

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
STATE OF LOUISIANA

JEFF M. LANDRY
GOVERNOR



GARY E. WESTCOTT
SECRETARY

GEW

December 18, 2024

TO: The Honorable Joseph Lopinto
Sheriff of Jefferson Parish

FROM: *Gary E. Westcott*
Gary E. Westcott
Secretary

RE: "Basic Jail Guidelines" Monitoring Report

This is to advise that pursuant to the attached monitoring report concerning Jefferson Parish Correctional Center, DPS&C is recertifying this facility in compliance with the "Basic Jail Guidelines" with annual monitoring.

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

GEW/mk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Sue Ellen Monfra, Chief, Jefferson Parish Correctional Center
Seth Smith, Chief of Operations
Timothy Hooper, Warden EHCC
Aaron Hooper, BJG 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

Jefferson Parish Correctional Center

in acknowledgement of

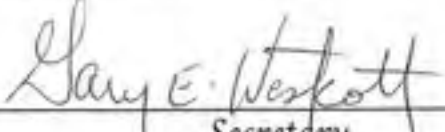
Continued Compliance with the Basic Jail Guidelines Process

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 6th day of January

in the year of our Lord 2025

Attest:


Secretary





BASIC JAIL GUIDELINES MONITORING REPORT

Recertification Report

Ver: 11/28/2023 (mwa)

Facility Name: Jefferson Parish Correctional Center
BJG Team Leader & Monitors: Aaron Hooper, BJG Team Leader
Facility Warden & Email Address: Chief Sue Ellen Monfra Monfra_sm@jpsd.com
Facility Staff: Captain Bryan Bordelon
BJG Inspection Date: 11/07/2024
Previous BJG Inspection Date: 12/12/2023
Operational Capacity: 1085
Count on the Day of Visit: 1012

List Concerns or Issues from the previous BJG Monitoring Inspection:

Count on the Day of Visit:

	# MALE	# FEMALE	TOTAL
Number of DOC Inmates	129	29	158
Number of Local Inmates	779	75	854
Number of Out of State Inmates	0	0	0
Number of Federal Inmates	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	908	104	1012

Number of DOC Inmates that are:

Single Bunked _____ 0
Double Bunked _____ 148
Triple Bunked _____ 0
Total _____ 148

Number of DOC Inmates that are in Restricted Housing:

Single Bunked _____ 0
Double Bunked _____ 10
Triple Bunked _____ 0
Total _____ 10

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

Month/Year	Inmate/Inmate	Inmate/Inmate w/ Significate Injury	Inmate/Staff	Inmate/Staff w/ Significate Injury
December 2023	0	0	0	0
January 2024	0	0	0	0
February 2024	0	0	0	0
March 2024	0	0	0	0
April 2024	0	0	0	0
May 2024	0	0	0	0
June2024	0	0	0	0
July 2024	0	0	0	0
August 2024	0	0	0	0
September2024	0	0	0	0
October 2024	0	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
December 2023	0	0	0	0	1
January 2024	0	0	0	0	1
February 2024	0	0	0	0	1
March 2024	0	0	0	0	1
April 2024	0	0	0	0	1
May 2024	0	0	0	0	1
June2024	0	0	0	0	1
July 2024	0	0	0	0	1
August 2024	0	0	0	0	1
September2024	0	0	0	0	0
October 2024	0	0	1	0	1

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY

Living Area: Overall the living areas were clean and organized.

- **Dorms** - Dorm areas were in order and spaced out. Inmates' property was stored in lockers next to the beds.
- **Cell Block** – Cell block areas are clean and odor free.

Culinary/Dining: Contracted out and employed by Summit, Jefferson Parish provides deputies for security. The tools and sharp objects were controlled on an inventoried locked shadow board in a locked room. Cabling is used when knives are checked out. Dry storage had all items labeled and stored 6" off the ground. Sample meal trays were labeled and stored for at least the last three meals served. Cooler and freezer areas were found to be in good order.

Bathrooms: Bathrooms are clean and in order, contain hand soap and paper towels.

Yard Areas: Documentation provided showed that recreation was occurring on a regular basis, three times per week, weather permitting and every day from daylight till dark for the trustee dorms.

Maintenance: The Jail has its own maintenance staff at the facility. Tool inventories are done and kept up.

