

Department of Public Safety & Corrections
State of Louisiana



JOHN BEL EDWARDS
GOVERNOR

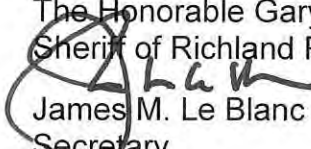


JAMES M. LE BLANC
SECRETARY

July 6, 2023

MEMORANDUM

TO: The Honorable Gary Gilley
Sheriff of Richland Parish

FROM: 
James M. Le Blanc
Secretary

RE: "Basic Jail Guidelines" Monitoring Report

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) annual inspection that was conducted at Richland Parish Detention Center on May 23, 2023. The facility continues to provide a secure, safe, and stable environment for DOC offenders in their custody. At this time DPS&C will continue with annual monitoring visits.

Thank you for your support of the BJG process.

JML/mwk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Allen Cupp, Warden, Richland Parish Detention Center
Seth Smith, Chief of Operations
Jerry Goodwin, Warden, DWCC
James Arnold, BJG Team Leader



BJG MONITORING REPORT

Annual

Rev. 08/01/2022 mwk

Facility Name: Richland Parish Detention Center
BJG Team Leader & Monitors: Colonel James Arnold, BJB Team Leader
Facility Warden & Email Address: Allen Cupp, acupp@richlandso.org,
Tyler Wade, twade@richlandso.org
Facility Staff: Rebecca Shaw
BJG Inspection Date: May 23, 2023
Previous BJB Inspection Date: July 12, 2022
Operational Capacity: 782
Count on Day of Visit: 743

Concerns or Issues from the previous BJB Monitoring Inspection:

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	653	0	653
Number of Local Offenders	76	14	90
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	729	14	743

Number of DOC Offenders that are:

Single Bunked 243
Double Bunked 218
Triple Bunked 168
Total 629

Number of DOC Offenders that are in Restricted Housing:

Single Bunked 12
Double Bunked 12
Triple Bunked 0
Total 24

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
July/2022	3	0	0	0
Aug/2022	15	0	0	0
Sept/2022	4	0	0	0
Oct/2022	4	0	0	0
Nov/2022	5	1	0	0
Dec/2022	10	0	0	0
Jan/2023	4	0	0	0
Feb/2023	6	0	0	0
March/2023	5	0	0	0
April/2023	3	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
July/2022	7	1	3	5	8
Aug/2022	3	0	3	2	9
Sept/2022	5	0	2	1	0
Oct/2022	3	0	3	6	20
Nov/2022	2	0	4	2	8
Dec/2022	0	0	4	1	15
Jan/2023	1	0	1	1	7
Feb/2023	3	0	2	2	9
March/2023	2	0	2	1	5
April/2023	2	0	0	2	5

GENERAL APPERANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:**Living Area:**

- **Dorms:** Were clean and orderly. Offender's personal property was properly stored in assigned lockers.
- **Cell Block:** Were clean and orderly. There were 12 offenders housed in the cellblock on the day of my inspection.

Culinary/Dining: Culinary/Dining area was clean. All offenders that are assigned to the culinary department receives a pre-assessment prior to being assigned. Temperature logs were being maintained on coolers/freezers. Tool/utensil inventories were checked. A good check-out system is in place with accurate inventory. DHH Retail Food inspection was conducted on 3/28/23.

Bathrooms: Were clean and orderly and in good working order on the day of inspection.

Yard Areas: Yard area were clean and free of debris. Ample space for offender's to exercise. Offenders were present on the exercise yard on the day of inspection.

Maintenance: Review of tools reveal an accurate inventory with a good check-out system in place. All tools were engraved to reflect current inventory.

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

- I-A-001 Safety/Sanitation/Inspections (MANDATORY):** Compliant- Inspections are conducted weekly/monthly. Kitchen inspection are performed daily along with water temperatures. Checklist reveals that all areas of facility are being checked in accordance with the guidelines.

