

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
STATE OF LOUISIANA

JEFF M. LANDRY
GOVERNOR



GARY E. WESTCOTT
SECRETARY

November 26, 2025



TO: The Honorable Jason Parker
Sheriff of Webster Parish

FROM: *Gary Westcott*
Gary E. Westcott
Secretary

RE: "Basic Jail Guidelines" Monitoring Report

This is to advise that, pursuant to the attached monitoring report concerning Bayou Dorcheal Correctional Center, the Department of Public Safety and Corrections (DPS&C) is recertifying this facility in compliance with the "Basic Jail Guidelines" with annual monitoring.

Please note that the inspection report shows the facility is non-compliant with BJJ II-A-008, "Inmate Population Management System," Part A, because it failed to meet the 5-day requirement for submitting sentencing and conviction information to DPS&C. Please refer to the attached Preclass Review for additional details. The DPS&C encourages full compliance with BJJ II-A-008.

Congratulations to you and your staff on this accomplishment. Thank you for the hard work and dedication necessary to achieve this goal and for your support of the BJJ process.

GEW/mk

Attachment

c: Kevin Cobb, Executive Director, Louisiana Sheriffs' Association
Scott Tucker, Warden, Bayou Dorcheal Correctional Center
Seth Smith, Chief of Operations
Michele Dauzat, Warden, DWCC
Tyrone Mays, BJJ Team Leader

State of Louisiana

Office of the Secretary

Department of Public Safety and Corrections

By the authority vested in me, under Chapter 9, Title 36 of the Louisiana Revised Statutes,

I, Gary E. Westcott, Secretary, do hereby recognize

Bayou Dorcheat Correctional Center

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,

this 26th day of November

in the year of our Lord 2025

Attest:


Gary E. Westcott
Secretary



BASIC JAIL GUIDELINES MONITORING REPORT

Recertification Report

Ver. 11/28/2023.mwk

Facility Name: Webster – Bayou Dorcheat Correctional Center
BJG Team Leader & Monitors: Assistant Warden Tyrone Mays, BJG Team Leader (NE Region); Assistant Warden Roderick Malcolm, BJG Team Leader (NW Region)
Facility Warden & Email Address: Warden Scott Tucker, Stucker@webstersheriff.org
Facility Staff: Deputy Connie Perryman & Lieutenant John Lewis
BJG Inspection Date: 14 October 2025
Previous BJG Inspection Date: 07 November 2024
Operational Capacity: 597; Webster – Bayou Dorcheat CC – 397, TWP – 100, S.O. Treatment – 100
Count on the Day of Visit: 529

List Concerns or Issues from the previous BJG Monitoring Inspection:

II-A-018 Inmate Drug Testing & II-D-001 Key, Tool, and Utensil Control

Count on the Day of Visit:

	# MALE	# FEMALE	TOTAL
Number of DOC Inmates	364	0	364
Number of Local Inmates	165	0	165
Number of Out of State Inmates	0	0	0
Number of Federal Inmates	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	529	0	529

Number of DOC Inmates that are:

Single Bunked	188
Double Bunked	145
Triple Bunked	20
Total	353

Number of DOC Inmates that are in Restricted Housing:

Single Bunked	5
Double Bunked	6

Triple Bunked

0

11

Total

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

Month/Year	Inmate/Inmate	Inmate/Inmate w/ Significant Injury	Inmate/Staff	Inmate/Staff w/ Significant Injury
September 2024	1	0	0	0
October 2024	0	1	0	0
November 2024	3	0	0	0
December 2024	4	1	0	0
January 2025	2	0	0	0
February 2025	1	3	0	0
March 2025	5	0	0	0
April 2025	6	0	0	0
May 2025	5	0	0	0
June 2025	9	0	0	0
July 2025	5	0	0	0
August 2025	8	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
September 2024	0	0	0	1	(7) Porn material, screw driver, meds, vape, sim card, hair clipper, rolled cig
October 2024	0	0	0	0	(7) Fence wire, razor blade, lighter, cigarette, sewing needle, vape.
November 2024	0	0	0	0	0
December 2024	0	0	0	0	(1) Lighter
January 2025	0	0	0	0	0
February 2025	0	0	1	0	0
March 2025	0	0	0	0	(10) Medication pill, tobacco, razors, damaged batteries, battery packs, wires, broken radios & e-cigs,
April 2025	0	0	0	0	(7) Broken E-cig, battery packs, razor, wire, broken radio, lighter, e-cig charger.
May 2025	0	0	1	0	(4) Debit Card, shank, battery pack, smoking papers
June 2025	0	0	1	0	(7) smoking paper, razor blade, broken e-cig, battery pack, shank
July 2025	0	0	0	0	(5) Broken e-cig, razor, pill, wire, broken radio
August 2025	0	0	0	0	(3) Tobacco, vape, tattoo gun

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY

Living Area

- **Dorms** – The dorms were in good condition and odor free and clean. Personal property was neatly stored. No clutter was observed in the inmates' living areas.
- **Cell Block** – The cells were clean and odor free. All of the inmates' personal property was neatly stored and the cells were clutter free.

Culinary/Dining: The culinary/dining area was clean. The culinary tools sign-in sheet was accurate. The inmates are escorted to the kitchen for meals. Temperature logs of the coolers and freezers were in place.

Bathrooms: The bathrooms were found to be clean, odor free, and in working order. Lavatory/showers have temperature controlled hot/cold water and the temperature is checked.

Yard Areas: There is ample space for inmates to exercise. The yard areas are well kept and free of debris.

Maintenance: Overall maintenance of the facility is good. Inventories of tools, flammables, and chemicals are kept thoroughly and up to date.

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):

- How many formal counts are conducted each shift? Day Shift – 3, Night Shift – 3
- How many counts are conducted each day? 6 Counts per day

Stickouts counts

- How does the facility accomplish this? Staff conduct visual headcounts in the area where inmates are assigned.
- Does this process ensure accountability and safe/secure operation of the facility? Yes

II-A-012

Classification System:

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

- What is their classification process to determine who is eligible for trustee status?
Inmates being screened for trusty status must meet the same criteria as utilized by DPS&C.
- 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
September 2024	40	383	10%	2
October 2024	57	386	15%	0
November 2024	27	377	7%	0
December 2024	35	387	9%	0
January 2025	49	356	14%	0
February 2025	35	362	9%	0
March 2025	77	403	19%	1
April 2025	93	408	23%	3
May 2025	89	408	18%	0
June 2025	72	404	18%	0
July 2025	62	376	16%	0
August 2025	79	393	20%	0

- III-A-001 Rules and Discipline (MANDATORY):**
- 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? Inmate requests are reviewed by classification to ensure all information is accurate and then forwarded to the Warden for review. If all information is accurate, it is forwarded to DOC for processing.
 - Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes

IV-E-001 Alleged and Substantiated Sexual Assaults: Compliant – Policy and procedure are in place.

- VII-B-010 BJC AUTOMATED MONTHLY REPORTING REVIEW**
- 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:**
- List all Certified Treatment Programs (Attach Form IS-B-8-b)
Steve Hoyle Intensive Substance Abuse Program – All Phases
R.O.A.R/ Opioid Treatment Program
Thinking for a Change
Ashland University Courses
Hi Set
Sex Inmate Treatment (Madison County Risk Psycho Social)
IC3
Heavy Equipment Operations
 - List all other Inmate Programs
Celebrate Recovery
Religious Services

GED Program

Number of GED Slots	<u>40</u>
Number of Participants	<u>93</u>
YTD Number of Completions	<u>4</u>

- VI-B-002 Grievance Process (MANDATORY):**
- Does the grievance process include at least two levels of review? Yes
 - Who is the designee at each level of review? 1st Level Lt. Lewis, 2nd Level Warden Tucker
 - What is the specified time period for response at each level? 1st Level 40 days, 2nd Level 20 days

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS

The staff at Bayou Dorcheat Correctional Center has a good working relationship with one another. They were professional and very helpful during the inspection visit. When questioned, the staff were knowledgeable about their job duties. The officers' morale was good.

INMATE COMMENTS/MORALE/QUALITY OF LIFE:

I spoke with several inmates, and they were well mannered. The inmates' morale and quality of life were deemed good. I spoke with several inmates throughout the facility, and no complaints regarding their confinement were noted.

RECOMMENDATION:

Warden Scotty Tucker stated that he and his staff are committed to maintaining compliance with BJG and providing a safe, secure, and stable environment for the inmates in their custody. Based on the Pre-Class review by HQ Staff, BDCC failed to upload the required new conviction information within 5 days on 4 of 20 cases reported during this rating period. DOC inmates are transferring with the required documents. At this time, recertification with annual monitoring is recommended.



5/3/2024 mwk

Facility: Webster - Bayou Dorcheat Correctional Center		Date Conducted: 14 October 2025
Monitors: Asst. Warden Tyrone Mays, BJG Team Leader (NE Region); Asst. Warden Roderick Malcolm, BJG Team Leader (NW Region)		
BASIC JAIL GUIDELINES (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-04		
	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	Compliant. Last FM inspection was 10/16/2024. Last DHH inspection was on 10/16/2025. Last DHH Retail Food Service inspection 10/15/2025. Weekly food inspections and daily water temperature logs are in place.	
I-A-002 Disposal of Materials 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	Compliant. Facility has a contract with Waste Connection Bayou on file.	
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. Facility has a contract with Sikes Pest for control of vermin/pests.	
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. Visual Inspection: inspection reports, completed forms, documentation of correction of identified deficiencies	Compliant. Facility has a documentation reflecting daily cleaning of dorms.	



