

/s/

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANC
SECRETARY

MEMORANDUM

TO: The Honorable Steven McCain
Sheriff of Grant Parish

FROM: *James M. Le Blanc*
James M. Le Blanc
Secretary

DATE: January 7, 2022

RE: "Basic Jail Guidelines" Monitoring Report

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) annual inspection.

Thank you for your support of the BJG process.

JML/mls

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
James Watkins, Warden, Grant Parish Detention Center
Seth Smith, Chief of Operations
Marcus Myers, Warden
Chad Firmin, BJG Team Leader



BJG MONITORING REPORT
(Annual, Semi-Annual, Quarterly, Monthly or Recert with Waiver)

FACILITY NAME: Grant Parish Detention Center
BJG MONITORS: Major Chad Firmin BJG Team Leader
Jude Pitre BJG Team Member
TYPE OF INSPECTION: Annual Monitoring Visit
FACILITY STAFF: Warden James Watkins
BJG INSPECTION DATE: November 17, 2021
PREVIOUS BJG INSPECTION DATE: April 18, 2019
OPERATIONAL CAPACITY: 106
COUNT ON DAY OF VISIT: 74

CONCERNS OR ISSUES FROM THE PREVIOUS BJG MONITORING INSPECTION:
None

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	37	0	37
Number of Local Offenders	33	4	37
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	70	4	74

of DOC Offenders that are:

Single Bunked 13
Double Bunked 24
Triple Bunked 0
Total 37

of DOC Offenders that are in restricted housing:

Single Bunked 0
Double Bunked 0
Triple Bunked 0
Total 0

Assaults (Please list monthly since the previous BJJ monitoring visit.)

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
November 2020	1	0	0	0
December 2020	0	0	0	0
January 2021	0	0	0	0
February 2021	0	0	0	0
March 2021	1	0	0	0
April 2021	0	0	0	0
May 2021	0	0	1	0
June 2021	0	0	1	0
July 2021	0	0	0	0
August 2021	0	0	0	0
September 2021	0	0	0	0
October 2021	2	0	0	0

Seizure Findings (Please list monthly since the previous BJJ monitoring visit.)

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
November 2020	1 syn. mari.	0	0	0	2 tobacco
December 2020	0	0	0	0	0
January 2021	0	0	0	0	0
February 2021	0	0	0	0	0
March 2021	0	0	0	0	0
April 2021	0	0	0	0	0
May 2021	0	0	0	0	2 tobacco, 1 pk rolling papers
June 2021	0	0	0	0	1 tobacco, 1 lighter, 1 speaker wire
July 2021	0	0	0	0	5 cigarettes, 1 tobacco
August 2021	0	0	0	0	1-3ft chain, 2 cigarettes, 1 crushed Wellbutrin pill
September 2021	0	0	0	0	2 tobacco
October 2021	0	0	0	0	2 cigarettes

GENERAL APPEARANCE/CLEANLINESS/COMMENTS OF THE FACILITY:**Living Area:****Dorms:**

The dorms are neat and clean. Offender property and belongings stored properly. The offender beds have mattresses, sheets, pillows and made up according to their policy.

Cell Block:

The lockdown cells are clean. No DOC offenders were housed in the cells during the visit.

Culinary/Dining:

The facility does not have a dining hall. Food is prepared in the kitchen then placed in food carts and sent to the dorms where the offenders eat in the dorm or in the cell. Kitchen utensils are on inventory and

stored in a locked cabinet and on inventory and signed in and out. Cooler and freezer temperatures are logged.

Bathrooms:

Bathrooms are clean and odor free. Adequate hot water is available for offender use and hot water temperatures checked. Bathroom facilities are in working order.

Yard Areas:

The yard area is a fenced in area behind the facility where offenders have access to recreation time. The yard area is kept up and clean.

Maintenance:

The maintenance area is located across from the facility. The tools are located in a locked cage on inventory and they are being signed in and out. Shelves with cleaning supplies are also located in the cage. Cleaning supplies are on inventory and logged when issued to be used in the facility.

