Department of Public Safety & Corrections State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANC SECRETARY



December 27, 2023

MEMORANDUM

TO:

The Honorable James Pohlmann

Sheriff of St. Bernard Parish

FROM:

James M. Le Blanc

Secretary

RE:

"Basic Jail Guidelines" Monitoring Report

This is to advise that pursuant to the attached monitoring report concerning St. Bernard Parish Prison, DPS&C is recertifying this facility in compliance with the "Basic Jail Guidelines" with annual monitoring. Congratulations to you and your staff for this accomplishment and thank you for the hard work and dedication that are necessary to achieve this goal.

Thank you for your support of the BJG process.

JML/mk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association Kevin Sensebe, Warden, St. Bernard Parish Prison Seth Smith, Chief of Operations Donnie Bordelon, Warden EHCC Aaron Hooper, BJG Team Leader

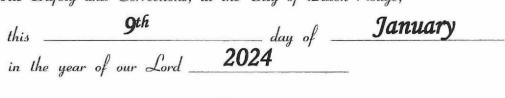


By the authority vested in me, under Chapter 9, Title 36 of the Louisiana Revised Statutes, I, James M. Le Blanc, Secretary, do hereby recognize

St. Bernard Parish Prison in acknowledgement of

Continued Compliance with the Basic Jail Guidelines Process

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









BASIC JAIL GUIDELINES MONITORING REPORT

Recertification Report

Ver. 11/28/2023 mwk

Facility Name:

St. Bernard Parish Prison

BJG Monitors:

Facility Staff:

Aaron Hooper, BJG Team Leader

Facility Warden & Email Address:

Kevin Sensebe, Warden Ksensebe@gmail.com

Justin Meyers, Major, Chad Silcio, Major,

Jeffry Babin, Sergeant

BJG Inspection Date:

December 7, 2023

Previous BJG Inspection Date:

December 15, 2022

Operational Capacity:

266

Count on the Day of Visit:

188

List Concerns or Issues from the previous BJG Monitoring Inspection:

Count on the Day of Visit:

	# MALE	# FEMALE	TOTAL
Number of DOC Inmates	14	1	15
Number of Local Inmates	134	14	148
Number of Out of State Inmates	0	0	0
Number of Federal Inmates	25	0	25
Number of ICE Detainees	0	0	0
TOTAL	173	15	188

Number of DOC Inmates that are:

Single Bunked	15
Double Bunked	0
Triple Bunked	0
Total	15

Number of DOC Inmates that are in Restricted Housing:

Single Bunked	1
Double Bunked	0
Triple Bunked	0
Total	1

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

Month/Year	Inmate/Inmate	Inmate/Inmate w/ Significate Injury	Inmate/Staff	Inmate/Staff w/ Significate Injury
December 2022	3	0	0	0
January 2023	4	0	0	0
February 2023	2	0	0	0
March 2023	5	0	0	0
April 2023	4	0	0	0
May 2023	3	0	0	0
June 2023	5	0	0	0
July 2023	5	0	0	0
August 2023	7	0	0	0
September 2023	3	0	0	0
October 2023	3	0	0	0
November 2023	6	1	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
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
August 2023	0	0	0	0	0
September 2023	0	0	0	0	0
October 2023	0	0	0	0	0
November 2023	0	0	0	0	0

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY

Living Area

Overall the living areas were found to be clean, organized and odor free.

Dorms:

Dorm areas were in order and found to be clean. Offenders' property was stored in living area.

Cell Block:

Cell block areas were clean and odor free.

Culinary/Dining:

The tools and sharp objects were controlled on an inventoried locked shadow board in a locked room. Cabling is used when knives are checked out. Dry storage had all items labeled and stored 6" off the ground. Sample meal trays were labeled and stored for at least the last three meals served. Cooler and freezer areas were found in good order with temperature log checks documented.

Bathrooms:

Bathrooms are clean and in order and contained soap and paper towels.

Yard Areas:

Yard and recreation areas were adequate. Documentation provided reflects that recreation was occurring on a regular three time per week, weather permitting.

Maintenance:

Facility has on staff maintenance personal daily. Tool inventory kept up daily. MSDS forms are well maintained and correct.

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

The attached Excel Spreadsheet is a review of each BJG Guideline.

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? Stick out counts are called into the facility.
 - Does this process ensure accountability and safe/secure operation of the facility?
 Yes

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?
 Think stream. Motions and ARMS are the screening systems used to determine trustee status. If they are on probation, the offender's information is searched in CAJUN to further determine if they qualify for trustee status. The offender's history is reviewed as well as their current charges. The Warden signs off on it.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
December 2022	2	10	20%	0
January 2023	2	15	13%	0
February 2023	2	14	11%	0
March 2023	2	18	11%	0
April 2023	2	19	10%	0
May 2023	2	18	11%	0
June 2023	2	19	10%	0
July 2023	2	18	11%	0
August 2023	2	22	9%	0
September 2023	2	18	11%	0
October 2023	2	15	13%	0
November 2023	3	15	20%	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? It
 is handled during the offenders' orientation, they are explained the process and steps to
 take.
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes

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

VII-B-010 BJG Automated Monthly Reporting Review: Compliant

- Has the facility been inputting the correct info timely? Yes
- Does the reported info suggest any issues of concern or improvement? No

V-B-002 Educational Programming: Compliant

- List all Certified Treatment Programs (Attach Form IS-B-8-b)
 GFD
- List all other Inmate Programs Religious Programs

GED Program

Number of GED Slots		5
Number of Participants)
YTD Number of Completions	()

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? Level 1 the Sergeant in the Area, Level 2 the Supervisor on Shift, if there needs to be Level 3 sent to Administration
- What is the specified time period for response at each level? 48 hours

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

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

INMATE COMMENTS/MORALE/QUALITY OF LIFE:

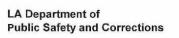
No complaints made by any offender during the walk through. Talked to the offenders working in the kitchen, they liked the quality of the food. No complaints were made.

RECOMMENDATION:

At this time, continued annual monitoring visits are recommended

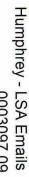


		10/16/2023 mwk
Facility: St. Bernard Parish Prison	Date Conducted: December 7,2023	
Monitors: Aaron Hooper, BJG Team Leader		
BASIC JAIL G	UIDELINES (BJG)	
PART I - SAFETY		
A. PROTECTION FROM INJURY AND ILLNESS		
References: ACA CJS 1-1A-01, 1-1A-02, 1-1A-03, 1-1A-04, 1-1A-05, 1-1C-05, 1-4A-03, 1-4A-0	4	TO A STREET OF SHORE SHOW
	Findings	Response
I-A-001 Safety/Sanitation/Inspections (MANDATORY) The facility complies with all applicable laws and regulations of the State Sanitation Officer and the State Fire Marshal. The following inspections are implemented: •Weekly sanitation inspections of all facility areas by a qualified departmental staff member. •Weekly inspections of all food service areas, including dining and food preparation areas and equipment. •Water temperature in housing areas is checked and recorded daily. •Comprehensive and thorough monthly inspections by a safety/sanitation specialist for compliance with sanitation, safety, and fire prevention standards. •At least annual inspections by the State Sanitation Officer and the State Fire Marshal. Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports I-A-002 Disposal of Materials	Compliant - Weekly sanitation inspections are conducted. Fire Marshal inspection done annual. Compliant	
Disposal of liquid, solid, and hazardous material complies with applicable government regulations Visual Inspection: trash disposal contract, completed inspection reports, include documentation that deficiencies were corrected		
I-A-003 Vermin and Pests Vermin and pests are controlled. There is a written and implemented plan for the control of vermin and pests. Visual Inspection: pest control contracts, trash disposal contracts, inspection reports	Compliant -The facility has pest control contracts and trash disposal contracts in place.	
I-A-004 Housekeeping The facility is clean and in good repair. There is a written housekeeping plan that provides for the ongoing cleanliness and sanitation of the facility.	Compliant	
Visual Inspection: inspection reports, completed forms, documentation of correction of identified deficiencies		



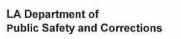


Findings	Response
Compliant	
SELECTION SELECT	
Compliant	
egs. PS-D-3, OP-A-5, OP-B-3, AM-I-4	
Compliant- An emergency plan is in place, drills are being conducted and logged to reflect that training is taking place. Evacuation plans are posted throughout the detention center in the event of fire or a major emergency.	
eecd	egs. PS-D-3, OP-A-5, OP-B-3, AM-I-4 Compliant- An emergency plan is in place, drills are being conducted and logged to reflect that training is taking place. Evacuation plans are posted throughout the detention center in the event of fire or a major





	Findings	Response
I-C-002 Immediate Release of Offenders There is a means for the immediate release of inmates from locked areas in case of emergency and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of offenders and staff in the event of fire or other emergency.	Compliant -Proper exit signs are up and properly positioned to be visually seen and evacuation routes are properly posted throughout facility.	
Visual Inspection: facility records/logs I-C-003 Fire Safety/Code Conformance (MANDATORY) The facility complies with the requirements of the state fire marshal. There is a specific plan for addressing deficiencies, if any, that is approved by the State Fire Marshal. The State Fire Marshal approves any variances, exceptions, or equivalencies. Visual Inspection: documentation of fire alarm and detection system maintenance and testing, plans for addressing deficiencies	Compliant -Facility has documentation for the fire alarm maintenance being tested and checked.	
I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements. Visual Inspection: Specifications for all furnishings.	Compliant	
I-C-005 Flammable, Caustic and Toxic Materials Written policy, procedure and practice govern the control and use of all flammable, toxic and caustic materials. Visual Inspection: Staff training records, offender training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.	Compliant -Policy in place and MSDS on site	
I-C-006 Operational Capacity The number of offenders present does not exceed the operational capacity as determined by the state fire marshal and state health officer. The state fire marshal will determine a capacity primarily based upon exiting capabilities. The state health officer will determine a capacity based upon the ratio of plumbing fixtures to offenders and square footage. The operational capacity will be the lower of these two figures. Visual Inspection: facility count sheets	Compliant	





