<p>Compliant. Suggestion: For primary documentation, add pictures of exit doors in halls, dorms, etc. showing there are no obstructions. For secondary documentation, showing that all exit doors are being checked while making rounds and documented in the logbooks.</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. Visual Inspection: documentation of fire alarm and detection system maintenance and testing, plans for addressing deficiencies</p>	<p>Backup in the file shows the facility is compliant with this guideline. FM inspections are completed and with no findings.</p>	
<p>I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements. Visual Inspection: Specifications for all furnishings.</p>	<p>Compliant.</p>	
<p>I-C-005 Flammable, Caustic and Toxic Materials Written policy, procedure and practice govern the control and use of all flammable, toxic and caustic materials. Visual Inspection: Staff training records, offender training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.</p>	<p>Compliant</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. Visual Inspection: facility count sheets</p>	<p>Compliant. Backup in the file and the weekly Cfacility reports show the facility maintains operational capacity.</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. Visual Inspection: facility records/logs, maintenance records, records of staff deployment</p>	<p>Compliant. Suggestion: using completed work orders to show compliance also.</p>	

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	Findings	Response
II-A-002 Secure Perimeter The facility's perimeter is controlled by appropriate means to ensure that offenders are secured remain within the perimeter and that access by the general public is denied without proper authorization. Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls	Compliant. Suggestion: adding pictures of the control room.	
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 B.J.G. Visual Inspection: records of staff deployment, facility logs, documentation of annual review of staffing analysis and plan	Compliant. Backup shows the facility has approximately 11-14 officers per shift and 6 full time transportation officers.	
II-A-004 Female Offenders and Female Staff When a female offender is housed in a facility, at least one female staff member is on duty at all times. Visual Inspection: records of staff deployment, facility logs	Compliant. Documentation shows there are female officers on shift to secure and manage all female offenders.	
II-A-005 No Offender Control Over Others No offender or group of offenders is given control, or allowed to exert authority over other offenders. Visual Inspection: written policy and procedure	Compliant	
II-A-006 Staff Log (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 B.J.G. I-C-001 for reporting requirements to DPS&C. Visual Inspection: copies of log book, records of staff deployment	All documentation shows the facility is in compliance with this guideline.	
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.	Compliant. The facility conducts 3 counts during the day shift and 4 counts during the night shifts.	



	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). <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 Acknowledgment and Signature Statement form <p>Visual Inspection: completed forms, reports, offender record</p>	<p>Compliant All offender information complete, Great documentation</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 2021 - missing completed transfer to DOC form.</p>	<p>During the audit visit, they were able to provide proper secondary backup for 2021.</p>
<p>II-A-010 Admissions Admission processes for a newly admitted offender include, but are not limited to:</p> <ul style="list-style-type: none"> • Searching of the offender and personal property; • Inventorying and providing secure storage of personal property; • Providing an itemized receipt for personal property; • Recording of basic personal data; • Performing a criminal history check; • Photographing and fingerprinting; • Separating from the general public; • Providing a health screening to assess and identify any health and safety needs in accordance with BJJ IV-C-006; • Providing information about access to health services, convey requirements and submitting grievances <p>Visual Inspection: intake and admission forms, screening forms, inventory form, receipt form</p>	<p>Compliant very thorough documentation</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 Suggestion - use a letter dated for current audit year saying they do not house out of state offenders. The letter in the file is dated August 2019 and is used for every year.</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 Very thorough , movements include bed number, time and date.</p>	



	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 Suggestion - put a letter to file stating they did not house any Juveniles during that audit year.</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, documentation was great.</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, offender ID included a photo of the offender and his/her information.</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</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>Facility is conducting offender drugs test; however, did not reach the minimum of 5% of the DOC offender population per the guideline, this was due to new staff unaware of the requirements. The facility has corrected.</p>	
<p>II-A-019 Offender Transfers All transfers of DPS&C offenders to other than DPS&C facilities shall be reported to the OAS, at least one day prior to all scheduled transfers and within one business day for all non-scheduled transfers. The DOC offender transfer form shall be submitted by the transferring facility to OAS at least one day prior to the transfer occurring by fax to 225-342-2439 or by email to LocalJailTransfers@la.gov. Offenders should not be transferred to other than DPS&C facilities within 60 days of release, unless for disciplinary reasons. 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 2019, 2020 and 2022 all were good 2021 had a blank transfer sheet.</p>	<p>During the audit visit, they provided the correct documentation for 2019, 2020 and 2022.</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, appropriate documentation provided.</p>	
<p>B. USE OF PHYSICAL FORCE</p>		
<p>References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Reqs. HCP33, HCP40, OP-A-19, OP-A-16, OP-A-3</p>		
<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. Suggestion: show documentation such as the use of force lesson plan, lesson topics, etc</p>	

Humphrey - LSA Emails
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	Findings	Response
<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. All backup demonstrates that staff is properly following policy and procedures in accordance to the guideline.</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"> 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: <ol 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. b. If restraints are utilized during transportation or the period following delivery, the offender shall not be restrained using waist restraints under any circumstances. 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. 5. Documentation of Restraints on Pregnant Offenders <ol 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: <ol 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</p>	

Humphrey - LSA Emails
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	Findings	Response
<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. All documentation in the file shows the facility is in compliant with all requirements set in the guideline.</p>	
<p>II-B-004 Written Reports Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur:</p> <ul style="list-style-type: none"> •Discharge of a firearm or other weapon •Use of less lethal devices to control offenders •Use of force to control offenders •Offender(s) remaining in restraints at the end of the shift •Emergency distribution of security equipment <p>Visual Inspection: completed reports, facility records and logs</p>	<p>Compliant</p>	
<p>C. CONTRABAND/SEARCHES</p>		
<p>References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. OP-A-8</p>		
<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>All backup documentation shows that facility is in compliance with this guideline.</p>	
<p>D. ACCESS TO KEYS, TOOLS, UTENSILS</p>		
<p>References: ACA CJS 1-2D-01</p>		
<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. Suggested printing out the emails to show who performed the inventory on the medical tools and placing in the file to show control and make the backup stronger.</p>	
<p align="center">PART III - ORDER</p>		
<p>A. OFFENDER DISCIPLINE</p>		
<p>References: ACA CJS 1-2A-15, 1-3A-01, 1-6C-02, 1-6C-03, 1-6C-04, Dept. Reg. OP-C-1</p>		
<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.</p> <ul style="list-style-type: none"> •If the Sheriff or local jail administrator believes that a loss of good time is appropriate, then the incident shall be fully documented and the offender transferred to the DPS&C for a disciplinary hearing to ensure due process in accordance with La. R.S. 15:571.4. <p>Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation</p>	<p>Compliant All years had a pre-class packet as documentation provided correct documentation during the audit, DB reports for each year. Suggestion - if the offenders sign saying they receive an updated rule book, include that as backup documentation too.</p>	