- I-C-001 Emergency Plan (MANDATORY):** Compliant- Facility has an approved plan dated 1/31/23. Documentation of training for staff is on file.
- I-C-003 Fire Safety/Code Conformance (MANDATORY):** Compliant- Last Fire Marshall report inspection was on 5/4/23.
- II-A-006 Staff Log (MANDATORY):** Compliant- Staff logs of pertinent information shift activity, daily events, and security staff/supervisor rounds were reviewed and found in good order.
- II-A-007 Counts (MANDATORY):** Compliant
- How many formal counts are conducted each shift? 3 per shift
 - How many counts are conducted each day? 6 in a 24hr period
 - **Stick outs counts**
 - How does the facility accomplish this? Staff conducts visual counts according to policy. Documentation was on file.
 - Does this process ensure accountability and safe/secure operation of the facility?
Yes
- II-A-008 Offender Population Management System:** Compliant- Written policy and procedures are in place for offender case management. Offender files are transferred with the offender to local/ DPS&C facility.
- II-A-010 Admissions:** Compliant - Appropriate forms are completed and are in place to support compliance with this guideline. Offender personal property is inventoried and stored along with a signed receipt.
- II-A-012 Classification System:**
- Does this facility have any trustees that work outside the secure perimeter? (Yes or No) Yes
- If yes,
- What is their classification process to determine who is eligible for trustee status?
Facility utilizes the same criteria as DPS&C.
 - Does their classification process meet DPS&C, Corrections Services' criteria? Yes
- II-A-016 Photo Identification (MANDATORY):** Compliant- Offender receives a photo ID upon intake.

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
July/2022	65	576	11%	7
Aug/2022	38	575	6.6%	0
Sept/2022	160	540	29.6%	4
Oct/2022	130	554	23.4%	4
Nov/2022	108	509	21.2%	8

Dec/2022	30	561	5.3%	1
Jan/2023	152	560	27.1%	2
Feb/2023	61	533	11.4%	3
March/2023	75	537	13.9%	2
April/2023	145	459	31.5%	4

- II-A-019 Offender Transfers:** Compliant - Policy and procedures are in place and facility logs are maintained to reflect offender transfers.
- II-A-020 Cell Checks (MANDATORY):** Compliant- Cell checks/security rounds are conducted within the guidelines. Logs are maintained to reflect compliance.
- II-B-002-1 Use of Restraints for Pregnant Offenders:** Compliant - Policy and procedures are in place. Documentation reflects the use of restraints on females.
- II-C-001 Procedures for Searches:** Compliant - Documentation of shakedowns of all offenders housing were on file.
- II-D-001 Key, Tool, and Utensil Control (MANDATORY):** Compliant- A review of keys, tools and utensils were found to have an accurate accountability in place with inventories with a good check-out system in place.
- 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? Yes
 - What is their restoration of good time application process for the offender population? Offender request through classification, classification will review to ensure information is accurate and then forward to the Warden for his/her review. If information is correct it is forwarded to DPS&C for processing.
 - Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes
- IV-A-003 Food/Dietary Allowances (MANDATORY):** Compliant- Cycle Menus are reviewed and approved by a registered Dietitian. A tray/plate and utensil is provided for each hot meal.
- IV-A-006 Food Services Management (MANDATORY):** Compliant- Offenders are provided 3 hot meals per day. Ample time is permitted for each meal consumption, time lapse between meals is in compliance within the guideline.
- IV-B-001 Plumbing Fixtures – Toilets & Washbasins (MANDATORY):** Compliant- All offenders have access to toilets/washbasins with temperature controlled hot/cold at all times.
- IV-B-002 Plumbing Fixtures – Showers (MANDATORY):** Compliant- All offenders are able to shower every day. Water temperatures logs indicates full compliance within the guidelines.
- IV-B-005 Personal Hygiene (MANDATORY):** Compliant- Indigent offenders are provided with personal hygiene items if the offender is not able to purchase such items.
- IV-C-001 Access to Care/Clinical Services (MANDATORY)** (Does the facility charge a co-payment? If so, approved by DPS&C?): Compliant- Co-pay is approved by DPS&C. All offenders are seen regardless of their ability to pay facility co-pay.