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

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

II-A-007 Counts (MANDATORY): Compliant

- How many formal counts are conducted each shift?
 - 3
- How many counts are conducted each day?
 - 5
- **Stickouts counts**
 - How does the facility accomplish this?
 - Pass-On information is recorded in the Living Area Log Books listing where inmates are physically located.
 - Officers call areas inside facility where the inmates are located for reassurance.
 - Does this process ensure accountability and safe/secure operation of the facility?
 - Yes

II-A-012 Classification System: Compliant

Does this facility have any trustees that work outside the secure perimeter? Yes
If yes,

- What is their classification process to determine who is eligible for trustee status?
 - Inmates are screened by the Security and Investigations section. Their criminal history, sentence and disciplinary history are taken into account. The Medical section also must give clearance to be able to work as a trustee.
- 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.)

Has a waiver on Testing DOC Inmates

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
December 2023	0	104	0	0
January 2024	0	116	0	0
February 2024	0	118	0	0
March 2024	0	114	0	0
April 2024	0	116	0	0
May 2024	0	156	0	0
June 2024	0	166	0	0
July 2024	0	164	0	0
August 2024	0	129	0	0
September 2024	0	156	0	0
October 2024	0	148	0	0

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

- Does the facility's offender orientation include the application process for applying for restoration of good time?
 - The JPCC does not house DOC inmates. Inmates who receive DOC sentences are shipped to other facilities that house DOC inmates at the Department of Correction's discretion. The inmates sentenced to Parish Prison sentences are all given good time in their sentence calculations.
- What is their restoration of good time application process for the offender population?
 - N/A
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? N/A

IV-E-001 Alleged and Substantiated Sexual Assaults: Compliant
See the Sexual Assault BJJ PREA Questionnaire attached.

VII-B-010 BJJ AUTOMATED MONTHLY REPORTING REVIEW: Compliant

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

V-B-002 Educational Programming: Non-Compliant

- List all Certified Treatment Programs (Attach Form IS-B-5-b)
None
- List all other Inmate Programs
Alcoholics Anonymous
Narcotics Anonymous
Female Trauma Group
Religious Programs

GED Program

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

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

- Does the grievance process include at least two levels of review?
 - Yes - Three step process
- Who is the designee at each level of review?
 - First responder is typically the Section Commander of the section pertaining to the complaint.
 - Second Responder is typically the Administrative Major or Captain.
 - The Third Responder is typically the JPSO Attorney.
- What is the specified time period for response at each level?
 - POST III Trained ARP guidelines
 - Step 1 reply must be within 15 days from the time the grievance was referred by the Administration.
 - Step 2 reply must be made within 25 days of receipt of inmate's request for Administrative Review of Step 1 Response.
 - Step 3 reply must be made within 40 days of receipt of inmate's request for Administrative Review of Step 2 Response.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff overall morale was good and seem to be working together towards common goals. All employees conducted themselves professionally and respectfully.

INMATE COMMENTS/MORALE/QUALITY OF LIFE:

No complaints were made by any inmate during the walk through. I talked to the inmates working in the kitchen and in the trustee dorm. None of the inmates had any complaints about working in the kitchen or being at the facility

RECOMMENDATION:

V-B-001 Programs and Services
V-B-002 Educational Programming

At this time, continued annual monitoring visits are recommended



3/27/2024 mwh

Facility: Jefferson Parish Correctional Center		Date Conducted: 11/07/2024
Monitors: Aaron Hooper , BJG Team Leader		
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 - Weekly sanitation inspections are conducted. Fire Marshall and Department of Health inspections are done yearly. All deficiencies have been addressed.	
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 - The facility has trash disposal contracts in place.	
I-A-003 Vermin and Pests Vermin and pests are controlled. There is a written and implemented plan for the control of vermin and pests. Visual Inspection: pest control contracts, trash disposal contracts, inspection reports	Compliant -The facility has pest control contracts in place.	
I-A-004 Housekeeping The facility is clean and in good repair. There is a written housekeeping plan that provides for the ongoing cleanliness and sanitation of the facility. Visual Inspection: inspection reports, completed forms, documentation of correction of identified deficiencies	Compliant	



	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	
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	
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		
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 Elayn Hunt Correctional Center (EHCC), telephone number (800)842-4399. In addition, the facility shall follow the incident reporting procedures outlined in Department Regulation AM-I-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:	Compliant - An emergency plan is in place, and drills are being conducted and logged to reflect that training is taking place. Evacuation plans are posted throughout the detention center in the event of a fire or a major emergency.	