	Findings	Response
PART IV - CARE		
A. FOOD SERVICES		
References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04, 1-4A-06, Dept. Reg. IS-C-1		
IV-A-001 Food Storage Facilities There are sanitary facilities for the storage of all foods that comply with applicable state and/or federal guidelines.	Compliant.	
Visual Inspection: DHH inspection reports, internal inspection reports		
IV-A-002 Food Service Facilities Toilet and hand basin facilities are available to food service personnel in the food preparation area.	Compliant	File was missing backup for 2020 and 2021; however, during the audit visit, the facility was able to provide a letter stating that DHH would not come to inspect due to COVID.
Visual Inspection: DHH inspection reports, photos		
IV-A-003 Food/Dietary Allowances (MANDATORY) The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure they meet the national recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings. Written policy, procedure, and practice require that food service staff plan menus and substantially follow the plan. The planning and preparation of all meals shall take into consideration nutritional characteristics and caloric adequacy. The facility shall provide a tray/plate and utensil(s) for each hot meal.	Compliant. All menus, dietary allowances, etc. are reviewed and approved annually by a licensed dietitian.	During audit visit, facility was able to provide proof of dietitian's license.
Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations		
IV-A-004 Records of Meals Served Written policy, procedure, and practice require that accurate records are maintained of all meals served.	Compliant. Facility had three days of meals saved separately and labeled.	
Visual Inspection: facility logs		
IV-A-005 Denial of Food as Discipline Prohibited Written policy, procedure, and practice preclude the denial of food as a disciplinary measure.	Compliant.	
Visual Inspection: facility logs		
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.	Compliant. 2022 backup in file did not show proof of compliance, it only had breakfast and lunch for one day.	During the audit visit, the facility was able to provide compliance backup for two consecutive days that offenders are fed with no more than 14 hours between the supper and breakfast meals.
Visual Inspection: records of meals served and times served, facility logs		
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.	All backup documentation shows the facility is in compliance with this guideline.	
Visual Inspection: health records, diet records or forms, documentation of warden's approval of religious diet		
IV-A-008 Health Protection for Food Service There is adequate protection for all offenders and staff in the facility and for offenders and other persons working in food service. All persons involved in the preparation of the food receive a pre-assignment inspection by appropriate kitchen staff, to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. Offenders working in food services are monitored each day for health and cleanliness by appropriate kitchen staff. All food handlers are instructed to wash their hands upon reporting to duty and after using toilet facilities.	Compliant.	File was missing backup for 2020 and 2021; however, during the audit visit, the facility was able to provide a letter stating that DHH would not come to inspect due to COVID.
Visual Inspection: inspection reports, completed forms, documentation of daily monitoring for health and cleanliness		



	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. Visual Inspection: maintenance records or reports, inspections, documentation of periodic measurement of water temperature, offender grievances</p>	Complaint	
<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. Visual Inspection: maintenance records or reports, inspections</p>	Compliant. Suggestion: Adding verbiage in the policy stating that offenders have access to showers 24/7.	
<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. Visual Inspection: documentation of clothing issue, documentation of cleaning and storage</p>	Compliant.	
<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. Visual Inspection: documentation of issue and exchange</p>	Compliant. All documentation showed where laundry and hygiene was completed and issued regularly for all offenders.	
<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. Visual Inspection: documentation that items are provided, list of items available</p>	Compliant. All backup documentation provided showed hygiene items were issued to all offenders regularly/as needed.	
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. • 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. Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule.</p>	Compliant. No findings for this section. They provide 24/7 nursing coverage and a HCP is on site twice a week. They also have Psychiatry services via telemed. Dental services are provided by a local dentist. X-Ray services are provided off site at an urgent care clinic. They do on site Labs and send them out to Labcorp.	



	Findings	Response
<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, ambulance and a cut down tool.</p> <p>Visual Inspection: Photos</p>	Compliant. No findings. The facility has 1 AED housed in the female exam area and 5 1st aid kits throughout the facility.	
<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-site emergency treatment of an offender.)</p> <p>Visual Inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure</p>	Compliant. The facility has a specialized agreement with First Care Physicians and Livingston Parish Council. File shows signed job descriptions, agreement and copy of credentials/licensures.	
<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>	Compliant. Suggest: To review standing orders yearly. In review of the file it appears this was being done until 2020.	
<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>	Complaint. All backup proves facility provides 24 hour care to all offenders.	



	Findings	Response
<p>IV-C-006 Health Screens Written policy, procedure and practice require that all DPS&C offenders receive a health screening by health trained or qualified health care personnel upon intake into the facility unless there is documentation of a health screening within the previous 90 days. Screening is conducted in accordance with protocols established by the health authority. If completed by health trained personnel, all intake health screens are to be reviewed by health care personnel as soon as possible. If a facility uses a different screening form, it shall be required to have at a minimum the questions in the Intake Health Care Screening form (IV-C-006-A) provided by DPS&C. The purpose of the health screening is to protect newly admitted offenders who pose a health safety threat to themselves or others from not receiving adequate medical attention. This should include inquiry into:</p> <ol style="list-style-type: none"> 1. Current medical, dental or behavioral health problems and communicable diseases; 2. Current treatment plan; 3. Current medications, including psychotropic; 4. History of hospitalization; 5. Suicidal risk assessment; 6. Use of alcohol or other drugs including need for possible detoxification; 7. Possibility of pregnancy; 8. Observation of the following: <ol style="list-style-type: none"> a. Appearance and behavior; b. Body deformities and other physical abnormalities; c. Ease of movement; d. Current physical traumas or characteristics and a determination of whether or not the offender should be recommended for immediate transfer to the DS&C for appropriate care; e. Any physical impairment (hearing, vision, mobility) or other disability which would impede the offender's access to programs or services. Offenders identified with such an impairment or disability shall be transferred to the DPS&C for further evaluation and determination of appropriate housing placement. [Reference 2008 Resolution Agreement: US DOJ and LA DPS&C.] <p>Visual Inspection: health records, completed screening form, transfer logs</p>	Compliant. All backup shows that the facility is in compliance with this guideline.	
<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>	Compliant. Although they have not had any pregnant offenders in the facility in the past 3 years, if needed the facility would utilize Womens hospital.	
<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>	Compliant	
<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>	Complaint. Backup in the file shows the facility is conducting annual TB test as required by this guideline.	



