



	Findings	Response
INSPECTION REPORTS		
DEPARTMENT	Deficiencies	Corrective Action Taken
Fire Marshall Date of Current Report: October 6, 2025 Maximum Capacity: 1,312	No Deficiencies.	
DHH - Health Date of Current Report: March 5, 2025 Maximum Capacity: 1,312	Wall tiles, ceiling tiles and floor tiles missing and/or need to be replaced. Metal grating in shower area needs replacing. Stains on walls and rusted ceiling vents in bathroom. Several mattresses torn and in disrepair.	Tiles and grating replaced. Walls and ceilings re-painted. Torn mattresses replaced.
DHH - Retail Food Date of Current Report: March 25, 2025	Non-food surfaces have accumulation of dust, dirt, food residue and other debris. Floor in walk-in freezer needs repair. Missing ceiling tiles.	All surfaces in kitchen have been cleaned, floors in freezer repaired and ceiling tiles replaced.

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

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

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

BJG Facility: Ouachita Correctional Center Date of Inspection: August 12, 2025

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

Number of Compliant Cases: 10 (Processed within 5 days)

Number of Non-Compliant Cases: 10 (Processed in over 5 days)



Special Counsel & Preclass Compliance Manager

Date

Ouachita as of Aug 12 2025

FirstName	LastName	SID	Literal	ClerkUploadDate	LocalUploadDate	DaysBetweenUploads
JERRY	TOLIVER	3131528	OUACHITA	5/29/2025	6/16/2025	18
MARCUS	ARMSTARD	2028856	OUACHITA	4/9/2025	4/9/2025	0
MICHAEL	HOLDER	1674526	OUACHITA	3/27/2025	4/1/2025	5
CHRISTIE	HOUSTON	2224906	OUACHITA	7/1/2025	7/7/2025	6
SHAWN	MCDANIEL	2622418	OUACHITA	6/5/2025	6/5/2025	0
CHRISTOPHER	HOADLEY	3116305	OUACHITA	6/24/2025	7/7/2025	13
QUANTAVIOUS	THOMPSON	2608116	OUACHITA	11/20/2024	1/7/2025	48
JAQUEZ	JACKSON	3078010	OUACHITA	7/9/2025	7/18/2025	9
TONY	MAXWELL	1607336	OUACHITA	12/23/2024	1/3/2025	11
DANNY	JOHNSON JR	2583063	OUACHITA	2/25/2025	2/25/2025	0
CORTEASHA	WILSON	2451366	OUACHITA	6/11/2025	6/12/2025	1
TRAVIS	PRIMM	2828361	OUACHITA	7/3/2025	7/3/2025	0
JESSE	RHODES	3221486	OUACHITA	12/23/2024	1/2/2025	10
Chauncey	Bluford	2233980	OUACHITA	5/20/2025	6/4/2025	15
CHARLES	ARMSTRONG	2680497	OUACHITA	2/25/2025	2/25/2025	0
MCKNIGHT	DYLAN	2397927	OUACHITA	3/6/2025	3/6/2025	0
LATERRIUS	KILLIAN	2081029	OUACHITA	12/5/2024	12/20/2024	15
JARVIS	BOOKER	2442490	OUACHITA	7/23/2025	8/7/2025	15
LEOPHUS	REED	2227923	OUACHITA	3/6/2025	3/11/2025	5
ORLANDO	GRAY	2481635	OUACHITA	7/3/2025	7/3/2025	0



Jeff Landry
GOVERNOR

Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 825-4911 (800) 256-5452 Fax (225) 925-4241



Chief Bryan J. Adams
FIRE MARSHAL

Inspection Report

Report # CB-24-006661-4

No Deficient/Cautiory Codes cited.

