

Department of Public Safety & Corrections  
State of Louisiana

JOHN BEL EDWARDS  
GOVERNOR



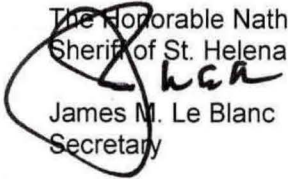
JAMES M. LE BLANC  
SECRETARY

A handwritten signature in blue ink, appearing to be "JML", located below the name of the Secretary.

September 21, 2023

**MEMORANDUM**

**TO:** The Honorable Nathaniel "Nat" Williams  
Sheriff of St. Helena 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) annual inspection that was conducted at St. Helena Parish Jail on July 19, 2023. The facility continues to provide a secure, safe, and stable environment for DOC offenders in their custody. However, there were several findings along with plan of actions worth noting:

**IV-C-006 "Health Screens"** - The facility has not been ensuring this is completed.  
Plan of Action - The facility is going to start sending inmates (DOC) to the hospital to complete health screens once they turn from Parish to DOC.

**IV-C-008 "Annual TB Testing"** - The facility has not been ensuring this is completed.  
Plan of Action - The facility is going to start sending inmates (DOC) to the hospital to complete health screens once they turn from Parish to DOC.

**IV-E-001 "Alleged and Substantiated Sexual Assaults"** - The facility is still showing Clay Williams as their PREA trainer who is no longer working for them.  
Plan of Action - The facility is in the process of finding someone new with accurate credentials to be the PREA trainer.

At this time DPS&C will continue with annual monitoring visits. Thank you for your support of the BJG process.

JML/mwk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association  
Brian Muse, Warden, St. Helena Parish Jail  
Seth Smith, Chief of Operations  
Timothy Hooper, Warden, LSP  
Elisabeth Roblin, BJG Team Leader



# BJG MONITORING REPORT

Annual with a Waiver

Rev. 03/22/2022 mw

**Facility Name:** St. Helena Parish Jail  
**BJG Team Leader & Monitors:** Libby Roblin, Team Leader; Amber Vittorio, Monitor; Joey Reagan, Monitor; and Keaira Smith, Monitor  
**Facility Warden & Email Address:** Brian Muse, Warden / bmuse@sthelenaso.org  
**Facility Staff:** Keyunna Elsie, Brandon Brunet, Deputy  
**BJG Inspection Date:** July 19, 2023  
**Previous BJJ Inspection Date:** November 3, 2022  
**Operational Capacity:** 56  
**Count on Day of Visit:** 42

**Concerns or Issues from the previous BJJ Monitoring Inspection:** NONE

	# MALE	# FEMALE	TOTAL
Number of DOC Inmates	12	0	12
Number of Local Inmates	30	0	30
Number of Out of State Inmates	0	0	0
Number of Federal Inmates	0	0	0
Number of ICE Detainees	0	0	0
<b>TOTAL</b>	<b>42</b>	<b>0</b>	<b>42</b>

**Number of DOC Inmates that are:**

Single Bunked 0  
Double Bunked 12  
Triple Bunked 0  
**Total** 12

**Number of DOC Inmates that are in Restricted Housing:**

Single Bunked 0  
Double Bunked 0  
Triple Bunked 0  
**Total** 0

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

Month/Year	Off/Off	Off/Off w/sig inj	Inmate/Staff	Off/Staff w/sig inj
November 2022	0	0	0	0
December 2022	0	0	0	0
January 2023	0	0	0	0
February 2023	0	0	0	0
March 2023	0	0	0	0
April 2023	0	0	0	0
May 2023	0	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
November 2022	0	0	0	0	0
December 2022	0	0	0	0	0
January 2023	0	0	0	0	0
February 2023	0	0	0	0	0
March 2023	0	0	0	0	0
April 2023	0	0	0	0	0
May 2023	0	0	0	0	0

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

Facility operates with a waiver; therefore, they are not required to maintain BJJ files, but have chosen to do so.

**Living Area:**

The facility is an older jail with cellblock style housing. The overall appearance of the facility was very clean and orderly on the date of the visit.

All fire extinguishers, first aid kits and evacuation routes were in compliance and posted in the designated areas.

Laundry is being done on a daily basis for all inmates.

- **Dorms:** N/A
- **Cell Block:** Overall appearance was very clean, clutter free, and well maintained on date of monitoring visit.

**Culinary/Dining:** Kitchen area was well organized and very clean. Utensils were spot checked and no discrepancies were found. All inventory and issuance logs were accurate and being maintained according to guidelines. Freezer/coolers/dry storage temperature logs are being maintained AM and PM, and temperatures documented were within the required range. All food being stored is dated and rotated according to guidelines.

**Bathrooms:** Overall appearance well maintained and in working order with hot and cold water on the date of the visit.

**Yard Areas:** Overall appearance was clean on the date of monitoring visit. The logbook was reviewed and inmates were offered yard time the required three times per week.

**Maintenance:** Maintenance shop is outside of secure perimeter. Area was clean and organized on date of visit. Tools and chemicals spot checked and no discrepancies were found.

**REVIEW AND COMMENT ON THE FOLLOWING BASIC JAIL GUIDELINES:** (Compliant or Non-Compliant)  
 Facility operates with a waiver; therefore, they are not required to maintain BJJ files, but have chosen to do so.

**SEE ATTACHED SPREADSHEET**

**II-A-007 Counts (MANDATORY): Compliant**

- How many formal counts are conducted each shift?  
3 major counts and 4 minor counts
- How many counts are conducted each day?  
7 total daily
- **Stick outs counts**
  - How does the facility accomplish this?  
Major counts – inmates are located at the facility for count. Minor counts – if inmate(s) is outside of the facility they are counted at their location.
  - Does this process ensure accountability and safe/secure operation of the facility?  
Yes – the facility has limited facility movement and minimal to no off site facility movement.

