



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 06/05/2025	Time 10:00 AM

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
Mattresses and Pillows	103	51 - Several mattresses are torn and in disrepair. [Repeat]

Comments:

COPY OF REPORT EMAILED TO TWADE@RICHLANDSO.ORG

Number Licensed For
360

Number in Attendance
323

Sanitarian Name/Print Jason Pylant	Phone # 318-728-4441	Sanitarian Signature 	R.S. # 1671
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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

W. SHAW/ CHIEF OF SECURITY



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 06/05/2025	Time 10:15 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
Toilet Facilities	101	18 - *The toilets are in disrepair. G DORM-2 URINALS [Corrected]

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

Category	Code Reference	Description of Violations
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair. CELL # 19-HIGH PRESSURE SPRAYING WATER ON FLOOR
Mattresses and Pillows	103	51 - Several mattresses are torn and in disrepair.

Comments:

COPY OF REPORT EMAILED TO TWADE@RICHLANDSO.ORG

Number Licensed For
422

Number in Attendance
394

Sanitarian Name/Print Jasen Pylant	Phone # 318-728-4441	Sanitarian Signature 	R.S. # 1671
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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
W. SHAW/ CHIEF OF SECURITY

STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No. N/A	Anniversary Month
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 06/05/2025

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.

JASON PYLANT

1	6	7	1
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STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No. N/A	Anniversary Month
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 422 394	
Parish Richland	Date Inspected 06/05/2025

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.

JASON PYLANT

1	6	7	1
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MAINTENANCE REQUEST

REPORTING OFFICER (PRINT NAME): S. Mosley

REPORTING OFFICER SIGNATURE: S. Mosley

DATE REPORTED: 6-05-25

JOB LOCATION: Cell 19

COMPLETE DESCRIPTION OF REPAIR NEEDED:

Faucet spraying

DATE REPAIR COMPLETED: 6-05-25

REPAIR WORK COMPLETE BY MAINTENANCE:

Repaired Faucet

COMPLETED BY: S. Mosley

Shannon Mosley

MAINTENANCE SUPERVISOR SIGNATURE



RICHLAND PARISH SHERIFF'S OFFICE

Neal Harwell, Sheriff and Tax Collector

Richland Parish Detention Center

On June 5, 2025, a comprehensive health inspection was conducted at the facility, revealing multiple mattresses in need of attention due to cracks or overall disrepair. In response, a corrective action plan was implemented, wherein the affected mattresses were either replaced with new ones or re-sleeved to restore them to a satisfactory condition, effectively addressing the identified issue and ensuring a cleaner, safer environment for occupants.

Major W.Shaw

A handwritten signature in black ink, appearing to read "Major W. Shaw".



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Retail Food
Notice of Violations

Follow-up

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 05/05/2025	Time 10:00 AM

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.		
Category	Code Reference	Description of Violations
WATER/SEWAGE	3105	40 - 3105 - A backflow prevention device is not installed on a threaded faucet where a hose is attached. [Corrected][Repeat]

Comments:

COPY OF REPORT EMAILED TO TWADB@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 Jesse Pylant	Phone # 318-728-4441	Sanitarian Signature 	R.E. # 1671
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 W. SHAW/ CHIEF OF SECURITY			



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Retail Food
Notice of Violations

Follow-up

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 06/05/2025	Time 10:15 AM

LAC TITLE 51 PART XXIII

Comments:

COPY OF REPORT EMAILED TO TWADB@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 Jason Pylant	Phone # 318-738-4441	Sanitarian Signature 	R.S. # 1671
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 W. SHAW/ CHIEF OF SECURITY		Signature of Recipient 	

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Ashland University

Date of Program Implementation: January 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.

[Signature] 1/25 1234 5/1/25
Monitoring Team Member or BJG Team Member/Leader

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: IC3

Date of Program Implementation: October 2024

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 CTRP Team Member/Leader

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: HiSET

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.

[Signature] by W. J. [Signature]
Monitoring Team Member or BJG Team Member/Leader

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Literacy

Date of Program Implementation: October 2024

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

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: NCCER

Date of Program Implementation: _____

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

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Celebrate Recovery

Date of Program Implementation: May 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.

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

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Victim Impact

Date of Program Implementation: January 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

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: A Moral Compass

Date of Program Implementation: October 2024

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

Self by DHS BJS 8/1/25
Monitoring Team Member or BJS Team Member/Leader

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: TDPUCU

Date of Program Implementation: October 2024

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

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Thinking for a Change

Date of Program Implementation: June 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.

Number of offenders accepted.

Number and type of services provided.

Offender's completion/termination from program.

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

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

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

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

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Understanding and Reducing Angry Feelings

Date of Program Implementation: June 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.

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

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: AA/NA

Date of Program Implementation: October 2024

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

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Introduction to Treatment

Date of Program Implementation: October 2024

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 BJC Team Member/Leader

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Relapse Prevention

Date of Program Implementation: October 2024

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

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Criminal and Addictive Thinking

Date of Program Implementation: October 2024

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

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Parenting

Date of Program Implementation: Restarted in October 2024

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 B/G Team Member/Leader

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Life's Healing Choices

Date of Program Implementation: October 2024

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 BJS Team Member/Leader

1/21/25
Date

CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Richland Parish Detention Center

Date: 1/21/25

Name of Program: Pre-Release

Date of Program Implementation: October 2024

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 BJC Team Member/Leader

1/21/25
Date

Sexual Assault BJJ Pre Audit Questionnaire

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

Facility Information

Name of Facility: Richland Parish D.C.

Physical Address: 474 Hwy 15

City Bayville

State LA

Zip: 71269

Warden: Warden Alan Cupp + Warden Tyler Wade

Current Population of Facility: 715

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: 102

Number of contracts with contractors who may have contact with inmates: 19

Number of volunteers who have contact with inmates: 8

In housing units, does the facility maintain sight and sound separation between youthful (18 and under) inmates and adult inmates? We don't house youthful inmates

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, Jeff White

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.