Department of Public Safety & Corrections State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANG SECRETARY

November 17, 2023



MEMORANDUM

TO:

The Honorable "Tommy" Romero

Shorth of Iberia 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 Iberia Parish Correctional Center on October 19, 2023. The facility continues to provide a secure, safe, and stable environment for DOC inmates in their custody.

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

JML/mk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association Gary Westcott, Warden, Iberia Parish Jail

Seth Smith, Chief of Operations Kristen Thomas, Warden, LCIW

Carmisha Stinson, BJG Team Leader



BJG MONITORING REPORT

Annual

Rev. 08/01/2022 mwk

Facility Name:

Iberia Parish Correctional Center

BJG Team Leader & Monitors:

Carmisha Stinson (BJG Leader),

Lt. Shecawanayaki Matthews (Team member)

Facility Warden & Email Address: Major Gary Westcott Gwestcott@iberia.org

Facility Staff:

Total

DTY Angel Leblanc, Sgt. Corey Derouen

BJG Inspection Date:

October 19, 2023

Previous BJG Inspection Date:

September 12, 2022

Operational Capacity:

510

Count on Day of Visit:

333

Concerns or Issues from the previous BJG Monitoring Inspection:

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	73	3	76
Number of Local Offenders	213	23	236
Number of Out of State Offenders	1	0	1 (La parole hold)
Number of Federal Offenders	20	0	20
Number of ICE Detainees	0	0	0
TOTAL	307	26	333

Number of DOC Offenders that are:

Single Bunked	26
Double Bunked	50
Triple Bunked	0
Total	76
Number of DOC Offenders that are	e in Restricted Housing:
Number of DOC Offenders that are Single Bunked	e in Restricted Housing:
	_
Single Bunked	0

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
October 2022	2	0	0	0
November 2022	4	3	0	0
December 2022	6	1	0	0
January 2023	5	1	0	0
February 2023	3	1	0	0
March 2023	3	0	1	0
April 2023	2	0	2	0
May 2023	6	0	1	0
June 2023	6	1	1	0
July 2023	6	2	3	1
August 2023	9	2	1	1
September 2023	6	0	1	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
September 2022	0	0	0	0	0
October 2022	0	0	3	8	20
November 2022	65	0	3	8	20
December 2022	0	0	0	0	0
January 2023	5	0	12	19	62
February 2023	0	0	0	0	0
March 2023	0	0	0	0	0
April 2023	0	0	5	3	87
May 2023	0	0	4	0	4
June 2023	0	0	7	0	14
July 2023	0	0	3	0	15
August 2023	2	0	0	0	14
September 2023	0	0	0	0	63

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area: During the walk-through, the living areas were found clean, in order, and odor free.

Dorms: Dormitory areas were in order and clean and all offender's property was properly stored in the living area. The dormitory was odor free and well maintained.

Cell Block: The area was clean and odor free.

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

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

Yard Areas: The recreation area was clean and properly maintained.

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

REVIEW AND COMMENT ON THE FOLLOWING BASIC JAIL GUIDELINES: (Compliant or Non-Compliant)

I-A-001 Safety/Sanitation/Inspections (MANDATORY): Compliant

The facility is conducting weekly inspections. Fire Marshall and DHH inspections are done annually.

I-C-001 Emergency Plan (MANDATORY): Compliant

An emergency plan is in place. Employees are very knowledgeable and trained of the Emergency plan. Emergency exit signs were posted around the facility and well lit.

I-C-003 Fire Safety/Code Conformance (MANDATORY): Compliant

Policies and procedures are in place.

II-A-006 Staff Log (MANDATORY): Compliant

Documentation displayed accurate and sufficient information.