- IV-C-003** **Provision of Treatment (MANDATORY):** Compliant- Dr. Tommy Colvin exp- 12/31/23. Dr. Edward Hooten dental exp. 12/31/23.
- IV-C-005** **24 Hour Care (MANDATORY):** Compliant- When an offenders needs are not meet at the facility Richland Medical Center in Rayville, La along with Ochsner LSU Monroe, La will be utilized.
- IV-C-006-1** **Pregnancy Management (MANDATORY):** Compliant- Policy and procedures are in place to accommodate any pregnant offender.
- IV-C-008** **Annual TB Testing:** Compliant - TB testing is conducted annually on all offenders at no cost to the offender.
- IV-C-009** **Chronic Care Program (MANDATORY):** Compliant- Only offenders who are stable through use of medication are housed at this facility. All other offenders are transferred to a DOC facility upon approval from DOC.
- IV-C-012** **Access to Sick Call (MANDATORY):** Compliant- Sick call is accessible to all offenders 4 times per week. Offenders have access to 24hr emergency care by the on call nurse.
- IV-C-013** **Infirmary Care:** Compliant - Provisions are made to provide 24hr care with physician, dentist and mental health professional.
- IV-C-013-1** **Medical Releases** (Medical Parole, Medical Treatment Furlough, and/or Compassionate Release): Compliant - Policy and procedures are in place related to medical releases according to DPS&C guidelines.
- IV-C-014** **Suicide Prevention and Intervention (MANDATORY):** Compliant- Policy has been approved by Dr. Tommy Colvin. Staff training on this guideline was on file.
- IV-C-015** **Offender Deaths (MANDATORY):** Compliant- 2 deaths this rating period, Offender David Thomas # 769218 on 4/22/23 and offender Brain Wiltz # 410658 on 2/15/23.
- IV-C-016** **Notification:** Compliant- Policy and procedures are in place related to notification of family and visitation with an offender admitted to an ICU or trauma center according to DPS&C guideline.
- IV-D-001** **Healthcare Quarterly Meetings (MANDATORY):** Compliant- Quarterly meetings are being conducted.
- IV-D-004** **Confidentiality of Health Information/Individual Health Record:** Completed and signed consent forms are in place in all offenders files.
- IV-006-1** **Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY):** Compliant- Policy and procedures are in place. Facility utilizes Narcan and staff training is be conducted on the use of Narcan.
- IV-D-007** **Internal Review/Quality Assurance (MANDATORY):** Compliant- Facility has a policy in place that has been approved by a Health Care Authority.
- IV-E-001** **Alleged and Substantiated Sexual Assaults:**
- Is this facility required to be PREA compliant due to contract language? (Yes or No) No

- Is this facility PREA compliant? (Yes or No) N/A
 - If yes, date compliance received:
 - If this facility is required to be PREA compliant due to contract language, and has not done so, what is their plan of action for compliance? N/A

V-A-004 Religious Programs: Compliant - Volunteers are utilized for religious services.

V-A-005 Exercise & Recreation Access (MANDATORY): Compliant- Offenders are allowed access to daily recreation with weather permitting.

V-B-001 Programs and Services:

- List all Certified Treatment Programs (Attach Form IS-B-8-b)
 1. Understanding and Reducing Angry Feelings
 2. Partners in Parenting
 3. Louisiana Risk Management 1&2
 4. FDIC Money Smart
 5. Thinking for a Change
 6. HiSet
- List all other Offender Programs
 1. Celebrate Recovery
 2. Ashland University Courses

V-B-002 Educational Programming: Compliant

GED Program

Number of GED Slots	<u>50</u>
Number of Participants	<u>34</u>
YTD Number of Completions	<u>11</u>

V-B-003 Substance Abuse Programs: Celebrate Recovery

V-C-001 Releasing Offenders: Compliant - Personal property of offenders are returned along with obtaining a signed receipt. Medical ensures offenders receives any required medication. Offenders that are releasing from the facility receives information on community resources,

V-C-002 Regional Reentry Programs (Are offenders releasing with two valid forms of identification?): Yes

V-C-004 Parole Board Procedures: Compliant - Policy and procedures are in place. Warden or his designee are present for parole board hearings.

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

- Does grievance process include at least two levels of review? Yes
- Who is the designee at each level of review? 1st level is Captain, 2nd level Warden

- What is the specified time period for response at each level? 1st level 10 days, 2nd level 30 days

VII-A-002 Weapons Training: Compliant - Certificate is on file to show completion of initial and annual training.

VII-B-010 Monthly Reporting: Compliant - Reports are submitted on time each month.

VII-B-012 Proposed Expansions: Compliant - **No** plans for expansions.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff morale at Richland Parish Detention Center deemed to be good on the day of inspection. Staff were dressed appropriately and each staff member that I came into contact with had identification on their person. Staff were very knowledgeable of their assigned duties and aware of the emergency procedures. Staff were eager to assist with the audit as needed.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

During my walk through inspection offenders morale and quality of life deemed to be good. Offenders that I interviewed during the walk through voiced no negative comments. Offenders stated they were aware of the sick call process and how to file a grievance.