	Findings	Response
PART II - SECURITY	CANADA CA	
A. PROTECTION FROM HARM		
References: ACA CJS 1-2A-01, 1-2A-04, 1-2A-05, 1-2A-06, 1-2A-08, 1-2A-11, 1-2A-13, 1-2A-14	, 1-2A-16, 1-2A-17, 1-2A-19, 1-2A-20, Dept. Regs.	AM-F-47, IS-B-1, OP-C-3
II-A-001 Control There is 24-hour monitoring and coordinating of the facility's security, life safety, and communications systems. Visual Inspection: facility records/logs, maintenance records, records of staff deployment	Compliant -The facility has well kept documentation of all there counts on offenders.	
II-A-002 Secure Perimeter The facility's perimeter is controlled by appropriate means to ensure that offenders are secured remain within the perimeter and that access by the general public is denied without proper authorization. Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls	Compliant	
II-A-003 Sufficient Staff There is a written document describing the facility's organization and staffing plan. This should include an organizational chart that groups similar functions, services and activities. Each facility meets minimum security staffing requirements which reflect good correctional practice. Sufficient staff, including a designated supervisor, are provided at all times to perform functions relating to the security, custody, and supervision of offenders and, as needed to operate the facility in conformance with the BJG.	Compliant	
Visual Inspection: records of staff deployment, facility logs, documentation of annual review of staffing analysis and plan		
II-A-004 Female Offenders and Female Staff When a female offender is housed in a facility, at least one female staff member is on duty at all times. Visual Inspection: records of staff deployment, facility logs	Compliant -Female staff work in female offender dorms. When male staff make rounds in the female dorms, they must have a female staff member with them.	
II-A-005 No Offender Control Over Others No offender or group of offenders is given control, or allowed to exert authority over other offenders. Visual Inspection: written policy and procedure	Compliant	



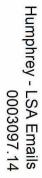
	Findings	Response
information, emergency situations and unusual incidents. The facility shall maintain written records or logs which continuously document the following information: 1. Personnel on duty; 2. Offender population; 3. Admission and release of offenders; 4. Shift activities; 5. Entry/exit of all visitors including legal/medical; 6. Unusual occurrences or facility emergencies (including but not limited to major and minor	Findings Compliant -Logs are placed in all areas of the facility and contain required information. Facility forms are completed for notification of incidents to the administration.	Response
disturbances such as riots, hostage situations, fires, escapes, deaths, serious illness or injury and assaults or other acts of violence.) Refer to BJG I-C-001 for reporting requirements to DPS&C. Visual Inspection: copies of log book, records of staff deployment II-A-007 Counts (MANDATORY) The facility has a system for physically counting offenders. At least one formal count is conducted for each shift, with no less than 3 counts daily. The system includes strict accountability for offenders assigned to work and other approved temporary absences.	Compliant	
Visual Inspection: completed forms, facility records/logs.		
II-A-008 Offender Population Management System There is an offender population management process that includes records on the admission, processing, and release of offenders. Written policy, procedure, and practice provide for offender case record management that includes at a minimum, maintenance of the following documents and information. This offender record and any re-entry transition document envelopes shall be transferred with the offender at such time the offender is transferred to another local or DPS&C facility.	Compliant-All information is documented and maintained on each offender and is transferred with the offender if transferred out of the facility.	
 Master prison form; Bill of Information and Court Minutes OR Uniform Commitment Order; One photograph; Reports of disciplinary actions, grievances, incidents or crimes committed while in custody; Records of program participation, work assignments, and classification actions; Any government issued identification (i.e., driver's license, social security card or birth certificate/birth card or any other valid identification); Offender health record (see BJG IV-D-004). Cash receipts and property receipts 		×

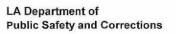


	Findings	Response
In addition to the maintenance of the above information, the following shall be collected after sentencing and forwarded to the appropriate DPS&C Pre-Class Coordinator, along with any additional sentencing information, within three working days either by fax to 225-342-3759 or email to DOC- HQ_supplemental@la.gov.	Compliant	
1. Master prison form; 2. DPS&C Credit for DOC Commitment (Jail Credit letter); 3. AFIS suspect Rap Sheet with Photo (to include offender's SID # and ATN # for the disposition of the Hard Labor disposition); 4. Bill of Information and Court Minutes or Uniform Commitment Order (UCO) for each conviction (for probation violators both the original sentencing minutes and the revocation UCO or minutes are required); and 5. DPS&C Acknowledgements and Signature Statement form.		
Visual Inspection: completed forms, reports, offender record		
II-A-009 Intake - Legal Commitment and Medical Service Prior to accepting custody of an offender, staff determine that the offender is legally committed to the facility, and that the offender is not in need of immediate medical attention and/or mental health services.	Compliant	
Visual Inspection: Completed Admission forms, facility logs.		
II-A-010 Admissions Admission processes for a newly admitted offender include, but are not limited to: Searching of the offender and personal property; Inventorying and providing secure storage of personal property; Providing an itemized receipt for personal property; Recording of basic personal data; Performing a criminal history check; Photographing and fingerprinting; Separating from the general public; Providing a health screening to assess and identify any health and safety needs in accordance with BJG IV-C-006; Providing information about access to health services, copay requirements and submitting grievances. Visual Inspection: intake and admission forms, screening forms, inventory form, receipt form	Compliant-Policy and procedure are in place and all admission forms are thorough and completed.	
II-A-011 Out of State Offenders The names of any out of state offender (federal or state) to be housed at a local jail or privately managed facility shall be submitted to the Chief of Operations prior to the offender(s) entering the State of LA. No such offender shall be housed if the offender would be classified as maximum custody under the LA DPS&C classification procedures. Any offender convicted and sentenced to incarceration by a court in another state (federal or state) shall not be released in the State of LA. Any out of state offender (federal or state) housed in a local jail or privately managed facility shall be returned to an appropriate correctional facility located within the state where the offender was convicted and sentenced for release in that state, prior to the offender's release date.	Compliant	



	Findings	Response
Visual Inspection: offender record, submittal to chief of operations of out-of-state		
offenders to be housed at the facility, release/transfer documentation		
II-A-012 Classification System	Compliant -A classification system is in place	
Written policy, procedure, and practice provide for a written offender classification plan that	with written policy. Trustee status is	
includes custody required and assignment to appropriate housing. Offender management and	determined by nature of offenders crime,	
housing assignment considers age, gender, legal status, custody needs, behavioral issues, and	length of sentence	
other unique needs or issues as they arise. All offenders are classified using an objective		
classification process that at a minimum: Identifies the appropriate level of custody for each offender		
Identifies the appropriate level of custody for each offender Identifies appropriate housing assignment		
Identifies appropriate flousing assignment Identifies the offender's interest and eligibility to participate in available programs		*
Visual Inspection: offender housing records, offender classification records	0	
II-A-013 Prohibition on Youthful Offenders Offenders subject to juvenile jurisdiction are housed in adult facilities only under the conditions	Compliant	
established by law. If juveniles are committed to the facility, a plan is in place to provide for the		
following:		
 Supervision and programming needs of the juveniles to ensure their safety, security, and 		
education;		
Classification and housing plans;		
Appropriately trained staff.		
OAS shall be notified of offenders who are under the age of 18 that are sentenced to the DPS&C		
as an adult for transfer to the appropriate institution.		
Visual Inspection: admission and housing, offender records, classification records		
II-A-014 Separation in Classification	Compliant	
Male and female offenders must be housed in separate rooms/cells with reasonable sight and		
sound separation.		
Visual Inspection: offender housing records, offender classification records, diagram of		
facility showing male/female housing areas		
II-A-016 Photo Identification (MANDATORY)	Compliant- Upon admission, all offenders	
The facility shall provide each DPS&C offender with photo identification, which the offender shall	receive an institutional ID arm band.	
carry/wear on their person at all times.		
Visual Inspection: Offender identification card/wristband. II-A-017 Drug Free Workplace	Compliant	
Written policy, procedure, and practice provide for a drug-free workplace, which includes at a	Compilant	
minimum pre-employment testing, post-accident testing, reasonable suspicion/probable cause		
testing, and quarterly random testing of all employees.		
Visual Inspection: drug testing lab fee bills for drug testing of facility employees		
(including pre-employment, post accident, reasonable suspicion/probable cause, random).		
II-A-018 Offender Drug Testing (MANDATORY)	Compliant	
Written policy, procedure, and practice provide for alcohol/drug testing, both randomly and for		
probable cause. Facility policy will require that a minimum of 5% of the DPS&C offender		
population shall be drug tested on a monthly basis.		I





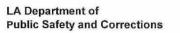


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	Findings	Response
Visual Inspection: Facility log, documentation of alcohol/drug testing of offenders.		
II-A-019 Offender Transfers All transfers of DPS&C offenders to other than DPS&C facilities shall be reported to the OAS, at least one day prior to all scheduled transfers and within one business day for all non-scheduled transfers. The DOC offender transfer form shall be submitted by the transferring facility to OAS at least one day prior to the transfer occurring by fax to 225-342-2439 or by email to LocalJailTranfers@la.gov. Offenders should not be transferred to other than DPS&C facilities within 60 days of release, unless for disciplinary reasons. An offender scheduled for an appearance before the Committee on Parole shall not be transferred prior to the scheduled hearing date. However, if the transfer is deemed unavoidable by the Warden due to security concerns, the Warden shall obtain prior approval for an exception from the DPS&C Chief of Operations or designee. Staff from the sending facility shall notify the Committee on Parole as soon as it is known that the offender must be transferred. Visual Inspection: facility logs, documentation of transfers of DPS&C offenders to other	Compliant	
than DPS&C facilities II-A-020 Cell Checks (MANDATORY) 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.	Compliant -The facilities procedures advise the	
Visual Inspection: Facility logs, documentation of frequency of cell checks.		

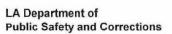


	Findings	Response	
B. USE OF PHYSICAL FORCE			
References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Regs. HCP33, HCP40, OP-A-19, OP-A-16, OP-A-3			
protection of property, and prevention of escapes, and then only as a last resort and in	Compliant -Facility maintains a strict policy on Use of Force. Training is conducted on an annual basis and reports are clear and concise.		
II-B-002 Use of Restraints Written policy, procedure, and practice provide that mechanical restraints, such as handcuffs and leg irons, are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application. Restraints on offenders for medical and psychiatric purposes are only applied in accordance with policies and procedures approved by the health authority, including: Conditions under which restraints may be applied; Types of restraints to be applied; Identification of a qualified medical or behavioral health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative; Monitoring procedures; Length of time restraints are to be applied; Documentation of efforts for less restrictive treatment alternatives;	Compliant -Policy and procedures are in place to indicate when and where restraints are to be utilized. Documentation of this practice was demonstrated in the file.		





