Department of Public Safety & Corrections State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANG SECRETARY

November 30, 2023

MEMORANDUM

TO:

The Honorable Douglas L. Hebert, III

herit of Allen 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 conducted at Allen Parish Jail on August 23, 2023.

In the report you will find the following recommendations from the BJG inspection team:

- Kitchen: Recommended to incorporate a sign-out log for all kitchen tools.
- Emergency Plan: The emergency Plan needs to be submitted to the State Fire Marshal for approval. Once approved, the plan needs to be submitted to DPS&C.

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 Mike Manuel, Warden, Allen Parish Jail Seth Smith, Chief of Operations Marcus Myers, Warden Jennifer Morgan, BJG Team Leader



BJG MONITORING REPORT

Annual

Rev. 08/01/2022 mwk

Facility Name:

Allen Parish Jail

BJG Team Leader & Monitors:

Jennifer Morgan, Team Leader

Facility Warden & Email Address: Mike Manuel - mmanuel@allenparishso.com

Facility Staff:

Lisa Rivers

BJG Inspection Date:

08/23/2023

Previous BJG Inspection Date:

11/16/2022

Operational Capacity:

196

Count on Day of Visit:

114

Concerns or Issues from the previous BJG Monitoring Inspection: kitchen tools not signed in and out; broken shower controls

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	4	0	4
Number of Local Offenders	96	14	110
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	100	14	114

Number of DOC Offenders that are:

Single Bunked	0	
Double Bunked	4	
Triple Bunked	0	
Total	4	

Number of DOC Offenders that are in Restricted Housing:

Single Bunked	0
Double Bunked	0
Triple Bunked	0
Total	0

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

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

SEIZURE FINDINGS: (Please list monthly since the previous BJG 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
June 2023	0	0	0	0	0
July 2023	0	0	0	0	0

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area: Offenders are housed in a tier setting. DOC offenders are housed with parish offenders. The living areas appeared neat and clean at the time of inspection. The facility is not set up to separate DOC offenders from parish offenders.

Dorms: Offenders are housed in a tier setting. DOC offenders are housed with parish offenders. Ail dorms appeared neat and clean at the time of inspection.

Cell Block: There is a cellblock tier with double bunks in each cell. There were several local offenders in the cellblock. All cells were neat and clean at the time of inspection.

Culinary/Dining: The kitchen was clean at the time of inspection. Food was stored in dry storage, refrigerators, and freezers. Food cases and the individual items were dated as cases were opened. Food items are stored six inches off the ground. There was a master inventory of all kitchen tools. However, the tools are still not signed in or out by individual offenders. The kitchen tools are maintained in a standup drawer toolbox without a shadow board in the kitchen manager's office. She does an inventory of the tools upon opening and closing the kitchen. Recommended incorporating a sign-out log for all kitchen tools.

Bathrooms: Bathrooms are part of the living areas. The showers, wash basins, and toilets are at the end of the tier. Bathrooms were clean and neat in appearance at the time of inspection. There was some discoloration under the shower heads due to hard water. Also, a few of the knobs of the shower controls are still broken.

Yard Areas: Recreation yard is fenced in with a single strand of razor wire along the top of the fence. Cameras are also installed within the perimeter of the yard and monitored at the command post of the facility. The offenders are allowed one hour every morning and afternoon, weather permitting.

Maintenance: Maintenance is performed by the policy jury.

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

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

Inspections are done daily and weekly. The fire marshal report dated 06/09/2023_listed no deficiencies. The DHH Retail Food report dated 3/30/2023 listed the following deficiencies – Soap and/or paper towels are not provided for use at the hand wash lavatory and Walls/ceilings are not in good repair. Ceiling tiles stained. The DHH Detention or Incarceration report dated 3/3/22 listed the following deficiencies – No hot water at the hand lavatory cell 1; no hand lavatory provided in each cell; Toilets are in disrepair; Walls in disrepair (peeling paint); Walls not smooth are easily cleanable; Floors are not smooth and easily cleanable; Hand Lavatory in disrepair Dorm B; Drinking fountain in disrepair Dorm C. Please see the attached corrective action letter.

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

There is an emergency plan in place. Plan needs to be submitted to FM for approval and a copy sent to the Secretary. The staff is trained annually on the Emergency Plan

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

FM Report dated 03/30/2023 cites no deficiencies.