RECOMMENDATION:

Warden Cupp and Warden Wade and their staff continually strive to remain compliant with the Basic Jail Guidelines. The facility operates in a smooth and efficient manner. Based on my walk through inspection of the facility and review of the BJG files, it is my recommendation that Richland Parish Detention Center remains on an annual monitoring.



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-22-028385-1

Deficient/Cautionary Codes cited.

Location Information			
Inspection Type	Compliance Building Inspection		Inspection Date 5/4/2023 3:36:04 PM
Structure ID	209533	No. of Buildings	5
Facility Code	J371		
Capacity		Year Built	1996
Construction Type	Type IIB / (000)		
Building/Trade Name		Address	
RICHLAND DETENTION CENTER		456 HIGHWAY 15, RAYVILLE, LA 71269	
Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	RICHLAND PARISH SHERIFF'S OFFICE		TWADE@RICHLANDSO.ORG
Address			
708 JULIA STREET, RAYVILLE, LA 71269			
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		
Deficient and Cautionary Items			Status
1	(LAC55:V:3033) Fire alarms shall be maintained. Currently, both fire alarms are yellowed tagged. Owner shall have these corrected.		DEFICIENT (Correction Date: 6/1/2023)
2	NFPA 96 (08) 11.6.1 Owner shall have hood suppression system serviced by a Louisiana licensed contractor. Currently, The hood suppression system is yellow tagged.		DEFICIENT (Correction Date: 6/1/2023)
Comments			
OCCUPANT COUNT DORM A (75) DORM B (75) DORM C (75) DORM D (75) DORM E (36) DORM F (87) DORM G (87) DORM H (87) DORM I (87) DORM J (7) DORM K (56) HIGH SECURITY UNIT 1 (12) HIGH SECURITY UNIT 2 (16) LOCKDOWN CELLS UNIT 1 (10) LOCKDOWN CELLS UNIT 2 (12)			
Inspector Information			
Name: Robert Foley	Badge Number: 748	Inspector Signature: <i>R. Foley</i>	



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

Inspection Report

Report # CB-22-028385-1

Deficient/Cautionary Codes cited.



Daniel H. Wallis
FIRE MARSHAL

Person to whom requirements were explained		
Name: Tyler Wade	Title: Warden	Signature:

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.

NOTE TO FILE

Fire-Tech

Fire-Tech has recently order parts that we are awaiting for the hood suppression system to be updated in Unit 1 and Unit 2. We are awaiting a receipt the company is sending us for the parts.

May 4, 2023

A handwritten signature in blue ink, appearing to read "J. L. Luss" or similar, with a stylized flourish below it.



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

**Detention or Incarceration
Notice of Violations**

Follow-up

Permit Number 42-01-224	Permit Name Richland Parish Detention Center Unit 1-224		
Name of Establishment Richland Parish Detention Center Unit 1-224		Owner Name RICHLAND PARISH DETENTION CENTERS	
Address 474 Highway 15 Rayville, LA 71269	Date 11/21/2022	Time 10:10 AM	

LAC TITLE 51 PART XVIII

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
Floor Space	101	57 - *The inmate population exceeds the minimum floor space requirements. CELL 6 [COS][Repeat]

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	5 - The floors are not smooth and easily cleanable. DORM B, D SHOWER FLOORS [Repeat]
Matresses and Pillows	103	51 - Several mattresses are torn and in disrepair. CELL 9, DORM C
Visitor Waiting Room	101	60 - The toilet in the visitor waiting room restroom is in disrepair. MEN'S BATHROOM [Repeat]

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY: TYLER WADE/WARDEN
COPY OF REPORT EMAILED TO: TWADE@RICHLANDSO.ORG

Number Licensed For 360	Number in Attendance 323	License Anniversary 11/30/2022
Sanitarian Name/Print Blake Bosely	Phone # 318-728-4441	Sanitarian Signature  R.S. # 3233

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

TYLER WADE/WARDEN

Blake Bosely

STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No. N/A	Anniversary Month MAY				
Name of Establishment RICHLAND PARISH DETENTION CENTER UNIT 1-224	Mailing Address				
Address 474 HIGHWAY 15					
City, state, Zip Code RAYVILLE LA 71269					
Type of Facility JAILS 360 323					
Parish Richland	Date Inspected 11/21/2022				
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.					
BLAKE BOSELY					
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LHS 48 (R 7/99)					
D 1014					



RICHLAND PARISH SHERIFF'S OFFICE

Gary Gilley, Sheriff and Tax Collector

Richland Parish detention Center

MEMO: On 11/21/22 inmate population in Cells 13,15,16,18,20,22 were addressed and corrected

A handwritten signature in black ink, appearing to read "Tyler M. Wade".