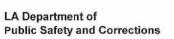
	Findings	Response
II-B-002-1 Use of Restraints for Pregnant Offenders	Compliant	
Written policy, procedure, and practice complies with the following requirements:		
Restraints During Pregnancy		
The Warden or designee shall ensure the following protocols regarding the use of restraints on		
pregnant offenders are adhered to:		
Restraints During the Second and Third Trimester		
a. The type of restraint applied and the application of the restraint shall be done in the least		
restrictive manner necessary;		
b. An electronic restraint belt shall never be used;		
c. The offender shall never be handcuffed behind the back;		
d. The offender shall never be restrained using leg irons; and		
e. The offender shall never be placed in a face down position.		
2. Restraints During Active Labor and Delivery		
a. Restraints shall not be utilized on a pregnant offender during active labor and delivery unless a		
health care practitioner orders restraints for an offender who, due to a psychiatric or medical		
disorder, is a danger to herself, her child, her unborn child, or other persons.		
b. If restraints are utilized during active labor and delivery, the type of restraint applied and the		
application of the restraint shall be done in the least restrictive manner necessary.		
c. The Unit Medical Director shall provide guidance on the use of restraints on pregnant offenders 3.		
Restraints During Pregnancy-Related Medical Distress, Transportation, and the Period Following		
Delivery		
a. Restraints shall not be used on a pregnant offender		
During any pregnancy-related medical distress,		
Ty builting any programmy rolated modeless,		





	Findings	Response
2) While she is being transported to a medical facility or LCIW for delivery or any pregnancy-related medical distress, or 3) During the period following delivery before the offender has been discharged from the medical delivery, unless there are compelling grounds to believe that the offender presents either of the following: i. An immediate and serious threat of physical harm to herself, staff, or others; or ii. A substantial flight risk and the offender cannot be reasonably contained by other means. b. If restraints are utilized during transportation or the period following delivery, the offender shall not be restrained using waist restraints under any circumstances. 4. Removal of Restraints: If a health care professional treating the pregnant offender requests, based on his or her professional medical judgment, that restraints not be used, the correctional personnel accompanying the pregnant offender shall immediately remove all restraints. 5. Documentation of Restraints on Pregnant Offenders 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: 1) The type of restraint used; 2) The circumstances that necessitated the use of restraints; and 3) The length of time the restraints were used. b. This written record shall be retained in the offender's master record for a minimum of five years, but shall not constitute a medical record. c. This written record shall be made available as a public records request with the offender's identifying information redacted, unless the offender gives prior written consent for the public release of the record.		
II-B-003 Use of Firearms The use of firearms complies with the following requirements. •Weapons are subject to stringent safety regulations and inspections. •A secure weapons locker is located outside the secure perimeter of the facility. •Except in emergency situations, firearms and authorized weapons are permitted only in designated areas to which offenders have no access. •Employees supervising offenders outside the facility perimeter follow procedures for the security of weapons. •Employees are instructed to use deadly force only after other actions have been tried and found ineffective, unless the employee believes that a person's life is immediately threatened. •Employees on duty use only firearms or other security equipment that have been approved by the facility administrator. •Appropriate equipment is provided to facilitate safe unloading and loading of firearms. Visual Inspection: training records, safety regulation and inspection reports, photos of		
Visual Inspection: training records, safety regulation and inspection reports, photos of equipment used for unloading and reloading		



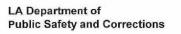


and equipment funded and purchased by DPS&C shall abide by the terms of a Memorandum of

Understanding (MOU) established with the DPS&C Reentry Division. Visual Inspection: documentation of perpetual inventories

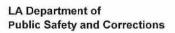


Findings Response II-B-004 Written Reports Compliant Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur: Discharge of a firearm or other weapon Use of less lethal devices to control offenders Use of force to control offenders Offender(s) remaining in restraints at the end of the shift Emergency distribution of security equipment Visual Inspection: completed reports, facility records and logs C. CONTRABAND/SEARCHES References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. OP-A-8 II-C-001 Procedures for Searches Compliant 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. Visual Inspection: observation, facility records and logs, offender and staff interviews D. ACCESS TO KEYS, TOOLS, UTENSILS References: ACA CJS 1-2D-01 II-D-001 Key, Tool, and Utensil Control (MANDATORY) Compliant -All keys, tools and utensils were Keys, tools, culinary equipment and medical/dental instruments and supplies (syringes, needles accounted for & maintained in a secure area. and other sharps) are inventoried and use is controlled. Written policy, procedure and practice All items of this sort are logged in and out and govern the control and use of keys, tools, culinary equipment, and medical/dental instruments and accounted for on a daily basis. supplies. Such policies and procedures in each local facility providing vocational programming





	Findings	Response
PART III - ORDER		
A. OFFENDER DISCIPLINE		
References: ACA CJS 1-2A-15, 1-3A-01, 1-6C-02, 1-6C-03, 1-6C-04, Dept. Reg. OP-C-1		
III-A-001 Rules and Discipline (MANDATORY) Prior to being placed in the general population, each offender is provided with an orientation that includes facility rules and regulations, including access to medical care and the process for applying for restoration of good time. The facility shall follow and provide the DPS&C "Disciplinary Rules and Procedures for Adult Offenders", to the offender population. The offender must sign and date a statement acknowledging receipt of this information. If the Sheriff or local jail administrator believes that a loss of good time is appropriate, then the incident shall be fully documented and the offender transferred to the DPS&C for a disciplinary hearing to ensure due process in accordance with La. R.S. 15:571.4.	Compliant	
Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation		



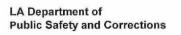


	Findings	Response
PART IV - CARE		
A. FOOD SERVICES		
References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04,1-4A-06, Dept. Reg. IS-C-1		
IV-A-001 Food Storage Facilities There are sanitary facilities for the storage of all foods that comply with applicable state and/or federal guidelines. Visual Inspection: DHH inspection reports, internal inspection reports	Compliant -Daily inspections are conducted in the Food Service are to ensure storage areas are maintained in safe manner.	
IV-A-002 Food Service Facilities Toilet and hand basin facilities are available to food service personnel in the food preparation area. Visual Inspection: DHH inspection reports, photos	Compliant	
IV-A-003 Food/Dietary Allowances (MANDATORY) The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure they meet the national recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings. Written policy, procedure, and practice require that food service staff plan menus and substantially follow the plan. The planning and preparation of all meals shall take into consideration nutritional characteristics and caloric adequacy. The facility shall provide a tray/plate and utensil(s) for each hot meal.	Compliant	
Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations IV-A-004 Records of Meals Served Written policy, procedure, and practice require that accurate records are maintained of all meals served.	Compliant -Sample trays kept and labeled for at least 3 days.	
Visual Inspection: facility logs IV-A-005 Denial of Food as Discipline Prohibited Written policy, procedure, and practice preclude the denial of food as a disciplinary measure. Visual Inspection: facility logs	Compliant	

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	Findings	Response
IV-A-006 Food Service Management (MANDATORY) Written policy, procedure, and practice require that three meals (including two hot meals) are provided under staff supervision at regular meal times during each 24-hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met. Offenders shall be provided an ample opportunity to eat for each meal. Visual Inspection: records of meals served and times served, facility logs IV-A-007 Therapeutic/Special Diets Therapeutic and/or special diets are provided as prescribed by appropriate clinicians or when religious beliefs require adherence to religious dietary laws. Written policy, procedure, and practice provide for special diets as prescribed by appropriate medical or dental personnel.	Compliant -A copy of a cycle menu was observed to have at least two hot meals served daily. Ran By Tiger Food Services Compliant	
Visual Inspection: health records, diet records or forms, documentation of warden's approval of religious diet		
IV-A-008 Health Protection for Food Service There is adequate protection for all offenders and staff in the facility and for offenders and other persons working in food service. All persons involved in the preparation of the food receive a preassignment inspection by appropriate kitchen staff, to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. Offenders working in food services are monitored each day for health and cleanliness by appropriate kitchen staff. All food handlers are instructed to wash their hands upon reporting to duty and after using toilet facilities.	Compliant	
Visual Inspection: inspection reports, completed forms, documentation of daily monitoring for health and cleanliness		
B. HYGIENE		
References: ACA CJS 1-4B-01, 1-4B-02, 1-4B-03, 1-4B-04, Dept. Reg. IS-C-3		
IV-B-001 Plumbing Fixtures - Toilets and Washbasins (MANDATORY) Offenders have access to toilets and washbasins with temperature-controlled hot and cold running water 24 hours per day. Offenders are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas.	Compliant-Offenders have access to appropriate toilets and washbasins.	
Visual Inspection: maintenance records or reports, inspections, documentation of periodic measurement of water temperature, offender grievances		
IV-B-002 Plumbing Fixtures - Showers (MANDATORY) Offenders, including those in medical housing units or infirmaries, have access to operable showers with temperature-controlled hot and cold running water 24 hours per day, on a reasonable schedule, (a minimum of three times per week). Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit.	Compliant -The water temperatures were observed to be appropriate	
Visual Inspection: maintenance records or reports, inspections		

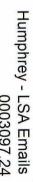




	Findings	Response
IV-B-003 Clothing The facility has an obligation to provide adequate institutional clothing appropriate to the season and the offender's work status, including adequate changes of clothing to allow for regular laundering. The facility may fulfill this obligation by furnishing clothing or permitting the offender to secure and wear his own clothing, except that when the offender does not provide adequate clothing for himself, the facility shall furnish same.	Compliant	
Visual Inspection: documentation of clothing issue, documentation of cleaning and storage		
IV-B-004 Hygiene/Bedding Issue The facility shall provide adequate bedding and linen, including a clean mattress, sheets, pillow and blanket, not to exclude a mattress with integrated pillow. There are provisions for linen and towel exchange at least weekly. There are provisions for blanket exchange at least monthly.	Compliant -Bedding and linen cleaned daily and proper documentation kept.	
Visual Inspection: documentation of issue and exchange		
IV-B-005 Personal Hygiene (MANDATORY) Articles and services necessary for maintaining personal hygiene shall be available to all offenders including items specifically needed for females. Such items shall be provided to any offender (male or female) who is indigent. Each offender shall be provided soap, toilet paper, toothbrush, toothpaste and shaving equipment.	Compliant -Offenders are provided adequate supplies necessary for maintaining personal hygiene	
Visual Inspection: documentation that items are provided, list of items available		