	Findings	Response
I-A-005 Water Supply The facility's potable water source and supply is certified at least annually by an independent, outside source to be in compliance with the State Sanitary Code. The facility complies with the requirements of the state health officer. There is a specific plan for addressing deficiencies, if any, that is approved by the state health officer. Visual Inspection: documentation of approval by DHH or local authority, plan for addressing deficiencies	Compliant. DHH inspection was conducted on 10/16/2025. All deficiencies have been corrected.	
B. VEHICLE SAFETY		
References: Dept. Reg. OP-A-3		
I-B-001 Inmate Transport Escorted and unescorted absences of state inmates are governed by R.S. 15:811 and 833 and DPS&C Department Regulation No. OP-A-3 "Escorted Absences." All funeral trips for DOC inmates shall be conducted via video visitation. Any exceptions require prior approval from the Chief of Operations. Visual Inspection: documentation of staff training, documentation of medical, funeral, etc. (outside trips)	Compliant. Approval court/medical trip on file. Documentation of staff training on file.	
C. EMERGENCY PREPAREDNESS/RESPONSE		
References: ACA CJS 1-1C-01, 1-1C-02, 1-1C-03, 1-1C-04, 1-1C-06, 1-1C-07, 1-7E-01, Dept. Regs. PS-D-3, OP-A-5, OP-B-3, AM-I-4		



	Findings	Response
I-C-001 Emergency Plan (MANDATORY) There is a written plan, submitted to the Secretary of DPS&C that specifies the procedures to follow in situations that threaten facility safety and security. Such situations include but are not limited to, riots, hunger strikes, disturbances, taking of hostages, and natural or man-made disasters, pandemic viral disease, or an influenza outbreak. These plans are made available to all applicable personnel and are reviewed annually and updated as needed. All facility personnel are trained annually in the implementation of the emergency plan. There is a written plan, submitted to the Secretary of DPS&C that specifies preparedness, response, and recovery for a pandemic viral disease or an influenza outbreak. During an outbreak, all facilities will be required to attend the DOC facility Incident Command Team weekly meetings. Reporting requirements may be required during an outbreak to monitor and evaluate the needs of each facility. An evacuation plan is used in the event of a fire or major emergency. The plan is approved by the State Fire Marshal, reviewed annually, and updated, if necessary. There are written procedures for significant unusual occurrences or facility emergencies including but not limited to, natural or man-made disasters, major disturbances such as riots, hostage situations, escapes, fires, deaths, serious illness or injury, and assaults or other acts of violence. Such procedures include the reporting of these incidents to the Control Center at Elayri Hunt Correctional Center (EHCC), telephone number (800)842-4399. In addition, the facility shall follow the incident reporting procedures outlined in Department Regulation AM-1-4 "Activity Reports: Unusual Occurrence Reports/Category A, B, and C". As stated above, the following shall be reported immediately, via phone, to EHCC Control Center (800)842-4399: • Inmate Deaths • Escapes • Apprehension • Assault resulting in life-threatening injury The following information is required when notifying the EHCC Control Center: Death • Reporting official's name, rank, facility, and contact number • Inmate's name, DOC#, DOB, Race / Sex • Date/time of Death • Cause of Death? • Was an autopsy ordered? • Was the family notified? • Who pronounced the death? • Will the family claim the body?	Compliant. Facility has a written emergency plan in place. Evacuation approval plan on file. Training on file for staff Emergency plan.	



	Findings	Response
Escape • Reporting official's name, rank, facility, and contact number • Escapee's name, DOC#, DOB, Race / Sex • Time / Date of Escape • Where did the escape happen? Facility or Job • How did the inmate escape? Walk off, get in a car, and swim? • When was the last time the inmate was physically seen and by whom? • Clothing/description of the inmate Apprehension • Reporting official's name, rank, facility, and contact number • Escapee's name, DOC#, DOB, Race / Sex • Time / Date / Location of Apprehension • How was the inmate apprehended? Self, local law enforcement, etc.? • Where is the inmate being held? • Are there any other pending criminal charges other than the escape? Visual Inspection: training records, facility logs, documentation of approval of plan, documentation of annual review, documentation of staff receipt, training on the plan		
I-C-002 Immediate Release of Inmates 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 inmates and staff in the event of fire or other emergency. Visual Inspection: facility records/logs	Compliant. Exits signs were observed in all exit areas throughout the facility. Fire drill logs on file.	
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. Mourad Fire & Safety was utilized to test fire extinguishers. The last FM was on 10/16/2024. No discrepancies noted.	
I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements. Visual Inspection: Specifications for all furnishings.	Compliant. Specification of all furnishing meet fire safety requirements.	
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, inmate training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.	Compliant. Documentation of staff training on file. There have been no incidents involving FTC at this time. Facility has a good inventory and check-out system in place.	



	Findings	Response
I-C-006 Operational Capacity The number of inmates present does not exceed the rated capacity as determined by the State Fire Marshal and State Health Officer. A. Adherence to Rated Capacity 1. The Warden or Facility Administrator shall make every effort to ensure the number of inmates physically present in a facility do not exceed the facility's rated capacity. 2. In instances when the number of inmates physically present in a facility exceeds the facility's rated capacity, the Warden or Facility Administrator shall notify the appropriate BJG Team Leader within 48 hours. The BJG Team Leader will notify the Chief of Operations or designee. The facility will be given a two week compliance notice by the Chief of Operations or designee. B. Request to Change Rated Capacity 1. DPS&C's Chief of Operations shall be notified immediately of changes in rated capacity approved by the State Fire Marshal or State Health Officer. The State Fire Marshal will determine a capacity primarily based upon existing capabilities. The State Health Officer will determine a capacity based upon the ratio of plumbing fixtures to inmates and square footage. The rated capacity will be the lower of these two figures. Visual Inspection: facility count sheets	Compliant. The facility operational capacity is 397, TWP 100 & S.O. Treatment 100. (Total 597) Facility count sheets were on file to reflect count practice.	



	Findings	Response
PART II - SECURITY		
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. Facility has a camera system in place for monitoring 24 hours. Documentation on file reflects the deployment of staff on all shifts.	
II-A-002 Secure Perimeter The facility's perimeter is controlled by appropriate means to ensure that inmates 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. Documentation on file reflecting that perimeter checks are being conducted according to the facility policy.	
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 inmates and, as needed to operate the facility in conformance with the BJG. Visual Inspection: records of staff deployment, facility logs, documentation of annual review of staffing analysis and plan	Compliant. Facility has a roster on file to reflect that good correctional practices are being maintained.	
II-A-004 Female Inmates and Female Staff When a female inmate 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. Facility does not house female inmates.	
II-A-005 No Inmate Control Over Others No inmate or group of inmates is given control, or allowed to exert authority over other inmates. Visual Inspection: written policy and procedure	Compliant. Written policy and procedure in place.	



	Findings	Response
II-A-006 Staff Log (MANDATORY) Correctional staff maintain a permanent log and prepares shift reports that record routine information, emergency situations and unusual incidents. The facility shall maintain written records or logs which continuously document the following information: 1. Personnel on duty; 2. Inmate population; 3. Admission and release of inmates; 4. Shift activities; 5. Entry/exit of all visitors including legal/medical; 6. Unusual occurrences or facility emergencies (including but not limited to major and minor disturbances such as riots, hostage situations, fires, escapes, deaths, serious illness or injury and assaults or other acts of violence.) Refer to BJG I-C-001 for reporting requirements to DPS&C. Visual inspection: copies of log book, records of staff deployment	Compliant. Copies of logbooks are on file. Copy of staff deployment on file to reflect practice.	
II-A-007 Counts (MANDATORY) The facility has a system for physically counting inmates. At least one formal count is conducted for each shift, with no less than 3 counts daily. The system includes strict accountability for inmates assigned to work and other approved temporary absences. Visual inspection: completed forms, facility records/logs.	Compliant. Six formal counts are conducted in 24 24-hour period. Logs of count being conducted on file.	
II-A-008 Inmate Population Management System (For the entire guideline see BJG Manual.) There is an inmate population management process that includes records on the admission, processing, and release of inmates. Written policy, procedure, and practice provide for inmate case records management that includes at a minimum, maintenance of the following documents and information: A. Inmate Sentencing and DOC Intake/Required Documents: For inmates with new felony conviction(s) and/or probation revocation(s), the following documents shall be collected/ compiled into one complete packet and provided to the appropriate DPS&C Pre-Class Coordinator at DOC Headquarters, David Wade Correctional Center or Raymond Laborde Correctional Center as delineated below, within five days (5) of the Sheriff's receipt of the corresponding sentencing documents from the Clerk of Court in the parish of conviction and shall include the following documents: 1. Uniform Commitment Order (UCO) OR Bill of Information and Court Minutes for each conviction (for probation violators, both the original sentencing minutes and the revocation UCO or minutes are required); and 2. DPS&C Credit for DOC Commitment (Jail Credit letter); 3. Basic Interview Intake Form; 4. AFIS suspect Rap Sheet with Photo (to include inmate's SID # and ATN # for the disposition of the Hard Labor disposition); 5. Applicable DPS&C Acknowledgements and Signature Statement form;	Partial Compliant. Based on the Pre-Class review by HQ Staff, BDCC failed to upload the required new conviction information within 5 days on 4 of 20 cases reported during this rating period. DOC inmates are transferring with the required documents.	