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

- I-A-001** **Safety/Sanitation/Inspections-Compliant-** Fire Marshal inspection conducted 11/03/21 with no discrepancies, DHH had not inspected as of day of audit. DHH however, conducted an inspection on 12/01/21 with violations COS corrected on site.

- I-C-001** **Emergency Plan –Compliant-** Facility has a written plan in place and approved by FM

- II-A-007** **Counts -Compliant**
 - *How many formal counts are conducted each shift?*
3 counts each shift
 - *How many counts are conducted each day?*
6 each day

Stick outs are counts that are conducted in areas other than housing units, such as food services and other areas of normally authorized locations. When conducting and submitting the counts, employees are to actually see the offender before turning in these counts.

 - *How does the facility accomplish this?*
Offenders not in the housing unit during count time are counted by the officer and the count called into to control.

 - *Does this process insure accountability and safe/secure operation of the facility?*
Yes

- II-A-008** **Offender Population Management System-Compliant-** Files on each offender are kept at the facility to include bill of information, master prison record, disciplinary reports and any ID's.

- II-A-010** **Admissions-Compliant-**Offenders and property searched upon admission to the facility. Any items not allowed are kept in a secured room in a locked cabinet.

- II-A-012** **Classification System**

Does this facility have any trustees that work outside the secure perimeter? (Yes or No) Yes
If yes,

 - *What is their classification process to determine who is eligible for trustee status?*

The facility has a classification review board to determine what offenders may be eligible for trustee status.

- *Does their classification process meet DPS&C, Corrections Services' criteria?*
Yes

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
November 2020	5	29	17	0
December 2020	1	28	3.5	0
January 2021	8	34	24	1 suboxone
February 2021	5	37	14	2 suboxone
March 2021	14	36	39	0
April 2021	4	43	9	0
May 2021	9	37	24	0
June 2021	9	35	26	0
July 2021	16	37	43	1 refusal
August 2021	8	30	27	0
September 2021	9	30	30	1 methamp
October 2021	11	33	33	0

II-A-019 Offender Transfers-Compliant-Offender transfers are being done according to standard.

II-A-020 Frequency of Cell Checks-Compliant- Policy in place for officers to make rounds in housing units. Card readers are placed in designated areas throughout the facility. When the officer swipes a card, it automatically logs on the computer that rounds have been made.

II-B-002-1 Use of Restraints for Pregnant Offenders-Compliant- Policy in place for use of restraints on pregnant offenders however the facility does not house pregnant offenders.

II-C-001 Procedures for Searches-Compliant-Policy in place for the search of offenders. Offender searches are conducted upon returning from work, or just entering the facility as new intake.

II-D-001 Key, Tool and Utensil Control –Compliant- Kitchen utensils are on inventory and signed in and out properly. Tools located in the maintenance area are in a locked cage area on inventory and signed in and out. Keys are accounted for by logging on the daily log.

III-A-001 Rules and Discipline

- *Does the facility's offender orientation include the application process for applying for restoration of good time? Yes*
- *What is their restoration of good time application process for the offender population? After a period of 6 months with no disciplinary infractions, an offender can request an application for the restoration of good time. The application will be reviewed and signed by the Warden and submitted to DPS&C for review.*
- *Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes*

IV-C-001 Access to Care/Clinical Services *(Does the facility charge a co-payment? If so, approved by DPS&C?)*
Compliant- There is a nurse at the facility for offenders to access medical. Facility does not charge co-pays.