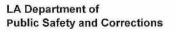


	Findings	Response	
C. CONTINUUM OF HEALTH CARE SERVICES			
References: ACA CJS 1-2A-14, 1-4C-01, 1-4C-03, 1-4C-04, 1-4C-06, 1-4C-07, 1-4C-08, 1-4C-09, 1-4C-10, 1-4C-13, 1-4C-15, 1-4D-01, 1-4D-03, 1-4D-04, 1-4D-06, Dept. Regs. IS-D-2, HP13, HCP14, HCP20, HCP41, HCP42, HCP46, HCP33, HCP22, HCP34, HCP16, HCP7, HCP30, AM-C-4, OP-C-9, AM-I-4			
IV-C-001 Access to Care/Clinical Services (MANDATORY) At the time of admission/intake, all offenders are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an offender's ability to pay. The facility has a designated health authority with responsibility for health care services. The health authority is the health administrator or agency responsible for the provision of health care services at an institution; the responsible physician may be the health authority. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician. • Written policy, procedure, and practice provide for the delivery of health care services, including	Compliant -Offenders receive all necessary information on accessing health care services, and co-Pay Requirement. Health care services are contracted through Turn Key and Provides a wide range of services. They have Nursing staff is at facility 24/7		
medical, mental health, dental and behavioral health services under the control of a designated health care authority who shall be a physician or a licensed or registered health care provider or health agency. Access to these services shall be unimpeded in the sense that correctional staff should not approve or disapprove offender requests for services in accordance with the facility's health care plan. Oral health services include access to diagnostic x-rays, treatment of dental pain, development of individual treatment plans, extractions of non-restorable teeth, and referral to a dental specialist, including an oral surgeon. Specialty non primary clinical services are covered by DPS&C. The requests shall be submitted by the facility staff using the software provided by DPS&C.			
 In accordance with La. R.S. 15:831, DPS&C offenders may be assessed a co-payment for receiving medical or dental treatment, including prescription or nonprescription drugs. The co-payment fee schedule shall be approved by the DPS&C. Such fee schedule for DPS&C offenders housed in local jail facilities shall not exceed the DPS&C approved rate in accordance with Department Regulation HCP14, unless prior approval has been granted by the Secretary of the DPS&C. DPS&C offenders may be required to file a claim with his/her private medical or health care insurer, or any public medical assistance program, under which he/she is covered and from which the offender may make a claim for payment or reimbursement of the cost of any such medical treatment. 			
Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule.			
IV-C-002 Adequate Equipment and Supplies (MANDATORY) Adequate equipment and supplies for medical services are provided as determined by the health care authority and are in working order. This includes but is not limited to the following; automatic external defibrillators (AEDs) available and in working order, a stock of first aid supplies for the treatment of minor injuries, ambu bag, and a cut down tool.	Compliant		
Visual Inspection: Photos			



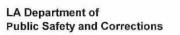
accordance with IV-C-004.

Visual Inspection: designated facility, provider lists, transportation logs





Findings Response IV-C-003 Provision of Treatment (MANDATORY) Compliant 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.) Visual Inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure IV-C-004 Personnel Qualifications/Credentials Compliant Correctional or other personnel who do not have health care licenses may only provide limited health care services as authorized by the responsible health care authority and in accordance with appropriate training. This would typically involve the administration of medication, the following of standing orders as authorized by the responsible health care authority and the administration of first aid/CPR in accordance with POST training. Written policy, procedure and practice approved by the health authority require dispensing and administering prescribed medications by qualified personnel. Visual Inspection: health records, completed medication administration form, personnel records, copies of current credentials or licensure, documentation of compliance with standing orders, health record entries, staff training records Compliant- Turn Keyhas Nurse at facility 24/7 IV-C-005 24 Hour Care (MANDATORY) Written policy, procedure, and practice ensure that offenders have access to 24-hour emergency and if needed brought to University Medical medical, dental, and mental health services, including on-site first aid, basic life support, and Center or St.Bernard Hospital 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





	Findings	Response
Written policy, procedure and practice require that all DPS&C offenders receive a health screening by health trained or qualified health care personnel upon intake into the facility unless there is documentation of a health screening within the previous 90 days. Screening is conducted in accordance with protocols established by the health authority. If completed by health trained personnel, all intake health screens are to be reviewed by health care personnel as soon as possible. If a facility uses a different screening form, it shall be required to have at a minimum the questions in the Intake Health Care Screening form (IV-C-006-A) provided by DPS&C. The purpose of the health screening is to protect newly admitted offenders who pose a health safety threat to themselves or others from not receiving adequate medical attention. This should include inquiry into: 1. Current medical, dental or behavioral health problems and communicable diseases; 2. Current treatment plan; 3. Current medications, including psychotropic; 4. History of hospitalization; 5. Suicidal risk assessment; 6. Use of alcohol or other drugs including need for possible detoxification; 7. Possibility of pregnancy; 8. Observation of the following: a. Appearance and behavior; b. Body deformities and other physical abnormalities; c. Ease of movement; d. Current physical traumas or characteristics and a determination of whether or not the offender should be recommended for immediate transfer to the DS&C for appropriate care; e. Any physical impairment (hearing, vision, mobility) or other disability which would impede the offender's access to programs or services. Offenders identified with such an impairment or disability shall be transferred to the DPS&C for further evaluation and determination of appropriate housing placement. [Reference 2008 Resolution Agreement: US DOJ and LA DPS&C.] 9. Current health insurance.	Compliant	
IV-C-006-1 Pregnancy Management (MANDATORY) Written policy, procedure and practice require that all pregnant offenders have access to obstetrical services by a qualified provider, including prenatal, peripartum, and postpartum care. The local jail facility shall notify the Department's Medical Director when a DPS&C offender is pregnant to ensure proper placement in a DPS&C facility including transfer if necessary. Visual Inspection: written policy and procedure, health record where pregnant offender received obstetrical services by a qualified provider, notification to DPS&C when DPS&C offender is pregnant, transfer logs	Compliant-The facility's policy is compliant with DOC Regulation.	

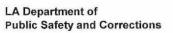


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LA Department of Public Safety and Corrections



Findings Response IV-C-007 Communicable Disease and Infection Control Program Compliant- Turn key health has excellent Communicable diseases are managed in accordance with a written plan approved by the health policy/procedures in place for screening. authority in consultation with local public health officials. The plan includes for the screening, surveillance, treatment and reporting of surveillance, treatment, containment, and reporting of infectious diseases. The plan shall communicable/infectious diseases. 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. Visual Inspection: health records, clinic visit logs, documentation of waste pic up and/or cleaning logs IV-C-008 Annual TB Testing Compliant-TB testing are given to offenders in Written policy, procedure and practice require annual testing or medical evaluation for signs booking and annually and/or symptoms of tuberculosis on all offenders. Annual TB testing will be provided at no cost to the offender. The facility's designated health care authority shall contact the DPS&C Medical Director, telephone number 225-342-1320, when an offender's test for medical signs and/or symptoms of tuberculosis is reported positive. The DPS&C Medical Director will determine if the offender requires physician or mid-level evaluation, based on the reported positive signs or symptoms. Visual Inspection: health records IV-C-009 Chronic Care Program (MANDATORY) Compliant 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. Visual Inspection: health records IV-C-010 Pharmaceuticals Compliant Written policy, procedure, and practice approved by the health authority provide for the proper management of pharmaceuticals. Offenders are provided medication as prescribed. Visual Inspection: health records, completed medication administration forms,





	Findings	Response
IV-C-011 First Aid Kits First aid kits are available in areas of the facility as designated by the responsible health care authority and shall be immediately accessible to housing units. Visual Inspection: location of first aid kits within the facility	Compliant	
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	Compliant-Sick call forms are available in all dorm areas. Once completed they are placed in the sick call box and health care staff is the only ones who retrieve them. The requests are triaged and scheduled for visits.	
IV-C-013 Infirmary Care If infirmary care is provided onsite, it complies with applicable state regulations and local licensing requirements. Provisions include 24-hour emergency on-call consultation with a physician, dentist and behavioral health professional. Written policy, procedure and practice provide that any offender who is identified as requiring a medical, dental, or behavioral health need for which care is not readily available from the local facility shall be immediately transferred to DPS&C. It is particularly important that smaller facilities recognize the commitment of the DPS&C to accept into their custody any DPS&C offender whose condition is problematic. Visual Inspection: admission or inpatient records, staffing schedule, completed form C-05-004-B	medical staff determines the health issues to be an emergency, offenders are transported to the local hospital.	
IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, Compassionate Release) Any offender sentenced to DPS&C custody that meets the medical criteria to be released on Medical Parole, Medical Treatment Furlough or Compassionate Release may be considered after submission of the required documentation in accordance with the corresponding Department Regulation to the DPS&C's Chief Nursing Officer via email to HQ-Medical-MentalHealthTransfers@la.gov or by fax to 225-342-1329. Visual Inspection: health records, documentation of approval of DPS&C's Chief Nursing Officer	-	



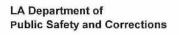


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	Findings	Response
There is a written suicide prevention and intervention program that is approved by a behavioral health professional who meets the educational and license/certification criteria specified by his/her respective professional discipline. The program must include specific procedures for handling intake, screening, identifying and continually supervising the suicide-prone offender. All suicide attempts and completions will be reported to the Mental Health Director of DPS&C at mentalhealth@doc.la.gov or (225)202-809. Observation of the suicide-prone offender will vary from continual observation to intervals no greater than fifteen (15) minutes. All staff with responsibility for offender supervision are trained annually in the implementation of the program. Such procedures also shall include the reporting requirements as outlined in BJG 1-C-001.	Compliant-Mental health staff evaluates each offender and determines the treatment. The staff receives annual suicide prevention training.	
Visual Inspection: health records, documentation of staff training, documentation of observation of suicide watches.		
IV-C-015 Offender Deaths (MANDATORY) Written policy, procedure, and practice specify and govern the actions to be taken in the event of an offender's death, which includes notification of the coroner of all offender deaths. All attempts to contact the coroner regarding any death shall be thoroughly documented. Such procedures shall also include the reporting requirements as outlined in BJG I-C-001. In addition, a written report of all offender deaths shall be submitted to DPS&C on Form AM-I-4-x (via email to _DOC-HQ_Cat_A_Notfications@la.gov or via fax to (225) 342 3349).	Compliant-Facility has a policy in place for actions to be taken in the event of an offender's death.	
Visual Inspection: notification, reporting requirements, report to DPS&C		
intensive care unit (ICU) or trauma center due to a serious bodily injury or due to being a terminally ill offender for the duration of the offender's admission to the ICU or trauma center, unless the Warden or designee provides written notice within 6 hours of the offender's admission to the ICU or trauma center to any immediate family member seeking visitation why such visitation cannot be granted, pursuant to La. R.S. 15:833(A) and Department Regulation OP-C-9; If the offender's admission to the ICU or trauma center occurs between 8:00 p.m. and 4:00 a.m., the Warden or designee shall provide the required written notification within 24 hours of the time the serious bodily injury occurred. Pursuant to La. R.S. 15:833(A), the Warden or designee shall attempt to notify the offender's immediate family within 8 hours of the medical decision to transport the offender to the ICU or trauma center. Based on extenuating circumstances, the Warden or designee may extend the definition of an offender's immediate family member.	Compliant-Policies in place to notify family members if the offender is on ICU	
Visual Inspection: notification records		