	Findings	Response
B. DOC Inmate Transfers/Required Documents: When a DOC inmate is transferred from a local facility to another state or local facility, the following inmate records and documents shall be transferred with the inmate or within three (3) working days of the inmate transfer to the receiving facility: 1. Master prison Record; 2. One photograph; 3. Reports of disciplinary actions, grievances, incidents or crimes committed while in custody; 4. Records of program participation, work assignments, and classification actions; 5. Any existing Reentry Transition Document envelopes; 6. Any government issued identification (i.e., driver's license, social security card or birth certificate/birth card or any other valid identification); 7. Inmate health record (see BJG IV-D-004), and 8. Cash receipts and property receipts. Visual Inspection: completed forms, reports, inmate record		
II-A-009 Intake - Legal Commitment and Medical Service Prior to accepting custody of an inmate, staff determine that the inmate is legally committed to the facility, and that the inmate is not in need of immediate medical attention and/or mental health services. Visual Inspection: Completed Admission forms, facility logs.	Compliant. All transfer of DPS&C inmates is reported to Office of Adult Services.	
II-A-010 Admissions Admission processes for a newly admitted inmate include, but are not limited to: •Searching of the inmate 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-G-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. Inmates sign receipt for personal property. The admission process includes the inclusion of the required forms.	



	Findings	Response
II-A-011 Out of State Inmates The names of any out of state inmate (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 inmate(s) entering the State of LA. No such inmate shall be housed if the inmate would be classified as maximum custody under the LA DPS&C classification procedures. Any inmate 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 inmate (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 inmate was convicted and sentenced for release in that state, prior to the inmate's release date. Visual inspection: Inmate record, submittal to chief of operations of out-of-state inmates to be housed at the facility, release/transfer documentation	Compliant. Facility does not house out of state inmates. Documentation on file showing inmate release/transfer.	
II-A-012 Classification System Written policy, procedure, and practice provide for a written inmate classification plan that includes custody required and assignment to appropriate housing. Inmate management and housing assignment considers age, gender, legal status, custody needs, behavioral issues, and other unique needs or issues as they arise. All inmates are classified using an objective classification process that at a minimum: • Identifies the appropriate level of custody for each inmate • Identifies appropriate housing assignment • Identifies the inmate's interest and eligibility to participate in available programs Visual inspection: Inmate housing records, inmate classification records	Compliant. Documentation on file to reflect housing assignments and screening for trusty status.	
II-A-013 Prohibition on Youthful Inmates Any inmate under the age of 18 years housed in an adult prison or jail is considered a "Youthful Inmate." Youthful inmates are housed in adult facilities only under the conditions established by law. If youthful inmates are committed to the facility, a plan is in place to provide for the following: • Direct supervision and programming of youthful inmates housed in the specialized unit to ensure safety, security, and education; • Classification and housing plans; • Appropriately trained staff; Requirements for youthful inmates to be placed in an adult facility: • Youthful inmates shall not have physical contact with any adult inmate through the use of shared dayroom, shower areas, or sleeping quarters; • In areas outside the housing units, the facility shall either: (1) maintain sight and sound separation between youthful inmates or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact; • The facility shall make their best efforts to avoid placing youthful inmates in segregated housing to comply with provisions of this guideline and that, absent exigent circumstances, each facility shall comply with this guideline in a manner that affords youthful inmates daily large-muscle exercise and any legally required special education. DPS&C's Division of Prison Operation shall be notified of inmates who are under the age of 18 who are sentenced to the DPS&C as an adult for transfer to the appropriate facility.	Compliant. Facility does not house youthful inmates.	



	Findings	Response
Visual Inspection: admission and housing, inmate records, classification records		
II-A-014 Separation in Classification Male and female inmates must be housed in separate rooms/cells with reasonable sight and sound separation. Visual Inspection: Inmate housing records, inmate classification records, diagram of facility showing male/female housing areas	Compliant. Facility does not house female inmates.	
II-A-016 Photo Identification (MANDATORY) The facility shall provide each DPS&C inmate with photo identification, which the inmate shall carry/wear on their person at all times. Visual Inspection: Inmate identification card/wristband.	Compliant. Each inmate has a wristband.	
II-A-017 Drug Free Workplace Written policy, procedure, and practice provide for a drug-free workplace, which includes at a 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).	Compliant. Pre-employment documentation on file to reflect.	
II-A-018 Inmate Drug Testing (MANDATORY) 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 inmate population shall be drug tested on a monthly basis. Visual Inspection: Facility log, documentation of alcohol/drug testing of inmates.	Compliant. Documentation on file reflects alcohol /drug testing of inmates.	
II-A-019 Inmate Transfers All transfers of DPS&C inmates 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 inmate transfer form shall be submitted by the transferring facility to OAS at least one day prior to the transfer occurring by fax to 225-342-2439 or by email to LocalJailTransfers@la.gov. Inmates should not be transferred to other than DPS&C facilities within 60 days of release, unless for disciplinary reasons. An inmate 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 inmate must be transferred. Visual Inspection: facility logs, documentation of transfers of DPS&C inmates to other than DPS&C facilities	Compliant. Documentation on file reflects transfers of inmates to other 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. Facility logs reflect that frequent cell checks are being conducted.	



	Findings	Response
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		
II-B-001 Use of Force The use of force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. Written policy, procedure, and practice govern the use of force and provide that force shall never be used as punishment. When an incident involving use of force with a DPS&C inmate results in the termination and/or arrest of an employee, the facility shall immediately report the incident to the DPS&C, Office of Adult Services, telephone number 800-803-8748 during normal business hours or the control center at Elayn Hunt Correctional Center, telephone number 800-842-4399 after hours. In addition, the facility shall provide a written report of the incident to the DPS&C, Chief of Operations within three business days. Visual Inspection: facility records, logs, incident reports, training records	Compliant. Use of Force training documentation on file. UOR on file to reflect use of force incident.	
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 inmates 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; • An after incident review Visual Inspection: facility records, logs	Compliant. UOR on file to show that the use of restraints is never used as punishment.	



	Findings	Response
II-B-002-1 Use of Restraints for Pregnant Inmates 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 inmates are adhered to: 1. 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 inmate shall never be handcuffed behind the back. d. The inmate shall never be restrained using leg irons, and e. The inmate 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 inmate during active labor and delivery unless a health care practitioner orders restraints for an inmate 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 inmates prior. 3. Restraints During Pregnancy-Related Medical Distress, Transportation, and the Period Following Delivery a. Restraints shall not be used on a pregnant inmate 1) During any pregnancy-related medical distress.	Compliant. Facility does not house female inmates.	



	Findings	Response
2) While she is being transported to a medical facility or LCJW for delivery or any pregnancy-related medical distress, or 3) During the period following delivery before the inmate has been discharged from the medical delivery, unless there are compelling grounds to believe that the inmate 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 inmate cannot be reasonably contained by other means. b. If restraints are utilized during transportation or the period following delivery, the inmate shall not be restrained using waist restraints under any circumstances. 4. Removal of Restraints: If a health care professional treating the pregnant inmate requests, based on his or her professional medical judgment, that restraints not be used, the correctional personnel accompanying the pregnant inmate shall immediately remove all restraints. 5. Documentation of Restraints on Pregnant Inmates. a. Should restraints be used on a pregnant inmate, 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 inmate'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 inmate's identifying information redacted, unless the inmate gives prior written consent for the public release of the record. Visual Inspection: facility records, logs		
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 inmates have no access. •Employees supervising inmates 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 equipment used for unloading and reloading	Compliant. Written policy and procedure in place. Webster Bayou Dorcheat CC has training documentation on file.	



	Findings	Response
II-B-004 Written Reports 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 inmates • Use of force to control inmates • Inmate(s) remaining in restraints at the end of the shift • Emergency distribution of security equipment Visual Inspection: completed reports, facility records and logs	Compliant. UOR on file to reflect compliance with each bullet.	
C. CONTRABAND/SEARCHES		
References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. OP-A-8		
II-C-001 Procedures for Searches Written policy, procedure and practice guide searches of facilities and inmates to control contraband. Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the inmate 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, inmate and staff interviews	Compliant. Facility logs on file to reflect searches of facility, visitors, staff, and perimeter.	
D. ACCESS TO KEYS, TOOLS, UTENSILS		
References: ACA CJS 1-2D-01		
II-D-001 Key, Tool, and Utensil Control (MANDATORY) Keys, tools, culinary equipment and medical/dental instruments and supplies (syringes, needles and other sharps) are inventoried and use is controlled. Written policy, procedure and practice govern the control and use of keys, tools, culinary equipment, and medical/dental instruments and supplies. Such policies and procedures in each local facility providing vocational programming and equipment funded and purchased by DPS&C shall abide by the terms of a Memorandum of Understanding (MOU) established with the DPS&C Reentry Division Visual Inspection: documentation of perpetual inventories	Compliant. Key, tool, and utensil control inventories are in place with a check-out system to reflect accountability.	