Warden Tyler M. Wade

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): _____

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 11-22-22

JOB LOCATION: Unit 1

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Health Inspection

DATE REPAIR COMPLETED: 11-22-22

REPAIR WORK COMPLETE BY MAINTENANCE:

walked through all dorms and checked toilets
sinks

COMPLETED BY: _____

Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): _____

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 11-22-22

JOB LOCATION: Unit 1 mens bathroom up front

COMPLETE DESCRIPTION OF REPAIR NEEDED:

toilet and sink dirty

DATE REPAIR COMPLETED: 11-22-22

REPAIR WORK COMPLETE BY MAINTENANCE:

Informed Hallman that needed to clean men's restroom
in front lobby

COMPLETED BY: _____

Shannon M. Bailey

MAINTENANCE SUPERVISOR SIGNATURE



RICHLAND PARISH SHERIFF'S OFFICE

Gary Gilley, Sheriff and Tax Collector

MEMO:

On 11/21/22 offenders were re-issued newer mattress, if needed in Cell 9 & Dorm C.

Warden Tyler Wade



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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

Permit Number 42-02-224	Permit Name Richland Parish Detention Center Unit 2-224		
Name of Establishment Richland Parish Detention Center Unit 2-224		Owner Name RICHLAND PARISH DETENTION CENTERS	
Address 456 Highway 15, Rayville, LA 71269	Date 11/21/2022	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 to enforcement actions or permit suspensions.

Category	Code Reference	Description of Violations
Handwashing Lavatories	101	12 - *There is no hot water at the hand lavatory. H DORM-1 SINK, I DORM-2 SINKS, CELL 15, CELL 21
Handwashing Lavatories	101	13 - *There is no cold water at the hand lavatory. CELL 23
Toilet Facilities	101	18 - *The toilets are in disrepair. G DORM-2 TOILETS
Floor Space	101	57 - *The inmate population exceeds the minimum floor space requirements. CELL 13, 15, 16, 18, 20, 22, 24

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	5 - The floors are not smooth and easily cleanable. G DORM-SHOWERS

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY TYLER WADE/WARDEN
COPY OF REPORT EMAILED TO: TWADE@RICHLANDSO.ORG

THE FOLLOW-UP INSPECTION DATE WAS EXTENDED AS AUTHORIZED BY SANITARIAN SUPERVISOR.

Number Licensed For 422		Number in Attendance 382		License Anniversary 11/30/2022	
Sanitarian Name/Print Blake Bosely	Phone # 318-728-4441	Sanitarian Signature 	R.S. # 3233		
The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to					
Correct Critical Violations by 11/29/2022			Correct Non-Critical Violations by		
Name/Title TYLER WADE/WARDEN			Signature of Recipient 		

STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH								
INSTITUTION REPORT								
Agency License No. N/A		Anniversary Month MAY						
Name of Establishment RICHLAND PARISH DETENTION CENTER UNIT 2-224		Mailing Address						
Address 456 HIGHWAY 15								
City, state, Zip Code RAYVILLE LA 71269								
Type of Facility JAILS 422 376								
Parish Richland		Date Inspected 11/29/2022						
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.								
		BLAKE BOSELY		<table border="1"><tr><td>3</td><td>2</td><td>3</td><td>3</td></tr></table>	3	2	3	3
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LHS 48 (R 7/89)								
D 1014								

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): _____

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 11-22-22

JOB LOCATION: Unit 2

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Health Inspection

DATE REPAIR COMPLETED: 11-22-22

REPAIR WORK COMPLETE BY MAINTENANCE:

Walk through all dorms and addressed all problems

COMPLETED BY: _____

Shannon M. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): _____

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 11-22-22

JOB LOCATION: H-dorm

COMPLETE DESCRIPTION OF REPAIR NEEDED:

No hot water to hand sink

DATE REPAIR COMPLETED: 11-22-22

REPAIR WORK COMPLETE BY MAINTENANCE:

Replaced valve on hot water feed line to sink

COMPLETED BY: _____

Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): _____

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 11-22-22

JOB LOCATION: I-dorm

COMPLETE DESCRIPTION OF REPAIR NEEDED:

two sinks in dorm have no hot water

DATE REPAIR COMPLETED: 11-22-22

REPAIR WORK COMPLETE BY MAINTENANCE:

1 line got replaced and other line got cleaned out. Now
all sinks have hot and cold water to them

COMPLETED BY: _____

Shannon M. Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): _____

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 11-22-22

JOB LOCATION: Cell 15

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Hot water not working

DATE REPAIR COMPLETED: 11-22-22

REPAIR WORK COMPLETE BY MAINTENANCE:

replaced valve on hot water feed line

COMPLETED BY: _____

Shannon M. Bailey

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): _____

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 11-22-22

JOB LOCATION: Cell 21

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Hot water not working

DATE REPAIR COMPLETED: 11-22-22

REPAIR WORK COMPLETE BY MAINTENANCE:

repaired Hot water line

COMPLETED BY: _____

Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): _____

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 11-22-22

JOB LOCATION: Cell 23

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Cold water in cell not working

DATE REPAIR COMPLETED: 11-22-22

REPAIR WORK COMPLETE BY MAINTENANCE:

replace button on cold water side of sink

COMPLETED BY: _____

Shannon M. Bailey

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): _____

REPORTING OFFICER SIGNATURE: _____

DATE REPORTED: 11-22-22

JOB LOCATION: G-dorm

COMPLETE DESCRIPTION OF REPAIR NEEDED:

toilets not flushing

DATE REPAIR COMPLETED: 11-22-22

REPAIR WORK COMPLETE BY MAINTENANCE:

Change side plunger on one, and A-36-A on the other
one

COMPLETED BY: _____

Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE



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

**Retail Food
Notice of Violations**

Routine/Renewal

Permit Number 42-0001220-1	Permit Name RICHLAND PARISH DET CENTER UNIT 2 KITCHEN		
Name of Establishment RICHLAND PARISH DET CENTER UNIT 2		Owner Name RICHLAND PARISH DETENTION CENTERS	
Address 465 HIGHWAY 15 RAYVILLE, LA 71269		Date 03/28/2023	Time 10:30 AM

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.		
Category	Code Reference	Description of Violations
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2513	30 - 2513 - Chlorine sanitizer concentration for warewashing is not between 50-100 p.p.m. at 75°F.

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	1315	53 - 1315 - Potentially hazardous foods are not properly thawed. [COS]

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY: TYLER WADE/WARDEN
COPY OF REPORT EMAILED TO: TWADE@RICHLANDSO.ORG

NOTICE RS 40:31.38 (ACT 66)

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

Sanitarian Name/Print Blake Bosely	Phone # 318-728-4441	Sanitarian Signature 	R.S. # 3233
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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 03/29/2023

Correct Non-Critical Violations by

Signature of Recipient:

Name/Title
TYLER WADE/WARDEN



Warewashing Service Report

CUSTOMER NAME	
---------------	--

ADDRESS	
---------	--

- ☐ Preventative Maintenance
☐ Emergency Service
☐ Installation Setup

0.4	1.2	2.3
-----	-----	-----

CUSTOMER NAME	Richland Parish Detention C.T.R.
ADDRESS	477 Highway 15
CITY, STATE, ZIP	Rayville, LA 71269
TO:	

WATER SOFTENER ☐ Yes ☐ No	WATER HARDNESS GRMS	DISHWASHER MAKE	MODEL NO.	CHEMICAL DISPENSING SYSTEM	OTHER
--	------------------------	-----------------	-----------	----------------------------	-------