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

Staff logs in file, shift activities, and incident reports completed on occurrences at facility.

II-A-007 Counts (MANDATORY): Compliant

- How many formal counts are conducted each shift? Three
- How many counts are conducted each day? Six
- Stickouts counts
 - How does the facility accomplish this?
 Employees who are supervising the offenders call their stick-out count into the control center.
 - Does this process ensure accountability and safe/secure operation of the facility? Yes, all offenders are visually counted by the escorting officer.

II-A-008 Offender Population Management System: Compliant

There are photos, fingerprints, Bill of information in files.

II-A-010 Admissions: Compliant

Offenders are searched and their property inventoried upon booking. They are photographed and fingerprinted. They also receive a health screening.

II-A-012 Classification System: Compliant

Does this facility have any trustees that work outside the secure perimeter? Yes, however no DOC offenders work outside the secure perimeter If yes,

- What is their classification process to determine who is eligible for trustee status?
 Offenders are reviewed by staff for status change.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

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

Offenders are issued photo IDs during the booking process.

II-A-018 Offender Drug Testing (MANDATORY): (List monthly since the previous BJG monitoring visit.)

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
November 2022	2	7	29	0
December 2022	2	7	29	0
January 2023	2	6	33	0
February 2023	2	8	25	0
March 2023	2	9	22	0
April 2023	2	7	29	0
May 2023	2	9	22	0
June 2023	2	11	18	0
July 2023	2	9	22	0

II-A-019 Offender Transfers: Compliant

All offender transfers are properly requested through LA DPS&C.

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

Cell checks are performed hourly.

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

This facility does not house pregnant offenders, however, there is a policy in place regarding the Use of Restraints for Pregnant Offenders.

II-C-001 Procedures for Searches: Compliant

This facility conducts random searches of offenders and housing areas.

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

Tools and utensils are inventoried but not signed in/out upon use. Facility uses a chit system instead of keys.

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 to fill out the Application for Restoration of Good Time and submit it to the Administrator at the jail for review. It is then forwarded to OAS.
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes

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

Menus have electronic signature of the kitchen supervisor.

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

Offenders are provided three meals per day, of which at least two are hot meals.

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

There are toilets and washbasins in each cell and at the end of each tier with 24 hour access.

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

Cellblock offenders are escorted to shower daily. General Population offenders have 24 hour access to showers in tier.

IV-B-005 Personal Hygiene (MANDATORY): Compliant

Hygiene items are given at booking and upon request after that. They are also available for purchase through the canteen.

IV-C-001	Access to Care/Clinical Services (MANDATORY) (Does the facility charge a co-payment? If
	so, approved by DPS&C?): Compliant
	Facility charges a co-payment of \$10 for doctor visits, \$5 for nurse visits, \$3 for prescriptions

and \$2-\$3 for OTC meds.

IV-C-003 Provision of Treatment (MANDATORY): Compliant

Beauregard Medical Group and Scott Morgan (mental health provider) see offenders on site. SWLA Dental treats offender's dental needs off site.

IV-C-005 24 Hour Care (MANDATORY): Compliant

Emergency medical care is provided by Beauregard Medical Group; Allen Parish and Oakdale Community Hospital.

IV-C-006-1 Pregnancy Management (MANDATORY): Compliant

This facility does not house pregnant offenders, however they do have a policy in place in regards to pregnancy management.

IV-C-008 Annual TB Testing: Compliant

Offenders are tested upon booking and annually thereafter.

IV-C-009 Chronic Care Program (MANDATORY): Compliant

Policy in place in regards to treatment of offender's with chronic health conditions.

IV-C-012 Access to Sick Call (MANDATORY): Compliant

Offenders requesting sick call are seen on Monday, Wednesday and Friday, unless it is an emergent situation. Those offenders are seen immediately.

IV-C-013 Infirmary Care: Compliant

Offenders requiring Infirmary Care are sent to Allen Parish Hospital or Oakdale Community Hospital.

IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, and/or Compassionate Release): Compliant

Facility has not had any medical releases.

IV-C-014 Suicide Prevention and Intervention (MANDATORY): Compliant

Offenders on Suicide Watch are visually observed every 15 minutes. Policy has been signed by the Mental Health Provider.

IV-C-015 Offender Deaths (MANDATORY): Compliant

Facility has had no offender deaths requiring notification or documentation.