	Findings	Response
D. HEALTH SERVICES STAFF		
References: ACA CJS 1-4D-02, 1-4D-04, 1-4D-05, 1-4D-07, 1-4D-08, 1-4D-09, 1-4D-10, 1-4D-1	7, 1-4D-18, Dept. Regs. HCP44, HCP9, HCP10, AM-	D-5
IV-D-001 Health Care Quarterly Meetings (MANDATORY)	Compliant	
The health authority meets with the facility administrator at least quarterly.		
Visual Inspection: documentation of meetings		
IV-D-002 Research	Compliant	
Written policy, procedure, and practice prohibit offender participation in pharmaceutical, medical,		
or cosmetic experiments. This policy does not preclude individual treatment of an offender based		
on his/her needs using a specific medical procedure that is not generally available.		
Visual Inspection: written policy and procedure		
IV-D-003 Health Care Personnel/Job Descriptions	Compliant	
Health care staff work in accordance with professional specific job descriptions approved by the		
health authority.		
Visual Inspection: job descriptions		
IV-D-004 Confidentiality of Health Information	Compliant-Only health care staff have access	
Information about an offender's health status is confidential. Nonmedical staff only have access	to an offender's medical record which is	
to specific medical information on a "need to know" basis in order to preserve the health and	maintained in the health care office.	
safety of the specific offender, other offenders, volunteers, visitors, or correctional staff. An		
individual health record is maintained for all offenders in accordance with policies and procedures		
established by the health authority. The health record is made available to, and is used for		
documentation for all health care personnel. The active health record is maintained separately		
from the confinement case record and access is controlled. When an offender is transferred to		
DPS&C or another local facility, the offender's medical record is transferred as well.		
Visual Inspection: health records, completed consent forms, completed refusal forms		
IV-D-005 Informed Consent	Compliant	
Informed consent standards of the jurisdiction are observed and documented for offender care in		
a language understood by the offender. In the case of minors, the information consent of a		
parent, guardian or legal guardian applies when required by law. Offenders routinely have the		
right to refuse medical interventions. When health care is rendered against an offender's will, it is		
in accordance with state laws and regulations. Involuntary administration of psychotropic		
medications to offenders may only be accomplished by DPS&C.		
Visual Inspection: health records, completed consent forms, completed refusal forms		
IV-D-006 Emergency Response	Compliant	
Emergency medical care, including first aid and basic life support, is provided by all health care		
professionals and those health-trained correctional staff specifically designated by the facility		
administrator. All staff responding to health emergencies are trained in CPR. The health		
authority approves policies and procedures that ensure that emergency supplies and equipment,		
including automatic external defibrillators (AEDs) are readily available and in working order.		
Visual Inspection: verification of training, records and certificates		
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	Compliance	

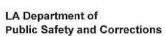




	Findings	Response
IV-D-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY) Written policy, procedure, and practice require that presumptively intoxicated offenders are assessed immediately by medical personnel in order to provide lifesaving intervention and make a determination of need for offsite medical attention. Written policy, procedure, and practice provide for access to Naloxone for officers and medical staff, as well as training for its administration.	Compliant	
Visual Inspection: verification of training, records and certificates		
IV-D-007 Internal Review/Quality Assurance (MANDATORY) The health authority approves policies and procedures for identifying and evaluating major risk management events related to offender health care, including offender deaths, preventable adverse outcomes and serious medication errors.	Compliant	
Visual Inspection: evaluation of major risk management events		



	Findings	Response
E. SEXUAL ASSAULT		
References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16, Dept. Regs. PS-D-3, OP-A-15		
IV-E-001 Alleged and Substantiated Sexual Assaults	Compliant	
Written policy, procedure, and practice provide for the prevention, detection, response, reporting,		
and investigation of alleged and substantiated sexual assaults. Prison Rape Elimination Act		
(PREA) information provided to offenders about sexual abuse/assault includes:		
Prevention/intervention;		
Self-protection;		
 Multiple channels of reporting sexual assault and sexual misconduct; 		
Protection from retaliation;		
Treatment and counseling; and		
DPS&C zero tolerance for sexual assault and sexual misconduct.		
When the occurrence/allegation of sexual assault or threat involves a DPS&C offender, the		
facility shall report the incident to DPS&C immediately, as outlined in BJG I-C-001.		
An investigation is conducted and documented whenever a sexual assault or threat is reported.		
Investigative reports shall be submitted to the appropriate DPS&C Regional BJG Team Leader		
on Form OP-A-15-e "Standardized Case Report Format." The Regional BJG Team Leader shall		
forward any investigation report to the DPS&C PREA Investigation Colonel at		
Joel.Odom2@la.gov. Victims of sexual assault are referred under appropriate security provisions		
to a community facility for treatment and gathering of evidence. Prior to the facility's annual BJG		
inspection, the BJG Team Leader shall send the facility a Pre Audit Questionnaire (Form IV-E-		
001-a). The facility shall complete the Pre Audit Questionnaire (Form IV-E-001-a) and forward it		
back to the BJG Team Leader and DOC PREA Coordinator (Col. Joel Odom) for review. Once		
the Pre Audit Questionnaire is received and reviewed, the PREA Coordinator will work with the		
Team Leader on what areas/ items may need to be viewed while conducting their onsite		is the second se
inspection.		
Visual Inspection: documentation of reports to DPS&C, investigative reports		

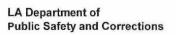




	Findings	Response
PART V - OFFENDER PROGRAMS AND ACTIVITY		
A. OFFENDER OPPORTUNITIES FOR IMPROVEMENT		第三人称形式 化基础 化基础 医
References: ACA CJS 1-5A-01, Dept. Reg. PS-F-1		
V-A-001 Volunteers/Registration There is an official registration and identification system for volunteers. Visual Inspection: activity schedules, facility logs	Compliant	
V-A-002 Volunteer Services A current schedule of volunteer services is available to all offenders and is posted in appropriate areas of the facility.	Compliant	
Visual Inspection: activity schedules, facility logs V-A-003 Visiting Written policy, procedure, and practice govern visiting. The number of visitors an offender may receive and the length of the visits may be limited only by the facility's schedule, space, and personnel constraints, or when the facility administrator can present clear and convincing evidence that such visitation jeopardizes the safety and security of the facility. Conditions under which visits may be denied and visitors may be searched are defined in writing. Provisions are made for special visits in accordance with Department Regulation OP-C-9.	Compliant	
Visual Inspection: activity schedules, facility logs V-A-004 Religious Programs Written policy, procedure, and practice define and provide reasonable offender opportunity for religious practice.	Compliant	
Visual Inspection: activity schedules, facility logs V-A-005 Exercise and Recreation Access (MANDATORY) Offenders have access to exercise and recreation opportunities. Written policy, procedure, and practice provide for exercise opportunities adequate to ensure major muscle activity. Outdoor exercise shall be available on a regular basis (at least three times per week-weather permitting) for DPS&C offenders. If a DPS&C offender requires special management or has security supervision needs which preclude the opportunity for outdoor exercise at a facility, then he or she shall be transferred to the DPS&C. If a facility based on location, or other legitimate concern, does not make provision for outdoor exercise, then compensating dedicated exercise facilities of adequate size to provide three exercise opportunities per week shall be available.	Compliant	
Visual Inspection: activity schedules, facility logs		



	Findings	Response
B. PROGRAMS AND SERVICES		
References: ACA CJS 1-4C-02, 1-5B-01, 1-5B-01-1, 1-5B-01-2, 1-5B-01-3, 1-5B-02, 1-5B-02-1, 1, AM-C-2, PS-I-1, OP-C-9, OP-C-7	1-5B-02-2, 1-5B-04, 1-5C-01, 1-5C-04, 1-5C-06, De	ept. Regs PS-D-3, IS-B-1, HCP7, PS-E-1, PS-C-
V-B-001 Programs and Services	Compliant-Documentation reviewed that	
Written policy, procedure, and practice provide for the availability of offender programs, services,	includes all of the required items. Facility	
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	medication.	
instruction at a variety of levels. The local jail facility shall maintain class files on all DPS&C		
approved programming, whether the program is administered by DPS&C or other staff. The class		
files should include at a minimum:		
Screening of the offender(s) for program placement;		
Offender application to program;		
Program sign-in sheets and/or attendance rosters;		
4. Student Education Records shall be maintained at the facility. The student record includes but		
is not limited to the WorkReady U Intake form (which includes Demographics, Self- Disclosure		
Information, Release Statement, Family Educational Rights and Privacy Act- FERPA, Grievance		
Procedure, Class Rules, test scores, certificates, diplomas, etc.;	'	
Copies of certificates of program completion, skills certifications, etc.;		,
Signed copy of CTRP credit forms;		
7. Documentation for staff oversight if program is not administered and/or overseen by DPS&C		
staff; and/or		
Signed Reentry Preparation Refusal form if offender refused program.		
	1	
Visual Inspection: activity schedules, facility records and logs, offender records		

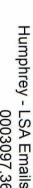


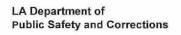


	Findings	Response
V-B-002 Educational Programming The DPS&C and the facility encourage educational programming which includes: Adult Basic Education and/or Literacy; Industry Based Certification Training; Pell-eligible Post-Secondary Training; Peer Tutor/Mentor Implementation. Any planned or proposed programs for education in local jail facilities that house DPS&C offenders shall be submitted to the DPS&C Education Director for review and approval. If the DPS&C implements the educational program in cooperation with the facility, compliance measures must be followed to abide by the terms of the funding sources, as well as state and federal regulations. A determination of ATLO needs will be determined with the facility during implantation of education programs. During this time the party responsible for cost of ATLO lab, devices, etc. will be determined. In some cases, technology is utilized for Education and Reentry purposes (ATLO Software). This will be determined during the needs assessment of the facility. The cost of ATLO lab and services will be determined.	Compliant	
Visual Inspection: activity schedule, facility logs		
V-B-003 Substance Abuse Programs The facility encourages offender participation in substance abuse programs when available. The continuum of substance abuse programming includes: 1. Substance Abuse Education/Relapse Prevention; 2. 12 Step Recovery Meetings (i.e., Alcoholics Anonymous/Narcotics Anonymous); 3. Living in Balance: Moving from a Life of Addiction to a Life of Recovery. Provisions for offender referrals and transfers to DPS&C approved intensive residential substance abuse programs are made prior to placement in a transitional work program or release from custody.	Compliant	
Visual Inspection: activity schedule, facility logs		
V-B-004 Library Services Reading materials shall be available to offenders on a reasonable basis.	Compliant	
Visual Inspection: activity schedule, facility logs		