	Findings	Response
PART III - ORDER		
A. INMATE 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 inmate 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 Inmates" to the inmate population. The inmate 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 inmate transferred to the DPS&C for a disciplinary hearing to ensure due process in accordance with La. R.S. 15:571.4. Visual Inspection: inmate records, disciplinary records, receipt of disciplinary rules, documentation of orientation	Compliant. Disciplinary report on file to reflect compliance. Inmates receive a DPS&C rule book during orientation and sign receipt.	



	Findings	Response
PART IV - CARE		
A. FOOD SERVICES		
References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04, 1-4A-05, 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. Last Retail Food Inspection was 10/16/25. Inspection reports are done daily.	
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. Last Retail Food Inspection was on file. Hand basins and toilet are available to food service personnel.	
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. Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations	Complaint. The facility's dietary allowance is reviewed by dietician Natalie Miller. Lic# DT86620. Exp. 5 Aug 26. An approved cycle menu on file.	
IV-A-004 Records of Meals Served Written policy, procedure, and practice require that accurate records are maintained of all meals served. Visual Inspection: facility logs	Compliant. Logs are maintained of all served meals.	
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	Complaint. Log on file reflects that inmates are not denied food as a disciplinary measure.	



	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. Inmates shall be provided an ample opportunity to eat for each meal. Visual inspection: records of meals served and times served, facility logs	Compliant. Logs of meals served for inmates on file. Meals are served at 6:30am, 12pm, and 6:30pm.	
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. Visual inspection: health records, diet records or forms, documentation of warden's approval of religious diet	Compliant. Health records are on file to reflect approval by health authority of therapeutic/special diets.	
IV-A-008 Health Protection for Food Service There is adequate protection for all inmates and staff in the facility and for inmates and other persons working in food service. All persons involved in the preparation of the food receive a pre-assignment inspection by appropriate kitchen staff, to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. Inmates 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. Visual inspection: inspection reports, completed forms, documentation of daily monitoring for health and cleanliness	Compliant. Inmate receives a medical assessment prior to assignment to the kitchen.	
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) Inmates have access to toilets and washbasins with temperature-controlled hot and cold running water 24 hours per day. Inmates are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas. Visual inspection: maintenance records or reports, inspections, documentation of periodic measurement of water temperature, inmate grievances	Compliant. Plumbing fixtures were in working order.	
IV-B-002 Plumbing Fixtures - Showers (MANDATORY) Inmates, 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. Visual inspection: maintenance records or reports, inspections	Compliant. Logs reflect daily water temperature check. Inmates have access to showers 24 hours per day.	



	Findings	Response
IV-B-003 Clothing The facility has an obligation to provide adequate institutional clothing appropriate to the season and the inmate'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 inmate to secure and wear his own clothing, except that when the inmate does not provide adequate clothing for himself, the facility shall furnish same. Visual inspection: documentation of clothing issue, documentation of cleaning and storage	Compliant. Laundry schedules on file show cleaning and storage. Laundry schedules were observed posted throughout the housing units.	
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. Visual inspection: documentation of issue and exchange	Compliant. Documentation of issues of bedding and hygiene on file.	
IV-B-005 Personal Hygiene (MANDATORY) Articles and services necessary for maintaining personal hygiene shall be available to all inmates including items specifically needed for females. Such items shall be provided to any inmate (male or female) who is indigent. Each inmate shall be provided soap, toilet paper, toothbrush, toothpaste and shaving equipment. Visual inspection: documentation that items are provided, list of items available	Compliant. Each inmate provided personal hygiene items on scheduled basis.	



	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 inmates 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 inmate's ability to pay. The facility has a designated health authority with responsibility for health care services. The health authority is the health administrator or agency responsible for the provision of health care services at an institution; the responsible physician may be the health authority. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician. • Written policy, procedure, and practice provide for the delivery of health care services, including medical, mental health, dental and behavioral health services under the control of a designated health care authority who shall be a physician or a licensed or registered health care provider or health agency. Access to these services shall be unimpeded in the sense that correctional staff should not approve or disapprove inmate 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 inmates 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 inmates 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 inmates 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 inmate may make a claim for payment or reimbursement of the cost of any such medical treatment. Visual Inspection: Documentation that inmates are informed about health care and the grievance system, a health record, medical copayment fee schedule.	Compliant. Inmates receive information in their inmate handbook upon arrival regarding how to access health care, co-payments, and the grievance system.	
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. Visual Inspection: Photos	Compliant. Medical staff check & approve for adequate equipment and supplies.	



	Findings	Response
IV-C-003 Provision of Treatment (MANDATORY) 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 inmates 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 inmates 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 inmate.) Visual inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure	Compliant. Licenses of Health Care staff on file. Dr. Fredrick Heard, MD.021099 Exp. 8/31/26. Nurse Kyla Mora, Lic#21582080 Exp. 1/31/26.	
IV-C-004 Personnel Qualifications/Credentials 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. Medical staff dispenses medication to inmates as required.	
IV-C-005 24 Hour Care (MANDATORY) Written policy, procedure, and practice ensure that inmates have access to 24-hour emergency medical, dental, and mental health services, including on-site first aid, basic life support, and transfer to community based services. This requirement may be met by agreement with a local state hospital, a local private hospital, on-call qualified health care personnel (see IV-C-003), or on-duty qualified health care personnel. Decisions regarding access to emergency medical services shall not be the sole province of correctional or other non-health personnel except in accordance with IV-C-004. Visual inspection: designated facility, provider lists, transportation logs	Compliant. Facility utilizes Minden Medical Center Hospital in Minden, La. and Oschner Health Shreveport, La.	



	Findings	Response
IV-C-006 Health Screens Written policy, procedure and practice require that all DPS&C inmates 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 inmates 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 inmate 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 inmate's access to programs or services. Inmates 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. Visual Inspection: health records, completed screening form, transfer logs.	Compliant. The health screen meets all of the bullets required in the guidelines.	
IV-C-006-1 Pregnancy Management (MANDATORY) Written policy, procedure and practice require that all pregnant inmates 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 inmate is pregnant to ensure proper placement in a DPS&C facility including transfer if necessary.	Compliant. Facility does not house female inmates.	



	Findings	Response
Visual inspection: written policy and procedure, health record where pregnant inmate received obstetrical services by a qualified provider, notification to DPS&C when DPS&C inmate is pregnant, transfer logs		
IV-C-007 Communicable Disease and Infection Control Program Communicable diseases are managed in accordance with a written plan approved by the health authority in consultation with local public health officials. The plan includes for the screening, surveillance, treatment, containment, and reporting of infectious diseases. The plan shall comprise of testing to detect communicable diseases, including TB testing, HIV testing, and HCV testing within 14 days of arrival at the facility. If there is documented evidence of TB, HIV, or HCV testing within the last 12 months, new testing is not required. Qualified health care staff will evaluate for signs and symptoms of TB. Infection control measures include the availability of personal protective equipment for staff and hand hygiene promotion throughout the facility. Procedures for handling biohazardous waste and decontaminating medical and dental equipment must comply with applicable local, state, and federal regulations. Visual inspection: health records, clinic visit logs, documentation of waste pick up and/or cleaning logs	Compliant. Health records reveal compliance with the screening and treatment of communicable diseases. Stericycle Inc. has a contract to pick up waste materials.	
IV-C-008 Annual TB Testing Written policy, procedure, and practice require annual testing or medical evaluation for signs and/or symptoms of tuberculosis on all inmates. Annual TB testing will be provided at no cost to the inmate. The facility's designated health care authority shall contact the DPS&C Medical Director, telephone number 225-342-1320, when an inmate's test for medical signs and/or symptoms of tuberculosis is reported positive. The DPS&C Medical Director will determine if the inmate requires physician or mid-level evaluation, based on the reported positive signs or symptoms. Visual inspection: health records	Compliant. Facility conducts TB testing on all inmates at no cost.	
IV-C-009 Chronic Care Program (MANDATORY) At a minimum, inmates 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 inmates whose chronic disease cannot be reasonably managed by the local jail facility, a Medical/Mental Health Transfer Request for DOC inmates 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	Compliant. All chronic care inmates have individual treatment plans in place.	
IV-C-010 Pharmaceuticals Written policy, procedure, and practice approved by the health authority provide for the proper management of pharmaceuticals. Inmates are provided medication as prescribed.	Compliant. MAR's and health records were on file for review.	



	Findings	Response
Visual Inspection: health records, completed medication administration forms, inventories		
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. First aid kits are located in every control center booth for the housing units.	
IV-C-012 Access to Sick Call (MANDATORY) There is a process for all inmates to initiate requests for health services on a daily basis. Written policy, procedure and practice require that sick call is conducted by a physician and/or other qualified health care personnel who are licensed, registered or certified as appropriate to their respective professional discipline and who practice only as authorized by their license, registration or certification. Sick call shall be available to all inmates as follows: •Facilities with fewer than 100 inmates - 1 time per week; •Facilities with 100 to 300 inmates - 3 times per week; •Facilities with more than 300 inmates - 4 times per week. If an inmate's custody status precludes attendance at sick call, then arrangements shall be made to provide such services in the place of the inmate's detention. Visual Inspection: written policy and procedure	Compliant. Sick call is available to the inmate population 5 days per week.	
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 inmate 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 inmate whose condition is problematic. Visual Inspection: admission or inpatient records, staffing schedule, completed form C-05-004-B	Compliant. Facility does not have an in-house infirmary. Inmates requiring these services are transferred to a DOC facility.	
IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, Compassionate Release) Any inmate 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	Compliant. No inmates have been approved for Medical Releases as of 10/14/2025.	