Location Information			
Inspection Type	Compliance Building Inspection		Inspection Date 10/26/2023 2:34:50 PM
Structure ID	88549	No. of Buildings	11
Facility Code	J312		
Capacity	1317	Year Built	1999
Construction Type	Type IIB / (000)		
Building/Trade Name	OUACHITA CORRECTIONAL CENTER		Address 4801 HIGHWAY 165 BYPASS, MONROE, LA 71202
Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	OUACHITA PARISH POLICE JURY	(318) 324-2700	KRYSTLE.HARRIS@OPSO.NET
Address PO BOX 3007, MONROE, LA 71210			
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 5		
Business			
Educational	OCCUPANCY TYPE: SCHOOL/CLASSROOM		
Factory/Industrial	TYPE OF FACTORY/INDUSTRIAL BUILDING: GROUP F-2 (LOW HAZARD)		
Storage	TYPE OF STORAGE FACILITY: GROUP S-1 (MODERATE HAZARD)		
Comments			
A reinspection was conducted with Krystle Harris the administrative assistant of the facility. All apparent deficiencies noted on previous report has been corrected. Acceptable for occupancy.			
Inspector Information			
Name: Tanner Rolan	Badge Number: 798	Inspector Signature: <i>Tanner Rolan</i>	
Person to whom requirements were explained			
Name: Krystle Harris	Title: admin assistant	Signature: <i>Krystle Harris</i>	

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

R. S. 40: 1621 Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1569 excepted, shall be fined not more than five hundred dollars or imprisoned, for more than six months or both. Each day's violation of an order constitutes a separate offense and may be punished as such at the discretion of court.



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Detention or Incarceration
Notice of Violations

Routine/Renewal

Permit Number 37-03-224	Permit Name Ouachita Correctional Center-224	
Name of Establishment Ouachita Correctional Center-224	Owner Name OUACHITA PARISH POLICE JURY	
Address 4801 Highway 165 S Monroe, LA 71202	Date 03/05/2023	Time 04:00 PM

LAC TITLE 51 PART XVIII

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.		
Category	Code Reference	Description of Violations
Building Requirement	101	3 - The walls are in disrepair. Walls were missing tiles in showers and not in good repair as discussed.
Building Requirement	101	5 - The floors are not smooth and easily cleanable. Floor in showers were missing tiles as discussed.
Building Requirement	101	6 - The ceilings are not in good repair. Several ceiling tiles with apparent water damage throughout facility. (Repeat)
Mattresses and Pillows	103	31 - Several mattresses are torn and in disrepair. Several mattresses were torn in multiple cells as discussed.

Comments:

VERBAL ACKNOWLEDGMENT OF REPORT WAS PROVIDED BY CHRISTOPHER JENKINS.

COPY OF REPORT EMAILED TO CHRISTOPHER.JENKINS@OPSO.NET

**NO SIGNATURE DUE TO FIELD COMPUTER ISSUES.

Number Licensed For
1152

Number in Attendance
973

Sanitarian Name/Print Brendan Costes	Phone # 318-361-7256	Sanitarian Signature BC	R.S. # T1404
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The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to

Correct Critical Violations by

Correct Non-Critical Violations by

Signature of Recipient

Name/Title

CAPT. CHRISTOPHER JENKINS

Total No Licensed for
1312!



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Detention or Incarceration
Notice of Violations

Routine/Renewal

Permit Number 37-0001125	Permit Name Ouachita Correctional Center-224 (Work Release Building)	
Name of Establishment Ouachita Correctional Center-224	Owner Name OUACHITA PARISH POLICE JURY	
Address 4801 Highway 165 S Monroe, LA 71202	Date 03/05/2023	Time 03:55 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 Requirements	101	5 - The floors are not smooth and easily cleanable. Metal grating in shower was not in good repair as discussed.
Mattresses and Pillows	103	49 - The mattresses are cracked and in poor condition. Several mattresses were cracked as discussed.

Comments:

VERBAL ACKNOWLEDGMENT OF REPORT WAS PROVIDED BY CHRISTOPHER JENKINS.