	Findings	Response
- 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? 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 - An emergency plan is in place, and drills are being conducted and logged to reflect that training is taking place. Evacuation plans are posted throughout the detention center in the event of a fire or a major emergency.	
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.	Compliant - All exits are clearly marked and free from obstruction. Evacuation routes are clearly posted and easily understood throughout the facility. Policy is in place for	



	Findings	Response
Visual Inspection: documentation of fire alarm and detection system maintenance and testing, plans for addressing deficiencies	the immediate release of inmates from all areas.	
I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements Visual Inspection: Specifications for all furnishings.	Compliant	
I-C-005 Flammable, Caustic and Toxic Materials Written policy, procedure and practice govern the control and use of all flammable, toxic and caustic materials. Visual Inspection: Staff training records, inmate training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.	Compliant	
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 Visual Inspection: facility count sheets	Compliant	



	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	
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	
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	
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 - Female staff work in female inmate dorms. When male staff make rounds in the female dorms, they must have a female staff member with them.	
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	



	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. Visual inspection: copies of log book, records of staff deployment	Compliant - Logs are placed in all areas of the facility and contain required information. Facility forms are also completed for notification of incidents to administration.	
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	
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 Acknowledgments and Signature Statement form.	Compliant - All information is documented and maintained on each inmate and is transferred with the inmate if transferred out of the facility.	



	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 determines 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	
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-C-005; •Providing information about access to health services, copay requirements and submitting grievances. Visual inspection: intake and admission forms, screening forms, inventory form, receipt form	Compliant - Policy and procedure are in place and all admission forms are thorough and completed.	
II-A-011 Out of State 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.	Compliant	



	Findings	Response
Visual inspection: Inmate record, submittal to chief of operations of out-of-state inmates to be housed at the facility, release/transfer documentation		
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	
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 Visual inspection: admission and housing, inmate records, classification records	Compliant	
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	
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	



	Findings	Response
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	
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 - has wayler so they don't have to test 5% of the DOC population monthly.	
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 Visual Inspection: facility logs, documentation of transfers of DPS&C inmates to other than DPS&C facilities	Compliant	
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. Visual Inspection: Facility logs, documentation of frequency of cell checks.	Compliant-The facility's procedures advise the officer to make rounds every 15 - 30 minutes in these areas. Logbook documentation was provided and was observed to contain that rounds were being conducted at these times.	



	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 - Training is conducted on an annual basis and reports are clear and concise.	
II-B-002 Use of Restraints Written policy, procedure, and practice provide that mechanical restraints, such as handcuffs and leg irons, are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application. Restraints on 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 - Policy and Procedure are in place to indicate when and where restraints are to be utilized.	



	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	



	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	



	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	
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 -The facility conducts visual body searches on all inmates upon intake and when inmates return to the facility. The facility keeps detailed shakedown and daily search logs on file. Procedures are in place and logs are maintained on all searches.	
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 -The facility's tools, key, and utensil control were found to be in good order. Inventories and documentation are kept up daily. A shadow board with a lock in key for the culinary utensil is being used.	



	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 Visual Inspection: Inmate records, disciplinary records, receipt of disciplinary rules, documentation of orientation.	Compliant	



	Findings	Response
PART IV - CARE		
A. FOOD SERVICES		
References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04, 1-4A-06, Dept. Reg. 15-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	
IV-A-002 Food Service Facilities Toilet and hand basin facilities are available to food service personnel in the food preparation area. Visual Inspection: DHH inspection reports, photos	Compliant	
IV-A-003 Food/Dietary Allowances (MANDATORY) The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure they meet the national recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings. Written policy, procedure, and practice require that food service staff plan menus and substantially follow the plan. The planning and preparation of all meals shall take into consideration nutritional characteristics and caloric adequacy. The facility shall provide a tray/plate and utensil(s) for each hot meal. Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations	Compliant-Contract with Summit Foods, they have a qualified nutritionist and dietician.	
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	
IV-A-005 Denial of Food as Discipline Prohibited Written policy, procedure, and practice preclude the denial of food as a disciplinary measure. Visual Inspection: facility logs	Compliant	



	Findings	Response
IV-A-005 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-Written policy in place, two hot meals daily, sample trays stored in cooler for 3 days.	
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	
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	
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 -There are operable toilets and washbasins in all areas of the facility. Both hot and cold water worked in all washbasins.	
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 -There are operable showers in all areas of the facility. Logs show temperature checks.	



	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	
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	
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 - Clear and concise policy. Documentation was provided showing the issuing of hygiene items.	