	Findings	Response
<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>The facility needs a chronic care policy. Then they will need to place secondary documentation in each year. The supporting documentation needs to match what you new policy states. Example would be the coumadin therapy treatment nurse Laura and I spoke about. **Forwarded the facility a generic policy that leaves the treatment plan to the HCP. For secondary documentation the facility would just need to put the doctors treatment plan in and the follow ups the offender went to match the plan. (Believe this might be helpful to the facility when setting up plan)</p>	<p>Compliant. On 10/27/22, facility was able to show where they had created a policy for Chronic Care and had secondary backup showing offender medical request and needs.</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. The facility uses a mail order pharmacy they have a 24 hours turn around. They have an EMAR and all nurses document and pass out medication.</p>	
<p>IV-C-011 First Aid Kits First aid kits are available in areas of the facility as designated by the responsible health care authority and shall be immediately accessible to housing units.</p> <p>Visual Inspection: location of first aid kits within the facility</p>	<p>Complaint. Suggestion: To replace the huffman knife with a utility shear.</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:</p> <ul style="list-style-type: none"> ●Facilities with fewer than 100 offenders - 1 time per week; ●Facilities with 100 to 300 offenders - 3 times per week; ●Facilities with more than 300 offenders - 4 times per week. <p>If an offender's custody status precludes attendance at sick call, then arrangements shall be made to provide such services in the place of the offender's detention.</p> <p>Visual Inspection: written policy and procedure</p>	<p>Compliant. All documentation shows the facility is providing sick call to all offenders according to the guideline.</p>	
<p>IV-C-013 Infirmary Care If infirmary care is provided onsite, it complies with applicable state regulations and local licensing requirements. Provisions include 24-hour emergency on-call consultation with a physician, dentist and behavioral health professional. Written policy, procedure and practice provide that any offender who is identified as requiring a medical, dental, or behavioral health need for which care is not readily available from the local facility shall be immediately transferred to DPS&C. It is particularly important that smaller facilities recognize the commitment of the DPS&C to accept into their custody any DPS&C offender whose condition is problematic.</p> <p>Visual Inspection: admission or inpatient records, staffing schedule, completed form C-05-004-B</p>	<p>Non-Applicable. Facility does not have an inpatient infirmary.</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.</p> <p>Visual Inspection: health records, documentation of approval of DPS&C's Chief Nursing Officer</p>	<p>Non-Applicable. Facility doesn't do medical releases</p>	
<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 BJC 1-C-004.</p> <p>Visual Inspection: health records, documentation of staff training, documentation of observation of suicide watches.</p>	<p>Compliant. All officers are trained in orientation and annually on suicide prevention and procedures. Explained that secondary backup needs to be added to show that they are completing an intake assessment on all new offenders.</p>	



	Findings	Response
<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 DPS&C_Cat_A_Notifications@la.gov or via fax to (225) 342-3349).</p> <p>Visual Inspection: notification, reporting requirements, report to DPS&C</p>	All file documentation shows facility is in compliance with this guideline.	
<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;</p> <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>	Compliant	
<p>D. HEALTH SERVICES STAFF</p>		
<p>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</p>		
<p>IV-D-001 Health Care Quarterly Meetings (MANDATORY) The health authority meets with the facility administrator at least quarterly.</p> <p>Visual Inspection: documentation of meetings</p>	Compliant, backup shows meetings are being conducted in accordance with the guideline.	
<p>IV-D-002 Research Written policy, procedure, and practice prohibit offender participation in pharmaceutical, medical, or cosmetic experiments. This policy does not preclude individual treatment of an offender based on his/her needs using a specific medical procedure that is not generally available.</p> <p>Visual Inspection: written policy and procedure</p>	Non-Applicable. Facility doesn't allow offenders to participate in experimental programs.	
<p>IV-D-003 Health Care Personnel/Job Descriptions Health care staff work in accordance with professional specific job descriptions approved by the health authority.</p> <p>Visual Inspection: job descriptions</p>	Complaint	
<p>IV-D-004 Confidentiality of Health Information Information about an offender's health status is confidential. Nonmedical staff only have access to specific medical information on a "need to know" basis in order to preserve the health and safety of the specific offender, other offenders, volunteers, visitors, or correctional staff. An individual health record is maintained for all offenders in accordance with policies and procedures established by the health authority. The health record is made available to, and is used for documentation for all health care personnel. The active health record is maintained separately from the confinement case record and access is controlled. When an offender is transferred to DPS&C or another local facility, the offender's medical record is transferred as well.</p> <p>Visual Inspection: health records, completed consent forms, completed refusal forms</p>	Compliant. All offenders' health information is kept confidential according to the guidelines.	
<p>IV-D-005 Informed Consent Informed consent standards of the jurisdiction are observed and documented for offender care in a language understood by the offender. In the case of minors, the information consent of a parent, guardian or legal guardian applies when required by law. Offenders routinely have the right to refuse medical interventions. When health care is rendered against an offender's will, it is in accordance with state laws and regulations. Involuntary administration of psychotropic medications to offenders may only be accomplished by DPS&C.</p> <p>Visual Inspection: health records, completed consent forms, completed refusal forms</p>	Compliant.	
<p>IV-D-006 Emergency Response Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the facility administrator. All staff responding to health emergencies are trained in CPR. The health authority approves policies and procedures that ensure that emergency supplies and equipment, including automatic external defibrillators (AEDs) are readily available and in working order.</p> <p>Visual Inspection: verification of training, records and certificates</p>	Compliant.	
<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.</p>	Compliant. Suggestion: is to place the narcan in the 1st Aid Kits. Current practice is that the nurse brings the narcan when she is notified of an event.	



	Findings	Response
Visual Inspection: verification of training, records and certificates		
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.	Need to add secondary documentation for each year such as blood exposure, medication error, needle stick.	Compliant. Secondary backup was provided in the file when team went back on 10/27/22.
Visual Inspection: evaluation of major risk management events		
E. SEXUAL ASSAULT		
References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16, Dept. Regs. PS-D-3, OP-A-15		
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: • 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 BJJG 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 BJJG Team Leader on Form OP-A-15-e "Standardized Case Report Form." The Regional BJJG 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	Compliant documentation was DB reports for 2019 to 2022 instead of PREA reports. The offender can use their tablet to report a PREA incident, it is sent to the Warden and 3 other areas/people - this is AWESOME and provides an electronic trail of proof that the allegation is taken seriously.	During the audit visit, they corrected each year and put a PREA investigation and the notification the offender sent through his/her tablet to report the PREA.
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.	Compliant during the audit they had to redo this file, initially it had information about religious services and the logs did not include anything about volunteers. The file should include the correct policy, Volunteer application, documentation that they completed training and have been cleared/approved to enter as a volunteer.	They provided the appropriate policy about Volunteers and were able to provide the correct documentation for year 2019. For 2020, 2021 and 2022 they did a letter to the file because they have not had volunteers due to COVID.
Visual Inspection: activity schedules, facility logs		
V-A-002 Volunteer Services A current schedule of volunteer services is available to all offenders and is posted in appropriate areas of the facility.	Compliant 2019 and 2022 were good. 2020 and 2021 - the logs provided did not show anything pertaining to volunteers. Suggestion - for future audit years, highlight log entry for religious volunteer or Preacher so it is easier to find.	They stated they did not have volunteers for 2020 and 2021 due to COVID, so they did a letter to the file for both of those years.
Visual Inspection: activity schedules, facility logs		
V-A-003 Visiting Written policy, procedure, and practice govern visiting. The number of visitors an offender may receive and the length of the visits may be limited only by the facility's schedule, space, and personnel constraints, or when the facility administrator can present clear and convincing evidence that such visitation jeopardizes the safety and security of the facility. Conditions under which visits may be denied and visitors may be searched are defined in writing. Provisions are made for special visits in accordance with Department Regulation OP-C-9.	Compliant 2020, 2021 and 2022 they provided visiting logs for Attorney visits. This file pertains to visitation from family/friends. 2019 - had correct logs showing family visits. During COVID the offenders started doing video visits on their tablets.	During the audit visit, they provided a letter to file for 2020, 2021 and 2022 that they did not have regular visitation but the offenders were allowed video visits.
Visual Inspection: activity schedules, facility logs		
V-A-004 Religious Programs Written policy, procedure, and practice define and provide reasonable offender opportunity for religious practice.	Compliant 2022 was compliant from the start. 2021 and 2020 they did a letter to file today stating they did not have religious volunteers during those years due to COVID. 2019 - logs did not show an entry for a preacher/religious volunteer. Suggestion - in future audit years, highlight log entry so it is easy to find.	During the visit, they were able to provide proof of a log showing an entry for a preacher/religious volunteer.