COPY OF REPORT EMAILED TO CHRISTOPHER.JENKINS@OPSO.NET

**NO SIGNATURE DUE TO FIELD COMPUTER ISSUES.

Number Licensed For 30		Number in Attendance 75	
Sanitarian Name/Print Brendan Coates	Phone # 318-361-7256	Sanitarian Signature <i>BC</i>	R.S. # T1404
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 CAPT. CHRISTOPHER JENKINS		Signature of Recipient <i>[Signature]</i>	



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Detention or Incarceration
Notice of Violations

Routine/Renewal

Permit Number 37-12-224	Permit Name Ouachita Correctional Center Womens Transitional Work Program-224		
Name of Establishment Ouachita Correctional Center Womens Transitional Work Program-224		Owner Name OUACHITA PARISH POLICE JURY	
Address 4801 Highway 165 S Monroe, LA 71202		Date 03/05/2025	Time 04:00 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	4 - The walls are not smooth and easily cleanable. Wall in bathroom had permit stains as discussed.
Building Requirement	101	6 - The ceilings are not in good repair. Rusted ceiling vent in bathroom as discussed.

Comments:

VERBAL ACKNOWLEDGMENT OF REPORT WAS PROVIDED BY CHRISTOPHER JENKINS.

COPY OF REPORT EMAILED TO CHRISTOPHER.JENKINS@OPS0.NET

**NO SIGNATURE DUE TO FIELD COMPUTER ISSUES.

Number Licensed #/u/
60

Number in Attendance
76

Sanitarian Name/Print Brendan Costes	Phone # 318-361-7256	Sanitarian Signature BC	R.S. # T1404
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The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to:

Correct Critical Violations by

Correct Non-Critical Violations by

Signature of Recipient

Name/Title

CAPT. CHRISTOPHER JENKINS

STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No. N/A	Anniversary Month
Name of Establishment OUACHITA CORRECTIONAL CENTER-224	Mailing Address
Address 4801 HIGHWAY 165 S	
City, state, Zip Code MONROE LA 71202	
Type of Facility JAILS 1152 973	
Parish Ouachita	Date Inspected 03/05/2025
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. BRENDAN COATES	
LHS 48 (R 7/99)	
D 1014	

April 15, 2025

We tore down tiles in pod 8's shower area. We sealed the blocks and replaced with stainless sheets.

A handwritten signature in black ink, appearing to read 'Deputy Roy Robert', with a long horizontal line extending to the right.

Deputy Roy Robert
Maintenance

March 6-7, 2025

All damaged mattresses were replaced and repaired.

**Deputy Regena Cobb
Warehouse**

**OUACHITA CORRECTIONAL CENTER
MAINTENANCE REQUEST**

DATE: _____ TIME: _____ OFFICER: _____

BLDG: Dorm 19 POD: _____ CELL: _____ OTHER: _____

Inspection

DATE OF INSPECTION: 9-14-2025 BY: Maintenance

REPAIRED: ✓ OTHER: _____

PARTS NEEDED

1. _____
2. _____
3. _____
4. _____
5. _____

DATE OF REPAIR: 9-14-2025 BY: Maintenance

COMMENTS: Reinstalled drain cover as needed
in shower area. Maintenance will go
in and clean floors in shower area as needed.

COPY OF THIS REQUEST TO BE SENT TO MAINTENANCE OFFICER
COPY ATTACHED TO ACTIVITY LOG

St. Richard White
MAINTENANCE OFFICER

OUACHITA CORRECTIONAL CENTER
MAINTENANCE REQUEST

DATE: _____ TIME: _____ OFFICER: _____

BLDG: 2CC POD: _____ CELL: _____ OTHER: _____

Inspection

DATE OF INSPECTION: 8-2-2025 BY: Maintenance

REPAIRED: ☒ OTHER: _____

PARTS NEEDED

1. _____
2. _____
3. _____
4. _____
5. _____

DATE OF REPAIR: 8-2-2025 BY: Maintenance

COMMENTS: In Process of painting walls and
have ordered ceiling tile for compound

COPY OF THIS REQUEST TO BE SENT TO MAINTENANCE OFFICER
COPY ATTACHED TO ACTIVITY LOG

[Signature]
MAINTENANCE OFFICER

**OUACHITA CORRECTIONAL CENTER
MAINTENANCE REQUEST**

DATE: _____ TIME: _____ OFFICER: _____
BLDG: 17 POD: _____ CELL: _____ OTHER: _____

Inspection

DATE OF INSPECTION: 9-2-2025 BY: Maintenance

REPAIRED: _____ OTHER: _____

PARTS NEEDED

1. 2 gal Paint
2. 2 24x24 grills
3. 1 14x14 grill
4. _____
5. _____

DATE OF REPAIR: 9-17-2025 BY: Maintenance

COMMENTS: Cleaned Rest Room/Show area
and Repainted area. Charged out new
grills as needed.

