

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
STATE OF LOUISIANA

JEFF M. LANDRY
GOVERNOR



GARY E. WESTCOTT
SECRETARY

EO

December 18, 2024

MEMORANDUM

TO: The Honorable Jason Parker
Sheriff of Webster Parish

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

RE: "Basic Jail Guidelines" Monitoring Report

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) Annual inspection conducted at Webster Parish Jail on November 14, 2024. The facility continues to provide a secure, safe, and stable environment for DOC inmates in their custody.

DPS&C will continue with annual monitoring visits. Thank you, for your support of the BJG process.

GEW/mk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Scotty Tucker, Warden, Webster Parish Jail (Women)
Seth Smith, Chief of Operations
Michele Dauzat, Warden, DWCC
Tyrone Mays, BJG Team Leader



BASIC JAIL GUIDELINES MONITORING REPORT

Annual

Ver. 11/28/2023 mwk

Facility Name: Webster Parish Jail (Women)
BJG Team Leader & Monitors: Asst. Warden Tyrone Mays, BJG Team Leader (NE Region)
Master Sergeant Myeisha McDonald, Team Member
Facility Warden & Email Address: Warden Scotty Tucker
Facility Staff: Asst. Warden Katie Douglas
BJG Inspection Date: 14 November 2024
Previous BJG Inspection Date:
Operational Capacity: 61
Count on the Day of Visit: 48

List Concerns or Issues from the previous BJG Monitoring Inspection: None

Count on the Day of Visit

	# MALE	# FEMALE	TOTAL
Number of DOC Inmates	0	16	16
Number of Local Inmates	0	31	31
Number of Out of State Inmates	0	0	0
Number of Federal Inmates	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	0	47	47

Number of DOC Inmates that are:

Single Bunked	1
Double Bunked	15
Triple Bunked	0
Total	16

Number of DOC Inmates that are in Restricted Housing:

Single Bunked	0
Double Bunked	0
Triple Bunked	0
Total	0

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

Month/Year	Inmate/Inmate	Inmate/Inmate w/ Significate Injury	Inmate/Staff	Inmate/Staff w/ Significate Injury
December 2023	1	0	0	0
January 2024	0	0	0	0
February 2024	1	0	0	0
March 2024	1	0	0	0
April 2024	0	0	0	0
May 2024	0	0	0	0
June 2024	3	0	0	0
July 2024	2	0	0	0
August 2024	0	0	0	0
September 2024	1	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
December 2023	0	0	0	0	2
January 2024	0	0	0	0	8
February 2024	0	0	0	0	4
March 2024	0	0	0	0	4
April 2024	0	0	0	0	4
May 2024	0	0	0	0	3
June 2024	0	0	0	0	2
July 2024	0	0	0	0	5
August 2024	0	0	0	0	3
September 2024	0	0	0	0	5

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY**Living Area**

- **Dorms** – There are no dormitories at this facility.
- **Cell Block** – The cells were clean and odor free. All of the inmates' personal property was neatly stored and the cells were clutter free.

Culinary/Dining: The culinary/dining area was clean. Culinary tools were appropriately inventoried with check-out systems in place. Temperature logs of the coolers and freezers were in place.

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

Yard Areas: The yard area is well kept and free of debris.

Maintenance: All maintenance discrepancies are corrected by the Police Jurors upon request.

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

- I-A-001 Safety/Sanitation/Inspections (MANDATORY):** Compliant – Kitchen inspections are on file as well as water temperature logs. Monthly inspections are conducted at the facility. The last DHH inspection was on 6/14/2024. The last FM inspection was on 2/29/2024.