- IV-C-006-1** **Pregnancy Management-Compliant-** Policy in place but facility does not house pregnant females.
- IV-C-008** **Annual TB Testing-Compliant-**Annual TB testing being conducted.
- IV-C-012** **Access to Sick Call-Compliant-**Offenders have access to sick call 5 days a week when a nurse is on duty. If an offender needs medical attention after hours then a local medical facility is used.
- IV-C-013** **Infirmary Care-Compliant-** The facility does not have an infirmary.
- IV-C-013-1** **Medical Releases** (*Medical Parole, Medical Treatment Furlough, Compassionate Release*)**Compliant**
There were no compassionate releases or medical furloughs as of day of audit.
- IV-C-014** **Suicide Prevention and Intervention –Compliant-** Policy in place for suicide prevention. Local mental health consultant is utilized if needed. There are no DOC attempted suicides as of day of audit.
- IV-C-016** **Notification-Compliant-** No DOC offender admitted to ICU or trauma center for family to be notified.
- IV-D-004** **Confidentiality of Health Information-Compliant-**Health information is kept confidential. Consent and or refusal of medical treatment forms are kept in record.
- IV-E-001** **Alleged and Substantiated Sexual Assaults**
- *Is this facility required to be PREA compliant due to contract language? (Yes or No)*
No
 - *Is this facility PREA compliant? (Yes or No)* No
If yes, date compliance received:
 - *If this facility is required to be PREA compliant due to contract language, and has not done so, what is their plan of action for compliance?*
- V-A-003** **Programs and Services -Compliant**
- **List all Certified Treatment Programs** (*Attach Form B-04-003-B*)
 - FDIC Money Management
 - Hi-Set
 - Thinking for a Change
 - Inside out Dads
 - Risk Management I & II
 - Cognitive Behavioral Intervention for Seeking Employment
 - Understanding and Reducing Angry Feelings
 - **List all other Offender Programs**
 - Church services

V-A-003-1 Educational Programming-Compliant

GED Program

Number of GED Slots	<u>25</u>
Number of Participants	<u>10</u>
YTD Number of Completions	<u>0</u>

V-B-001 Releasing Offenders-Compliant- Offenders are released with personal belongings, list of community services and ID's.

V-B-010 Proposed Expansions-Compliant- No proposed expansions at this time.

V-C-001 Substance Abuse Programs-Compliant-Facility has programs available for offenders to participate and are encouraged to participate.

V-C-002 Reentry Programs (Are offenders releasing with two valid forms of identification?)Compliant- Offenders are releasing with at least 2 forms of ID.

V-C-004 Parole Board Procedures-Compliant-Procedures in place for Warden or designee to attend and or provide parole board information on the offender up for parole.

VI-B-002 Grievance Process-Compliant

- *Does grievance process include at least two levels of review? Yes*
- *Who is the designee at each level of review? 1st level Warden, 2nd level A/Warden*
- *What is the specified time period for response at each level? 15 days, 25 days*

VII-A-002 Weapons Training-Compliant- Weapons training done annually.

VII-B-008 Monthly Reporting-Compliant-Monthly reports are done and submitted in a timely manner.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

During the walk through, the facility employees were courteous and polite. Employees are knowledgeable of job duties and seem to work well with each other. Staff morale appeared good and they enjoy working at the facility. The facility is very clean and maintained very well. Staff is doing a good job with the daily operations of the facility.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

Spoke with some DOC offenders during the walk through. There were no concerns or problems voiced by any of the DOC offenders spoken with. Quality of life and offender morale appeared good.

RECOMMENDATION:

At this time the monitoring team recommends continued annual monitoring under BJJ guidelines.



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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

Permit Number 22-01-224	Permit Name Grant Parish Detention Center-224		
Name of Establishment Grant Parish Detention Center-224		Owner Name	
Address 485 Richardson DR Colfax, LA	Date 12/01/2021	Time 10:15 AM	

LAC TITLE 51 PART XVIII

Comments:

INSPECTION SATISFACTORY

**VERBAL ACKNOWLEDGMENT OF REPORT PROVIDED BY LAMAR ST.ANDRIE, LIEUTENANT
COPY OF INSPECTION REPORT EMAILED TO WATKINS@GRANTSO.ORG**

Number Licensed For 106		Number in Attendance 85		License Anniversary 12/31/2021
Sanitarian Name/Print Sydney Redfearin	Phone # 318-627-3133 ext 203	Sanitarian Signature <i>AD</i>		R.S. # 3125