IV-C-016 Notification: Compliant

Facility has had no offender admitted to and ICU or Trauma Center due to a serious bodily injury or for being terminally ill.

IV-D-001 Healthcare Quarterly Meetings (MANDATORY): Compliant

Healthcare meetings are held quarterly. .

IV-D-004 Confidentiality of Health Information/Individual Health Record: Compliant

Offender medical records are electronic. The computer with access to these files is kept locked in the nurses station.

IV-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY): Compliant

Policy is in place to ensure that presumably intoxicated offenders are seen immediately by medical personnel. Staff is trained annually in the use of Naloxone.

IV-D-007 Internal Review/Quality Assurance (MANDATORY): Compliant

The HCA has reviewed and signed all medical related policies.

IV-E-001 Alleged and Substantiated Sexual Assaults: Compliant

- Is this facility required to be PREA compliant due to contract language? (Yes or No)
 Yes
- Is this facility PREA compliant? (Yes or No)

Yes

- If yes, date compliance received: 10/7/22.
- 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: (V-B-004): Compliant

Policy in place in regards to religious practices. Recommend adding schedule of religious services to file.

V-A-005 Exercise & Recreation Access (MANDATORY): Compliant

Offenders are allowed to go on the rec yard twice daily, weather permitting.

V-B-001 Programs and Services: N/A

- List all Certified Treatment Programs (Attach Form IS-B-8-b) None
- List all other Offender Programs None

V-B-002 Educational Programming: N/A

GED Program

Number of GED Slots	0
Number of Participants	0
YTD Number of Completions	0

V-B-003 Substance Abuse Programs: N/A

Offenders who request substance abuse are transferred to Concordia Parish Prison.

V-C-001 Releasing Offenders: Compliant

Policy in place in regards to releasing offenders, however, there have been no DOC releases.

V-C-002 Regional Reentry Programs (Are offenders releasing with two valid forms of identification?): Compliant

Policy in place in regards to offenders releasing with two forms of identification, however, there have been no DOC releases.

V-C-004 Parole Board Procedures: Compliant

Policy in place as regards to offender appearing before the parole board, however, there have been no offenders to do so.

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?
 1st level officer; 2nd level Asst. Warden; 3rd level Warden
- What is the specified time period for response at each level?
 24 hours

VII-A-002 Weapons Training: Compliant

Weapons training done upon hire and annually.

VII-B-010 Monthly Reporting: Compliant

Monthly reports are submitted in a timely manner.

VII-B-012 Proposed Expansions: Compliant

No proposed expansions at this time.

OTHER:

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS: All staff seemed content and were very knowledgeable in their job duties.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE: All offenders spoken to were content and voiced no complaints.

RECOMMENDATION:

At this time, I recommend continued Annual Monitoring



John Bel Edwards GOVERNOR

Office of State Fire Marshal

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

Inspection Report

Report # CB-22-032660-2

No Deficient/Cautionary Codes cited.



Daniel H. Wallis FIRE MARSHAL

			Location	n Inform	ation			
Inspection Type	Compliance	Building I	nspection			Inspection Dat	te 6	6/9/2023 3:00:02 PM
Structure ID	212663		No. of Buildings	3		Facility Code	J	33
Capacity	196	196 Year Built				Construction 1	Гуре Т	Type IIIA / (211)
Building/Trade Na	ime			Addres	5			
ALLEN PARISH JA	AIL			7340 HV	VY 26	, OBERLIN, LA	70655	
			Owner	Informa	tion			
Owner Type Name					Cont	act Phone	Contact	Email
Municipal Project	nicipal Project WARDEN MIKE MANUEL (33			(337)	639-4353	MMANU M	EL@ALLENPARISHSO.CO	
Address								
7340 HWY. 26, OB	BERLIN, LA 706	655						
			Tenant	Informa	tion			
Name Suite			Number		Floor Number		Square Footage	
			Occup	ancy De	tails			
Occupancy Type		Details						
Institutional		INSTITU DETENT	TIONAL BUILDING	TYPE: G	ROU Y TY	P I-3 (DETENTI PE: CONDITIO	ION/CORI N 4	RECTION);
Storage		TYPE O	F STORAGE FACIL	ITY: GRO	DUP S	-1 (MODERAT	E HAZAR	D)
			Co	mments				
UPON INSPECTION.	N, ALL PREVI HEADCOUNT:	OUSLY C	ITED DEFICIENCE	ES CORF	RECTE	D. NO DEFICI	ENCIES A	APPARENT AT THE TIME
	-		Inspecto	r Inform	ation	1		
Name: Mikeal Da	irtez	Badge N	umber: 740		Inspe	ctor Signature:	morel	Deta
		Pers	on to whom req	uiremen	ts we	ere explained		
Name: Dustin Mad	ddox	Title: L	ieutenant		Signa	iture:	*	