**COPY OF THIS REQUEST TO BE SENT TO MAINTENANCE OFFICER
COPY ATTACHED TO ACTIVITY LOG**

D. Richard Muth
MAINTENANCE OFFICER



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Retail Food
Notice of Violations

Routine/Renewal

Permit Number 37-0001490-1	Permit Name OUACHITA CORRECTIONAL CENTER PARISH JAIL KITCHEN	
Name of Establishment OUACHITA CORRECTIONAL CENTER	Owner Name OUACHITA PARISH POLICE JURY	
Address 4801 US 165 S MONROE, LA 71202	Date 03/25/2025	Time 03:45 PM

LAC TITLE 51 PART XXIII

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.		
Category	Code Reference	Description of Violations
FOOD PROTECTION	1501	54 - 1501.3 - Food is stored where it is exposed to splash, dust, or other contamination. Drink without a lid. [Corrected][Repeat]
UTENSILS/EQUIPMENT/SINGLE SERVICE	2501	75 - 2501.2 - Non-food contact surfaces of equipment have an accumulation of dust, dirt, food residue and other debris. Vent hoods and fryers.
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.6 - Floor is not maintained in good repair. Walk in freezer. [Repeat]
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.4 - Walls/ceilings or attached equipment are not in good repair. Missing ceiling tiles.

Comments:

VERBAL ACKNOWLEDGMENT OF REPORT WAS PROVIDED BY SGT. JAMES NEELEY.

COPY OF REPORT EMAILED TO JAMES.NEELEY@OPSO.NET

**NO SIGNATURE DUE TO FIELD COMPUTER ISSUES

NOTICE RS 40:31.38 (ACT 66)

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

Sanitarian Name/Print Brendan Coates	Phone # 318-361-7256	Sanitarian Signature 	R.S. # T1404
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 Critical Violations by		Correct Non-Critical Violations by	
Name/Title SGT. JAMES NEELEY - KITCHEN SUPERVISOR		Signature of Recipient 	

OUACHITA CORRECTIONAL CENTER
MAINTENANCE REQUEST

DATE: 3-27-2025 TIME: _____ OFFICER: _____

BLDG: _____ POD: _____ CELL: _____ OTHER: _____

KITCHEN FRYER

=====

DATE OF INSPECTION: 3-25-2025 BY: Maintenance

REPAIRED: / OTHER: _____

PARTS NEEDED 1. _____
2. _____
3. _____
4. _____
5. _____

DATE OF REPAIR: 3-27-2025 BY: Maintenance

COMMENTS: Repaired floor in walk in freezer
as needed.

=====

COPY OF THIS REQUEST TO BE SENT TO MAINTENANCE OFFICER
COPY ATTACHED TO ACTIVITY LOG

=====

Lt Richard M. Smith
MAINTENANCE OFFICER

OUACHITA CORRECTIONAL CENTER
MAINTENANCE REQUEST

DATE: 4-3-2025 TIME _____ OFFICER: LT Richard Morf

BLDG: KITCHEN POD _____ CELL: _____ OTHER: _____

Ceiling Tiles

DATE OF INSPECTION 3-25-2025 BY Heath Winkler

REPAIRED ✓ OTHER _____

PARTS NEEDED 1. 6 Ceiling Tiles

2. _____

3. _____

4. _____

5. _____

DATE OF REPAIR 4-3-2025 BY Maintenance

COMMENTS Replaced Ceiling Tiles in
Kitchen as needed.

Screwed down Floor in Wall
in Freezer in Kitchen

COPY OF THIS REQUEST TO BE SENT TO MAINTENANCE OFFICER
COPY ATTACHED TO ACTIVITY LOG

LT Keith Winkler
MAINTENANCE OFFICER

We did a thorough cleaning of the kitchen-including the fryers-and replaced the vents.