	Findings	Response
<p>Visual Inspection: activity schedules, facility logs V-A-005 Exercise and Recreation Access (MANDATORY) Offenders have access to exercise and recreation opportunities. Written policy, procedure, and practice provide for exercise opportunities adequate to ensure major muscle activity. Outdoor exercise shall be available on a regular basis (at least three times per week-weather permitting) for DPS&C offenders. If a DPS&C offender requires special management or has security supervision needs which preclude the opportunity for outdoor exercise at a facility, then he or she shall be transferred to the DPS&C. If a facility based on location, or other legitimate concern, does not make provision for outdoor exercise, then compensating dedicated exercise facilities of adequate size to provide three exercise opportunities per week shall be available.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant Suggestion - highlight REC yard log entries so they are easy to find in the list of log entries.</p>	
<p>B. PROGRAMS AND SERVICES</p>		
<p>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>		
<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 8. Signed Reentry Preparation Refusal form if offender refused program. <p>Visual Inspection: activity schedules, facility records and logs, offender records</p>	<p>Compliant 2020 and 2021 - had no backup as there were no programs/services due to COVID. Suggestion - for future years good documentation to use would be - * Offender request form * Call out or the list of offenders that will be participating * If the offenders sign a sign in sheet the day of the program * Certificate or CTRP form All above documentation should be for the same offender for that year to show start to finish of the program, V-B-002 file had this information</p>	<p>During the audit visit, they were able to provide a letter explaining there were no programs/services for 2020 and 2021 due to COVID.</p>
<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.</p> <p>Visual Inspection: activity schedule, facility logs</p>	<p>Compliant Documentation for 2022 was PERFECT!! The documentation that was included was a schedule, sign in sheet, CTRP form, and certificate of completion.</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:</p> <ol style="list-style-type: none"> 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. <p>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.</p> <p>Visual Inspection: activity schedule, facility logs</p>	<p>Compliant 2022 - they had a letter to the file saying no programs still due to COVID. 2020 and 2021 - there was no backup as no programs were provided due to COVID. 2019 - compliant. Suggestion - for future audit years *Use sign in sheet that includes participants * Highlight log entries so the volunteer or facilitator is easy to identify</p>	<p>During the audit visit, they were able to provide a letter explaining there were no programs for 2020 and 2021 due to COVID.</p>



	Findings	Response
<p>V-B-004 Library Services Reading materials shall be available to offenders on a reasonable basis.</p>	<p>Compliant 2022 - good from start. 2019, 2020, and 2021 the log entries provided did not show the library cart on the unit. Suggestion - highlight the Library Cart log entry so it is easy to find.</p>	<p>During the audit visit, they were able to provide correct log entries for 2019 through 2021 to show the library cart on the unit for each of the audit years.</p>
<p>Visual Inspection: activity schedule, facility logs</p>		
<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: 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: 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: 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>	<p>Compliant All offender personal mail is sent directly to an outside company that scans and emails it directly to the offenders tablet. The only mail they handle at the jail is the offender's legal mail which the offender signs for. 2022 - provided documentation showing where an offender signed for his legal mail and also showed a mail rejection previous years were compliant but documentation for 2022 was great!</p>	
<p>Visual Inspection: activity schedule, facility logs</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>Compliant. This guideline became effective 7/2022. However, the facility was able to provide backup showing their compliance to this guideline not only for 2022, but for 2019, 2020 and 2021. 2022 and 2021 had great examples.</p>	<p>Before 7/2022, this guideline was regarding TWP, which is not handled by the jail for Livingston Parish.</p>
<p>Visual Inspection:</p>		
<p>V-B-007 Canteen/Commissary Spending Limits The offender commissary spending limit shall be \$200.</p>	<p>Compliant. This guideline became effective 7/2022. All backup provided by the facility shows they are in compliance. Suggest adding verbiage to the policy if not already included that the spending limit shall be no more than \$200</p>	<p>Before 7/2022, this guideline was regarding TWP, which is not handled by the jail for Livingston Parish.</p>
<p>Visual Inspection: facility logs/store sheet</p>		



	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>Visual Inspection: facility log, activity schedule</p>	Compliant with guideline.	
<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:</p> <ol style="list-style-type: none"> 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. <p>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:</p> <ol style="list-style-type: none"> 1. Any valid forms of identification; 2. Prescriptions and Medicaid card; 3. Community service referrals; and 4. CRANNUAL printed report. <p>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>	Compliant	
<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.</p> <p>Visual Inspection: offender record, completed questionnaire</p>	Compliant with guideline.	
<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.</p> <p>Visual Inspection: offender record, trip log, documentation showing facility Warden or designee presence at parole board</p>	Compliant. Documentation shows a designee is in attendance per the guideline.	
D. TRANSITIONAL WORK PROGRAMS		



	Findings	Response
References: Dept. Regs. PS-D-3, ISB-1		
V-D-001 Transitional Work Program/Standard Operating 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	Non-Applicable	
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. Visual Inspection: approval of Chief of Operations	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 are granted access to courts, legal materials, etc in accordance with the guideline	
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 counsel.	
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. Documentation shows that offenders requesting protection are handled swift and in compliance with the guideline.	