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

(800) 554 0006

R. S. 40: 1621

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



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Routine/Renewal

Permit Number 02-0094069-1	Permit Name Allen Parish Public Sa	Permit Name Allen Parish Public Safety Complex				
Name of Establishment Allen Parish Public Safety Complex		Owner Name LAW ENFORCEMENT	Owner Name LAW ENFORCEMENT DISTRICT OF ALLEN PARISH			
Address 7340 HIGHWAY 26 OBERLIN, LA 70655		Date 03/30/2023	Time 08:00 AM			

LAC TITLE 51 PART XXIII

by this office.						
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 was lavatory.				
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.4 - Walls/ceilings or attached equipment are not in good repair. Ceiling tiles stained.				

Comments:

kplummer@allenparishso.com

mmanuel@allenparishso.com

No signature due to COVID19

Verbal acknowledgement of report provided by Kimberly Plummer/mgr

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	Phone # 337-721-4060	Sanitarian Signature	R.S. # 3103	
Phillip Vidrine	337-721-4000	2	3103	
The above mentioned violations	were called to my attention and were ex	splained to me in detail. I hereby agree to		
Correct Critical Violations by		Correct Non-Critical Violations	by	
		Signature of Recipient		
Name/Title				



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

Routine/Renewal

Comments:

Permit Number 02-05-204	Permit Name Allen Parish Public Sat	Permit Name Allen Parish Public Safety Complex-224				
Name of Establishment Allen Parish Public Safety Complex-224		Owner Name LAW ENFORCEMENT DISTRICT OF ALLEN PARISH				
Address 7340 Highway 26 Oberlin, LA 70655		Date 09/28/2023	Time 10:35 AM			

LAC TITLE 51 PART XVIII

CRITICAL ITEMS: Thes actions or permit suspens		CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement
Category	Code Reference	Description of Violations
Toilet Facilities	101	18 - *The toilets are in disrepair. Pod A and B [Repeat]

Category	Code Reference	Description of Violations
Building Requirement	101	6 - The ceilings are not in good repair. Pod C [Repeat]
Insect and Rodent Protection	101	10 - Doors are not properly sealed. Pod A Recreation door
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair, in pod A B and E [Repeat]

Number Licensed For 172		Number in Attendance 102	License Anniversary 09/30/2022
Sanitarian Name/Print Ryan King	Phone # 337-475-3237	Sanitarian Signature	R.S. # 1492
The above mentioned viol	lations were called to	o my attention and were explained to r	ne in detail. I hereby agree to
Correct Critical Violations by		Correct Non-Critical Violations by	
Name/Title Danielle Deshotel/Communications		Signature of Recipient	

Corrective Action Plan 2023

FOOD SERVICE

STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Code Reference 3109 -

94 - Soap and/or paper towels are not provided for

use at the hand was lavatory

Corrective Action

Maintenance was notified of this issue and

installed a hand soap and paper towel dispenser

Code Reference 3703 -

106 - Walls/ceilings or attached equipment are not in good

repair. Ceiling tile stained

Corrective Action -

Maintenance was notified and replaced ceiling tile with

new tile

MEMORANDUM

Date: October 11, 2023

To: Jennifer Morgan

From Michael Manuel, A.P.P.S.C. Warden

Allen Parish Sheriff's Office 7340 Hwy 26 W P.O. Box 278 Oberlin, La. 70655

Phone #: 337.639.4353

RE: CORRECTIVE ACTIONS FOR DHH REPORT

The deficiencies noted on our inspection dated 9/28/2023 are being addressed.

- 1. The ceilings in C. dorm will be overhauled to pass inspection
- 2. The door seals in A dorm recreation will be replaced
- 3. The hand lavatories in A, B and C will be repaired.

These repairs will be complete within the next 2 month period.