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

Correct Critical Violations by

Correct Non-Critical Violations by

Signature of Recipient

Name/Title
LAMAR ST.ANDRIE/LIEUTENANT

STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No. N/A	Anniversary Month DECEMBER				
Name of Establishment GRANT PARISH DETENTION CENTER-224	Mailing Address				
Address 485 RICHARDSON DR					
City, state, Zip Code COLFAX LA					
Type of Facility JAILS 106 85					
Parish Grant	Date Inspected 12/01/2021				
<p>The above establishment has been inspected by a representative of this section, and:</p> <p><input checked="" type="checkbox"/> License is Recommended; <input type="checkbox"/> License is Not Recommended; <input type="checkbox"/> License is Pending Reinspection;</p> <p>from the standpoint of sanitation</p> <p style="text-align: right;">SYDNEY REDFEARIN</p> <table border="1" style="float: right;"> <tr> <td>3</td> <td>1</td> <td>2</td> <td>5</td> </tr> </table>		3	1	2	5
3	1	2	5		
LHS 48 (R 7/99)					
D 1014					



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

**Retail Food
Notice of Violations**

Routine/Renewal

Permit Number 22-0053002-1	Permit Name GRANT PARISH DETENTION meal site		
Name of Establishment GRANT PARISH DETENTION		Owner Name GRANT PARISH DETENTION FACILITY	
Address 485 RICHARDSON DR COLFAX, LA 71417		Date 12/01/2021	Time 09:55 AM

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.		
Category	Code Reference	Description of Violations
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2501	28 - 2501 - Food contact surfaces and utensils are not clean to sight and touch. ICE MACHINE [COS]

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.		
Category	Code Reference	Description of Violations
FOOD PROTECTION	1501	54 - 1501.4 - Food is not stored six (6) inches off the floor. FREEZER [COS]
TOILETS/HAND WASH FACILITIES	3109	94 - 3109.5 - Soap and/or paper towels are not provided for use at the hand wash lavatory. PAPER TOWELS [Repeat]
TOILETS/HAND WASH FACILITIES	3111	95 - 3111.9 - A covered waste can is not provided in the ladies toilet room.

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY LATERICA BROWN, KITCHEN MANAGER
COPY OF INSPECTION REPORT EMAILED TO WATKINS@GRANTSO.ORG

NOTICE RS 40:31.38 (ACT 66)

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

Sanitarian Name/Print Sydney Redfearn	Phone # 318-627-3133 ext 203	Sanitarian Signature 	R.S. # 3125
--	---------------------------------	--------------------------	----------------

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

Correct Critical Violations by

Correct Non-Critical Violations by

Name/Title

Signature of Recipient

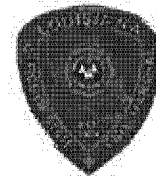
LATERICA BROWN/KITCHEN MANAGER



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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



H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # CB-21-019859-2

Deficient/Cautionary Codes cited.

Location Information			
Inspection Type	Compliance Building Inspection	Inspection Date	11/1/2021 10:31:30 AM
Structure ID	153539	No. of Buildings	4
Capacity	106	Year Built	2005
Building/Trade Name		Address	
GRANT PARISH DETENTION CENTER		485 RICHARDSON DRIVE, COLFAX, LA 71417	
Facility Code			
J484			
Construction Type			
Type IIB / (000)			

Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	JODY BULLOCK-WARDEN	(318) 627-3281	WATKINS@GRANTSO.ORG
Address			
205 CYPRESS ST., COLFAX, LA 71417			

Tenant Information			
Name	Suite Number	Floor Number	Square Footage

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

Deficient and Cautionary Items		
Description	Code Status	Correction Date
NFPA 101 (2015) 9.6.1.3 Owner shall provide and maintain a properly functioning fire alarm system. Currently, the fire alarm system is yellow tagged for communicator not able to dial out on line 2.	DEFICIENT	11/11/2021

Comments
CITED DEFICIENCIES NOTED ON REPORT. THE FIRE ALARM IS NOT DIALING OUT ON LINE 2. THE PARTS ARE ON ORDER AND THEY ARE WAITING FOR THEM TO COME IN SO IT CAN BE FIXED.