**II-A-018 Inmate Drug Testing** (Please list monthly since the previous BJJ monitoring visit.)

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
November 2022	3	12	25.00%	0
December 2022	3	12	25.00%	0
January 2023	3	11	27.27%	0
February 2023	3	10	30.00%	0
March 2023	3	13	23.08%	0
April 2023	3	13	23.08%	0
May 2023	3	14	21.43%	0

**III-A-001 Rules and Discipline (MANDATORY): Compliant**

- Does the facility's inmate orientation include the application process for applying for restoration of good time? Yes
- What is their restoration of good time application process for the inmate population?  
The inmate is given a blank copy of the application along with a preaddressed envelope to fill out and return to the warden's office to be mailed.
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes

**IV-C-001 Access to Care/Clinical Services (MANDATORY): Compliant**

(Does the facility charge a co-payment? If so, approved by DPS&C?):

**VI-B-002 Grievance Process (MANDATORY): Compliant**

- Does grievance process include at least two levels of review?  
Yes
- Who is the designee at each level of review?  
1<sup>st</sup> – Administrative staff, 2<sup>nd</sup> – Warden
- What is the specified time period for response at each level?  
1<sup>st</sup> – 30 days from date of receipt; 2<sup>nd</sup> – 15 days from date of receipt

**OTHER:** Facility needs to update files that are maintained to reflect the updated guideline numbers and titles where applicable.

**STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:** Staff morale on the date of the visit was perceived as well. All staff were extremely professional and willing to assist in any way. The Warden and his staff communicate well and are working toward the same goals of public safety, while ensuring staff and inmate safety.

**INMATE COMMENTS/MORALE/QUALITY OF LIFE:** No inmates on the date of the visit expressed any complaints or concerns.

**RECOMMENDATION:** Recommend continued annual monitoring visits.



67 Files

Facility: St. Helena Jail		Date Conducted: 7/19/23
Monitors: Libby Roblin, Team Leader; Amber Vittorio, Monitor; Joey Reagan, Monitor; and Keaira Smith, Monitor		
<b>BASIC JAIL GUIDELINES (BJG)</b>		
<b>PART I - SAFETY</b>		
<b>A. PROTECTION FROM INJURY AND ILLNESS</b>		
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		
	<b>Findings</b>	<b>Response</b>
<b>I-A-001 Safety/Sanitation/Inspections (MANDATORY)</b> The facility complies with all applicable laws and regulations of the State Sanitation Officer and the State Fire Marshal. The following inspections are implemented: •Weekly sanitation inspections of all facility areas by a qualified departmental staff member. •Weekly inspections of all food service areas, including dining and food preparation areas and equipment. •Water temperature in housing areas is checked and recorded daily. •Comprehensive and thorough monthly inspections by a safety/sanitation specialist for compliance with sanitation, safety and fire prevention standards. •At least annual inspections by the State Sanitation Officer and the State Fire Marshal. <b>Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports</b>	Compliant	
<b>B. VEHICLE SAFETY</b>		
References: Dept. Reg. OP-A-3		
<b>I-B-001 Offender Transport</b> 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. <b>Visual Inspection: documentation of staff training, documentation of medical, funeral, etc. (outside trips)</b>	waiver	
<b>C. EMERGENCY PREPAREDNESS/RESPONSE</b>		
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		
<b>I-C-001 Emergency Plan (MANDATORY)</b> 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 "Facility Response to Major Incidents." <b>Visual Inspection: training records, facility logs, documentation of approval of plan, documentation of annual review, documentation of staff receipt, training on the plan</b>	Compliant - file documentation shows the facility is in accordance with the guideline	
<b>I-C-003 Fire Safety/Code Conformance (MANDATORY)</b> 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. <b>Visual Inspection: documentation of fire alarm and detection system maintenance and testing, plans for addressing deficiencies</b>	Compliant	



	Findings	Response
<p><b>I-C-005 Flammable, Caustic and Toxic Materials</b> Written policy, procedure and practice govern the control and use of all flammable, toxic and caustic materials. <b>Visual Inspection: Staff training records, offender training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.</b></p>	waiver	
<p><b>I-C-006 Operational Capacity</b> 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. <b>Visual Inspection: facility count sheets</b></p>	Compliant	
<b>PART II - SECURITY</b>		
<b>A. PROTECTION FROM HARM</b>		
<b>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</b>		
<p><b>II-A-002 Secure Perimeter</b> 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. <b>Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls</b></p>	waiver	
<p><b>II-A-006 Staff Log (MANDATORY)</b> 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 BJJG I-C-001 for reporting requirements to DPS&amp;C. <b>Visual Inspection: copies of log book, records of staff deployment</b></p>	waiver	
<p><b>II-A-007 Counts (MANDATORY)</b> 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. <b>Visual Inspection: completed forms, facility records/logs.</b></p>	Compliant. <i>Suggested to facility that the backup include two consecutive days.</i>	