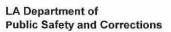
	Findings	Response
V-B-005 Mail and Correspondence Offenders may send and receive mail. Indigent offenders shall have access to postage necessary to send two personal letters per week, postage necessary to send out approved legal mail. Offenders are notified in writing when incoming or outgoing letters are withheld in part or in full. Written policy, procedure, and practice govern offender correspondence. Such policy shall include the following provisions: 1. Both incoming and outgoing offender mail (except privileged mail) may be opened and inspected for contraband. Mail may be read or rejected only when the facility administrator or his designee determines through relevant information that the correspondence contains material that interferes with legitimate penological objectives (including but not limited to deterrence of crime, rehabilitation of offenders, or maintenance of internal/external security of a facility); 2. Privileged correspondence is defined as mail to or from: a. Identifiable courts; b. Identifiable prosecuting attorneys; c. Identifiable prosecuting attorneys; d. State and local chief executive officers; e. Identifiable attorneys; f. Secretary, Deputy Secretary, Chief of Operations, Undersecretary, Assistant Secretary and other officials and administrators of the grievance system of the DPS&C g. Local, state, or federal law enforcement agencies and officials. 3. Incoming privileged correspondence shall not be opened or inspected except in the presence of the offender to verify that the correspondence does not contain material that is not entitled to privilege; 4. Outgoing privileged mail may be posted sealed;	Compliant	Response
5. Incoming and outgoing privileged mail may be opened and inspected outside the offender's presence in the following circumstances: a. Letters that are unusual in appearance or appear different from mail normally received or sent by the individual or public entity; b. Letters that are of a size or shape not customarily received or sent by the individual or public entity; c. Letters that have a city and/or sate postmark that is different from the return address; d. Letters that are leaking, stained, or emitting a strange or unusual odor or have a powdery residue; and/or e. When reasonable suspicion of illicit activity has resulted in a formal investigation and such inspection has been authorized by the Secretary or designee. Visual Inspection: activity schedule, facility logs		
V-B-006 Packages and Publications Written policy, procedure, and practice govern offender access to publication and packages from outside source.	Compliant	
Visual Inspection:		







	Findings	Response
V-B-007 Canteen/Commissary Spending Limits The offender commissary spending limit shall be \$200.	Compliant	
Visual Inspection: facility logs/store sheet		





	Findings	Response
C. REENTRY		
References: Dept. Regs. IS-B-6, BOP3, IS-B-7, HCP31		
V-C-001 Releasing Offenders Procedures for releasing offenders from the facility include, but are not limited to, the following: Return of personal property, to include any government issued identification card (i.e., driver's license) that may have been collected from the offender during the intake process. Provide offender with/and have him/her sign for any DPS&C Transition Document Envelopes (TDE) and all its contents if present at the facility. Otherwise, inform offender their TDE (if they have one) will be mailed to their release address on record. Provision of a listing of available community resources. Consideration by the prescribing health care practitioner for a provision of a 5-day supply of current maintenance medication (medication prescribed to stabilize a chronic medical or behavioral health illness), along with a prescription for thirty (30) days of medication upon transfer or discharge. Prior to release, offenders with serious medical and behavioral health conditions are referred to available community services. All efforts shall be made to schedule any medical/mental health appointments prior to release. Appropriate health information is shared with the new providers in accordance with consent requirements. This information shall be documented in the offender's medical record. Offenders identified as needing transportation, should be afforded a bus ticket from the facility to the residence plan address listed on the release paperwork. For offenders with out of state residence plans, screen and complete an ICOT 4-6 months prior to release and submit to local P&P district. If offender has no address, shelter placement shall be done by Local Jail Transitional Specialist or staff. Provision of adequate street clothing for indigent offenders. Offenders shall not release in any prison issued attire, including but not limited to jumpsuits, striped scrubs, or stenciled clothing.	-	
Visual Inspection: facility log, activity schedule		



	Findings	Response
V-C-002 Regional Reentry Programs Facilities shall remain in compliance with any separate contract with the facility through which the DPS&C reimburses for reentry programming which includes: 1. Employment opportunities through referral and transfer to transitional work programs, or when inappropriate, for transitional work program placement, enrollment in the Reentry Workforce Portal, and outside service providers to connect discharging offenders with employment opportunities upon release; 2. At least two forms of valid identification upon release, preferably a Louisiana State ID and Social Security Card; 3. The development of a residential plan prior to release; 4. Referral to community based service providers upon release. 5. Ensuring that all DPS&C offenders complete 100 hours of pre- release training at a regional reentry center prior to transfer to a transitional work program or release from custody. Regional Reentry Programs shall maintain reentry transition document envelopes for all DPS&C offenders housed in local jails in their region, which include at a minimum, if applicable: 1. Any valid forms of identification; 2. Prescriptions and Medicaid card; 3. Community service referrals; and 4. CRANNUAL printed report. Regional Reentry Programs shall coordinate with local jails and Probation & Parole Districts in their region to insure offenders receive their Transition Document Envelopes (TDE) either prior to release or upon release. Regional Reentry programs shall mail TDE's to the release address on record for offenders who release full term and cannot be provided the TDE before release.	Compliant-Offenders are releasing with two valid forms of identification.	
Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan		
V-C-003 Pre-Parole Preparation The facility shall complete Form IS-B-7-c "Pre-Parole TIGER Questionnaire for Local Jail Facilities" and submit via e-mail to DPS&C Headquarters at mleger@la.gov or by fax to (225) 342 3095 within the first two weeks of the month preceding the scheduled hearing. Visual Inspection: offender record, completed questionnaire	Compliant	
V-C-004 Parole Board Procedures The facility Warden or his/her designee, of the local level facility in which the offender is housed, shall be present to provide information to members of the Parole Board regarding the offender's progress and disciplinary infractions during incarceration. Visual Inspection: offender record, trip log, documentation showing facility Warden or	Compliant	
designee presence at parole board		

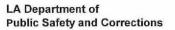
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	Findings	Response				
D. TRANSITIONAL WORK PROGRAMS						
References: Dept. Regs. PS-D-3, ISB-1						
V-D-001 Transitional Work Program/Standard Operation Procedures Transitional Work Programs shall be operated in accordance with the Standard Operating Procedures for Offender Transitional Work Programs established by DPS&C. Visual Inspection: DPS&C Monitoring Report	Compliant					
V-D-002 Participation in Transitional Work Program Participation in Transitional Work Programs by DPS&C offenders shall comply with La. R.S. 15:711 and DPS&C Department Regulation IS-B-1 "Assignment and Transfer of Offenders." Specific approval by the Secretary of DPS&C is required prior to program assignment of DPS&C offenders. Refer to Standard Operating Procedures for Offender Transitional Work Programs. Visual Inspection: approval for participation by the Secretary of DPS&C	Compliant					
V-D-003 Offender Work Programs Participation in Offender Work Programs by DPS&C offenders shall comply with the provisions of La. R.S. 15:708 (parish jails) or La. R.S. 15:832 (police maintenance). Visual Inspection: offender voluntary participation, sheriff's approval of work program request, facility logs	Compliant					
V-D-004 Approval for Transitional Work Programs Any sheriff interested in operation of a Transitional Work Program facility shall obtain prior approval from the Chief of Operations. Refer to Standard Operating Procedures for Offender Transitional Work Programs.	Compliant					
Visual Inspection: approval of Chief of Operations						

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	Findings	Response
PART VI - JUSTICE		
A. OFFENDER'S RIGHTS	Market Control of the Control	
References: ACA CJS 1-6A-01, 1-6A-02, 1-6A-03, 1-6A-06, Dept. Reg. OP-C-10		
VI-A-001 Access to Courts/Access to Legal Materials Written policy, procedure, and practice ensure the right of offenders to have access to courts. This includes reasonable access to legal reference materials or access to legal or paralegal assistance. Illiterate offenders shall be provided the assistance of a fellow offender or be furnished adequate assistance from the facility staff or other persons who have a legitimate connection with the legal issues being pursued. If an offender's requirements in this area are significant and complex, exceeding the capability of the local facility to meaningfully provide assistance, then the inmate shall be transferred to the DPS&C.	Compliant-All Offenders have access to tablets with all the legal materials on it .	
Visual Inspection: facility log VI-A-002 Access to Counsel Written policy, procedure, and practice ensure offenders' confidential access to counsel. Such contact includes, but is not limited to telephone communications, uncensored correspondence and visits.	Compliant-Policy requires offenders to request special visits with counsel.	
Visual Inspection: facility log, record of attorney interviews VI-A-003 Protection from Abuse Written policy, procedure, and practice protect offenders from personal abuse, corporal punishment, personal injury, disease, property damage, or harassment. Visual Inspection: facility log, incident reports, staff training records	Compliant	
B. FAIR TREATMENT OF OFFENDERS		
References: ACA CJS 1-2A-16, 1-4C-01, 1-6B-01, 1-6B-02, Dept. Reg. OP-C-13		
	Compliant	
VI-B-001 Discrimination Written policy, procedure, and practice provide that program access and administrative decisions are made without regard to offenders' race, religion, national origin, gender, sexual orientation, or disability.	Compliant	
Visual Inspection: facility records, grievances, activity logs VI-B-002 Grievance Process (MANDATORY) Offenders have reasonable access to a grievance remedy procedure that includes at least two levels of review if necessary. The grievance remedy procedure shall be an administrative means through which an offender may seek formal review of a complaint which relates to any aspect of his imprisonment if less formal procedures have not resolved the matter. Such complaints and grievances include, but are not limited to, actions pertaining to conditions of confinement, personal injuries, medical complaints, time computations, the classification process, or challenges to rules, regulations, or policies. Through this procedure, offenders shall receive reasonable responses within a specified time period and where appropriate, meaningful remedies. Visual Inspection: grievances	Compliant	