Sgt. James Neeley

Food Service Director

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: Ashland University Associates/Bachelors

Date of Program Implementation: 2019

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

[Signature]
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: HiSET

Date of Program Implementation: 2019

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

By [Signature] BJA
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 305 - Partners in Parenting

Date of Program Implementation: 2014

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

[Signature] BJG
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 306 - Anger Management: Cage Your Rage

Date of Program Implementation: 2025

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

By [Signature] B.J.G.
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 316 - Moral Reconation Therapy

Date of Program Implementation: 2025

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

[Signature]
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 322 - Thinking for a Change

Date of Program Implementation: 2014

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

by [signature] BJA
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 327 - Living in Balance Phase I

Date of Program Implementation: 2014

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

by Lt BJA
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 328 - Living In Balance Phase II

Date of Program Implementation: 2014

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

By [Signature] B26
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 335 - UCCI Cognitive Behavioral Intervention for Employment

Date of Program Implementation: 2019

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

[Signature] 1326
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 401 - Blue Walters Substance Abuse Treatment

Date of Program Implementation: 2025

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

[Signature]
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 510 - Your Money Your Goals (Replaced FDIC)

Date of Program Implementation: 2025

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

BJG
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 802 - Reentry Prerelease Phase I

Date of Program Implementation: 2020

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

by [signature] BJJG
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: 803 - Reentry Prerelease Phase II

Date of Program Implementation: 2020

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

by AT 1326
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: IC301 - GS6 Level 1

Date of Program Implementation: 2021

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

[Signature] BJA
Monitoring Team Member or BJA Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: IC302 - GS6 Level 2

Date of Program Implementation: 2021

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

BJG
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: IC303 - GS6 Level 3

Date of Program Implementation: 2021

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

h-15 1334
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: OSHA10

Date of Program Implementation: 2025

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

by hjt 1396
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: WELD01 (CVO) - Welding Delta Community College

Date of Program Implementation: 2021

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

[Signature] B.J.G.
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: CORE01 (DOC) - NCCER Core

Date of Program Implementation: 2021

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

BJG 1376
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: CORE02 (LTC) - NCCER Core

Date of Program Implementation: 2021

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

by [Signature] 1326
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: WELDL1 (LTC) - Welding Level I

Date of Program Implementation: 2021

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

[Signature]
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: WELDL2 (LTC) - Welding Level II

Date of Program Implementation: 2021

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

13267
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: WELDL3 (LTC) - Welding Level III

Date of Program Implementation: 2021

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

[Signature] 1334
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: FORK1 (DOC) - Forklift Operator

Date of Program Implementation: 2020

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

By [Signature] 1336
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Form IS-B-8-b
05 November 2010

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

Facility: Ouachita Correctional Center

Date: 8/12/2025

Name of Program: SRVSF1 - ServSafe Food Safety Manager

Date of Program Implementation: 2021

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

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

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

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

[Signature] B J G
Monitoring Team Member or BJG Team Member/Leader

8/12/25
Date

Sexual Assault BJJ Pre Audit Questionnaire

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

Facility Information

Name of Facility: Ouachita Correctional Center and Transitional Work Programs

Physical Address: 4801 Hwy 165 Bypass South

City: Monroe

State: LA

Zip: 71202

Warden: Paul Campbell

Current Population of Facility: (OCC - 1136) (MTWP - 80) (WTWP - 76) TOTAL = 1292

Which population(s) does the facility hold? ☐ Females ☐ Males ☒ Both Females and Males

Number of staff currently employed by the facility who may have contact with inmates: 148

Number of contracts with contractors who may have contact with inmates: 5

Number of volunteers who have contact with inmates: 159

In housing units, does the facility maintain sight and sound separation between youthful (18 and under) inmates and adult inmates? Yes

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology? Yes

Does the facility have medical and mental health services onsite? If no, provide offsite facility designated for services? Yes

Facility Requirements

Attach example of practice

BJG Guideline: Unit must have a written policy outlining a zero tolerance policy for sexual abuse, assault, and harassment, to include the following provisions:

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

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

Compliant. Complete report on file.