	Findings	Response
IV-C-014 Suicide Prevention and Intervention (MANDATORY) 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 inmate. All suicide attempts and completions will be reported to the Mental Health Director of DPS&C at mentalhealth@doc.ca.gov or (225)202-8079. Observation of the suicide-prone inmate will vary from continual observation to intervals no greater than fifteen (15) minutes. All staff with responsibility for inmate 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. Visual inspection: health records, documentation of staff training, documentation of observation of suicide watches.	Compliant. Written Suicide Prevention and Intervention policy was approved by the Health Authority. Training is provided for new, part-time and annual for permanent employees.	
IV-C-015 Inmate Deaths (MANDATORY) Written policy, procedure, and practice specify and govern the actions to be taken in the event of an inmate's death, which includes notification of the coroner of all inmate 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 1-C-001. In addition, a written report of all inmate deaths shall be submitted to DPS&C on Form AM-1-4-x (via email to _DOC-HQ_Cat_A_Notifications@ca.gov or via fax to (225) 342 3349). Visual inspection: notification, reporting requirements, report to DPS&C	Compliant. Appropriate staff are aware of utilizing Form AM-1-4-x to report to DPS&C in the case that there is a death at the facility. There has been no inmate death reported as of 10/14/25.	
IV-C-016 Notification A visit with an immediate family member shall be granted when an inmate is admitted to an intensive care unit (ICU) or trauma center due to a serious bodily injury or due to being a terminally ill inmate for the duration of the inmate's admission to the ICU or trauma center, unless the Warden or designee provides written notice within 6 hours of the inmate'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 inmate'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 inmate's immediate family within 8 hours of the medical decision to transport the inmate to the ICU or trauma center. • Based on extenuating circumstances, the Warden or designee may extend the definition of an inmate's immediate family member. Visual inspection: notification records	Compliant. Policies and procedures are in place related to notification of family and visitation with inmate admitted to an ICU or trauma center. No inmate has been admitted as of 10/14/25.	



	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-17, 1-4D-18, Dept. Regs. HCP44, HCP9, HCP10, AM-D-5		
IV-D-001 Health Care Quarterly Meetings (MANDATORY) The health authority meets with the facility administrator at least quarterly. Visual Inspection: documentation of meetings	Compliant. Documentation of staff meeting shows nursing staff meeting with administration quarterly.	
IV-D-002 Research Written policy, procedure, and practice prohibit inmate participation in pharmaceutical, medical, or cosmetic experiments. This policy does not preclude individual treatment of an inmate based on his/her needs using a specific medical procedure that is not generally available. Visual Inspection: written policy and procedure	Compliant. Written policy and procedure are in place.	
IV-D-003 Health Care Personnel/Job Descriptions Health care staff work in accordance with professional specific job descriptions approved by the health authority. Visual Inspection: job descriptions	Compliant. Job description is in place for Health Care Personnel.	
IV-D-004 Confidentiality of Health Information Information about an inmate's health status is confidential. Nonmedical staff only have access to specific medical information on a "need to know" basis in order to preserve the health and safety of the specific inmate, other inmates, volunteers, visitors, or correctional staff. An individual health record is maintained for all inmates 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 inmate is transferred to DPS&C or another local facility, the inmate's medical record is transferred as well. Visual Inspection: health records, completed consent forms, completed refusal forms	Compliant. Medical files are maintained separately from the confinement case record and are forwarded to the receiving facility when transferred.	
IV-D-005 Informed Consent Informed consent standards of the jurisdiction are observed and documented for inmate care in a language understood by the inmate. In the case of minors, the informed consent of a parent, guardian or legal guardian applies when required by law. Inmates routinely have the right to refuse medical interventions. When health care is rendered against an inmate's will, it is in accordance with state laws and regulations. Involuntary administration of psychotropic medications to inmates may only be accomplished by DPS&C. Visual Inspection: health records, completed consent forms, completed refusal forms	Compliant. Completed consent forms and refusal forms on file.	



	Findings	Response
IV-D-006 Emergency Response 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	Complaint. Staff responding to health emergencies have been trained in CPR. AEDs are checked monthly to ensure they are in good working order.	
IV-D-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY) Written policy, procedure, and practice require that presumptively intoxicated inmates 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. Visual Inspection: verification of training, records and certificates	Complaint. Policy in place, staff trained in the use Narcan.	
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 inmate health care, including inmate deaths, preventable adverse outcomes and serious medication errors. Visual Inspection: evaluation of major risk management events	Complaint. A written policy is in the file.	



	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 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 inmates 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 inmate, the facility shall report the incident to DPS&C immediately, as outlined in BJJG 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 BJJG Team Leader on Form OP-A-15-a "Standardized Case Report Format." The Regional BJJG Team Leader shall forward any investigation report to the DPS&C PREA Investigation Colonel at Joel.Odom2@jls.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 BJJG inspection, the BJJG 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 BJJG 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 inspection. Visual Inspection: documentation of reports to DPS&C, investigative reports.	Compliant. Appropriate policy and procedure in place. PREA posters are posted throughout the facility. Deputy Connie Perry serves as the PREA Coordinator.	



	Findings	Response
PART V - INMATE PROGRAMS AND ACTIVITY		
A. INMATE OPPORTUNITIES FOR IMPROVEMENT		
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. Registration system is in place and background checks are conducted on volunteers.	
V-A-002 Volunteer Services A current schedule of volunteer services is available to all inmates and is posted in appropriate areas of the facility. Visual inspection: activity schedules, facility logs	Compliant. Volunteer services are posted in the dorms.	
V-A-003 Visiting Written policy, procedure, and practice govern visiting. The number of visitors an inmate 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. Visual inspection: activity schedules, facility logs	Compliant. Inmates have access to video visits. Video visits are available seven days a week upon the request of the inmate.	
V-A-004 Religious Programs Written policy, procedure, and practice define and provide reasonable inmate opportunity for religious practice. Visual inspection: activity schedules, facility logs	Compliant. Schedule of religious services on file.	
V-A-005 Exercise and Recreation Access (MANDATORY) Inmates 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 inmates. If a DPS&C inmate 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. Visual inspection: activity schedules, facility logs	Compliant. Inmates have access to recreational activities. Logbooks reveal inmates are receiving the required BJG recreation time.	



	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, 1-5B-02-2, 1-5B-04, 1-5C-01, 1-5C-04, 1-5C-06, Dept. Regs PS-D-3, IS-B-1, HCP7, PS-E-1, PS-C-1, AM-C-2, PS-I-1, OP-C-9, OP-C-7		
V-B-001 Programs and Services Written policy, procedure, and practice provide for the availability of inmate programs, services, and counseling. Such programming may be obtained from acceptable internal or external sources which should include, at a minimum, assistance in obtaining individualized educational program instruction at a variety of levels. The local jail facility shall maintain class files on all DPS&C approved programming, whether the program is administered by DPS&C or other staff. The class files should include at a minimum: 1. Screening of the inmate(s) for program placement; 2. Inmate application to program; 3. 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.); 5. Copies of certificates of program completion, skills certifications, etc.; 6. 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 8. Signed Reentry Preparation Refusal form if inmate refused program. Visual inspection: activity schedules, facility records and logs, inmate records	Compliant. Facility does offer any Pre-Release programs to the inmates.	
V-B-002 Educational Programming The DPS&C and the facility encourage educational programming which includes: 1. Adult Basic Education and/or Literacy; 2. Industry Based Certification Training; 3. Pell-eligible Post-Secondary Training; 4. Peer Tutor/Mentor Implementation. Any planned or proposed programs for education in local jail facilities that house DPS&C inmates shall be submitted to the DPS&C Education Director for review and approval. If the DPS&C implements an 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. All DPS&C Certified Education Programs must utilize the Department approved technology solution for all technology devices for reentry and education programs. A determination of technology needs will be determined with the facility during the planning phases for education programs. The technology funding source for the devices (tab, laptops, smart boards, etc.) will be determined during this time.	Compliant. Documentation in file of a Teacher's certificates/Diploma for 2025.	



	Findings	Response
Visual Inspection: activity schedule, facility logs		
V-B-003 Substance Abuse Programs The facility encourages inmate 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 inmate 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. Visual Inspection: activity schedule, facility logs	Compliant. Facility has documentation of programs in file.	
V-B-004 Library Services Reading materials shall be available to inmates on a reasonable basis. Visual Inspection: activity schedule, facility logs	Compliant. Library services are available to all inmates.	
V-B-005 Mail and Correspondence Inmates may send and receive mail. Indigent inmates shall have access to postage necessary to send two personal letters per week, postage necessary to send out approved legal mail. Inmates are notified in writing when incoming or outgoing letters are withheld in part or in full. Written policy, procedure, and practice govern inmate correspondence. Such policy shall include the following provisions: 1. Both incoming and outgoing inmate 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 inmates, 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 Probation and Parole Officers, Parole and Board of Pardons; 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 inmate to verify that the correspondence does not contain material that is not entitled to privilege. 4. Outgoing privileged mail may be posted sealed.	Compliant. Inmates are able to receive and send mail. Legal mail must be signed for upon being identified when received by mailroom staff.	