	Findings	Response	
PART VII - ADMINISTRATION AND MANAGEMENT			
A. RECRUITMENT, RETENTION, AND PROMOTION	THE PARTY OF THE P	THE RESERVE OF THE PARTY OF THE	
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-0	02, 1-7B-04, 1-7B-06, Dept. Regs. AM-F-22, OP-A-1	9	
VII-A-001 Training and Staff Development The facility conducts or participates in a training program which includes orientation for all new employees (appropriate to their job) prior to assuming a position or post. Such training must include: 1. Security procedures; 2. Hostage procedures – including staff roles and safety; 3. Fire and emergency plan/ procedures; 4. Suicide precaution and signs of suicide risks; 5. Use of force policies; 6. Inmate rules and regulations; 7. CPR and first aid; 8. Requirements of the Prison Rape Elimination Act (PREA); 9. Employees whose duties are the care, custody and control of offenders must complete the Peace Officers Standards and Training (POST) Level 3 certification training program, which consists of the ACA core curriculum, within one year of employment.	Compliant-Policy in place regarding training. Employees must successfully complete training prior to employment and annually thereafter. Documentation in file		
Visual Inspection: lesson plans, staff training records VII-A-002 Weapons Training All personnel authorized to use firearms and less-than-lethal weapons must demonstrate competency at least annually. Training includes decontamination procedures for individuals exposed to chemical agents. Visual Inspection: personnel records, training records	Compliant-Deputies are POST certified and receive appropriate training regarding the use of handling and retention of weapons.		
B. FACILITY ADMINISTRATION References: ACA CJS 1-4D-02, 1-7D-01, 1-7D-03, Dept. Reg. AM-I-4			
VII-B-001 Authority There is a statue or constitutional provision authorizing the establishment of the local jail facility or its parent agency. Visual Inspection:	Compliant		
WII-B-002 Legal Assistance for Staff Written policy, procedure and practice specify the circumstances and methods for the facility administrator and other staff to obtain legal assistance as needed in the performance of their duties.	Compliant-Legal Assistance for staff are provided.		
Visual Inspection: personnel or training records			



LA Department of



BJG Monitoring Report

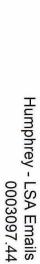
	Findings	Response
VII-B-003 Independent Financial Audit Written policy, procedure, and practice provide for an independent financial audit of the facility. This audit is conducted annually or as stipulated by statute or regulation, not to exceed three years. Visual Inspection: annual audit	Compliant	
VII-B-004 Facility Insurance Written policy, procedure, and practice provide for institutional insurance coverage, including at a minimum: worker's compensation, civil liability for employees, liability for official vehicles, and either a commercial crime/employee theft insurance policy, or public employee blanket bond.	Compliant	
Visual Inspection: insurance policy		
VII-B-005 Mgmt. of Offender Personal Funds Written policies and procedures shall govern the management of offender personal funds held in trust by the facility. The policies and procedures shall include: • Specific guidelines and controls for collecting, safeguarding, and disbursing offender personal funds; • Require offenders be provided receipts for all financial transactions; • Comply with general accounting procedures and state law; and • Establish a system of checks and balances. Any interest earned on monies other than operating funds accrues to the benefit of the offenders.	Compliant	
Visual Inspection: offender records		
VII-B-006 Disposition of an Offender's Account upon Death The facility shall complete its fiduciary duty to ensure all of the deceased offender's funds due to the estate are properly accounted for, safeguarded, and disbursed. Upon the death of an offender, facility staff shall do the following: 1. Complete the Disposition of Offender Funds upon Death (DPS&C Form AM-C-2-b) to determine the amount owed to the decedent's estate and to determine what a claimant shall submit to receive the amount owed to the estate. 2. Check the offender's Master Record and Visiting Lists to determine if there is a living spouse or other living heirs listed in the offender's personal information. 3. If so, facility staff shall attempt to notify the spouse or heirs of the amount owed to the estate, after all debts have been cleared, and the documentation required to receive the funds. a. If the amount owed to the estate is less than or equal to \$2,500, provide the claimant a copy of the Claimant's Request for Offender Funds Upon the Offender's Death and Due to the Offender's Estate (Form AM-C-2-a). The claimant must submit the completed and notarized form to receive the amount owed to the estate. b. If the amount owed to the estate is greater than \$2,500, inform the claimant he/she must obtain a Judgment of Possession or Louisiana Small Succession Affidavit to receive the amount owed to		





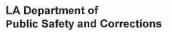
BJG Monitoring Report

	Findings	Response
 A. Pay all remaining debts of the decedent. Release the funds to the claimant upon receipt of the required form/judgment/affidavit. 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. 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. Upon the death of an ex-offender after release, but before all funds have been distributed to him, facility staff shall do the following: Follow the above steps required for disposition of funds upon death. Obtain a certified death certificate from the claimant. Attach the certified death certificate to form AM-C-2-b. Unclaimed funds of deceased offenders are not considered abandoned property as provided in La. R.S. 15:866.2. If attempts to notify a spouse or heirs have been unsuccessful for a period of five years, the money in the offender's account should be submitted along with an unclaimed property report to the Department of Revenue and Taxation in compliance with La. R.S. 9:151 through 9:156. Visual Inspection: offender records 		
VII-B-007 Offender Records Security Written data security policy, procedure, and practice govern the collection, storage, retrieval, access, use, secure placement and preservation of records, and transmission of sensitive or confidential data contained in paper, physical, or electronic format. Access to any information system by an offender in the custody or supervision of the Department is strictly prohibited. All personnel having access to the information systems are responsible for ensuring the security of the computer equipment and preventing unauthorized access. Visual Inspection: offender records VII-B-008 Organization Written policies and procedures describe all facets of facility operation, maintenance, and administration, are reviewed annually and updated, as needed. New or revised policies and	Compliant Compliant-Policy and procedures are in place for all areas of the facility. Administration reviews and updates annually.	
procedures are disseminated to staff. A file for each guideline shall be maintained with documentation (primarily written) to support compliance. Visual Inspection: annual review, dissemination to staff	and apactos annually.	



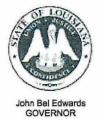


	Findings	Response
VII-B-009 Annual Compliance Statement Written policy, procedure and practice demonstrate that the facility shall submit an annual statement confirming continued compliance with the BJG to the appropriate DPS&C Regional Team Leader. This statement, submitted by January 31st each year, is in writing and shall include: 1. A copy of the current Fire Marshal Report; 2. A copy of the current Health Inspection Report; 3. Any proposed or projected expansions; 4. Any rehabilitative programs that are available; 5. Summary of any re-entry initiatives/programs implemented by the facility. Visual Inspection: annual statement	Compliant	
VII-B-010 Monthly Reporting Written policy, procedure and practice ensure that any facility with DPS&C offenders report activities to the Chief of Operations on a monthly basis in accordance with Dept. Reg. C-05-001/AM-I-4. These reports shall be submitted on automated reporting forms provided by the DPS&C, no later than the 15th day of the month for the previous month's activities. Automated reporting shall be completed, by the appropriate DPS&C Regional Team Leader, no later than the 20th day of the month for the previous month's activities. Visual Inspection: monthly report	Compliant	
VII-B-011 Staff Meetings Written policy, procedure and practice provide for regular meetings between the Sheriff, facility administrator, or designee and all department heads. There is formal documentation that such meetings are conducted at least monthly.	Compliant	
Visual Inspection: staff meeting minutes/notes VII-B-012 Proposed Expansion Any planned or proposed expansions for transitional work program or jail facilities that house DPS&C offenders shall be submitted to the Secretary of the DPS&C and the Executive Director of the LSA for consideration and approval. Visual Inspection:	Compliant	
C. REASONABLE ACCOMMODATION		
References: ACA CJS 1-7E-01		
VII-C-001 Facility Equipment/Reasonable Accommodation Reasonable accommodations is made to ensure that all parts of the facility are accessible to the public are accessible and usable by staff and visitors with disabilities. Visual Inspection:	Compliant	





	Findings	Response
	INSPECTION REPORTS	
DEPARTMENT	Deficiencies	Corrective Action Taken
ire Marshall	Fire alarm System need tested and maintained	
		1
Date of Current Report: 04/17/2023		
Maximum Canacitus 200		
Maximum Capacity: 266		
DHH - Health		
Date of Current Report: 06/28/2023		
Date of Current Report: 06/28/2023		
Date of Current Report: 06/28/2023 Maximum Capacity: 266		
Maximum Capacity: 266		



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-22-043889-1

Deficient/Cautionary Codes cited.



Daniel H. Wallis FIRE MARSHAL

			Lo	cation	n Inform	ation			
Inspection Type	Compliance	Building I	Inspection		Inspec		Inspection Date 4		4/17/2023 4:54:40 PM
Structure ID	52851		No. of Build	lings	1	F	Facility Code		331
Capacity	266		Year Built		1992	0	Construction Type		ype IIIA / (211)
Building/Trade Na	ime				Address	s			
SAINT BERNARD	PARISH PRIS	ON			1900 PA	RIS R	OAD, CHALM	ETTE, LA	70043
		1	O	wrier	informa	tion			
Owner Type		Name		Contact Phone Contact Email		Contact Phone Contact Email		Email	
Municipal Project			BERNARD PA F'S OFFICE	RISH	H (504) 274-7643 LBURKE@SBSO.OR		@SBSO,ORG		
Address									
POST OFFICE BO	X 168, CHALM	IETTE, LA	4 70043						
1			Te	enant	Informa	ation			
Name				Suite	Number		Floor Number	er	Square Footage
			0	ccupa	ancy De	tails			
Occupancy Type		Details							
Institutional							PE: CONDITIO		RECTION);
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INSTALL		AND MA	INTAINED IN				SAFETY IT S I THE APPLIC		DEFICIENT (Correction Date: 5/17/2023)
***SHAL	L PROVIDE A	CURREN	IT ANNUAL C	CERTIF	FICATION	FOR	THE FIRE ALA	AMR SYST	ΓΕΜ.
-				Co	mments				
OFFENDERS PRE		AN TRAIN	NING LOGS A	AND E	GRESS C	OOR/	KEY CHECK I	OGS WEL	L MAINTAINED.
CAPACITY: 266.									
NO OTHER APPAI	RENT DEFICIE	ENCIES C	DBSERVED A	MIT TIM	E OF INS	PECT	ION,		
CORRECTIONAL	OCCUPANCIE ST ANNUALL	S IN THE	STATE OF L	LOUIS	IANA SHA	ALL BE	INSPECTED	BY THE C	21, ALL DTENTION AND DFFICE OF STATE FIRE HE ANNUAL ISNPECTION
			Ins	pecto	r Inform	nation			XII. 2 (100 - 100
Name: Joshua C	оггеа	Badge N	lumber: 602			Inspe	ctor Signature:	2	Amore
		Pers	on to whor	n req	uiremen	ts we	re explained		



Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70808 (225) 925-4911 (800) 256-5452 Fax (225) 925-4241

Inspection Report Report # CB-22-043889-1

Deficient/Cautionary 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

- 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.
 - 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 retief is required by the applicant.
 - 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.
 - 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

Retail Food Notice of Violations

Routine/Renewal

Permit Number 44-0001208-1	Permit Name SAINT BERNARD PAR	R JAIL JUV DET COMP Dietary		
Name of Establishment SAINT BERNARD PAR JAIL JUV DET COMP		Owner Name SAINT BERNARD PARI	SH SHERIFF OFFICE	
Address 1900 PARIS RD CHALMETTE, LA 70043		Date 08/16/2023	Time 02:00 PM	

LAC TITLE 51 PART XXIII

Category	Code Reference	Description of Violations
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2513	30 - 2513 - Quaternary ammonium solution concentration for warewashing is not 200 p.p.m. at 75°F. [COS [Repeat]

Category	Code Reference	Description of Violations		
FOOD PROTECTION	1501	54 - 1501.1 - Food is not stored in a clean, covered container.		
UTENSILS/EQUIPMENT/SINGLE SERVICE	2501	75 - 2501.1 - Food-contact surfaces of cooking equipment and pans are not free of encrusted grease and other accumulations. [COS][Repeat]		
UTENSILS/EQUIPMENT/SINGLE SERVICE	2501	75 - 2501.2 - Non-food contact surfaces of equipment have an accumulation of dust, dirt, food residue and other debris. [Repeat]		
UTENSILS/EQUIPMENT/SINGLE SERVICE	2515	82 - 2515.2 - Equipment and utensils are not air-dried. [COS]		
UTENSILS/EQUIPMENT/SINGLE SERVICE	2515	82 - 2515.1 - Equipment and utensils are being cloth dried. [COS]		
UTENSILS/EQUIPMENT/SINGLE SERVICE	2517	83 - 2517.5 - Clean equipment/utensils are not stored covered or inverted. [COS][Repeat]		
UTENSILS/EQUIPMENT/SINGLE SERVICE	2517	83 - 2517.3 - Clean equipment/utensils are not stored at least six (6) inches off the floor. [COS][Repeat]		
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3101	102 - 3101 - Plumbing is not maintained. *leak in walk-in freezer [Repeat]		
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.5 - Floors are not clean.		