	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-05, 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, HCP45, 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 - There is a computer system in each dorm that lets the offenders log on and see all necessary information on assessing health care and the co-pay requirements. Co-pays are approved by DPS&C.	
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	



	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	
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	
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	



	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 DHS&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 DHS&C for further evaluation and determination of appropriate housing placement. [Reference 2008 Resolution Agreement, US DOJ and LA DHS&C.] 9. Current health insurance. Visual Inspection: health records, completed screening form, transfer logs	Compliant	
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 DHS&C inmate is pregnant to ensure proper placement in a DHS&C facility including transfer if necessary. Visual Inspection: written policy and procedure, health record where pregnant inmate received obstetrical services by a qualified provider, notification to DHS&C when DHS&C inmate is pregnant, transfer logs	Compliant	



	Findings	Response
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	
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 -The facility conducted TB testing on all inmates at no cost to the inmate. This is done upon intake and annually.	
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 upon submission. Visual inspection: health records	Compliant	
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. Visual inspection: health records, completed medication administration forms, inventories	Compliant	



	Findings	Response
IV-C-011 First Aid Kits First aid kits are available in areas of the facility as designated by the responsible health care authority and shall be immediately accessible to housing units. Visual Inspection: location of first aid kits within the facility	Compliant	
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 for the inmate to receive medical care. Visual Inspection: written policy and procedure	Compliant - Sick call forms are available on all kiosk machines in all dorms and offenders have access to them 24/7. Once completed they are emailed straight to the medical department. The requests are triaged and scheduled for visits.	
IV-C-013 Infirmary Care If infirmary care is provided onsite, it complies with applicable state regulations and local licensing requirements. Provisions include 24-hour emergency on-call consultation with a physician, dentist and behavioral health professional. Written policy, procedure and practice provide that any 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 -The facility has a nurse at the facility 24/7. If medical staff determines the health issues to be an emergency, inmates are transported to the local hospital.	
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	



	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 BJJ 1-C-001. Visual inspection: health records, documentation of staff training, documentation of observation of suicide watches.	Compliant - Mental health staff evaluates each inmate and determines the treatment. The staff receives annual suicide prevention training.	
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 BJJ 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	
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 in place to notify family members if the inmate is in ICU.	



	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	
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	
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	
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. Visual inspection: health records, completed consent forms, completed refusal forms	Compliant- Access to inmate medical information/files is controlled and restricted to those who have legal authority. Medical records are stored in a secured restricted area and are transported with the inmate upon transfer to another local facility or DPS&C.	
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 information 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	
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	Compliant	



	Findings	Response
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	Compliant	
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	Compliant	



	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 BJJ 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 BJJ Team Leader on Form OP-A-15-a "Standardized Case Report Format." The Regional BJJ Team Leader shall forward any investigation report to the DPS&C PREA Investigation Colonel at Joel.Odom2@la.gov. Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. Prior to the facility's annual BJJ inspection, the BJJ 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 BJJ 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	



	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	
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	
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	
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	
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	



	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	Non-Compliant- No CTRP programs at the facility.	
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 (such as tablets, smart boards, etc.) will be determined during this time. Visual Inspection: activity schedule, facility logs	Non- Compliant- No educational programming at the facility.	



	Findings	Response
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	
V-B-004 Library Services Reading materials shall be available to inmates on a reasonable basis. Visual Inspection: activity schedule, facility logs	Compliant	
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	



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



	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 Visual inspection: facility log, activity schedule	Compliant-inmates are released with property and identification that was collected upon intake. Inmates are also released with prescribed medications.	



	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. Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan	Compliant	
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	
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	



	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	N/A	
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	N/A	
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	N/A	
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	N/A	



	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. QP-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. Visual Inspection: facility log	Compliant	
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. Visual Inspection: facility log, record of attorney interviews	Compliant	
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. Visual Inspection: facility log, incident reports, staff training records	Compliant	
B. FAIR TREATMENT OF InmateS		
References: ACA CJS 1-2A-16, 1-4C-01, 1-6B-01, 1-6B-02, Dept. Reg. QP-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. Visual Inspection: facility records, grievances, activity logs	Compliant	
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. Visual Inspection: grievances	Compliant	



	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	
VII-A-002 Weapons Training All personnel authorized to use firearms and less-than-lethal weapons must demonstrate competency at least annually. Training includes decontamination procedures for individuals exposed to chemical agents. Visual Inspection: personnel records, training records	Compliant-Deputies are POST certified and receive appropriate training regarding the use of handling and retention of weapons.	
B. FACILITY ADMINISTRATION		
References: ACA CJS 1-4D-02, 1-7D-01, 1-7D-03, Dept. Reg. AM-I-4		
VII-B-001 Authority There is a statute or constitutional provision authorizing the establishment of the local jail facility or its parent agency. Visual Inspection:	Compliant	
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	



	Findings	Response
VII-B-003 Independent Financial Audit Written policy, procedure, and practice provide for an independent financial audit of the facility. This audit is conducted annually or as stipulated by statute or regulation, not to exceed three years. Visual inspection: annual audit	Compliant	
VII-B-004 Facility Insurance Written policy, procedure, and practice provide for institutional insurance coverage, including, at a minimum: 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	
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	
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	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	
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	



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



	Findings	Response
INSPECTION REPORTS		
DEPARTMENT	Deficiencies	Corrective Action Taken
Fire Marshall Date of Current Report: 12/13/2023 Maximum Capacity: N/A on the Report	All Deficiencies were fixed on the date of inspection. Fire Marshall office sent Gretna Fire Department to inspect due to manpower. Waiting for the Fire Marshall to go back out to the Facility.	Fire Alarm was fixed on the day of the inspection.
DHH - Health Date of Current Report: 9/13/24 Maximum Capacity: N/A on the Report	All Deficiencies were fixed on the date of inspection.	
DHH - Retail Food Date of Current Report: 09/03/2024	All Deficiencies were fixed on the date of inspection.	