	Findings	Response
5. Incoming and outgoing privileged mail may be opened and inspected outside the inmate'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 state 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 inmate access to publication and packages from outside source. Visual inspection:	Complaint. Policy in place regarding packages and publication.	
V-B-007 Canteen/Commissary Spending Limits The inmate commissary spending limit shall be \$200. Visual inspection: facility logs/store sheet	Complaint. Documentation of facility logs and store sheets in file.	



	Findings	Response
C. REENTRY		
References: Dept. Regs. IS-B-6, BOP3, IS-B-7, HCP31		
V-C-001 Releasing inmates Procedures for releasing inmates 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 inmate during the intake process. Provide inmate 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 inmate 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, inmates 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 inmate's medical record. • Inmates identified as needing transportation, should be afforded a bus ticket from the facility to the residence plan address listed on the release paperwork. • For inmates 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 inmate has no address, shelter placement shall be done by Local Jail Transitional Specialist or staff. • Provision of adequate street clothing for indigent inmates. Inmates 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	Compliant. Inmates are provided with a list of community resources upon release. Medical provides 24 24-hour supply of current maintenance medication upon the inmate's release.	



	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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who release full term and cannot be provided the TDE before release. Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan	Compliant. Facility ensures each inmate is released with two forms of ID.	
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: inmate record, completed questionnaire	Compliant. Tiger assessments are conducted in a timely manner.	
V-C-004 Parole Board Procedures The facility Warden or his/her designee, of the local level facility in which the inmate is housed, shall be present to provide information to members of the Parole Board regarding the inmate's progress and disciplinary infractions during incarceration. Visual Inspection: inmate record, trip log, documentation showing facility Warden or designee presence at parole board	Compliant. Facility logs reflect designee presence at parole board hearing.	



	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 Inmate Transitional Work Programs established by DPS&C Visual Inspection: DPS&C Monitoring Report	Compliant. Webster - Bayou Dorcheat Correctional Center is currently approved for TWP and has 100 inmates assigned to the program.	
V-D-002 Participation in Transitional Work Program Participation in Transitional Work Programs by DPS&C inmates shall comply with La. R.S. 15:711 and DPS&C Department Regulation IS-B-1 "Assignment and Transfer of Inmates." Specific approval by the Secretary of DPS&C is required prior to program assignment of DPS&C inmates. Refer to Standard Operating Procedures for Inmate Transitional Work Programs. Visual Inspection: approval for participation by the Secretary of DPS&C	Compliant. Facility currently has an approval by the DPS&C on file.	
V-D-003 Inmate Work Programs Participation in Inmate Work Programs by DPS&C inmates shall comply with the provisions of La. R.S. 15:708 (parish jails) or La. R.S. 15:832 (police maintenance). Visual Inspection: inmate voluntary participation, sheriff's approval of work program request, facility logs	Compliant. Screening process is conducted before inmates are assigned to work.	
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 Inmate Transitional Work Programs. Visual Inspection: approval of Chief of Operations	Compliant. Facility is approved for TWP.	



	Findings	Response
PART VI - JUSTICE		
A. INMATE'S RIGHTS		
References: ACA CJS 1-5A-01, 1-5A-02, 1-5A-03, 1-5A-06, Dept. Reg. DP-C-10		
VI-A-001 Access to Courts/Access to Legal Materials Written policy, procedure, and practice ensure the right of inmates to have access to courts. This includes reasonable access to legal reference materials or access to legal or paralegal assistance. Illiterate inmates shall be provided the assistance of a fellow inmate 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 inmate'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. Facility logs document access of inmates to legal reference materials and paralegal assistance.	
Visual Inspection: facility log VI-A-002 Access to Counsel Written policy, procedure, and practice ensure inmates' confidential access to counsel. Such contact includes, but is not limited to telephone communications, uncensored correspondence and visits.	Compliant. Inmates have access to a law library and legal documents. Log of attorney interviews was in place.	
Visual Inspection: facility log, record of attorney interviews VI-A-003 Protection from Abuse Written policy, procedure, and practice protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage, or harassment.	Compliant. Training, facility logs and administrative remedy procedures document compliance with this guideline.	
Visual Inspection: facility log, incident reports, staff training records		
B. FAIR TREATMENT OF INMATES		
References: ACA CJS 1-2A-16, 1-4C-01, 1-6B-01, 1-6B-02, Dept. Reg. DP-C-13		
VI-B-001 Discrimination Written policy, procedure, and practice provide that program access and administrative decisions are made without regard to inmates' race, religion, national origin, gender, sexual orientation, or disability.	Compliant. Written policy and procedure in place to support compliance. Grievances reflect no signs of discrimination.	
Visual Inspection: facility records, grievances, activity logs VI-B-002 Grievance Process (MANDATORY) Inmates 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 inmate 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, inmates shall receive reasonable responses within a specified time period and where appropriate, meaningful remedies.	Compliant. All inmates have access to a grievance procedure with two levels of review. Grievances are being responded to in a timely manner. Inmates were aware of the grievance system and the procedure in place.	



	Findings	Response
Visual Inspection: grievances		



	Findings	Response
PART VII - ADMINISTRATION AND MANAGEMENT		
A. RECRUITMENT, RETENTION, AND PROMOTION		
References: ACA-CJS 1-1A-01, 1-1B-01, 1-1C-01, 1-1C-07, 1-4C-13, 1-4D-05, 1-4D-14, 1-7B-02, 1-7B-04, 1-7B-06, Dept. Regs. AM-F-22, OP-A-19		
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 inmates 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. Visual Inspection: lesson plans, staff training records	Compliant. Staff receive initial and annual training as required.	
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. Staff receive initial and annual training as required.	
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 statute or constitutional provision authorizing the establishment of the local jail facility or its parent agency. Visual Inspection:	Compliant. Copy of Statue on file.	
VII-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. Visual Inspection: personnel or training records	Compliant. Facility provides legal assistance for staff if needed.	



	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. Facility conducts an Independent Financial Audit annually. Documentation from last audit is in file. Facility is currently awaiting for 2025 audit report to place in file.	
VII-B-004 Facility Insurance Written policy, procedure, and practice provide for institutional insurance coverage, including, at a minimum: civil liability for employees, liability for official vehicles, and either a commercial crime/employee theft insurance policy, or public employee blanket bond. Visual Inspection: insurance policy	Compliant. Written policy and procedure in place. Documentation of the policy in file.	
VII-B-005 Mgmt. of Inmate Personal Funds Written policies and procedures shall govern the management of inmate personal funds held in trust by the facility. The policies and procedures shall include: • Specific guidelines and controls for collecting, safeguarding, and disbursing inmate personal funds; • Require inmates 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 inmates. Visual Inspection: inmate records	Compliant. Inmate funds are managed by accounting staff.	
VII-B-006 Disposition of an Inmate's Account upon Death The facility shall complete its fiduciary duty to ensure all of the deceased inmate's funds due to the estate are properly accounted for, safeguarded, and disbursed. Upon the death of an inmate, facility staff shall do the following: 1. Complete the Disposition of Inmate 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 inmate's Master Record and Visiting Lists to determine if there is a living spouse or other living heirs listed in the inmate'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 Inmate Funds Upon the inmate's Death and Due to the Inmate'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 the estate.	Compliant	



	Findings	Response
4. Pay all remaining debts of the decedent. 5. Release the funds to the claimant upon receipt of the required form/judgment/affidavit. 6. Forward subsequent monies received on behalf of the decedent to the claimant on file. Supporting documentation of funds received and forwarded should be maintained in the inmate's file. 7. Maintain the decedent's funds within the facility's bank account designated for inmate personal funds until the decedent's individual account balance has been depleted. 8. Upon the death of an ex-inmate after release, but before all funds have been distributed to him, facility staff shall do the following: a. Follow the above steps required for disposition of funds upon death. b. Obtain a certified death certificate from the claimant. c. Attach the certified death certificate to form AM-C-2-b. Unclaimed funds of deceased inmates 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 inmate'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: Inmate records		
VII-B-007 Inmate 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 inmate 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: Inmate records	Compliant. Inmate records are maintained in a secure area.	
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 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	Compliant. Policy are updated as needed by the facility.	



	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. Annual compliance statements are submitted in a timely manner.	
VII-B-010 Monthly Reporting Written policy, procedure and practice ensure that any facility with DPS&C inmates 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. The monthly report is submitted in a timely manner with the required documentation.	
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. Visual Inspection: staff meeting minutes/notes	Compliant. Staff meeting minutes to reflect compliance are on file.	
VII-B-012 Proposed Expansion Any planned or proposed expansions for transitional work program or jail facilities that house DPS&C inmates shall be submitted to the Secretary of the DPS&C and the Executive Director of the LSA for consideration and approval. Visual Inspection:	Compliant. Facility has no plans for expansion at this time.	
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. Accommodations are available to ensure staff and visitors have handicap accessible access to the facility.	