Comments:

Copy of report emailed to: jmabry@tigercommissary.com

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.

Be world oh!

The above mentioned violations Correct Critical Violations by	were called to my attention and were ex	plained to me in detail. I hereby agree to Correct Non-Critical Violations b	NV	
Name/Title James Mabry/ district manager		Signature of Recipient		



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

Routine/Renewal

Permit Number 44-01-224	Permit Name St. Bernard Parish Jail-22	24			
Name of Establishment St. Bernard Parish Jail-224		Owner Name	Owner Name		
Address 1900 Paris RD Chalmette, LA	70043	Date 06/28/2023	Time 02:30 PM		

LAC TITLE 51 PART XVIII

actions or permit suspensi		CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement
Category	Code Reference	Description of Violations
Safe Drinking Water	101	26 - *There is no drinking water available to some of the individual cells. NO WATER IN B-1 CELLS 6. AND 5.

Category	Code Reference	Description of Violations
Building Requirement	101	3 - The walls are in disrepair, PEELING PAINT NOTED ON WALLS IN B-1 COMMON RESTROOM AND INTAKE HOLDING CELLS, WALLS THROUGHOUT A, B, AND C WINGS, AND VARIOUS EXIT AND CELL BLOCK DOORS; RUST NOTED ON MIRROR IN B-1 COMMON RESTROOM
Building Requirement	101	6 - The ceilings are not in good repair. STAINED CEILING IN C-WING CONTROL BOOTH, CEILING OUTSIDE OF A-WING CONTROL BOOTH, AND ON SIDE OF A-4 TOILET, MISSING CEILING TILES IN MAGISTRATE COURT ROOM,
Approved Bathing Facilities	101	24 - There is chipped tile in the shower area. FLOOR TILE NEAR DRAIN IN SHOWER OF D-2
Matresses and Pillows	103	51 - Several mattresses are torn and in disrepair. MATTRESSES IN VARIOUS CELLS IN DISREPAIR; VIOLATION CORRECTED [COS]

Comments:

THE FOLLOWING AREAS WERE OBSERVED AT TIME OF INSPECTION: DIETARY, MEDICAL, MAGISTRATE COURT ROOM, B-WING (B1. B2), C-WING (C1, C2, C3, AND C4), D2, A-WING (A1, A2, A3, AND A4), ALL CONTROL BOOTHS, HOLDING AREA, LAUNDRY, YARD AREA, AND MOP SINK AREA.

THE FOLLOWING OBSERVATIONS WERE MADE AT TIME OF INSPECTION:

BLACK RESIDUE/STAINS OBSERVED ON THE CEILING IN B-1 CELL 5, D2 AND VARIOUS OTHER AREAS OF THE FACILITY;

LEAK AT SINK IN CONTROL ROOM A-WING;

VENT NOT CLEAN IN LAUNDRY ROOM:

THE FOLLOW UP DATE FOR INSPECTION HAS BEEN EXTENDED AS AUTHORIZED BY SANITARIAN SUPERVISOR.

FOLLOW UP SCHEDULED FOR JULY 28, 2023 DUE TO NUMBER OF UNCORRECTED VIOLATIONS NOTED IN THE COMMENTS SECTION AND CITED ON THE REPORT. JOINT INSPECTION WITH MS. PORTER

- 11		110	u		11.04	.,,	org
	0.00	 7.00	1124	-		0.020	

DE	STATE OF LOUISIANA PARTMENT OF HEALTH FICE OF PUBLIC HEALTH			
- 1	NSTITUTION REPORT			
Agency License No. N/A	Anniversary Month JUNE			
Name of Establishment ST. BERNARD PARISH JAIL-224	Mailing Address			
Address 1900 PARIS RD				
City, state, Zip Code CHALMETTE LA 70043				
Type of Facility JAILS 222				
Parish St. Bernard	Date Inspected 06/28/2023			
The above establishment has been inspected by a represer License is Recommended; License is Not Recommended; X License is Pending Reinspection;	ntative of this section, and:			
from the standpoint of sanitation.	DONIELLE HYDE	3 2	3	1
LHS 48 (R 7/09)				D 1014

STATE OF LOUISIANA

Louisiana Department of Health / Office of Aublic Health 628 N. 4TH STREET . 3RD FLOOR . BATON ROUGE, LOUISIANA 70802

ANNUAL

Print Date 06/08/2023

PERMIT TO OPERATE

PERMIT NUMBER:

44-0001208-1

Expires on 06/30/2024 Type of Operation: Retail Food

Description:

Permanent Food Service Establishment

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

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

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

ISSUED TO/NOT TRANSFERABLE

SAINT BERNARD PARISH SHERIFF OFFICE 1900 PARIS RD - COURTHOUSE ANNEX CHALMETTE LA 70043

SAINT BERNARD PAR JAIL JUV DET COMP Dietary 1900 PARIS RD CHALMETTE LA 70043

> JOSEPH KANTER, M.D. STATE HEALTH OFFICER

STATE OF LOUISIANA Louisiana Department of Health / Office of Public Health LHS-16B (R 9/22)

ANNUAL

Print Date 06/08/2023 Expires on 06/30/2024 628 N. 4TH STREET . 3RD FLOOR . BATON ROUGE, LOUISIANA 70802

PERMIT TO OPERATE

PERMIT NUMBER:

44-0001208-1

Type of Operation: Retail Food

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SAINT BERNARD PARISH SHERIFF OFFICE 1900 PARIS RD - COURTHOUSE ANNEX CHALMETTE LA 70043

SAINT BERNARD PAR JAIL JUV DET COMP Dietary 1900 PARIS RD CHALMETTE LA 70043

DUPLICATE

JOSEPH KANTER, M.D. STATE HEALTH OFFICER

FOR YOUR INFORMATION Please post in a conspicuous place.

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

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



Follow-up

STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

The state of the s				_
Permit Number	Permit Name			
44-01-224	St. Bernard Parish Jail	-224		
Name of Establishment		Owner Name		
St. Bernard Parish Jail-224				
Address		Date	Time	
1900 Paris RD Chalmette, LA	70043	08/04/2023	09:25 AM	
		LAC TITLE 51 PART XVIII		
Comments:				
ALL VIOLATIONS HAS BEI	EN CORRECTED			
Number License	4 For	Number in Attendance	License Anniversary	
Hamber Election		196	06/30/2023	
Sanitarian Name/Print	Phone #	Sanitarian Signature	R.S. #	
		Mach HA-	1296	
Asheba Porter	504-838-5140	(Mars 1000)	1296	
The above mentioned violation	ns were called to my attention	and were explained to me in detail. I hereby ag	tree to	
Correct Critical Violations by		Correct Non-Critical Violati	ons by	
		Signature of Recipient		
Name/Title				
FRANK AUDERER, SARGE	NT			

STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

INSTITUTION	REPORT
Agency License No.	Anniversary Month
N/A	JUNE
Name of Establishment	Mailing Address
ST. BERNARD PARISH JAIL-224	
Address	
1900 PARIS RD	
City, state, Zip Code	
CHALMETTE LA 70043	
Type of Facility	
JAILS 196	
Parish	Date Inspected
St. Bernard	08/04/2023
The above establishment has been inspected by a representative of this section, and:	
X License is Recommended;	
[] License is Not Recommended;	
[] License is Pending Reinspection;	
from the standpoint of sanitation.	ASHEBA PORTER 1 2
LHS 48 (R 7/99)	



DATE: 6/18/2023 TIME: 10:47:14 AM

Report for Account: 0504112354

www.ecolab.com

Ecolab Representative: Sean Smith Ecolab Manager: Michael Martin

Extra Service Request

Customer Contact: Frank Machine / Dispenser: LDS

Request Description: Dispenser runs constant Service Comments: Replaced diaphragm

Thank you for your business!

CUSTOMER SIGNATURE

: Frank

wash sink Erolab needs to Service of adjust TO Required Concentration. Critical

Non Critical. All ITEMS are being addressed Bags. I have container on order. 1, 2501 - This was an old pan That was used

for frying By Trustees. will discard 2. 2501- Middle of Deep Clean. all Equipment

2515

2. stapped hand drying. @ Line all air Dry 25178. 1. found some pans Lot Slipped over fix on site 2. Found Blue Rack on Dish was here propped up

3101 be outside Freezers. Ice

3701. Came in during clean up.



SUGGESTONE. Dish washor Add Rinse And To operation. To Reduce MOUSTUR . Trays. - Kacks

Form B-04-003-B 05 November 2010

CERTIFIED TREATMENT AND REHABILITATION PROGRAM CERTIFICATION OF CONTINUED COMPLIANCE

Facility: St Bernard Parish Prison
Date: 12/7/2023
Name of Program: GED
Date of Program Implementation: 07/01/2023
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 🗌 No
Program application process is consistent with DPS&C existing assessment and classification system? Yes No
Has program curriculum changed during preceding 12 months? Yes No
Is there an objective method used to assess completion? Yes No
Detailed records are maintained on the following:
All offenders who apply. 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?
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 12/7/23
Monitoring Team Member or BJG Team Member/Leader Date 12/1/55