Inspector Information		
Name: Chance Downs	Badge Number: 724	Inspector Signature:

Person to whom requirements were explained		
Name: Ken Jones	Title: LT	Signature:

For questions regarding the contents of this report, please call: (318) 767 8099

R. S. 40: 1821 Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1589 excepted, shall be fined not more than five hundred dollars or imprisoned, for more than six months or both. Each day's violation of an order constitutes a separate offense and may be punished as such at the discretion of court.



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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



H. "Butch" Browning
FIRE MARSHAL

PLAN REVIEW REPORT

JAMES WATKINS GRANT PARISH DETENTION CENTER
485 RICHARDSON DRIVE
COLFAX LA 71417

Project Number: **FA-21-018553**
Review Type: **Fire Alarm System**
Status: **Released**
Date Completed: **11/3/2021**
Code Edition: **2015**

In accordance with L.R.S. 40:1574 et seq., satisfactory compliance with the requirements of the laws, rules, regulations and codes of the state that are entrusted to the State Fire Marshal to uphold must be achieved before any work is performed. As such, a permit shall not be issued or construction or installation of the scope of work identified herein shall not commence until the Status of this review is "Released" and the requirements of other state and local entities have been satisfied.

Project Description: REPLACING DEFECTIVE DACT WITH A NOTIFIER 411UDAC			
Project Name: GRANT PARISH DETENTION CENTER		Address: 485 RICHARDSON DRIVE, COLFAX, LA 71417	
Funding Type: Municipal Owned	Within City Limits? YES	Number of Stories:	High Rise Building:
Occupancy Separation Type:	Total Occupancy Square Feet: 12500	Project on which Floor(s): 1	Construction Type: V-B / V(000)
Additional Features (if applicable): Fire Alarm System			

Occupancy Type(s) and Square Feet		
Occupancy Type: Institutional	Square Feet: 12500	Details: INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 2

Fire Alarm	
Is this System required by Code or by an Equivalency to Code?	Required by Code
Is the system a new installation or a modification to an existing system?	M
System Type:	Remote Station

Device Type: Panel	Number of Devices: 1
------------------------------	--------------------------------


Are plans being submitted by OSFM Licensed Qualifier? Y		
OSFM Firm License Number: F377	OSFM Qualifier License Number: E2128	Engineer License Number:

Individuals Involved in this Project		
Name: JAMES WATKINS	Role: Owner	Address: 485 RICHARDSON DRIVE, COLFAX, LA 71417
GENE OSBORNE	Contractor	437 HIGHWAY 3191, NATCHITOCHE, LA 71457

Changes that are inconsistent with the reviewed documents are not authorized unless reviewed by this office for compliance with adopted codes, rules and laws. The changes must be submitted to this office by the Professional of Record where required by law, otherwise by the Owner, for review prior to construction and inspection. Minor changes may be submitted as supplemental information amended to this assigned project number. Changes that alter the scope of work, or that otherwise will require another full review of the project, will require a complete resubmittal of the entire scope of work with application, revised plans, and applicable review fee.

This review shall in no way permit or authorize any omissions or deviations from the specific requirements of the adopted codes, rules and regulations of the state. Construction permits must be issued or installation must commence within 180 days from the date of the "Released" Status for this submittal.

Occupancy of the project will not be permitted until a satisfactory inspection of the completed construction has been made by this office. Please allow at least two (2) weeks advanced notice to schedule inspections.

Review Completed By	
Signature: 	
Name: Ron Mathis	Badge No.: 68

Distribution List		
Name	Firm Name	Role
GRANT PARISH FIRE DISTRICT 1*		