	Findings	Response
<p><b>II-A-008 Offender Population Management System</b> 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&amp;C facility.</p> <ul style="list-style-type: none"> <li>• Master prison form;</li> <li>• Bill of Information and Court Minutes OR Uniform Commitment Order;</li> <li>• One photograph;</li> <li>• Reports of disciplinary actions, grievances, incidents or crimes committed while in custody;</li> <li>• Records of program participation, work assignments, and classification actions;</li> <li>• Any government issued identification (i.e., driver's license, social security card or birth certificate/birth card or any other valid identification);</li> <li>• Offender health record (see BJJ IV-D-004).</li> </ul> <p>In addition to the maintenance of the above information, the following shall be collected after sentencing and forwarded to the appropriate DPS&amp;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"> <li>1. Master prison form;</li> <li>2. DPS&amp;C Credit for DOC Commitment (Jail Credit letter);</li> <li>3. AFIS suspect Rap Sheet with Photo (to include offender's SID # and ATN # for the disposition of the Hard Labor disposition);</li> <li>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</li> <li>5. DPS&amp;C Acknowledgements and Signature Statement form.</li> </ol> <p><b>Visual Inspection: completed forms, reports, offender record</b></p>	<p><b>Compliant - all backup documentation displayed perfectly that the facility is completing and maintaining records according to guideline.</b></p>	
<p><b>II-A-009 Intake - Legal Commitment and Medical Service</b> 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><b>Visual Inspection: Completed Admission forms, facility logs.</b></p>	<p><b>Compliant</b></p>	
<p><b>II-A-010 Admissions</b> Admission processes for a newly admitted offender include, but are not limited to:</p> <ul style="list-style-type: none"> <li>•Searching of the offender and personal property;</li> <li>•Inventorying and providing secure storage of personal property;</li> <li>•Providing an itemized receipt for personal property;</li> <li>•Recording of basic personal data;</li> <li>•Performing a criminal history check;</li> <li>•Photographing and fingerprinting;</li> <li>•Separating from the general public;</li> <li>•Providing a health screening to assess and identify any health and safety needs in accordance with BJJ IV-C-006;</li> </ul> <p><b>Visual Inspection: intake and admission forms, screening forms, inventory form, receipt form</b></p>	<p><b>Compliant - backup documentation was on the same inmate and very organized. It included full fingerprint, property checks, list for items issued at intake, intake health screen, etc.</b></p>	
<p><b>II-A-012 Classification System</b> 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"> <li>• Identifies the appropriate level of custody for each offender</li> <li>• Identifies appropriate housing assignment</li> <li>• Identifies the offender's interest and eligibility to participate in available programs</li> </ul> <p><b>Visual Inspection: offender housing records, offender classification records</b></p>	<p><b>Compliant</b></p>	





	Findings	Response
<p><b>II-A-016 Photo Identification (MANDATORY)</b> The facility shall provide each DPS&amp;C offender with photo identification, which the offender shall carry/wear on their person at all times. <b>Visual Inspection: Offender identification card/wristband.</b></p>	waiver	
<p><b>II-A-018 Offender Drug Testing (MANDATORY)</b> 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&amp;C offender population shall be drug tested on a monthly basis. <b>Visual Inspection: Facility log, documentation of alcohol/drug testing of offenders.</b></p>	Compliant - facility is consistent every month with meeting this guideline	
<p><b>II-A-019 Offender Transfers</b> All transfers of DPS&amp;C offenders to other than DPS&amp;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&amp;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&amp;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. <b>Visual Inspection: facility logs, documentation of transfers of DPS&amp;C offenders to other than DPS&amp;C facilities</b></p>	Compliant	
<p><b>II-A-020 Cell Checks (MANDATORY)</b> 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. <b>Visual Inspection: Facility logs, documentation of frequency of cell checks.</b></p>	Compliant - facility does not have cellblocks, only open dorms. They are conducting checks on these areas every 45-60 minutes.	
<p><b>B. USE OF PHYSICAL FORCE</b></p>		
<p><b>References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Regs. HCP33, HCP40, OP-A-19, OP-A-16, OP-A-3</b></p>		
<p><b>II-B-001 Use of Force</b> 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&amp;C offender results in the termination and/or arrest of an employee, the facility shall immediately report the incident to the DPS&amp;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&amp;C, Chief of Operations within three business days. <b>Visual Inspection: facility records, logs, incident reports, training records</b></p>	waiver	



	Findings	Response
<p><b>II-B-002-1 Use of Restraints for Pregnant Offenders</b> Written policy, procedure, and practice complies with the following requirements: <b>Restraints During Pregnancy</b> 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"> <li>1. Restraints During the Second and Third Trimester                             <ol style="list-style-type: none"> <li>a. The type of restraint applied and the application of the restraint shall be done in the least restrictive manner necessary;</li> <li>b. An electronic restraint belt shall never be used;</li> <li>c. The offender shall never be handcuffed behind the back;</li> <li>d. The offender shall never be restrained using leg irons; and</li> <li>e. The offender shall never be placed in a face down position.</li> </ol> </li> <li>2. Restraints During Active Labor and Delivery                             <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>c. The Unit Medical Director shall provide guidance on the use of restraints on pregnant offenders prior</li> </ol> </li> <li>3. Restraints During Pregnancy-Related Medical Distress, Transportation, and the Period Following Delivery                             <ol style="list-style-type: none"> <li>a. Restraints shall not be used on a pregnant offender                                     <ol style="list-style-type: none"> <li>2) While she is being transported to a medical facility or LCIW for delivery or any pregnancy-related medical distress, or</li> <li>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"> <li>i. An immediate and serious threat of physical harm to herself, staff, or others; or</li> <li>ii. A substantial flight risk and the offender cannot be reasonably contained by other means.</li> </ol> </li> <li>b. If restraints are utilized during transportation or the period following delivery, the offender shall not be restrained using waist restraints under any circumstances.</li> </ol> </li> <li>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.</li> <li>5. Documentation of Restraints on Pregnant Offenders                             <ol style="list-style-type: none"> <li>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"> <li>1) The type of restraint used;</li> <li>2) The circumstances that necessitated the use of restraints; and</li> <li>3) The length of time the restraints were used.</li> </ol> </li> <li>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.</li> <li>c. This written record shall be made available as a public records request with the offender's identifying information redacted.</li> </ol> </li> </ol> <p><b>Visual Inspection: facility records, logs</b></p> </li></ol>	<p>Compliant</p>	
<p><b>II-B-004 Written Reports</b> 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"> <li>• Discharge of a firearm or other weapon</li> <li>• Use of less lethal devices to control offenders</li> <li>• Use of force to control offenders</li> <li>• Offender(s) remaining in restraints at the end of the shift</li> <li>• Emergency distribution of security equipment</li> </ul> <p><b>Visual Inspection: completed reports, facility records and logs</b></p>	<p>waiver</p>	