II-A-007 Counts (MANDATORY): Compliant

- How many formal counts are conducted each shift? Three
- How many counts are conducted each day? Six
- Stick outs counts
 - How does the facility accomplish this? Stick out counts are verified and called into the facility by the officer assigned to the area.
 - Does this process ensure accountability and safe/secure operation of the facility?
 Yes

II-A-008 Offender Population Management System: Compliant

The facility keeps all information documented and maintained on all offenders and the information is transferred out once the offender is transferred out

II-A-010 Admissions: Compliant

Policy and procedure in place with all forms being complete.

II-A-012 Classification System: Compliant

Does this 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?
 Offender criminal history and NCIC are pulled and reviewed prior to the final sign off and approval by the administration under set policies and guidelines.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

II-A-016 Photo Identification (MANDATORY): Compliant

Upon admission, all offenders received an institutional ID card.

II-A-018 Offender Drug Testing (MANDATORY): Compliant

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
October 2022	4	76	5%	0
November 2022	5	89	5%	0
December 2022	5	81	6%	1
January 2023	4	71	5%	0
February 2023	4	71	5%	0
March 2023	4	59	7%	1
April 2023	4	67	5%	0
May 2023	4	69	6%	0
June 2023	4	70	5%	0
July 2023	6	67	9%	0
August 2023	4	70	5%	0
September 2023	4	74	5%	0

II-A-019 Offender Transfers: Compliant

Paperwork is completed and approved before any offender transfers are completed.

II-A-020 Cell Checks (MANDATORY): Compliant

The facility has procedures that state the officer shall make rounds every 15-20 minutes in the area. Officer also has documented log books that indicate all rounds noted.

II-B-002-1 Use of Restraints for Pregnant Offenders: Compliant

The facility policy is compliant with DOC Regulations.

II-C-001 Procedures for Searches: Compliant

The facility conducts visual body searches on all offenders upon entering and exiting the facility. Staff has documentation indicating shakedowns. Policy and procedure are in place for all searches.

II-D-001 Key, Tool, and Utensil Control (MANDATORY): Compliant

The facility's keys, utensils, and tools were in order. All inventories and documentation are well kept. A locked shadow board was in place for culinary utensils that were used.

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

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

IV-A-003 Food/Dietary Allowances (MANDATORY): Compliant

IV-A-006 Food Services Management (MANDATORY): Compliant

A cycle menu was posted and in place with at least two hot meals served daily. Observed sample trays located in the cooler for at least 72 hours.

IV-B-001 Plumbing Fixtures – Toilets & Washbasins (MANDATORY): Compliant

All toilets and washbasins were in good working condition with available access.

IV-B-002 Plumbing Fixtures – Showers (MANDATORY): Compliant

IV-B-005	Personal Hygiene (MANDATORY): Compliant All offenders are provided with basic necessities for maintaining personal hygiene.
IV-C-001	Access to Care/Clinical Services (MANDATORY) (Does the facility charge a co-payment? If so, approved by DPS&C?): Compliant Offenders receive a facility handbook upon orientation into the facility about access to medical/health care.
IV-C-003	Provision of Treatment (MANDATORY): Compliant Policy and procedure in place.
IV-C-005	24 Hour Care (MANDATORY): Compliant Offenders have access to 24-hour care at the facility.
IV-C-006-1	Pregnancy Management (MANDATORY): Compliant Policy and procedure in place.
IV-C-008	Annual TB Testing: Compliant Documents of records kept for TB testing.
IV-C-009	Chronic Care Program (MANDATORY): Compliant Policy and procedure in place.
IV-C-012	Access to Sick Call (MANDATORY): Compliant Offenders can request sick calls (during medication pass) daily and are seen within 72 hours. The offenders can also request sick call through their tablets which is generated through a system. Medical providers are available daily.
IV-C-013	Infirmary Care: Compliant The facility has 24/7 medical care services.
IV-C-013-1	Medical Releases (Medical Parole, Medical Treatment Furlough, and/or Compassionate Release): Compliant: Policy in place.
IV-C-014	Suicide Prevention and Intervention (MANDATORY): Compliant The facility has mental health staff to evaluate offenders to manage their needs and treatment. Staff is trained in suicide prevention training.
IV-C-015	Offender Deaths (MANDATORY): Compliant The facility has a policy in place for steps to be taken in the event of an offender's death.
IV-C-016	Notification: Compliant Policy and procedure in place for notifying offender's family if the offender is in ICU.
IV-D-001	Healthcare Quarterly Meetings (MANDATORY): Compliant Documented health care meetings at least quarterly.
IV-D-004	Confidentiality of Health Information/Individual Health Record: Compliant Access to offender medical information and files is controlled and restricted to those who have legal authority. Medical records are stored in a secure restricted area and are forwarded with offenders upon transfer to another facility or DPS&C.