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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



Garrett H. Wicks
FIRE MARSHAL

Inspection Report

Report # CB-23-050753-1

Deficient/Cautionary Codes cited.

Location Information					
Inspection Type	Compliance Building Inspection		Inspection Date	12/13/2023 7:23:59 AM	
Structure ID	128189	No. of Buildings	6	Facility Code	J22
Capacity		Year Built	1999	Construction Type	Type VA / (111)
Building/Trade Name			Address		
JEFFERSON PARISH CORRECTION CENTER			100 DOLHONDE STREET, GRETNA, LA 70053		
Owner Information					
Owner Type	Name		Contact Phone	Contact Email	
	JEFFERSON PARISH CORRECTIONS			R.PEART@JEFFPARISH.NET	
Address					
POST OFFICE BOX 388, GRETNA, LA 70054					
Tenant Information					
Name		Suite Number	Floor Number	Square Footage	
Occupancy Details					
Occupancy Type	Details				
Institutional	INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 4				
Deficient and Cautionary Items				Status	
1	§5402:648 E. The owner of any building containing a life safety system and equipment, or the owner's designated representative, shall cause at a minimum an annual inspection and certification to be made of the life safety system and equipment in that building to assure compliance with applicable safety standards and to determine whether structural changes in the building or in the contents of the building mandate alteration of a system. C. Life safety systems and equipment includes but is not limited to fire sprinkler, fire alarm, fire suppression, special locking systems and equipment, portable fire extinguishers, and conveyance devices. ***Currently the Fire Alarm and Sprinkler system have Annual inspections overdue. Shall provide a current Annual inspection by a licensed Louisiana Fire Alarm and Sprinkler Contractor.			DEFICIENT (Correction Date 1/15/2024)	
2	(NFPA 13.2.2.3 Ceiling Tiles and Ceiling Assemblies. Where auto-matic sprinklers are installed, ceilings necessary for the proper actuation of the re protection device in accordance with NFPA 13 shall be maintained. *** Ceiling Tiles and Ceiling Assemblies shall be replaced in areas missing Tiles to insure that Sprinkler Heads and Smoke detectors function properly.			DEFICIENT (Correction Date 1/15/2024)	



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Daniel H. Wooten
FIRE MARSHAL

3	NFPA 13A 7.7.1 General. A sprinkler system installed in accordance with this standard shall be properly inspected, tested, and maintained by the property owner or their authorized representative in accordance with NFPA 25 to provide at least the same level of performance and protection as designed. ***Currently there are multiple rusted Sprinkler heads throughout the facility. Shall replace or repair rusted heads throughout the facility by a licensed Louisiana Fire Sprinkler Contractor. ***There were also two new fire pumps installed without submittals to the State Fire Marshal's office. Sprinkler contractor shall provide submittals or documentation that pumps were swapped with like items.	DEFICIENT (Correction Date: 1/15/2024)
4	NFPA 90A 8.4.1 Inspections to determine the amount of dust and waste material in the ducts (both discharge and return) should be made quarterly. If, after several inspections, such frequent inspection is determined to be unnecessary, the interval between inspections can be permitted to be adjusted to suit the conditions. ***Currently there are multiple A/C vents stuffed with paper products throughout the facility. Shall remove paper products that are stuffed in A/C vents throughout the facility.	DEFICIENT (Correction Date: 1/15/2024)
5	NFPA 96 1.2.1 Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. ***Currently the Hood system in the Kitchen has a Yellow Impairment tag for the exhaust fan not working. Shall be repaired by a licensed Louisiana Hood Contractor.	DEFICIENT (Correction Date: 1/15/2024)
6	NFPA 101 9.6.1.3 Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use. ***Currently there are multiple Smoke Detector heads that require maintains throughout the facility. Shall replace or repair non-working Smoke Detector heads throughout the facility by a licensed Louisiana Fire Alarm Contractor.	DEFICIENT (Correction Date: 1/15/2024)



John Bel Edwards
GOVERNOR

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Inspection Report

Report # CB-23-060753-1

Deficient/Cautionary Codes cited.