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. Suggested placing demographic of offender to show race, age, etc.	
VI-B-002 Grievance Process (MANDATORY) Offenders have reasonable access to a grievance remedy procedure that includes at least two levels of review if necessary. The grievance remedy procedure shall be an administrative means through which an offender may seek formal review of a complaint which relates to any aspect of his imprisonment if less formal procedures have not resolved the matter. Such complaints and grievances include, but are not limited to, actions pertaining to conditions of confinement, personal injuries, medical complaints, time computations, the classification process, or challenges to rules, regulations, or policies. Through this procedure, offenders shall receive reasonable responses within a specified time period and where appropriate, meaningful remedies. Visual Inspection: grievances	Compliant	

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



	Findings	Response
VII-A-001 Training and Staff Development The facility conducts or participates in a training program which includes orientation for all new employees (appropriate to their job) prior to assuming a position or post. Such training must include: 1. Security procedures; 2. Hostage procedures – including staff roles and safety; 3. Fire and emergency plan/ procedures; 4. Suicide precaution and signs of suicide risks; 5. Use of force policies; 6. Inmate rules and regulations; 7. CPR and first aid; 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	
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	Compliant, backup provided complete proof of compliance with this guideline.	
B. FACILITY ADMINISTRATION		
References: ACA CJS 1-4D-02, 1-7D-01, 1-7D-03, Dept. Reg. AM-1-4		
VII-B-001 Authority There is a statute or constitutional provision authorizing the establishment of the local jail facility or its parent agency. Visual Inspection:	Compliant	
VII-B-002 Legal Assistance for Staff Written policy, procedure and practice specify the circumstances and methods for the facility administrator and other staff to obtain legal assistance as needed in the performance of their duties. Visual Inspection: personnel or training records	Compliant	
VII-B-003 Independent Financial Audit Written policy, procedure, and practice provide for an independent financial audit of the facility. This audit is conducted annually or as stipulated by statute or regulation, not to exceed three years. Visual Inspection: annual audit	Compliant. The backup for 2022 was not available at the time of the audit due to the facility has not received the report at the time of the audit.	
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	Policy in the file was expired. Facility called to get an updated policy, but was unable to receive it before the team left. Will check when we return.	Compliant, when returned on 10/27/22 backup showing coverage for 7/1/22 to 7/1/23 was in the file.
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: <ul style="list-style-type: none"> • 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	Compliant	



	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 through 9:155.</p> <p>Visual Inspection: offender records</p>	<p>Compliant</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. All offender files are electronic and all medical files are stored in a locked cabinet.</p>	
<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.</p> <p>Visual Inspection: annual review, dissemination to staff</p>	<p>Compliant</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:</p> <ol style="list-style-type: none"> 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. <p>Visual Inspection: annual statement</p>	<p>Compliant for 2019. Facility had no backup for 2020 and 2021; however, facility provided where they had requested assistance/guidance on how to proceed, but was never able to get responses. *Did not review 2022 as it is not due until January 2023.</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.</p> <p>Visual Inspection: monthly report</p>	<p>Compliant. Backup shows the facility always has the monthly report entered in on time.</p>	



	Findings	Response
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	Compliant with guideline	
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:	Compliant.	

C. REASONABLE ACCOMMODATION

References: ACA CJS 1-7E-01

VII-C-001 Facility Equipment/Reasonable Accommodation Reasonable accommodations is made to ensure that all parts of the facility are accessible to the public are accessible and usable by staff and visitors with disabilities. Visual Inspection:	Compliant with guideline.	
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INSPECTION REPORTS

DEPARTMENT	Deficiencies	Corrective Action Taken
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Fire Marshall Date of Current Report: 07/19/2022 Maximum Capacity: 673	see attached	
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DHH - Health Date of Current Report: 04/20/2022 Maximum Capacity: 673	see attached	
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DHH - Retail Food Date of Current Report: 04/20/2022	see attached	
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Livingston Parish Detention Center
Certification Audit – Sept. 7, 2022 and Oct. 27, 2022

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
Jan. 2019	12	3	2	0
Feb. 2019	4	1	1	0
Mar. 2019	3	0	0	0
Apr. 2019	3	1	2	0
May 2019	4	0	0	0
June 2019	9	0	0	0
July 2019	7	0	1	0
Aug. 2019	10	0	0	0
Sept. 2019	5	0	0	0
Oct. 2019	4	2	0	0
Nov. 2019	16	4	0	0
Dec. 2019	10	3	0	0
Jan. 2020	10	0	0	0
Feb. 2020	5	3	1	0
Mar. 2020	12	3	0	0
Apr. 2020	5	2	0	0
May 2020	3	1	0	0
June 2020	8	2	0	0
July 2020	7	0	0	0
Aug. 2020	3	0	0	0
Sept. 2020	5	0	0	0
Oct. 2020	9	0	0	0
Nov. 2020	8	2	0	0
Dec. 2020	5	2	0	0
Jan. 2021	8	2	0	0
Feb. 2021	11	3	0	0
Mar. 2021	10	2	0	0
Apr. 2021	16	5	0	0
May 2021	5	2	0	0
June 2021	12	5	0	0
July 2021	7	1	1	0
Aug. 2021	9	0	0	0
Sept. 2021	11	0	0	0
Oct. 2021	13	0	0	0
Nov. 2021	9	1	0	0
Dec. 2021	13	1	0	0
Jan. 2022	8	0	0	0
Feb. 2022	6	3	0	0
Mar. 2022	5	0	0	0
Apr. 2022	13	1	0	0
May 2022	4	3	2	0
June 2022	10	1	0	0
July 2022	8	1	0	0
Aug. 2022	7	0	1	0

Livingston Parish Detention Center
Certification Audit – Sept. 7, 2022 and Oct. 27, 2022

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

Month/Year	Illicit Subst	Alcohol	Weapon	Cell Phone	Other
Jan. 2019	1	1	4	0	11
Feb. 2019	2	1	1	0	10
Mar. 2019	1	1	7	0	12
Apr. 2019	0	0	0	0	5
May 2019	1	1	8	0	15
June 2019	2	0	4	0	4
July 2019	4	0	10	0	12
Aug. 2019	1	1	5	0	5
Sept. 2019	1	1	3	0	18
Oct. 2019	1	0	5	0	4
Nov. 2019	1	1	9	0	23
Dec. 2019	0	1	3	0	8
Jan. 2020	1	0	1	0	11
Feb. 2020	2	0	7	0	7
Mar. 2020	0	1	8	0	7
Apr. 2020	0	0	9	0	21
May 2020	0	1	5	0	14
June 2020	1	0	4	0	12
July 2020	2	0	0	0	9
Aug. 2020	3	1	1	1	3
Sept. 2020	1	2	2	0	9
Oct. 2020	5	0	0	0	7
Nov. 2020	5	0	0	0	5
Dec. 2020	1	0	0	0	3
Jan. 2021	1	0	0	0	12
Feb. 2021	1	0	0	0	12
Mar. 2021	2	2	2	0	10
Apr. 2021	6	0	6	0	12
May 2021	6	1	3	0	12
June 2021	1	1	0	0	9
July 2021	3	1	0	0	6
Aug. 2021	0	1	0	0	5
Sept. 2021	3	0	0	0	5
Oct. 2021	0	1	0	0	4
Nov. 2021	1	1	1	0	7
Dec. 2021	2	1	4	0	7
Jan. 2022	0	1	0	0	5
Feb. 2022	4	1	5	0	16
Mar. 2022	3	0	1	0	11
Apr. 2022	4	0	2	1	7
May 2022	1	0	1	0	5
June 2022	0	0	0	0	5
July 2022	4	1	0	0	4
Aug. 2022	0	1	0	0	12

Livingston Parish Detention Center
Certification Audit – Sept. 7, 2022 and Oct. 27, 2022