	Findings	Response
<b>C. CONTRABAND/SEARCHES</b>		
<b>References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. OP-A-8</b>		
<b>II-C-001 Procedures for Searches</b> 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. <b>Visual Inspection: observation, facility records and logs, offender and staff interviews</b>	Compliant	
<b>D. ACCESS TO KEYS, TOOLS, UTENSILS</b>		
<b>References: ACA CJS 1-2D-01</b>		
<b>II-D-001 Key, Tool, and Utensil Control (MANDATORY)</b> 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. Such policies and procedures in each local facility providing vocational programming and equipment funded and purchased by DPS&C shall abide by the terms of a Memorandum of Understanding (MOU) established with the DPS&C Reentry Division. <b>Visual Inspection: documentation of perpetual inventories</b>	Compliant	
<b>PART III - ORDER</b>		
<b>A. OFFENDER DISCIPLINE</b>		
<b>References: ACA CJS 1-2A-15, 1-3A-01, 1-6C-02, 1-6C-03, 1-6C-04, Dept. Reg. OP-C-1</b>		
<b>III-A-001 Rules and Discipline (MANDATORY)</b> Prior to being placed in the general population, each offender is provided with an orientation that includes facility rules and regulations, including access to medical care and the process for applying for restoration of good time. The facility shall follow and provide the DPS&C "Disciplinary Rules and Procedures for Adult Offenders", to the offender population. The offender must sign and date a statement acknowledging receipt of this information. ● If the Sheriff or local jail administrator believes that a loss of good time is appropriate, then the incident shall be fully documented and the offender transferred to the DPS&C for a disciplinary hearing to ensure due process in accordance with La. P.S. 15:571.4. <b>Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation</b>	Compliant - documentation in file proved the facility is following the guideline. It included inmates signing for rulebook, completed DB report. <i>Team suggested adding a letter stating inmate(DOC) will go to Bayou CC for DB Court.</i>	
<b>PART IV - CARE</b>		
<b>A. FOOD SERVICES</b>		
<b>References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04, 1-4A-06, Dept. Reg. IS-C-1</b>		
<b>IV-A-001 Food Storage Facilities</b> There are sanitary facilities for the storage of all foods that comply with applicable state and/or federal guidelines. <b>Visual Inspection: DHH inspection reports, internal inspection reports</b>	waiver	
<b>IV-A-003 Food/Dietary Allowances (MANDATORY)</b> 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. <b>Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations</b>	waiver	
<b>IV-A-006 Food Service Management (MANDATORY)</b> 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. <b>Visual Inspection: records of meals served and times served, facility logs</b>	waiver	



	Findings	Response
<b>B. HYGIENE</b>		
<b>References: ACA CJS 1-4B-01, 1-4B-02, 1-4B-03, 1-4B-04, Dept. Reg. IS-C-3</b>		
<b>IV-B-001 Plumbing Fixtures - Toilets and Washbasins (MANDATORY)</b> 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. <b>Visual Inspection: maintenance records or reports, inspections, documentation of periodic measurement of water temperature, offender grievances</b>	waiver	
<b>IV-B-002 Plumbing Fixtures - Showers (MANDATORY)</b> 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. <b>Visual Inspection: maintenance records or reports, inspections</b>	waiver	
<b>IV-B-004 Hygiene/Bedding Issue</b> 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. <b>Visual Inspection: documentation of issue and exchange</b>	waiver	
<b>IV-B-005 Personal Hygiene (MANDATORY)</b> 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. <b>Visual Inspection: documentation that items are provided, list of items available</b>	waiver	
<b>C. CONTINUUM OF HEALTH CARE SERVICES</b>		
<b>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.</b>		
<b>IV-C-001 Access to Care/Clinical Services (MANDATORY)</b> 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. <b>Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule.</b>	Compliant	



	Findings	Response
<p><b>IV-C-002 Adequate Equipment and Supplies (MANDATORY)</b> 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. <b>Visual Inspection: Photos</b></p>	waiver	
<p><b>IV-C-003 Provision of Treatment (MANDATORY)</b> The facility has a designated health authority responsible for health care services. Requests for health services are triaged by health trained persons to ensure that needs are addressed in a timely manner in accordance with the severity of the illness. Written policy, procedure and practice provide that anyone who provides health care services to offenders be licensed, registered or certified as appropriate to their respective professional disciplines. Such personnel shall only practice as authorized by their license, registration or certification. Standing orders are used in the treatment of offenders only when authorized in writing by a physician or dentist. (Standing orders are used in the treatment of identified conditions and for the on-sight emergency treatment of an offender.) <b>Visual Inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure</b></p>	waiver	
<p><b>IV-C-005 24 Hour Care (MANDATORY)</b> 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. <b>Visual Inspection: designated facility, provider lists, transportation logs</b></p>	waiver	
<p><b>IV-C-006 Health Screens</b> Written policy, procedure and practice require that all DPS&amp;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&amp;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"> <li>1. Current medical, dental or behavioral health problems and communicable diseases;</li> <li>2. Current treatment plan;</li> <li>3. Current medications, including psychotropic;</li> <li>4. History of hospitalization;</li> <li>5. Suicidal risk assessment;</li> <li>6. Use of alcohol or other drugs including need for possible detoxification;</li> <li>7. Possibility of pregnancy;</li> <li>8. Observation of the following:             <ol style="list-style-type: none"> <li>a. Appearance and behavior;</li> <li>b. Body deformities and other physical abnormalities;</li> <li>c. Ease of movement;</li> <li>d. Current physical traumas or characteristics and a determination of whether or not the offender should be recommended for immediate transfer to the DS&amp;C for appropriate care;</li> <li>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&amp;C for further evaluation and determination of appropriate housing placement. [Reference 2008 Resolution Agreement: US DOJ and LA DPS&amp;C.]</li> </ol> </li> <li>9. Current health insurance.</li> </ol> <p><b>Visual Inspection: health records, completed screening form, transfer logs</b></p>	The facility has not been ensuring this is completed.	Plan of Action - The facility is going to start sending inmates (DOC) to the hospital to complete health screens once they turn from Parish to DOC