All showers were working properly with observable water temperature.

IV-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY): Compliant: Policy in place. IV-D-007 Internal Review/Quality Assurance (MANDATORY): Compliant Policy in place. IV-E-001 Alleged and Substantiated Sexual Assaults: Compliant 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 V-A-004 Religious Programs: Compliant V-A-005 Exercise & Recreation Access (MANDATORY): Compliant The facility has a policy in place for recreation. Offenders are offered recreation at least 3 times a week weather permitting. V-B-001 Programs and Services: Compliant List all Certified Treatment Programs (Attach Form IS-B-8-b) Thinking for a change Smart Money for Young Adults (FDIC) o LA Risk Management Phase 1/ Phase 2 Inside/ out Dad o Partners in Parenting CBI Employment Understanding & Reducing Angry Feelings List all other Offender Programs V-B-002 **Educational Programming:** Compliant **GED Program** 0 Number of GED Slots 0 Number of Participants 0 YTD Number of Completions Substance Abuse Programs: Compliant. Policy in place. V-B-003 V-C-001 Releasing Offenders: Compliant. Policy in place. V-C-002 Regional Reentry Programs (Are offenders released with two valid forms of identification?): Compliant. Offenders are released with two forms of IDs. V-C-004 Parole Board Procedures: Compliant - Policy and procedure in place.

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

- · Does the grievance process include at least two levels of review? Yes
- · Who is the designee at each level of review? AW, Warden, Sheriff
- What is the specified time period for response at each level? 15 at 1st level, 25 at 2nd level, 40 days at 3rd level.

VII-A-002 Weapons Training: Compliant

Staff are POST certified and receive training on the use of handling and retention of weapons.

VII-B-010 Monthly Reporting: Compliant. Documentation on file.

VII-B-012 Proposed Expansions: Compliant. None at this time.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Overall morale was good and staff seemed to be working together towards common goals. All employees conducted themselves professionally and respectfully.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

No complaints were made by any offender during the walk-through.

RECOMMENDATION:

At this time continued annual monitoring visits are recommended.



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-23-006044-1

Deficient/Cautionary Codes cited.