Daniel H. Walls
FIRE MARSHAL

7	NFPA 101: 23.1.1.2.2 Because the safety of all occupants in detention and correctional facilities cannot be adequately ensured solely by dependence on evacuation of the building, their protection from fire shall be provided by appropriate arrangement of facilities; adequate, trained staff, and development of operating, security, and maintenance procedures composed of the following: (1) Design, construction, and compartmentation (2) Provision for detection, alarm, and extinguishment (3) Fire prevention and planning, training, and drilling programs for the isolation of fire and the transfer of occupants to areas of refuge, for evacuation of the building, or for protection of the occupants in place (4) Provision of security to the degree necessary for the safety of the public and the occupants of the facility. ***During our inspections multiple personnel were asked about Fire Drill procedure at various levels in the command structure. It was not until we made it to the up ranks that we started to get some answer on how evacuation were conducted. Also staff was not aware of where emergency keys were stored or, what evacuation routes to use. Shall create Fire/Evacuation procedure, and conduct Drills at all level to be prepared in the event of an Emergency.	DEFICIENT (Correction Date: 1/15/2024)
8	NFPA 101: 10.3.2.2 Newly introduced mattresses within detention and correctional occupancies shall meet the criteria specified in 10.3.2.2 and 10.3.4. NFPA 101: 10.3.4 Where required by the applicable provisions of this Code, mattresses, unless the mattress is located in a building protected throughout by an approved automatic sprinkler system, shall have limited rates of heat release when tested in accordance with ASTM E 1590, Standard Test Method for Fire Testing of Mattresses, as follows: (1) The peak rate of heat release for the mattress shall not exceed 100 kW. (2) The total heat released by the mattress during the first 10 minutes of the test shall not exceed 25 MJ. NFPA 101: 10.3.6 Fire-retardant coverings shall be maintained to retain the effectiveness of the treatment under service conditions encountered in actual use. ***Many of the mattress observed were torn, ripped, or had Fire-retardant covering removed from them. Shall be replaced to maintain Fire-retardant protection.	DEFICIENT (Correction Date: 1/15/2024)
9	NFPA 101: 23.7.6 Door Inspection. Doors and door hardware in means of egress shall be inspected monthly by an appropriately trained person. The inspection shall be documented. ***Currently there are no record on hand for any Door inspections. Shall perform and document test of all egress doors.	DEFICIENT (Correction Date: 1/15/2024)



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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



Daniel H. Wallis
FIRE MARSHAL

Inspection Report

Report # CB-23-050753-1

Deficient/Cautionary Codes cited.

10.	NFPA 110: 8.4.2.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. ***shall provide Annual load test documentations for all EPS systems.	DEFICIENT (Correction Date: 1/15/2024)
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Comments

An Annual inspection was conducted to the Jefferson Parish Correction Center.

Max Capacity of Jail: 1085, Present during inspection: 863

Max Capacity of Intake: 108, Present during inspection 61

South Wing-Type 1 Construction, Use Condition 3

West Wing-Type 1 Construction, Use Condition 3

North Wing-Type 1 Construction, Use Condition 4

Inspector Information

Name: Jerry Melanson	Badge Number: 774	Inspector Signature:
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Person to whom requirements were explained

Name: Bryan Bortolon	Title: Asst. Dep. ADMINISTRATOR	Signature:
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For questions regarding the contents of this report, please call: (504) 568 8506

R. S. 40: 1521: Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, Title 40 of the Louisiana Revised Statutes of 1960, R.S. 40:1569 excepted, shall be fined not more than five hundred dollars or imprisoned, for more than six months or both. Each day's violation of an order constitutes a separate offense and may be punished as such at the discretion of court.



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Inspection Report

Report # CB-23-050753-1

Deficient/Cautionary Codes cited.

L.R.S. 40:1577 APPEAL FROM ORDER



Daniel H. Wells
FIRE MARSHAL

When an order is made by one of the deputies or representatives of the Fire Marshal, the owner or occupant of the building or premises may, within three days, appeal to the Fire Marshal. The Fire Marshal shall, within five days, review the order and advise the owner or occupant of his decision thereon. The owner or occupant may, within five days after the making of affirming of any such order of the Fire Marshal, file an application with the Board of Review.