	Findings	Response
<p><b>IV-C-006-1 Pregnancy Management (MANDATORY)</b> 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&amp;C offender is pregnant to ensure proper placement in a DPS&amp;C facility including transfer if necessary. <b>Visual Inspection: written policy and procedure, health record where pregnant offender received obstetrical services by a qualified provider, notification to DPS&amp;C when DPS&amp;C offender is pregnant, transfer logs</b></p>	Non-Applicable	
<p><b>IV-C-007 Communicable Disease and Infection Control Program</b> 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. <b>Visual Inspection: health records, clinic visit logs, documentation of waste pic up and/or cleaning logs</b></p>	waiver	
<p><b>IV-C-008 Annual TB Testing</b> 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&amp;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&amp;C Medical Director will determine if the offender requires physician or mid-level evaluation, based on the reported positive signs or symptoms. <b>Visual Inspection: health records</b></p>	The facility has not been ensuring this is completed.	Plan of Action - The facility is going to start sending inmates (DOC) to the hospital to complete health screens once they turn from Parish to DOC
<p><b>IV-C-009 Chronic Care Program (MANDATORY)</b> 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. <b>Visual Inspection: health records</b></p>	waiver	
<p><b>IV-C-010 Pharmaceuticals</b> Written policy, procedure, and practice approved by the health authority provide for the proper management of pharmaceuticals. Offenders are provided medication as prescribed. <b>Visual Inspection: health records, completed medication administration forms, inventories</b></p>	waiver	
<p><b>IV-C-012 Access to Sick Call (MANDATORY)</b> There is a process for all offenders to initiate requests for health services on a daily basis. Written policy, procedure and practice require that sick call is conducted by a physician and/or other qualified health care personnel who are licensed, registered or certified as appropriate to their respective professional discipline and who practice only as authorized by their license, registration or certification. Sick call shall be available to all offenders as follows:  <ul style="list-style-type: none"> <li>•Facilities with fewer than 100 offenders - 1 time per week;</li> <li>•Facilities with 100 to 300 offenders - 3 times per week;</li> <li>•Facilities with more than 300 offenders - 4 times per week.</li> </ul>                     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. <b>Visual Inspection: written policy and procedure</b></p>	Compliant	



	Findings	Response
<p><b>IV-C-013 Infirmary Care</b> 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&amp;C. It is particularly important that smaller facilities recognize the commitment of the DPS&amp;C to accept into their custody any DPS&amp;C offender whose condition is problematic. <b>Visual Inspection: admission or inpatient records, staffing schedule, completed form C-05-004-B</b></p>	Compliant	
<p><b>IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, Compassionate Release)</b> Any offender sentenced to DPS&amp;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&amp;C's Chief Nursing Officer via email to HQ-Medical-MentalHealthTransfers@la.gov or by fax to 225-342-1329. <b>Visual Inspection: health records, documentation of approval of DPS&amp;C's Chief Nursing Officer</b></p>	waiver	
<p><b>IV-C-014 Suicide Prevention and Intervention (MANDATORY)</b> 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&amp;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-001. <b>Visual Inspection: health records, documentation of staff training, documentation of observation of suicide watches.</b></p>	Compliant - On the day of the visit the staff had not had their annual training. The facility does have it planned for staff to be trained, they have a contract with Debra Thomas to train the staff.	
<p><b>IV-C-015 Offender Deaths (MANDATORY)</b> 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 BJC I-C-001. In addition, a written report of all offender deaths shall be submitted to DPS&amp;C on Form AM-I-4-x (via email to _DOC-HO_Cat_A_Notifications@la.gov or via fax to (225) 342 3349). <b>Visual Inspection: notification, reporting requirements, report to DPS&amp;C</b></p>	waiver	
<p><b>D. HEALTH SERVICES STAFF</b> <b>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</b></p>		
<p><b>IV-D-001 Health Care Quarterly Meetings (MANDATORY)</b> The health authority meets with the facility administrator at least quarterly. <b>Visual Inspection: documentation of meetings</b></p>	waiver	
<p><b>IV-D-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY)</b> 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. <b>Visual Inspection: verification of training, records and certificates</b></p>	waiver	
<p><b>IV-D-007 Internal Review/Quality Assurance (MANDATORY)</b> 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. <b>Visual Inspection: evaluation of major risk management events</b></p>	waiver	