			10,5440	Loca	tion Inform	nation	.,			
Inspecti	on Type	Compliance	Building Insp	ection		lin	spection D	ate	9/7/202	3 4:41:19 PM
Structur	e ID	13170	13170 No. of Buildings 1 Facility Code J121							
Capacity	у	523	Ye	ar Built	1990	C	onstruction	Туре	Type III	A / (211)
	/Trade Na PARISH JA	me JL - MAIN DE	TENTION		Addres 3618 B		ARROW RO	DAD, NEV	/ IBERIA	A, LA 70560
				Own	ner Inform	ation				
Owner T	Owner Type Name					Contac	ct Phone	Contac	t Email	
Municipa	al Project		G. WESTCO	TT		(337) 3	69-2421	GWES	TCOTT	BIBERIASO.ORG
Address	3			- Acade						100
ACADIA	NA REGIO	NAL AIRPOR	T, NEW IBER	IA, LA 7056	0					
	***			Tena	ant Inform	ation				
Name				s	uite Numbe	r	Floor Num	ber	Squa	are Footage
				Occ	upancy De	etails			-	100
Occupar	ncy Type		Details			•	1000000	-		V1281
Institution	nal	200	INSTITUTION DETENTION						RRECTI	ON);
		-	Deficien	t and Cautio	onary Items					Status
1	Code, occupa of Stat	e most rece LAC 55V: ancies in the Fire Mar shall serve	1701 effective State of shall at least	tive 8/1/2 f Louisiar ast annua	2021, all on a shall bally. The i	detent e insp nspec	ion and o ected by tion date	correction the Of	onal fice	CAUTIONARY
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acceptab	ole for occu	ncies noted at pancy. at inspection 3			Comment			epitra.		
		The	-	Inspe	ctor Infor	nation			-	
Name:	Kristopher	Gumpert	Badge Num			_	tor Signatur	e: Sar	Zin	112
		***************************************	Person	to whom r	equireme	nts wer	e explaine	ed		
	Angel Lebi							The second secon		

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

(800) 554 0006



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

Routine/Renewal

Permit Number 23-01-224	Permit Name Iberia Parish Criminal J	Permit Name Iberia Parish Criminal Justice Facility-224		
Name of Establishment Iberia Parish Criminal Justi	ce Facility-224	Owner Name		
Address 3618 Broken Arrow RD Ne	w Iberia, LA 70560	Date 01/04/2023	Time 11:10 AM	

LAC TITLE 51 PART XVIII

NON-CRITICAL ITEMS: by this office.	These items should	d be corrected by the next regular inspection or according to the compliance schedule (see below) established
Category	Code Reference	Description of Violations
Building Requirement	101	7 - There is peeling paint on the walls in the shower. There is peeling paint on the walls in the showers throughout the facility [Repeat]

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY Bruce Clifton/Sergeant

COPY OF REPORT EMAILED TO jsmith@iberiagov.net

Number Licensed For		Number in Attendance 355	License Anniversary 12/31/2022
Sauitarian Name/Print John Zeringue	Phone # 337-492-5440	Sanitarian Signature	R.S. # 3253
The above mentioned violations	were called to my attention and wer	e explained to me in detail. I hereby agree to	
Correct Critical Violations by		Correct Non-Critical Violations	by
Name/Title Bruce Clifton/Sergeant		Signature of Recipient	
		¥	



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Routine/Renewal

Permit Number 23-0001191-1	Permit Name IBERIA PARISH CRIMINA	AL JUSTICE "CAFETERIA	AU,1
Name of Establishment IBERIA PARISH CRIMIN	AL JUSTICE	Owner Name IBERIA PARISH GOVE	RN SHERIFF
Address 3618 BROKEN ARROW R	D NEW IBERIA, LA 70560	Date 04/19/2023	Time 11:15 AM

LAC TITLE 51 PART XXIII

Category	Code Reference	Description of Violations
TOILETS/HAND WASH FACILITIES	3109	94 - 3109.5 - Soap and/or paper towels are not provided for use at the hand wast lavatory.
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3101	102 - 3101 - Plumbing is not maintained. LEAK NOTED IN DRY STORAGE - ORDER CALLED IN- PROBLEM STARTED AFTER FLOORS AND WALLS WERE REPAINTED
MISCELLANEOUS	4119	120 - 4119.2 - Mops are not hung and/or stored to facilitate air drying. [COS]

Comments:

myoffice925@yahoo.com bclifton@iberiaso.org

KITCHEN WAS PAINTED FLOORS WERE PAINTED

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). Reinspections 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 Lacie Boutte	Phone # 337-492-5440	Sanitarian Signature	R.S. # 1954	
The above mentioned violations	were called to my attention and were ex	plained to me in detail. I hereby agree to		7 100
Correct Critical Violations by		Correct Non-Critical Violations	by	
		Signature of Recipient		
Name/Title BRUCE CLIFTON- SGT		Bure Et	\supset	

file:///C:/Users/bruce.clifton/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/14JGCB5O/State_of_Louisiana_Report_04192023_12001... 1/1