RULES FOR APPEALING TO THE FIRE MARSHAL BOARD OF REVIEW

- I. Any application to the Board of Review shall contain the following basic information set off in organized fashion with captions indicating that the paragraph in question contains the following basic information.
 1. The name of the applicant.
 2. A brief description of the facts.
 3. A copy of the order of the Fire Marshal which is being appealed.
 4. A reference to the section of the law or code being reviewed.
 5. A brief description of why the applicant feels the requirements of the Fire Marshal is not within the Fire Marshal's authority, or brief description of why the interpretation of the Fire Marshal is incorrect or what specific relief is required by the applicant.
 6. A list of the individuals who will be appearing before the Board, and a brief description of the testimony or information they will be providing the Board.
 7. A list of all the documents which will be introduced or provided to the Board along with a brief description of the documents, and if possible, a copy of said documents.
 8. A list of each exhibit except for documents, and a brief description of the exhibit.
- II. Whenever possible, a notice of the meeting, date and place, and the agenda will be recorded in the Louisiana Register, however, whenever that is not possible, a copy of the meeting notice including the date, time and place, and agenda of the meeting of the Board will be published in the official notices of the official state journal; furthermore, a press release containing the same information will be mailed to the official journals of the cities of Shreveport, Monroe, Lafayette, Lake Charles, Alexandria, New Orleans, and Baton Rouge and any city or town in which the meeting of the Board is to be held if it is not one of the aforementioned major cities; and the same information shall be mailed to each individual who has notified the Fire Marshal of his desire to receive a notice of such appeal.
- III. A copy of the determination of the Board as prepared by the Chairman will be mailed to each individual who requests a copy of that specific determination as well as to the applicant.
- IV. The time delays for filing an appeal shall be those specified in R.S.40:1577 and 40:1578 1 D.



David Crockett Steam Fire Company No. 1

1136 Lafayette Street, Gretna, LA, 70053

Phone: 504-363-1494 Fax: 504-363-1492

10/18/24

Jefferson Parish Correctional Center

100 Dolhonde St
Gretna, LA 70053

Inspection # 13781

Inspection Type: Annual \ Periodic

Property #: 547

Occupancy Type: Gretna Fire Board Checklist

Fire Alarms

Regulation	Violation	Due Date
1) 172	Fire Alarm Operating in Trouble	11/17/24
Compliance		
Trouble mode indicates the alarm system is not operating properly and is in need of resetting or repair.		

Inspection History

Inspection Date	Status	Inspected By
10/18/24	Violations Found	Inspector Rhoto

Customer

A handwritten signature in black ink, appearing to read "Huey Bethancourt".

Inspector Rhoto

huey bethancourt

Contact:

Phone:

Email:

Attachments

10/18/24

Violation # 1

Fire Alarm Operating in Trouble



Contact:

Phone:

Email:



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Detention or Incarceration
Notice of Violations

Routine/Renewal

Permit Number 26-11-224	Permit Name Jefferson Parish Community Correctional Center(North)-224	
Name of Establishment Jefferson Parish Community Correctional Center(North)-224	Owner Name JEFFERSON PARISH CORRECTIONAL CENTER	
Address 100 DOLJHONDE AVE GRETN, LA 70053	Date 09/03/2024	Time 10:30 AM

LAC TITLE 51 PART XVIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead in enforcement actions or permit suspensions.		
Category	Code Reference	Description of Violations
Handwashing Lavatories	101	12 - *There is no hot water at the hand lavatory. 2A Both sides, 2B both sides, 3D both sides,
Handwashing Lavatories	101	13 - *There is no cold water at the hand lavatory. 3C Left
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. Rust/peeling paint throughout walls [Repeat].
Building Requirement	101	6 - The ceilings are not in good repair. Openings throughout ceiling
Mattresses and Pillows	105	51 - Several mattresses are torn and in disrepair.

Comments:

Buckelew_cl@jpsa.com

Observations: Vents throughout must be cleaned

The follow-up inspection date was extended as authorized by the sanitarian supervisor

Number Licensed For	Number in Attendance 360	License Anniversary 06/30/2025	
Sanitarian Name/Print Jacob Lacaze	Phone # 504-838-5140	Sanitarian Signature 	R.S. # 3232

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to
Correct Critical Violations by 09/13/2024 Correct Non-Critical Violations by

Name/Title

Charles Buckelew/Sergeant

Signature of Recipient

C.B.



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Detention or Incarceration
Notice of Violations

Follow-up

Permit Number 26-05-224	Permit Name Jefferson Parish Community Correctional Center(South)-224	
Name of Establishment Jefferson Parish Community Correctional Center(South)-224	Owner Name JEFFERSON PARISH CORRECTIONAL CENTER	
Address 100 DOUBONDE AVE GREINA, LA 70053	Date 09/13/2024	Time 03:10 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	6 - The ceilings are not in good repair. [Repeat]
Building Requirement	101	7 - There is peeling paint on the walls in the shower. [Repeat]
Approved Bathing Facilities	101	24 - There is chipped tile in the shower area. [Repeat]

Comments:

Buckelew_ch@jpsso.com

Number Licensed For		Number in Attendance 508		License Anniversary 06/30/2025	
Sanitarian Name/Print Jacob Lacaze	Phone # 504-838-5140	Sanitarian Signature 		R.S. # 3232	
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 Charles Buckelew/Sergeant				Signature of Recipient 	

Response to Health Inspection Non-Critical Issues

North Wing Non-Critical Issues

Multiple painting projects have taken place throughout the facility to address the violations. Additional paint and rust removal chemicals have been ordered to further address the issues notes in this renewal.