	Findings	Response
<b>E. SEXUAL ASSAULT</b>		
<b>References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16, Dept. Regs. PS-D-3, OP-A-15</b>		
<p><b>IV-E-001 Alleged and Substantiated Sexual Assaults</b>                      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:</p> <ul style="list-style-type: none"> <li>• Prevention/intervention;</li> <li>• Self-protection;</li> <li>• Multiple channels of reporting sexual assault and sexual misconduct;</li> <li>• Protection from retaliation;</li> <li>• Treatment and counseling; and</li> <li>• DPS&amp;C zero tolerance for sexual assault and sexual misconduct</li> </ul> <p>When the occurrence/allegation of sexual assault or threat involves a DPS&amp;C offender, the facility shall report the incident to DPS&amp;C immediately, as outlined in BJJ I-C-001. An investigation is conducted and documented whenever a sexual assault or threat is reported. Investigative reports shall be submitted to the appropriate DPS&amp;C Regional BJJ Team Leader on Form OP-A-15-e "Standardized Case Report Form." The Regional BJJ Team Leader shall forward any investigation report to the DPS&amp;C PREA Investigation Colonel at Joel.Odom@la.gov. Victims of sexual assault are referred under appropriate security provisions to</p> <p><b>Visual Inspection: documentation of reports to DPS&amp;C, investigative reports</b></p>	<p>The facility is still showing Clay Williams as their PREA trainer who is no longer working for them. The Regulation C-01-022 in the file is dated 01/15/09 and needs to be updated.</p>	<p>Plan of Action - I emailed the facility the new regulation OP-A-15. The facility is in the process of finding someone new with accurate credentials to be the PREA trainer.</p>
<b>PART V - OFFENDER PROGRAMS AND ACTIVITY</b>		
<b>A. OFFENDER OPPORTUNITIES FOR IMPROVEMENT</b>		
<b>References: ACA CJS 1-5A-01, Dept. Reg. PS-F-1</b>		
<p><b>V-A-003 Visiting</b>                      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</p> <p><b>Visual Inspection: activity schedules, facility logs</b></p>	<p>waiver</p>	
<p><b>V-A-005 Exercise and Recreation Access (MANDATORY)</b>                      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&amp;C offenders. If a DPS&amp;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&amp;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><b>Visual Inspection: activity schedules, facility logs</b></p>	<p>waiver</p>	





	Findings	Response
<b>B. PROGRAMS AND SERVICES</b>		
<b>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</b>		
<p><b>V-B-001 Programs and Services</b> 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&amp;C approved programming, whether the program is administered by DPS&amp;C or other staff. The class files should include at a minimum:</p> <ol style="list-style-type: none"> <li>1. Screening of the offender(s) for program placement;</li> <li>2. Offender application to program;</li> <li>3. Program sign-in sheets and/or attendance rosters;</li> <li>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.);</li> <li>5. Copies of certificates of program completion, skills certifications, etc.;</li> <li>6. Signed copy of CTRP credit forms;</li> <li>7. Documentation for staff oversight if program is not administered and/or overseen by DPS&amp;C staff, and/or</li> </ol> <p><b>Visual Inspection: activity schedules, facility records and logs, offender records</b></p>	<p>Compliant - Facility's documentation was correct for the 4 classes scheduled. <i>Instructed them they need to place a copy of the instructor, Debra Allen, credentials.</i></p>	
<p><b>V-B-002 Educational Programming</b> The DPS&amp;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&amp;C offenders shall be submitted to the DPS&amp;C Education Director for review and approval. If the DPS&amp;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</p> <p><b>Visual Inspection: activity schedule, facility logs</b></p>	<p>waiver</p>	
<p><b>V-B-003 Substance Abuse Programs</b> 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"> <li>1. Substance Abuse Education/Relapse Prevention;</li> <li>2. 12 Step Recovery Meetings (i.e., Alcoholics Anonymous/Narcotics Anonymous);</li> <li>3. Living in Balance: Moving from a Life of Addiction to a Life of Recovery.</li> </ol> <p>Provisions for offender referrals and transfers to DPS&amp;C approved intensive residential substance abuse programs are made prior to placement in a transitional work program or release from custody.</p> <p><b>Visual Inspection: activity schedule, facility logs</b></p>	<p>Compliant - Living in Balance taught by Ms. Thomas...Adult Education Paraprofessional certificate contract 8/1/22 - 7/31/25</p>	
<p><b>V-B-007 Canteen/Commissary Spending Limits</b> The offender commissary spending limit shall be \$200. <b>Visual Inspection: facility logs/store sheet</b></p>	<p>waiver</p>	



	Findings	Response
<b>C. REENTRY</b>		
<b>References: Dept. Regs. IS-B-6, BOP3, IS-B-7, HCP31</b>		
<p><b>V-C-001 Releasing Offenders</b></p> <p>Procedures for releasing offenders from the facility include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• 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&amp;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.</li> <li>• Provision of a listing of available community resources.</li> <li>• 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.</li> <li>• 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.</li> <li>• Offenders identified as needing transportation, should be afforded a bus ticket from the facility to the residence plan address listed on the release paperwork.</li> <li>• For offenders with out of state residence plans, screen and complete an ICOT 4-6 months prior to release and submit to local P&amp;P district. If offender has no address, shelter placement shall be done by Local Jail Transitional Specialist or staff.</li> <li>• Provision of adequate street clothing for indigent offenders. Offenders shall not release in any prison issued attire, including but</li> </ul> <p><b>Visual Inspection: facility log, activity schedule</b></p>	Compliant	
<p><b>V-C-002 Regional Reentry Programs</b></p> <p>Facilities shall remain in compliance with any separate contract with the facility through which the DPS&amp;C reimburses for reentry programming which includes:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2. At least two forms of valid identification upon release, preferably a Louisiana State ID and Social Security Card;</li> <li>3. The development of a residential plan prior to release;</li> <li>4. Referral to community based service providers upon release.</li> <li>5. Ensuring that all DPS&amp;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.</li> </ol> <p>Regional Reentry Programs shall maintain reentry transition document envelopes for all DPS&amp;C offenders housed in local jails in their region, which include at a minimum, if applicable:</p> <ol style="list-style-type: none"> <li>1. Any valid forms of identification;</li> <li>2. Prescriptions and Medicaid card;</li> <li>3. Community service referrals; and</li> <li>4. CRANNUAL printed report.</li> </ol> <p>Regional Reentry Programs shall coordinate with local jails and Probation &amp; 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><b>Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan</b></p>	Compliant - documentation included regulation and s/o residence plan form, 2 forms of ID, provided resources at discharge, and inmate referral to specific DOC. Also had medicaid form, which is great they are completing that.	
<p><b>V-C-003 Pre-Parole Preparation</b></p> <p>The facility shall complete Form IS-B-7-c "Pre-Parole TIGER Questionnaire for Local Jail Facilities" and submit via e-mail to DPS&amp;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><b>Visual Inspection: offender record, completed questionnaire</b></p>	waiver	