50 POINT FULL SERVICE INSPECTION

RESULTS	OK	OPERATING PROCEDURES	OK	REF NO.	SERVICES PERFORMED / RECOMMENDATIONS
1 GLASSES		31 RACKING			Customer said sanitizer was not working chemical pump motor was burnt up replaced chemical pump motor and sanitizer was pumping at 75 ppm.
2 FLATWARE		32 PRE-SCRAPPING			
3 DISHES		33 PRE-SOAKING			
4 POTS/PANS		34 DE-LIMING			
5 FLOORS		35 CURTAIN CLEANING			
6 SANITATION		36 TANK WATER CHANGING			
MACHINE OPERATION		37 SCRAP TRAY CLEANING			
7 FILL VALVES		38 EQUIPMENT CLEANING			
8 PRE-RINSE HOSE		EMPLOYEE TRAINING			
9 PRE-WASH ARMS		39 SANITIZER CHECK PROCEDURES			
10 WASH ARMS		40 PRE-SOAKING			
11 RINSE ARMS		41 PRE-SCRAPPING			
12 FINAL RINSE		42 RACKING PROCEDURES			
13 RINSE VALVE		43 FLATWARE CARE			
14 OVERFLOW		44 CHANGING MACH. WATER			
15 WATER LEVEL		45 DE-LIMING DISHWASHER			
16 DRAINS/GREASE TRAP		46 FLOOR CLEANING			
17 PUMPS		47 ENERGY CONSERVATION			
18 PUMP SCREEN		48 ROUND SCREEN MAINTENANCE			
19 GAUGES		49 EQUIP. CLEANING			
20 CONVEYOR BELT/PEG/PAWLS		50 CONTAINER REPLACEMENT			
21 CURTAINS		ADDITIONAL PRODUCT NEEDS			
22 RACKS		☐ Pre-soak	☐ Disinfectant		
23 PRE-WASH TEMP. °F		☐ Pot & Pan	☐ Sanitizer		
24 WASH TEMP. °F		☐ Degreaser	☐ Floor Cleaner		
25 RINSE TANK TEMP. °F		☐ Oven Cleaner	☐ Glass Cleaner		
26 FINAL RINSE TEMP. °F		☐ Hand Soap	☐ Bio Flow		
27 FINAL RINSE PRESSURE PSI		☐ Scale Remover	☐ Dish Racks		
28 BY-PASS GAL/MIN.		☐ S. S. Polish	☐ Pre-Rinse		
29 DETERGENT CONC.		☐ Bar Supplies	☐ Air Freshener		
30 SANITIZER CONC. PPM					

CUSTOMER COMMENTS

Your comments & suggestions are very important to us. This space is especially provided for your remarks:

Prepared by: *[Signature]*

THANK YOU FOR USING AUTO-CHLOR SYSTEM

Telephone: _____

Customer Signature: _____



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

**Retail Food
Notice of Violations**

Routine/Renewal

Permit Number 42-0001210-1	Permit Name RICHLAND PARISH DETENTION CENTER UNIT 1 KITCHEN	
Name of Establishment RICHLAND PARISH DETENTION CENTER UNIT 1	Owner Name RICHLAND PARISH DETENTION CENTERS	
Address 465 HIGHWAY 15 RAYVILLE, LA 71269	Date 03/28/2023	Time 10:05 AM

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.

Category	Code Reference	Description of Violations
FOOD - CONDITION, SOURCE, LABELING	1101	1 - 1101 - Food prepared, packed, or held under conditions where it may have been contaminated. [COS]

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.

Category	Code Reference	Description of Violations
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3101	102 - 3101 - Plumbing is not maintained.(MOP SINK)
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.6 - Floor is not maintained in good repair. [Repeat]
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.4 - Walls/ceilings or attached equipment are not in good repair. (CEILING)

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY: TYLER WADE/WARDEN
COPY OF REPORT EMAILED TO: TWADE@RICHLANDSO.ORG

NOTICE RS 40:31.38 (ACT 66)

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

Sanitarian Name/Print Blake Bosely	Phone # 318-728-4441	Sanitarian Signature 	R.S. # 3233
---------------------------------------	-------------------------	--------------------------	----------------

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
TYLER WADE/WARDEN

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): Lt Mosley

REPORTING OFFICER SIGNATURE: Lt Mosley

DATE REPORTED: 3-29-23

JOB LOCATION: Unit 1 Kitchen

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Mop sink is starting to over run.
over

DATE REPAIR COMPLETED: 3-29-23

REPAIR WORK COMPLETE BY MAINTENANCE:

Ran plumbing snake, and Air ~~and~~ Snaked
the drain

COMPLETED BY: Lt Mosley

Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): Lt Mosley

REPORTING OFFICER SIGNATURE: Lt Mosley

DATE REPORTED: 3-29-23

JOB LOCATION: Unit 1 Kitchen

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Floor tile need replaced

DATE REPAIR COMPLETED: 3-29-23

REPAIR WORK COMPLETE BY MAINTENANCE:

Floor tile has been replaced

COMPLETED BY: Lt Mosley

Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): Lt Mosley

REPORTING OFFICER SIGNATURE: Lt Mosley

DATE REPORTED: 3-29-23

JOB LOCATION: Unit 1 Kitchen

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Ceiling tile missing

DATE REPAIR COMPLETED: 3-29-23

REPAIR WORK COMPLETE BY MAINTENANCE:

Ceiling tile replaced

COMPLETED BY: _____

Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE

NOTE TO FILE

Health Department has come for retail food inspection only. They have not done Detention of Incarceration inspections for the calendar year of 2023. File will updated accordingly.

Form B-04-003-B
05 November 2010

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

Facility: Richland Parish Detention Center

Date: 5/23/23

Name of Program: HiSet ✓

Date of Program Implementation: 2009

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.


Monitoring Team Member or BJG Team Member/Leader

Program Consultant

5/23/23
Date

Form B-04-003-B
05 November 2010

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

Facility: Richland Parish Detention Center

Date: 5/23/23

Name of Program: Thinking for a Change ✓

Date of Program Implementation: 2015

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.



Monitoring Team Member or BJC Team Member/Leader

Program Consultant

5/23/23
Date

Form B-04-003-B
05 November 2010

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

Facility: Richland Parish Detention Center

Date: 5/23/23

Name of Program: FDIC Money Smart

Date of Program Implementation: 2016

Primary Area of Service Provided:

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

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

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

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

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

Detailed records are maintained on the following:

All 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.



Monitoring Team Member or BJC Team Member/Leader

Program Consultant

5/23/23
Date

Form B-04-003-B
05 November 2010

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

Facility: Richland Parish Detention Center

Date: 5/23/23

Name of Program: Louisiana Risk Management 1&2 ✓

Date of Program Implementation: 2012

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

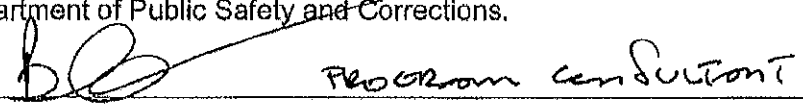
Is there an objective method used to assess completion? ☒ Yes ☐ No

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.


Monitoring Team Member or BJG Team Member/Leader

5/23/23
Date

Form B-04-003-B
05 November 2010

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

Facility: Richland Parish Detention Center

Date: 5/23/23

Name of Program: Partners in Parenting ✓

Date of Program Implementation: 2012

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

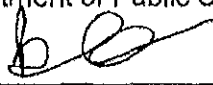
Is there an objective method used to assess completion? ☒ Yes ☐ No

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.


Monitoring Team Member or BJG Team Member/Leader

5/23/23
Date

Form B-04-003-B
05 November 2010

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

Facility: Richland Parish Detention Center

Date: 5/23/23

Name of Program: Understanding and Reducing Angry Feelings ✓

Date of Program Implementation: 2012

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

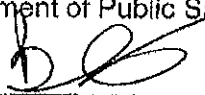
Is there an objective method used to assess completion? ☒ Yes ☐ No

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.


Monitoring Team Member or BJG Team Member/Leader

5/23/23
Date

Form B-04-003-B
05 November 2010

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

Facility: Richland Parish Detention Center

Date: 5/23/23

Name of Program: Ashland University Courses

Date of Program Implementation: 2022

Primary Area of Service Provided:

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

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

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

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

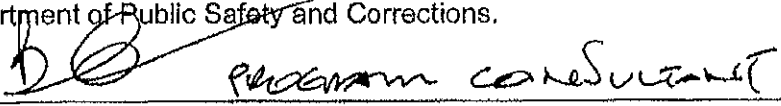
Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

All 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.


Monitoring Team Member or BJJ Team Member/Leader

5/23/23
Date

Form B-04-003-B
05 November 2010

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

Facility: Richland Parish Detention Center

Date: 5/23/23

Name of Program: Celebrate Recovery ✓

Date of Program Implementation: 2012

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.

Monitoring Team Member or BJJ Team Member/Leader

5/23/23
Date