	Findings	Response
INSPECTION REPORTS		
DEPARTMENT	Deficiencies	Corrective Action Taken
None Date of Current Report: 10/16/2024 Maximum Capacity: 597		
DHH - Health Date of Current Report: 10/16/2025 Maximum Capacity: 597	See Attachment	
DHH - Retail Food Date of Current Report: 10/16/2025	See Attachment	

Preclass Review - BJC Audit Check List II-A-008
Inmate Sentencing and DOC Intake/Required Documents:

For inmates with new felony conviction(s) and/or probation revocation(s), the following documents shall be collected/ compiled into one complete packet and provided to the appropriate DPS&C Pre-Class Coordinator at **DOC Headquarters, David Wade Correctional Center or Raymond Laborde Correctional Center as delineated below**, within **five days (5)** of the Sheriff's receipt of the corresponding sentencing documents from the Clerk of Court in the parish of conviction and shall include the following documents:

1. Uniform Commitment Order (UCO) **OR** Bill of Information **and** Court Minutes for each conviction (for probation violators, both the original sentencing minutes and the revocation UCO or minutes are required); and
2. DPS&C Credit for DOC Commitment (Jail Credit letter);
3. Basic Interview Intake Form;
4. AFIS suspect Rap Sheet with Photo (to include inmate's SID # and ATN # for the disposition of the Hard Labor disposition);
5. Applicable DPS&C Acknowledgements and Signature Statement form;

BJG Facility: Bayou Dorchest Correctional Center Date of Inspection: 10/14/2025

Number of Cases Reviewed: 20 (If less than 20 must give explanation) _____

Number of Compliant Cases: 16 (Processed within 5 days)

Number of Non-Compliant Cases: 4 (Processed in over 5 days)



Special Counsel & Preclass Compliance Manager

10/15/2025

Date

Webster as of Oct 14 2025

FirstName	LastName	SID	Literal	ClerkUploadDate	LocalUploadDate	DaysBetweenUploads
CADE	JOHNSON	3224694	WEBSTER	8/14/2025	8/18/2025	4
CHRISTOPHER	MCDONALD	3251979	WEBSTER	8/19/2025	8/19/2025	0
MARILYN	BROWN	2123703	WEBSTER	9/17/2025	9/17/2025	0
LATANYA	HAWKINS	2403022	WEBSTER	10/1/2025	10/2/2025	1
JONES	LADERRICK	3210630	WEBSTER	8/28/2025	9/4/2025	7
Donna	Fultz	2695651	WEBSTER	7/30/2025	8/18/2025	19
VANDEE	SANDERS	2491486	WEBSTER	9/17/2025	9/17/2025	0
KEVIN	FORD	2442498	WEBSTER	9/17/2025	9/17/2025	0
BRAXTON	GIBBS	3028679	WEBSTER	8/21/2025	8/28/2025	7
TIMOTHY	BASSINGER	3193245	WEBSTER	8/21/2025	8/21/2025	0
BRIAN	JACKSON	2285361	WEBSTER	10/8/2025	10/9/2025	1
NICKALUS	STEVENS	3151572	WEBSTER	8/21/2025	9/11/2025	21
ERICA	HAFFER-DEDER	3208987	WEBSTER	10/8/2025	10/8/2025	0
DARREN	GRIGSBY	2397569	WEBSTER	9/17/2025	9/17/2025	0
GREEN	GAVIN	3064758	WEBSTER	9/17/2025	9/17/2025	0
ERNESTO	TOLEDO-COLLAZO	3238781	WEBSTER	8/21/2025	8/21/2025	0
PATRICIA	PARKER	3193113	WEBSTER	9/17/2025	9/17/2025	0
DENNIS	BOOTH	1075086	WEBSTER	9/10/2025	9/11/2025	1
ARIANNA	ROGERS	3229852	WEBSTER	10/7/2025	10/9/2025	2
MICHAEL	HARPER	2660995	WEBSTER	9/17/2025	9/17/2025	0



Jeff Landry
GOVERNOR

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-24-036450-1

No Deficient/Cautionary Codes cited.



Chief Bryan J. Adams
FIRE MARSHAL

Location Information			
Inspection Type	Compliance Building Inspection		Inspection Date
Structure ID	119210	No. of Buildings	4
Capacity	444	Year Built	2002
Building/Trade Name		Address	
BAYOU DORCHEAT CORRECTIONAL CENTER		1455 BRAVO BOULEVARD - CAMP MINDEN, MINDEN, LA 71055	
Facility Code			
J444			
Construction Type		Type IIB / (000)	
Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	WEBSTER PARISH POLICE JURY	(318) 371-9199	STEELER3607@YAHOO.COM
Address			
1455 BRAVO BLVD, MINDEN, LA 71055			
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		
Business			
Comments			
No apparent deficiencies noted at the time of inspection. Occupancy granted and acceptable for licensing.			
Inmate count:			
A Dorm 98			
B Dorm 98			
C Dorm 96			
D Dorm 94			
E block 21			
F Block 19			
Twp 81			
Twp 49			
Total is 557 inmates			
Max Occupancy: 597			
Re-inspection and inspection was completed on 10/09/24			
Inspector Information			
Name: Brandon Larkin	Badge Number: 726	Inspector Signature: <i>Brandon Larkin</i>	
Person to whom requirements were explained			
Name: Scott Tucker	Title: Warden	Signature: <i>[Signature]</i>	

For questions regarding the contents of this report, please call

(225) 587 5656



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Detention or Incarceration
Notice of Violations

Complaint

Permit Number 60-01-224	Permit Name Bayou Dorchest Correctional Center-224	
Name of Establishment Bayou Dorchest Correctional Center-224	Owner Name BAYOU DORCHEST CORRECTION CENTER	
Address 1455 Bravo RD Minden, LA 71055	Date 10/16/2025	Time 12:50 PM

LAC TITLE 51 PART XVIII

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office:		
Category	Code Reference	Description of Violations
Building Requirement	101	3 - The walls are in disrepair. Walls in shower area are discolored and in disrepair. (see pictures)
Building Requirement	101	7 - There is peeling paint on the walls in the shower. water droplets also noted on ceiling.

Comments:

cdouglas@webstersheriff.org; stucker@webstersheriff.org

Complaint: received on 10/15/25

Complaint stated that the walls and ceilings in both the women's (4th floor) and Men's (1455 Bravo) housing facilities were not clean.

Findings: there is discoloration in the shower areas of the men's facility and the ceiling has water droplets/condensation but no discoloration noted.

complaint is Valid however these are non-critical violations.

Number Licensed For

Number in Attendance
600

Sanitarian Name/Print Donna Dixon	Phone # 318-676-5265	Sanitarian Signature 	R.S. # 3280
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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
Scott Tucker/Warden



SHERIFF

WEBSTER PARISH

Jason Parker

P.O. Box 877

Minden, Louisiana 71058

(318) 377-1515

Bayou Dorcheat Correction Center Corrective action response.

Detention or Incarceration. Report Date 10/16/2025

- 1) **Building Requirement/101/3** Will paint the shower walls. Currently looking for a better paint alternative to have a longer lasting effect.
- 2) **Building Requirement/101/7** Will paint the shower wall. Currently looking for a better paint alternative to have a longer lasting effect. The condensation was only on the ceiling of the shower. Large number of inmates had showered prior to inspection. At time of inspection exhaust fan was not on due to broken belt. Belt has been replaced. Will monitor to see if additional air circulation is needed.

Warden Scott Tucker



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Retail Food
Notice of Violations

Routine/Renewal

Permit Number 60-0037662-1	Permit Name BAYOU DORCHEAT CORRECTION CENTER SITE 251218	
Name of Establishment BAYOU DORCHEAT CORRECTION CENTER	Owner Name BAYOU DORCHEAT CORRECTION CENTER	
Address 1455 BRAVO BLVD MINDEN, LA 71055	Date 10/16/2025	Time 12:53 PM

LAC TITLE 51 PART XXIII

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
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.6 - Floor is not maintained in good repair. Broken tile in certain areas. [Repeat]

Comments:

kdandsd@gmail.com; stucker@webstersheriff.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 facility that fails to correct the necessary sanitary code violations to be in compliance at the time of its follow up inspection (1st re-inspection). Re-inspections are required when there are five or more uncorrected non-critical violations and/or one or more uncorrected critical violations remaining at the conclusion of an inspection. The fee is only charged if the necessary violations are not corrected before the 2nd re-inspection and other subsequent re-inspections. Facilities can avoid this fee if the violations noted on the routine inspection report are corrected by, or during, the follow up inspection. If a fee is assessed, the \$150 fee is payable within 30 days' notice, and failure to pay shall result in revocation of the permit.

Sanitarian Name/Print Donna Dixon	Phone # 318-676-5265	Sanitarian Signature 	R.S. # 3280
--------------------------------------	-------------------------	--------------------------	----------------

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
Kimberly Dixon/Manager

Signature of Recipient



SHERIFF

WEBSTER PARISH

Jason Parker

P.O. Box 877

Minden, Louisiana 71058

(318) 377-1515

Bayou Dorcheat Correction Center Corrective action response.

Retail Food Notice of Violations. Report Date 10/16/2025

- 1) **STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING/3701/105-3701.6.**
Floor has been replaced in areas where floor was damaged or missing. We will continue to replace the few areas that require repair.