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
Jan. 2019	8	167	4.79%	0
Feb. 2019	8	167	4.79%	0
Mar. 2019	8	157	5.09%	1
Apr. 2019	8	175	4.57%	0
May 2019	8	182	4.39%	0
June 2019	6	152	3.94%	0
July 2019	8	152	5.26%	2
Aug. 2019	8	145	5.51%	0
Sept. 2019	8	157	5.09%	0
Oct. 2019	8	164	4.87%	0
Nov. 2019	9	164	5.48%	0
Dec. 2019	8	177	4.51%	0
Jan. 2020	8	168	4.76%	0
Feb. 2020	8	161	4.96%	0
Mar. 2020	7	173	4.04%	0
Apr. 2020	7	163	4.29%	0
May 2020	6	171	3.50%	0
June 2020	7	151	4.63%	0
July 2020	4	150	2.66%	0
Aug. 2020	5	141	3.54%	0
Sept. 2020	5	178	2.80%	0
Oct. 2020	10	157	6.37%	0
Nov. 2020	4	154	2.59%	0
Dec. 2020	6	161	3.72%	0
Jan. 2021	5	178	2.80%	0
Feb. 2021	5	177	2.82%	0
Mar. 2021	5	167	2.99%	0
Apr. 2021	8	164	4.87%	0
May 2021	4	168	2.38%	0
June 2021	6	174	3.44%	0
July 2021	7	177	3.95%	0
Aug. 2021	7	202	3.46%	0
Sept. 2021	7	230	3.04%	0
Oct. 2021	8	174	4.59%	0
Nov. 2021	5	174	2.87%	0
Dec. 2021	6	166	3.61%	0
Jan. 2022	5	174	2.87%	0
Feb. 2022	6	174	3.44%	0
Mar. 2022	9	198	4.54%	3
Apr. 2022	6	187	3.20%	0
May 2022	6	189	3.17%	0
June 2022	6	168	3.59%	0
July 2022	5	158	3.16%	0
Aug. 2022	6	184	3.26%	0



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-22-018957-1

No Deficient/Cautionary Codes cited.

Location Information			
Inspection Type	Compliance Building Inspection		Inspection Date 7/19/2022 3:24:59 PM
Structure ID	109880	No. of Buildings	1 Facility Code J119
Capacity	790	Year Built	2008 Construction Type Type IIB / (000)
Building/Trade Name		Address	
LIVINGSTON PARISH DETENTION CENTER		28445 CHARLIE WATTS ROAD, LIVINGSTON, LA 70754	
Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	TRIPP	(225) 686-2241	JTRIPP@LPSO.ORG
Address			
PO BOX 427, LIVINGSTON, LA 70754			
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		
Comments			
FACP GREEN TAGGED 9/29/21 BLUE TAGGED 3/4/22 GENERATOR TEST 6/22/22 RISER 1 AND 2 GREEN TAGGED 9/10/21 HOOD SUPPRESSION 6/28/22 INMATES PRESENT 598 GUARDS PRESENT 14 NO APPARENT DEFICIENCIES FOUND AT TIME OF INSPECTION. IN COMPLIANCE.			
Inspector Information			
Name: August Perez IV	Badge Number: 651	Inspector Signature:	
Person to whom requirements were explained			
Name: Tripp	Title: LPSO	Signature:	

For questions regarding the contents of this report, please call: (225) 925 4911

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



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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

Inspection Report

Report # CB-22-018957-1

No Deficient/Cautious Codes cited.



Daniel H. Wallis
FIRE MARSHAL

L.R.S. 40:1577 APPEAL FROM ORDER

When an order is made by one of the deputies or representatives of the Fire Marshal, the owner or occupant of the building or premises may, within three days, appeal to the Fire Marshal. The Fire Marshal shall, within five days, review the order and advise the owner or occupant of his decision thereon. The owner or occupant may, within five days after the making of affirming of any such order of the Fire Marshal, file an application with the Board of Review.

RULES FOR APPEALING TO THE FIRE MARSHAL BOARD OF REVIEW

- I. Any application to the Board of Review shall contain the following basic information set off in organized fashion with captions indicating that the paragraph in question contains the following basic information.
 1. The name of the applicant.
 2. A brief description of the facts.
 3. A copy of the order of the Fire Marshal which is being appealed.
 4. A reference to the section of the law or code being reviewed.
 5. A brief description of why the applicant feels the requirements of the Fire Marshal is not within the Fire Marshal's authority, or brief description of why the interpretation of the Fire Marshal is incorrect or what specific relief is required by the applicant.
 6. A list of the individuals who will be appearing before the Board, and a brief description of the testimony or information they will be providing the Board.
 7. A list of all the documents which will be introduced or provided to the Board along with a brief description of the documents, and if possible, a copy of said documents.
 8. A list of each exhibit except for documents, and a brief description of the exhibit.
- II. Whenever possible, a notice of the meeting, date and place, and the agenda will be recorded in the Louisiana Register, however, whenever that is not possible, a copy of the meeting notice including the date, time and place, and agenda of the meeting of the Board will be published in the official notices of the official state journal; furthermore, a press release containing the same information will be mailed to the official journals of the cities of Shreveport, Monroe, Lafayette, Lake Charles, Alexandria, New Orleans, and Baton Rouge and any city or town in which the meeting of the Board is to be held if it is not one of the aforementioned major cities; and the same information shall be mailed to each individual who has notified the Fire Marshal of his desire to receive a notice of such appeal.
- III. A copy of the determination of the Board as prepared by the Chairman will be mailed to each individual who requests a copy of that specific determination as well as to the applicant.
- IV. The time delays for filing an appeal shall be those specified in R.S.40:1577 and 40:1578 1 D.

13175560

LOUISIANA STATE FIRE MARSHAL
BOILER INSPECTION DIVISION

TYPE: PWB	MANUFACTURER: Ruud	INSPECTOR: Rhett Termini
SIZE: 85	OPERATING LOCATION: Mech Bldg 200	DATE INSPECTED: 4/13/2021
STATE NO: 182253LA	OWNER/USER: Livingston Parish Detention Center	
DATE EFFECTIVE: 04/13/2021	28445 Charley Watts Rd	INSPECTION AGENCY: State of Louisiana
DATE EXPIRES: 04/13/2023	Livingston, LA, 70754-2501	CERTIFICATE TYPE: External Cert

CERTIFICATE OF INSPECTION

THIS IS TO CERTIFY THAT THE HEREIN DESCRIBED VESSEL MAY BE OPERATED AT
A PRESSURE NOT TO EXCEED 150 PSI FOR 24 MONTHS FROM THE DATE EFFECTIVE,
UNLESS SOONER WITHDRAWN OR REVOKED FOR CAUSE.