- I-C-001 Emergency Plan (MANDATORY):** Compliant – The facility has submitted an emergency plan an awaiting approval. Documentation reflects that all staff has been trained on emergency procedures.
- I-C-003 Fire Safety/Code Conformance (MANDATORY):** Compliant – Last FM inspection was on 2/29/2024 with no deficiencies noted.
- II-A-006 Staff Log (MANDATORY):** Compliant – Documentation in logs by staff shows pertinent information on daily events, security rounds, and all other important activity throughout shifts tour of duty.
- II-A-007 Counts (MANDATORY):**
- How many formal counts are conducted each shift? Day Shift – 3, Night Shift – 3
 - How many counts are conducted each day? 6 Counts per day
 - Stickouts counts
 - How does the facility accomplish this? Staff conduct visual head count in the area the inmates are assigned.
 - Does this process ensure accountability and safe/secure operation of the facility?
Yes
- II-A-008 Inmate Population Management System:** Compliant – If an inmate is transferred to another facility, all records are transferred with the inmate.
- II-A-010 Admissions:** Compliant – Inmate personal property is inventoried and stored along with a signed inmate receipt. Current policies and procedures are in place.
- II-A-012 Classification System:** Compliant
Does this facility have any trustees that work outside the secure perimeter? (Yes or No)
If yes,
- What is their classification process to determine who is eligible for trustee status?
Inmates being screened for trustee status must meet the same criteria as utilized by DPS&C.
 - Does their classification process meet DPS&C, Corrections Services' criteria? Yes
- II-A-016 Photo Identification (MANDATORY):** Compliant – Inmate receives a photo ID upon intake process at the facility.
- II-A-018 Inmate Drug Testing (MANDATORY):** (List monthly since the previous BJC monitoring visit.)
- | Month/Year | # DOC Tested | Total DOC Pop | % Tested | # Positive |
|----------------|--------------|---------------|----------|------------|
| December 2023 | 4 | 20 | 20% | 0 |
| January 2024 | 6 | 20 | 30% | 0 |
| February 2024 | 5 | 24 | 21% | 0 |
| March 2024 | 4 | 21 | 19% | 0 |
| April 2024 | 10 | 20 | 50% | 0 |
| May 2024 | 8 | 19 | 42% | 0 |
| June 2024 | 19 | 19 | 42% | 0 |
| July 2024 | 14 | 19 | 74% | 0 |
| August 2024 | 6 | 19 | 32% | 0 |
| September 2024 | 4 | 27 | 15% | 0 |
- II-A-019 Inmate Transfers:** Compliant – Policy and procedure in place and logs are maintained reflect inmate transfers.

II-A-020	Cell Checks (MANDATORY): Compliant – Documentation on file reflects that cell checks are within the guidelines. Policy and procedures are in file.
II-B-002-1	Use of Restraints for Pregnant Inmates: Compliant – Policy and procedure are in place for the use of restraints on pregnant inmates. Facility transfers all DOC pregnant inmates to DOC facility.
II-C-001	Procedures for Searches: Compliant – Policy and procedure in place. Documentation on file for review to reflect shakedowns throughout different areas of the facility.
II-D-001	Key, Tool, and Utensil Control (MANDATORY): Compliant – A review of keys, tools, and utensils were found to have accurate accountability in place with inventories and check-out systems.
III-A-001	Rules and Discipline (MANDATORY): Compliant • Does the facility's inmate orientation include the application process for applying for restoration of good time? Yes • What is their restoration of good time application process for the inmate population? Inmate requests through classification, classification will review inmate requests to make sure all information is accurate and then forward to the Warden for his/her review. If all information is accurate it is forwarded to DOC for processing. • Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes
IV-A-003	Food/Dietary Allowances (MANDATORY): Compliant – Facility has cycle menus reviewed annually and approved by Registered Dietician Natalie Miller Lic# DT86620 Exp. 9/05/2026.
IV-A-006	Food Services Management (MANDATORY): Compliant – Policy and procedure in place. Ample time is permitted for meal consumption and the timeframe between meals is compliant with guidelines. Inmates receive two hot meals per day and one cold.
IV-B-001	Plumbing Fixtures – Toilets & Washbasins (MANDATORY): Compliant – All inmates have access to toilets and washbasins with temperature controlled hot/cold water at all times.
IV-B-002	Plumbing Fixtures – Showers (MANDATORY): Compliant – All inmates are able to shower every day. Water temperature logs indicate full compliance with water temperature requirements.
IV-B-005	Personal Hygiene (MANDATORY): Compliant – Documentation reflects indigent inmates personal hygiene items as needed.
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 inmates are seen regardless of their ability to pay facility co-pay. Inmates are advised on how to obtain medical services.
IV-C-003	Provision of Treatment (MANDATORY): Compliant – On site health care available Doctor Fredrick Heard Lic# MD.326266 Exp. 8/31/2025 serves as their Health care authority.