Warden Scott Tucker

Form IS-B-8-b
01 August 2024

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Webster - Bayou Dorcheat Correctional Center

Date: 10/14/2025

Name of Program: Steve Hoyle Intensive Substance Abuse Program - All Phases

Date of Program Implementation: 2018

Primary Area of Service Provided:

- ☐ Education
- ☐ Job Skill Training
- ☐ Values Development and Faith Based Initiatives
- ☒ Treatment Programs
- ☐ Miscellaneous

Program has been certified by DPS&C? ☒ Yes ☐ No

Program application process is consistent with DPS&C existing assessment and classification system? ☒ Yes ☐ No

Has program curriculum changed during preceding 12 months? ☐ Yes ☒ No

Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

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

Is there a formal graduation ceremony for those who complete the program? ☒ Yes ☐ No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Asst. Warden Tyrone Mays

Monitoring Team Member or BJG Team Member/Leader

14 Oct 25

Date

Form IS-B-8-b
01 August 2024

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Webster - Bayou Dorcheat Correctional Center

Date: 10/14/2025

Name of Program: R.O.A.R. Opioid Treatment Program

Date of Program Implementation: 2019

Primary Area of Service Provided:

- ☐ Education
☐ Job Skill Training
☐ Values Development and Faith Based Initiatives
☒ Treatment Programs
☐ Miscellaneous

Program has been certified by DPS&C? ☒ Yes ☐ No

Program application process is consistent with DPS&C existing assessment and classification system? ☒ Yes ☐ No

Has program curriculum changed during preceding 12 months? ☐ Yes ☒ No

Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

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

Is there a formal graduation ceremony for those who complete the program? ☒ Yes ☐ No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Asst. Warden Tyrone Mays

Monitoring Team Member or BJG Team Member/Leader

14 Oct 25

Date

Form IS-B-8-b
01 August 2024

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Webster - Bayou Dorcheat Correctional Center

Date: 10/14/2025

Name of Program: Thinking For A Change

Date of Program Implementation: 2018

Primary Area of Service Provided:

- ☐ Education
☐ Job Skill Training
☐ Values Development and Faith Based Initiatives
☒ Treatment Programs
☐ Miscellaneous

Program has been certified by DPS&C? ☒ Yes ☐ No

Program application process is consistent with DPS&C existing assessment and classification system? ☒ Yes ☐ No

Has program curriculum changed during preceding 12 months? ☐ Yes ☒ No

Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

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

Is there a formal graduation ceremony for those who complete the program? ☒ Yes ☐ No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Asst. Warden Tyrone Mays

Monitoring Team Member or BJG Team Member/Leader

14 Oct 25

Date

Form IS-B-8-b
01 August 2024

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Webster - Bayou Dorcheat Correctional Center

Date: 10/14/2025

Name of Program: Ashland University Courses

Date of Program Implementation: 2016

Primary Area of Service Provided:

- ☒ Education
☐ Job Skill Training
☐ Values Development and Faith Based Initiatives
☐ Treatment Programs
☐ Miscellaneous

Program has been certified by DPS&C? ☒ Yes ☐ No

Program application process is consistent with DPS&C existing assessment and classification system? ☒ Yes ☐ No

Has program curriculum changed during preceding 12 months? ☐ Yes ☒ No

Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

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

Is there a formal graduation ceremony for those who complete the program? ☒ Yes ☐ No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Asst. Warden Tyrone Mays

Monitoring Team Member or BJG Team Member/Leader

14 Oct 25

Date

Form IS-B-8-b
01 August 2024

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Webster - Bayou Dorcheat Correctional Center

Date: 10/14/2025

Name of Program: Hi-Set

Date of Program Implementation: 2013

Primary Area of Service Provided:

- ☒ Education
☐ Job Skill Training
☐ Values Development and Faith Based Initiatives
☐ Treatment Programs
☐ Miscellaneous

Program has been certified by DPS&C? ☒ Yes ☐ No

Program application process is consistent with DPS&C existing assessment and classification system? ☒ Yes ☐ No

Has program curriculum changed during preceding 12 months? ☐ Yes ☒ No

Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

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

Is there a formal graduation ceremony for those who complete the program? ☒ Yes ☐ No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Asst. Warden Tyrone Mays

Monitoring Team Member or BJG Team Member/Leader

14 Oct 25

Date

Form IS-B-8-b
01 August 2024

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Webster - Bayou Dorcheat Correctional Center

Date: 10/14/2025

Name of Program: Sex Offender Treatment (Madison County Risk Psycho Social

Date of Program Implementation: 2013

Primary Area of Service Provided:

- ☐ Education
☐ Job Skill Training
☐ Values Development and Faith Based Initiatives
☒ Treatment Programs
☐ Miscellaneous

Program has been certified by DPS&C? ☒ Yes ☐ No

Program application process is consistent with DPS&C existing assessment and classification system? ☒ Yes ☐ No

Has program curriculum changed during preceding 12 months? ☐ Yes ☒ No

Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

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

Is there a formal graduation ceremony for those who complete the program? ☒ Yes ☐ No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Asst. Warden Tyrone Mays

Monitoring Team Member or BJG Team Member/Leader

14 Oct 25

Date

Form IS-B-8-b
01 August 2024

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Webster - Bayou Dorcheat Correctional Center

Date: 10/14/2025

Name of Program: IC3

Date of Program Implementation: 2022

Primary Area of Service Provided:

- ☒ Education
☐ Job Skill Training
☐ Values Development and Faith Based Initiatives
☐ Treatment Programs
☐ Miscellaneous

Program has been certified by DPS&C? ☒ Yes ☐ No

Program application process is consistent with DPS&C existing assessment and classification system? ☒ Yes ☐ No

Has program curriculum changed during preceding 12 months? ☐ Yes ☒ No

Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

All inmates who apply.

Number of inmates accepted.

Number and type of services provided.

Inmate's completion/termination from program.

☒ Yes	☐ No
☒ Yes	☐ No
☒ Yes	☐ No
☒ Yes	☐ No

Is there a formal graduation ceremony for those who complete the program? ☒ Yes ☐ No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Asst. Warden Tyrone Mays

Monitoring Team Member or BJG Team Member/Leader

14 Oct 25

Date

Form IS-B-8-b
01 August 2024

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Webster - Bayou Dorcheat Correctional Center

Date: 10/14/2025

Name of Program: Heavy Equipment Operations

Date of Program Implementation: 2025

Primary Area of Service Provided:

- ☐ Education
☒ Job Skill Training
☐ Values Development and Faith Based Initiatives
☐ Treatment Programs
☐ Miscellaneous

Program has been certified by DPS&C? ☒ Yes ☐ No

Program application process is consistent with DPS&C existing assessment and classification system? ☒ Yes ☐ No

Has program curriculum changed during preceding 12 months? ☐ Yes ☒ No

Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

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

Is there a formal graduation ceremony for those who complete the program? ☒ Yes ☐ No

The CTRP referenced above continues to meet necessary criteria to maintain its certification by the Department of Public Safety and Corrections.

Asst. Warden Tyrone Mays

Monitoring Team Member or BJG Team Member/Leader

14 Oct 25

Date

Sexual Assault BJJ Pre Audit Questionnaire

JO-1-IV-E-001-a
08/10/2023

Facility Information		
Name of Facility:	Bayou Dorchest Correctional Center	
Physical Address:	1155 Wavo Rd.	
City	State	Zip
Minden	La	71055
Warden:	Scott Tucker	
Current Population of Facility:	520	
Which population(s) does the facility hold? ☐ Females ☒ Males ☐ Both Females and Males		
Number of staff currently employed by the facility who may have contact with inmates:	95	
Number of contracts with contractors who may have contact with inmates:	423	
Number of volunteers who have contact with inmates:	20	
In housing units, does the facility maintain sight and sound separation between youthful (18 and under) inmates and adult inmates? <u>We do not house youthful offenders</u>		
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology? <u>yes</u>		
Does the facility have medical and mental health services onsite? If no, provide offsite facility designated for services? <u>yes</u>		

Facility Requirements	
Attach example of practice	
BJG Guideline: Unit must have a written policy outlining a zero tolerance policy for sexual abuse, assault, and harassment, to include the following provisions:	
1	• Procedure for screening new hires relative to a history of sexual abuse convictions.
2	• Procedure for screening inmates for risk of sexual victimization/abusiveness.
3	• Training of staff, volunteers and inmates in the policy.
4	• Requirement for reporting resource to be posted in congregate setting areas (i.e. housing units and food services).
5	• The process for privately reporting sexual abuse, assault, and/or harassment incidents.
6	• Regular unannounced rounds by supervisors to monitor for sexual assault included in policy.
7	• Sight and sound separation between inmates under the age of 18 and inmates over the age of 18 or alternatively continuous supervision of these populations when they are together.
8	• A practice for announcing cross gender rounds in housing areas.
9	• Prohibition of cross-gender strip searches.
10	• Provision of privacy in bathroom and shower areas with visual barriers, shower curtains, etc.
11	• Resources that will be provided for disabled (hearing impaired, visually impaired, cognitive impaired and physical impaired) inmates to receive information regarding the reporting mechanisms for sexual assault.
12	• Facility response plan to allegation of sexually abuse/assault, either at the facility or at another facility. This shall include notification/inquiry made to the facility where the alleged abuse occurred.
13	• Designation of hospital for inmate forensic exam upon claims of sexual assault.
14	• Provision of mental health services would be offered to a victim of sexual assault (either through appointment with local MH center, onsite practitioner, or volunteer).

BJG Guideline: Unit must report instances of sexual abuse, assault, and harassment, involving any DOC inmate to DPS&C Headquarters within 24 hours of the claim being made.