MAIL CERTIFICATE TO: ATTENTION - Robert Hitt
Facilities Manager
Livingston Parish Council
PO Box 427
Livingston, LA 70754-0427

MANDATORY
POST CERTIFICATE UNDER GLASS IN BOILER ROOM

STATE FIRE MARSHAL

CERTIFICATE FEE - \$	55.00
INSPECTION FEE - \$	55.00
PENALTY FEE - \$	55.00
TOTAL FEES PAID - \$	55.00



13175560

LOUISIANA STATE FIRE MARSHAL
BOILER INSPECTION DIVISION

TYPE: PWB	MANUFACTURER: Ruud	INSPECTOR: Rhett Termini
SIZE: 85	OPERATING LOCATION: Mech Bldg 200	DATE INSPECTED: 4/13/2021
STATE NO: 182254LA	OWNER/USER: Livingston Parish Detention Center	
DATE EFFECTIVE: 04/13/2021	28445 Charley Watts Rd	INSPECTION AGENCY: State of Louisiana
DATE EXPIRES: 04/13/2023	Livingston, LA, 70754-2501	CERTIFICATE TYPE: External Cert

CERTIFICATE OF INSPECTION

THIS IS TO CERTIFY THAT THE HEREIN DESCRIBED VESSEL MAY BE OPERATED AT
A PRESSURE NOT TO EXCEED 150 PSI FOR 24 MONTHS FROM THE DATE EFFECTIVE,
UNLESS SOONER WITHDRAWN OR REVOKED FOR CAUSE.

MAIL CERTIFICATE TO: ATTENTION - Robert Hitt
Facilities Manager
Livingston Parish Council
PO Box 427
Livingston, LA 70764-0427

MANDATORY
POST CERTIFICATE UNDER GLASS IN BOILER ROOM

STATE FIRE MARSHAL

CERTIFICATE FEE - \$	55.00
INSPECTION FEE - \$	55.00
PENALTY FEE - \$	55.00
TOTAL FEES PAID - \$	55.00



13175560

**LOUISIANA STATE FIRE MARSHAL
BOILER INSPECTION DIVISION**

TYPE: Other

MANUFACTURER: Cleveland

INSPECTOR: Rhett Termini

SIZE: 0

OPERATING LOCATION: Kitchen

DATE INSPECTED: 4/13/2021

STATE NO: 182256LA

OWNER/USER: Livingston Parish Detention Center

DATE EFFECTIVE: 04/13/2021

28445 Charley Watts Rd

INSPECTION AGENCY: State of Louisiana

DATE EXPIRES: 04/13/2023

Livingston, LA, 70754-2501

CERTIFICATE TYPE: External Cert

C E R T I F I C A T E O F I N S P E C T I O N

**THIS IS TO CERTIFY THAT THE HEREIN DESCRIBED VESSEL MAY BE OPERATED AT
A PRESSURE NOT TO EXCEED 15 PSI FOR 24 MONTHS FROM THE DATE EFFECTIVE,
UNLESS SOONER WITHDRAWN OR REVOKED FOR CAUSE.**

**MAIL CERTIFICATE TO: ATTENTION - Robert Hitt
Facilities Manager
Livingston Parish Council
PO Box 427
Livingston, LA 70754-0427**

**M A N D A T O R Y
POST CERTIFICATE UNDER GLASS IN BOILER ROOM**

STATE FIRE MARSHAL

CERTIFICATE FEE - \$	75.00
INSPECTION FEE - \$	75.00
PENALTY FEE - \$	75.00
TOTAL FEES PAID - \$	75.00



13175560

LOUISIANA STATE FIRE MARSHAL
BOILER INSPECTION DIVISION

TYPE: Steam Cooker

MANUFACTURER: Cleveland

INSPECTOR: Rhett Termini

SIZE: 0

OPERATING LOCATION: kitchen

DATE INSPECTED: 4/13/2021

STATE NO: 185301LA

OWNER/USER: Livingston Parish Detention Center

INSPECTION AGENCY: State of Louisiana

DATE EFFECTIVE: 04/13/2021

28445 Charley Watts Rd

CERTIFICATE TYPE: External Cert

DATE EXPIRES: 04/13/2023

Livingston, LA, 70754-2501

C E R T I F I C A T E O F I N S P E C T I O N

THIS IS TO CERTIFY THAT THE HEREIN DESCRIBED VESSEL MAY BE OPERATED AT
A PRESSURE NOT TO EXCEED 50 PSI FOR 24 MONTHS FROM THE DATE EFFECTIVE,
UNLESS SOONER WITHDRAWN OR REVOKED FOR CAUSE.

MAIL CERTIFICATE TO: ATTENTION - Robert Hitt
Facilities Manager
Livingston Parish Council
PO Box 427
Livingston, LA 70754-0427

M A N D A T O R Y
POST CERTIFICATE UNDER GLASS IN BOILER ROOM

STATE FIRE MARSHAL

CERTIFICATE FEE - \$	55.00
INSPECTION FEE - \$	55.00
PENALTY FEE - \$	55.00
TOTAL FEES PAID - \$	55.00





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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

Permit Number 32-01-224	Permit Name Livingston Parish Jail & Annex-224	
Name of Establishment Livingston Parish Jail & Annex-224	Owner Name LIVINGSTON PARISH DETENTION CENTER	
Address 28445 Charlie Watts RD Livingston, LA 70754	Date 04/20/2022	Time 10:00 AM

LAC TITLE 51 PART XVIII

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.		
Category	Code Reference	Description of Violations
Building Requirement	101	6 - The ceilings are not in good repair. ceiling tiles with water damage: C-hall, kitchen hall, booking area/ ceiling tiles missing; booking area

Comments:

Verbal acknowledgement of report provided by SSgt Jeremy Tripp/Kitchen Supervisor
Copy of report emailed to jtripp@lpsco.org

Number Licensed For 673	Number in Attendance 626	License Anniversary 04/30/2022	
Sanitarian Name/Print Manuel Morejon	Phone # 225-686-1786	Sanitarian Signature <i>Manuel Morejon</i>	R.S. # 3210

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to
Correct Critical Violations by _____ Correct Non-Critical Violations by _____

Name/Title
SSgt Jeremy Tripp/Kitchen Supervisor

Signature of Recipient
N/A



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Retail Food
Notice of Violations

Routine/Renewal

Permit Number 32-0001150-1	Permit Name LIVINGSTON PARISH DETENTION CENTER jail	
Name of Establishment LIVINGSTON PARISH DETENTION CENTER	Owner Name LIVINGSTON PARISH DETENTION CENTER	
Address 28445 CHARLIE WATTS RD LIVINGSTON, LA 70754	Date 04/20/2022	Time 10:00 AM

LAC TITLE 51 PART XXIII

Comments:

Verbal acknowledgement of report provided by SSgt Jeremy Tripp/Kitchen Supervisor
Copy of report emailed to jtripp@lpsa.org

NOTICE RS 40:31.38 (ACT 66)

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

Sanitarian Name/Print	Phone #	Sanitarian Signature	R.S. #
Manuel Morejon	225-686-1786	<i>Manuel M</i>	3210

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to
Correct Critical Violations by _____ Correct Non-Critical Violations by _____