Facility: Iberia Parish Correctional Center	
Date: 10/19/2023 Name of Program: UNDERSTANDING REDUCING ANORY FEELINGS Date of Program Implementation: 09/01/2022 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 cla ✓ Yes ☐ No	ssification system?
Has program curriculum changed during preceding 12 months? ☐ Yes ☑ N	0
Is there an objective method used to assess completion?	,
Detailed records are maintained on the following:	
Number of offenders accepted. Number and type of services provided. Yes Yes	No No No No
Is there a formal graduation ceremony for those who complete the program?	Yes ☑ No
The CTRP referenced above continues to meet necessary criteria to maintain its Department of Public Safety and Corrections.	
Monitoring Team Member or BJG Team Member/Leader	Date 0 19 23

Date: 10/19/2023 Name of Program: PARTNERS /N PARENTING Date of Program Implementation: 09/01/2022 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
Prøgram 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?
Detailed records are maintained on the following:
All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No 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. Monitoring Team Member or BJG Team Member/Leader Date 10 1923

Facility: Iberia Parish Correctional Center
Date: ID/19/2023 Name of Program: INSIDE OUT DAD Date of Program Implementation: O9/01/2023. 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 \(\subseteq \text{ No} \)
Prøgram 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?
Detailed records are maintained on the following:
All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No 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. Monitoring Team Member or BJG Team Member/Leader Date 0 923
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Facility: Iberia Parish Correctional Center
Date: 10/19/2023 Name of Program: THINKING FOR A CHANGE Date of Program Implementation: 09/01/2022 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?
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?
Detailed records are maintained on the following:
All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No 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. Manitoring Team Member of P.I.C. Team Member/Leader. Deta 10110121
Monitoring Team Member or BJG Team Member/Leader Date 0 923

Facility: Iberia Parish Correctional Center	
Date: IO/19/2023 Name of Program: CBI EMPLOYMENT Date of Program Implementation: O9/01/2022 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	
Prøgram application process is consistent with DPS&C existing assessment and ✓ Yes ☐ No	d classification system?
Has program curriculum changed during preceding 12 months?	₫ No
Is there an objective method used to assess completion? ✓ Yes ☐ No	
Detailed records are maintained on the following:	
All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes Yes	No No No No
Is there a formal graduation ceremony for those who complete the program?	☐ Yes ☐ No
The CTRP referenced above continues to meet necessary criteria to maintain Department of Public Safety and Corrections.	its certification by the
Monitoring Team Member or BJG Team Member/Leader	Date 10 11 23

Facility: Iberia Parish Correctional Center	
Date: 10/19/2023 Name of Program: FDIC SMART MONEY FOR YOUNG ADVUTS Date of Program Implementation: 09/01/2022 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 an Yes No	d classification system?
Has program curriculum changed during preceding 12 months? Yes	No
Is there an objective method used to assess completion?	
Detailed records are maintained on the following:	
All offenders who apply. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes Yes	☐ No ☐ No ☐ No ☐ No ☐ No
Is there a formal graduation ceremony for those who complete the program?	☐ Yes ☐ No
The CTRP referenced above continues to meet necessary criteria to maintai Department of Public Safety and Corrections.	
Monitoring Team Member or BJG Team Member/Leader	Date 0 19 23

Facility: Iberia Parish Correctional Center
Date: 10/19/2023 Name of Program: LA RISK MANAGEMENT (MIND AUTERING SUBSTANCES) Date of Program Implementation: 09/01/2022 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?
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. Number of offenders accepted. Number and type of services provided. Offender's completion/termination from program. Yes No Yes No 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.
Monitoring Team Member or BJG Team Member/Leader Date 10/19/13