	Findings	Response
<b>B. FAIR TREATMENT OF OFFENDERS</b>		
<b>References: ACA CJS 1-2A-16, 1-4C-01, 1-6B-01, 1-6B-02, Dept. Reg. OP-C-13</b>		
<b>VI-B-002 Grievance Process (MANDATORY)</b> 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.  <b>Visual Inspection: grievances</b>	Compliant	
<b>PART VII - ADMINISTRATION AND MANAGEMENT</b>		
<b>A. RECRUITMENT, RETENTION, AND PROMOTION</b>		
<b>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</b>		
<b>VII-A-001 Training and Staff Development</b> 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  <b>Visual Inspection: lesson plans, staff training records</b>	waiver	
<b>VII-A-002 Weapons Training</b> 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. <b>Visual Inspection: personnel records, training records</b>	Compliant	
<b>B. FACILITY ADMINISTRATION</b>		
<b>References: ACA CJS 1-4D-02, 1-7D-01, 1-7D-03, Dept. Reg. AM-I-4</b>		
<b>VII-B-003 Independent Financial Audit</b> 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. <b>Visual Inspection: annual audit</b>	waiver	
<b>VII-B-004 Facility Insurance</b> 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. <b>Visual Inspection: insurance policy</b>	waiver	



	Findings	Response
<p><b>VII-B-005 Mgmt. of Offender Personal Funds</b> Written policies and procedures shall govern the management of offender personal funds held in trust by the facility. The policies and procedures shall include:</p> <ul style="list-style-type: none"> <li>• Specific guidelines and controls for collecting, safeguarding, and disbursing offender personal funds;</li> <li>• Require offenders be provided receipts for all financial transactions;</li> <li>• Comply with general accounting procedures and state law; and</li> <li>• Establish a system of checks and balances.</li> </ul> <p><i>Any interest earned on monies other than operating funds accrues to the benefit of the offenders.</i></p> <p><b>Visual Inspection: offender records</b></p>	<p>waiver</p>	
<p><b>VII-B-006 Disposition of an Offender's Account upon Death</b> 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.</p> <p>Upon the death of an offender, facility staff shall do the following:</p> <ol style="list-style-type: none"> <li>1. Complete the Disposition of Offender Funds upon Death (DPS&amp;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.</li> <li>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.</li> <li>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"> <li>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.</li> <li>b. If the amount owed to the estate is greater than \$2,500, inform the claimant he/she must obtain a Judgment of Possession or</li> </ol> </li> <li>4. Pay all remaining debts of the decedent.</li> <li>5. Release the funds to the claimant upon receipt of the required form/judgment/affidavit.</li> <li>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.</li> <li>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.</li> <li>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"> <li>a. Follow the above steps required for disposition of funds upon death.</li> <li>b. Obtain a certified death certificate from the claimant.</li> <li>c. Attach the certified death certificate to form AM-C-2-b.</li> </ol> </li> </ol> <p>Unclaimed funds of deceased offenders are not considered abandoned property as provided in La. R.S. 15:866.2. If attempts to notify a spouse or heirs have been unsuccessful for a period of five years, the money in the offender's account should be submitted along with an unclaimed property report to the Department of Revenue and Taxation in compliance with La. R.S. 9:151</p> <p><b>Visual Inspection: offender records</b></p>	<p>waiver</p>	
<p><b>VII-B-007 Offender Records Security</b> 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><b>Visual Inspection: offender records</b></p>	<p>waiver</p>	
<p><b>VII-B-009 Annual Compliance Statement</b> Written policy, procedure and practice demonstrate that the facility shall submit an annual statement confirming continued compliance with the BJJ to the appropriate DPS&amp;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"> <li>1. A copy of the current Fire Marshal Report;</li> <li>2. A copy of the current Health Inspection Report;</li> <li>3. Any proposed or projected expansions;</li> <li>4. Any rehabilitative programs that are available;</li> <li>5. Summary of any re-entry initiatives/programs implemented by the facility.</li> </ol> <p><b>Visual Inspection: annual statement</b></p>	<p>waiver</p>	



	Findings	Response
INSPECTION REPORTS		
DEPARTMENT	Deficiencies	Corrective Action Taken
<b>Fire Marshall</b> Date of Current Report: 12/2/22 Maximum Capacity: 56	see attached	
<b>DHH - Health</b> Date of Current Report: 5/10/23 Maximum Capacity: 56	see attached	
<b>DHH - Retail Food</b> 5/10/2023	see attached	



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-22-008315-4

**No Deficient/Cautionary Codes cited.**

Location Information			
<b>Inspection Type</b>	Compliance Building Inspection	<b>Inspection Date</b>	12/2/2022 10:12:44 AM
<b>Structure ID</b>	5520	<b>No. of Buildings</b>	2
<b>Capacity</b>	56	<b>Year Built</b>	1967
<b>Building/Trade Name</b>	ST HELENA PARISH JAIL		
<b>Address</b>	387 SITMAN STREET, GREENSBURG, LA 70441		