Name/Title
SSgt Jeremy Tripp/Kitchen Supervisor

Signature of Recipient
N/A

STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No.	Anniversary Month APRIL
Name of Establishment LIVINGSTON PARISH JAIL & ANNEX-224	Mailing Address
Address 28445 CHARLIE WATTS RD	
City, state, Zip Code LIVINGSTON LA 70754	
Type of Facility JAILS 673 628	
Parish Livingston	Date Inspected 04/20/2022

The above establishment has been inspected by a representative of this section, and:

- License is Recommended;
- License is Not Recommended;
- License is Pending Reinspection;

from the standpoint of sanitation

MANUEL MOREJON

3 2 1 0

Louisiana Department of Health / Office of Public Health

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

ANNUAL

Print Date 05/03/2022

Expires on 06/30/2023

Type of Operation Retail Food

2022 PERMIT TO OPERATE 2023

Description

Permanent Food Service Establishment

PERMIT NUMBER

32-0001150-1

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

LIVINGSTON PARISH DETENTION CENTER
28445 CHARLIE WATTS RD
LIVINGSTON LA 70754

LIVINGSTON PARISH DETENTION CENTER jail
28445 CHARLIE WATTS RD
LIVINGSTON LA 70754

JOSEPH KANTER, M.D.
STATE HEALTH OFFICER

Louisiana Department of Health / Office of Public Health

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

ANNUAL

Print Date 05/03/2022

Expires on 06/30/2023

Type of Operation Retail Food

2022 PERMIT TO OPERATE 2023

Description

Permanent Food Service Establishment

PERMIT NUMBER

32-0001150-1

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

LIVINGSTON PARISH DETENTION CENTER
28445 CHARLIE WATTS RD
LIVINGSTON LA 70754

LIVINGSTON PARISH DETENTION CENTER jail
28445 CHARLIE WATTS RD
LIVINGSTON LA 70754

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 Manager of any changes regarding the above permitted establishment.

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

JACKSON, JENNIFER

Practice: KEYSTONE NUTRITION	Status: Active
Address: 101 VINEMONT DR. LAFAYETTE LA 70501-6579	Status: Fully Licensed
Address last updated on 9/1/2022	Class:
Phone #: (337) 356-2244	Restricted
Fax #:	to:
County: NOT OKLAHOMA	CME Year: 0
License: 2540	
Dated: 11/1/2020	
Expires: 10/31/2023	
License Type: Licensed Dietitian	
Specialty:	

Pending and/or Past Disciplinary Actions: No Disciplinary Action Taken.

All information below is entered by the licensee but not verified by the Oklahoma Medical Board

Locations:	Hours:	Languages:
KEYSTONE NUTRITION 101 VINEMONT DR. LAFAYETTE LA 70501-6579		
Phone #: (337) 356-2244		
Fax #:		

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Livingston Parish DC

Date: October 27, 2022

Name of Program: FDIC Money Smart for Young Adults

Date of Program Implementation: January 2017

Primary Area of Service Provided:

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

Program has been certified by DPS&C? Yes No

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

Has program curriculum changed during preceding 12 months? Yes No

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

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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


Monitoring Team Member or BJG Team Member/Leader

10/27/22
Date

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Livingston Parish DC

Date: October 27, 2022

Name of Program: Risk Management (Phase I & Phase II)

Date of Program Implementation: January 2016

Primary Area of Service Provided:

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

Program has been certified by DPS&C? Yes No

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

Has program curriculum changed during preceding 12 months? Yes No

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

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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


Monitoring Team Member or BJG Team Member/Leader

10/27/2022
Date

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Livingston Parish DC

Date: October 27, 2022

Name of Program: Partners in Parenting

Date of Program Implementation: January 2016

Primary Area of Service Provided:

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

Program has been certified by DPS&C? Yes No

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

Has program curriculum changed during preceding 12 months? Yes No

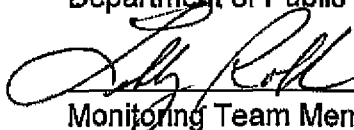
Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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


Monitoring Team Member or BJJ Team Member/Leader

10/27/22
Date

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Livingston Parish DC

Date: October 27, 2022

Name of Program: Understanding & Reducing Angry Feelings

Date of Program Implementation: January 2016

Primary Area of Service Provided:

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

Program has been certified by DPS&C? Yes No

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

Has program curriculum changed during preceding 12 months? Yes No

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

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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



Monitoring Team Member or BJJ Team Member/Leader

10/27/22

Date

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Livingston Parish DC

Date: October 27, 2022

Name of Program: IC3

Date of Program Implementation:

Primary Area of Service Provided:

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

Program has been certified by DPS&C? Yes No

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

Has program curriculum changed during preceding 12 months? Yes No

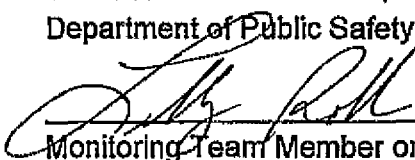
Is there an objective method used to assess completion? Yes No

Detailed records are maintained on the following:

- | | | |
|---|---|-----------------------------|
| All offenders who apply. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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



Monitoring Team Member or BJJ Team Member/Leader

10/27/22

Date

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANC
SECRETARY

December 8, 2022

MEMORANDUM

TO: The Honorable Jason G. Ard
Sheriff of Livingston Parish

FROM: James M. Le Blanc
Secretary

RE: East Feliciana Parish Prison

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) recertification inspection that was conducted at Livingston Parish Detention Center on September 7, 2022 and then a follow-up visit on October 27, 2022.

During the inspection of the facility the following was noted:

- The Team found a few areas that needed evacuation routes and exit signs.
- Team suggested placing flex cuffs on an inventory and storing in a more accessible location.
- All outside buildings had no tool inventories, issues logs, etc. Team explained that to better show control the tools need to be engraved. Maintenance cart was inventoried, however there was a discrepancy with a tape measure.
- While conducting the medical walkthrough, Team suggested that all sharps be counted daily and stored behind double locks, go through inventory and remove expired items, any supplies that are not being used and date all open bottles and vials of medication to ensure control. On October 27th, the Team noted that all suggestions had been implemented by staff.

Guideline II-A-018 "Offender Drug Testing", was found to be non-compliant. Facility failed to meet the monthly 5% drug testing requirement. However, this has been corrected and facility is now meeting the guideline.

Please note, during the walkthrough the only issue brought to the team's attention by the offenders was that on occasion when they made an alleged medical emergency they might not be seen that same day. DPS&C encourages compliance with IV-C-013 "Infirmary Care".

Livingston Parish Detention Center had 62 HiSet completions during the reporting period. This facility is to be commended for their exceptional Educational Program.

At this time DPS&C is recertifying this facility in compliance with the "Basic Jail Guidelines" with annual monitoring.

Congratulations to you and your staff on this accomplishment 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
Ben Ballard, Warden, Livingston Parish Detention Center
Seth Smith, Chief of Operations
Timothy Hooper, Warden, LSP
Elisabeth Roblin, BJG Team Leader