Specific openings in the ceiling that were pointed out during the inspection in the hallways and Infirmary were addressed shortly after the inspection. The Parish is in the process of hiring an outside contractor to address more serious issues.

Over several days following our initial inspection every torn mattress was replaced.

South Wing Non-Critical Issues

Minor repairs were performed to multiple areas ceilings in the South Wing shortly after our inspection. The parish has contacted an outside contractor to address more serious issues.

Multiple painting projects have taken place throughout the South Wing to address peeling paint issues. Additional paint has been ordered to continue the process.

The Parish has been made aware of the chipped tile and are in the process of hiring an outside contractor to conduct repairs.

West Wing Non-Critical Issues

Additional paint and cleaning chemicals have been ordered to address the issues with the walls in West Wing.

Minor repairs were conducted on the ceiling in Annex A and B. The Parish is in the process of contracting outside company to address more serious issues.

The Parish has hired a contractor to address the tile issues in the shower areas.



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

**Retail Food
Notice of Violations**

Routine Renewal

Permit Number 26-0002546	Permit Name JEFFERSON PARISH CORRECTIONAL CENTER (DIETARY)	
Name of Establishment JEFFERSON PARISH CORRECTIONAL CENTER		
Address 100 DOLJONDE ST GREYNA, LA 70053	Date 09/17/2024	Time 10:00 AM

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.		
Category	Code Reference	Description of Violations
WATER/SEWAGE	3103	39 - 3103 - There is a cross connection between the potable water supply and another source of water of lesser quality. Spray nozzle left in three compartment sink. [Corrected]

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
UTENSILS/EQUIPMENT SINGLE SERVICE	2101	67 - 2101.1 - Non-food contact equipment is not maintained in good repair. Ice machine leaking. Freezer door [Repeat]
STRUCTURAL DESIGN/MAINTENANCE PLUMBING	3101	102 - 3101 - Plumbing is not maintained. Leak under warewashing hand sink. Leak under three compartment sink spray nozzle.
STRUCTURAL DESIGN/MAINTENANCE PLUMBING	3505	103 - 3505.1 - Openings are not protected against the entry of rodents or insects.
STRUCTURAL DESIGN/MAINTENANCE PLUMBING	3701	105 - 3701.5 - Floors are not clean. [Corrected] [Repeat]
STRUCTURAL DESIGN/MAINTENANCE PLUMBING	3703	106 - 3703.3 - Walls/ceilings or attached equipment are not clean. [Corrected] [Repeat]
MISCELLANEOUS	2703	118 - 2703 - Water under pressure is not provided to all fixtures or equipment that is required to use water. Low water pressure at hand sink near employee restroom [Repeat]

Response to Health Inspection Retail Food Critical and Non-Critical Issues

Retail Food Critical Issues

The nozzle was removed from the sink and the Parish Plumber made the proper adjustments to prevent the cross connection of the portable water supply and the water of lesser quality.

Retail Food Non-Critical Issues

The Parish has contracted an outside company to bid the repairs necessary to bring the non-contact equipment up to code including the Ice machine and freezer Door.

The Parish Plumber has repaired all leaking sinks and replaced the spray nozzle.

All specific openings pointed out during the inspection have been closed.

The floor scrubbing machine has been deployed multiple times since the inspection and a regular schedule has been established in conjuncture with new cleaning procedures.

A thorough cleaning of the walls and ceiling have taken place since the inspection and a regular schedule has been established to maintain the desired level of cleanliness.

The Parish has adjusted the water pressure throughout the Kitchen to an adequate level

STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No. N/A	Anniversary Month JUNE
Name of Establishment JEFFERSON PARISH COMMUNITY CORRECTIONAL CENTER(NORTH)-224	Mailing Address
Address 100 DOLHONDE AVE	
City, state, Zip Code GRETN LA 70053	
Type of Facility JAILS 360	
Parish Jefferson	Date Inspected 09/13/2024

The above establishment has been inspected by a representative of this section, and:

- ☒ License is Recommended;
☐ License is **Not** Recommended;
☐ License is Pending Reinspection;

from the standpoint of sanitation.

JACOB LACAZE

3	2	3	2
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