Owner Information			
<b>Owner Type</b>	<b>Name</b>	<b>Contact Phone</b>	<b>Contact Email</b>
	ST HELENA POLICE JURY	(225) 222-4413	BRIAN.MUSE@STHSO.ORG
<b>Address</b>	387 SITMAN STREET, GREENSBURG, LA 70441		

Tenant Information			
<b>Name</b>	<b>Suite Number</b>	<b>Floor Number</b>	<b>Square Footage</b>

Occupancy Details	
<b>Occupancy Type</b>	<b>Details</b>
Institutional	INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 4

Comments
ALL PREVIOUS DEFICIENCIES WERE CORRECTED AT TIME OF INSPECTION. ACCEPTABLE FOR LICENSING AND CERTIFICATION.

Inspector Information		
<b>Name:</b> Johnathan Edwards	<b>Badge Number:</b> 753	<b>Inspector Signature:</b>

Person to whom requirements were explained		
<b>Name:</b> Stephanie Seals	<b>Title:</b> Deputies	<b>Signature:</b>

For questions regarding the contents of this report, please call: (504) 568 8506

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



Daniel H. Wallis  
FIRE MARSHAL

### Inspection Report

Report # CB-22-008315-4

**No Deficient/Cautiounary Codes cited.**

**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.



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

**Detention or Incarceration  
Notice of Violations**

Routine/Renewal

Permit Number 46-01-224	Permit Name St. Helena Parish Prison-224		
Name of Establishment St. Helena Parish Prison-224		Owner Name	
Address 387 Sitman ST Greensburg, LA 70441	Date 05/10/2023	Time 01:25 PM	

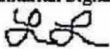
**LAC TITLE 51 PART XVIII**

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

Category	Code Reference	Description of Violations
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair. There is not a mixing faucet in Dorm 2 sink.

**Comments:**

Report acknowledged by Lt Brandon Brunett.  
Report will be emailed to Warden Brian Muse.

Number Licensed For 56	Number in Attendance 40	License Anniversary 05/31/2023
Sanitarian Name/Print Leann Lindsey	Phone # 225 222-4412	Sanitarian Signature 
		R.S. # 1399

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

Correct Critical Violations by

Correct Non-Critical Violations by

Signature of Recipient

Name/Title  
Lt. Brandon Brunett







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

**Retail Food  
Notice of Violations**

Routine/Renewal

Permit Number 46-0001044-1	Permit Name ST. HELENA PARISH JAIL Kitchen		
Name of Establishment ST. HELENA PARISH JAIL	Owner Name SAINT HELENA PARISH JAIL		
Address 387 SITMAN ST GREENSBURG, LA 70441	Date 05/10/2023	Time 12:55 PM	

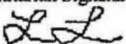
**LAC TITLE 51 PART XXIII**

**Comments:**

Inspection report acknowledged by Lt Brandon Brunett  
Report will be emailed to Warden Brian Muse

**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 Leann Lindsey	Phone # 225 222-4412	Sanitarian Signature 	R.S. # 1399
--	-------------------------	---	----------------

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

Correct Critical Violations by

Correct Non-Critical Violations by

Signature of Recipient

Name/Title  
Lt. Brandon Brunett



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH  INSTITUTION REPORT					
Agency License No. N/A	Anniversary Month MAY				
Name of Establishment ST. HELENA PARISH PRISON-224	Mailing Address				
Address 387 SITMAN ST					
City, state, Zip Code GREENSBURG LA 70441					
Type of Facility JAILS 56 40					
Parish St. Helena	Date Inspected 05/10/2023				
The above establishment has been inspected by a representative of this section, and: <input checked="" type="checkbox"/> License is Recommended; <input type="checkbox"/> License is <b>Not</b> Recommended; <input type="checkbox"/> License is Pending Reinspection;					
from the standpoint of sanitation.	LEANN LINDSEY	1	3	9	9
LHS 48 (R 7/99)				D 1014	

CERTIFIED TREATMENT AND REHABILITATION PROGRAM  
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: St. Helena Jail

Date: July 19, 2023

Name of Program: Living in Balance teacher: Debra Allen-Thomas

Date of Program Implementation: June 2023

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 inmates who apply.                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of inmates 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 |
| Inmate'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.

Amber Vitterio  
Monitoring Team Member or BJG Team Member/Leader

7/19/2023  
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM  
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: St. Helena Jail

Date: July 19, 2023

Name of Program: Cage your Rage teacher Debra Allen-Thomas

Date of Program Implementation: June 2023

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 inmates who apply.                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of inmates 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 |
| Inmate'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.

Amber Vitteio  
Monitoring Team Member or BJG Team Member/Leader

7/19/2023  
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM  
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: St. Helena Jail

Date: July 19, 2023

Name of Program: Inside out Dad teacher Debra Allen-Thomas

Date of Program Implementation: June 2023

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 inmates who apply.  Yes  No
- Number of inmates accepted.  Yes  No
- Number and type of services provided.  Yes  No
- Inmate's completion/termination from program.  Yes  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.

Amber Vitterio  
Monitoring Team Member or BJJ Team Member/Leader

7/19/2023  
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM  
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: St. Helena Jail

Date: July 19, 2023

Name of Program: Nurturing Parenting Program teacher Debra Allen-Thoma

Date of Program Implementation: June 2023

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 inmates who apply.  Yes  No
- Number of inmates accepted.  Yes  No
- Number and type of services provided.  Yes  No
- Inmate's completion/termination from program.  Yes  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.

Amber Vetterio  
Monitoring Team Member or BJJ Team Member/Leader

7/19/2023  
Date