- IV-C-005 24 Hour Care (MANDATORY):** Compliant –Medical personnel on call 24 hours a day. If an emergency occurs inmates are transported to Ochsner–Health Shreveport and if life threatening matter they are transported to Minden Medical Center and stabilized prior to transport to Ochsner – Health Shreveport.
- IV-C-006-1 Pregnancy Management (MANDATORY):** Compliant – Policy and procedures are in place for pregnancy management.
- IV-C-008 Annual TB Testing:** Compliant – TB testing is conducted on all inmates at no cost to the inmates.
- IV-C-009 Chronic Care Program (MANDATORY):** Compliant – Health records show that inmates with chronic issues receive continued care. Policy in place for chronic care. All other inmates 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 inmates Monday through Friday. Inmates have access to 24-hour emergency care by the on call nurse.
- IV-C-013 Infirmary Care:** Compliant – Facility does not have an in house infirmary. All inmates requiring these services to be transferred to a DOC facility.
- IV-C-013-1 Medical Releases** (Medical Parole, Medical Treatment Furlough, and/or Compassionate Release): Compliant - Policies and procedures are in place related to medical releases according to DPS&C guidelines.
- IV-C-014 Suicide Prevention and Intervention (MANDATORY):** Compliant – Policy and procedure in place and approved by the facility physician. Documentation is on file to support staff training on prevention and intervention.
- IV-C-015 Inmate Deaths (MANDATORY):** Compliant – There have been no deaths reported as of this date.
- IV-C-016 Notification:** Compliant – Policy and procedures are in place related to notification of family and visitation with an inmate admitted to ICU or trauma center according to DPS&C guidelines.
- IV-D-001 Healthcare Quarterly Meetings (MANDATORY):** Compliant – Quarterly meetings are conducted and documentation on file.
- IV-D-004 Confidentiality of Health Information/Individual Health Record:** Compliant – Completed documentation of completed consent forms are in place in file.
- IV-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY):** compliant – Procedures and policies are in place. Documentation of training of staff of Narcan is on file.
- IV-D-007 Internal Review/Quality Assurance (MANDATORY):** Compliant – Facility has a policy in Place that has been approved by HCA, signed copy in file.
- IV-E-001 Alleged and Substantiated Sexual Assaults:** Compliant – Policy and procedure are in place.

- V-A-004 Religious Programs:** Compliant – Inmates are provided opportunities for religious programming.
- V-A-005 Exercise & Recreation Access (MANDATORY):** Compliant – Inmates are allowed recreation daily with weather permitting.
- V-B-001 Programs and Services:**
- List all Certified Treatment Programs (Attach Form IS-B-8-b)
No Programs
 - List all other Inmate Programs
Religious Services
- V-B-002 Educational Programming:**
- GED Program**
- | | |
|---------------------------|----------|
| Number of GED Slots | <u>0</u> |
| Number of Participants | <u>0</u> |
| YTD Number of Completions | <u>0</u> |
- V-B-003 Substance Abuse Programs:** Compliant – Facility has policy and procedure in place. Facility does not offer this program at this time.
- V-C-001 Releasing Inmates:** Complaint – Facility returns inmate's personal property with obtaining a signed receipt. Medical department ensures inmates receive medication that required upon release. Inmates releasing from the facility receive information on community service.
- V-C-002 Regional Reentry Programs** (Are inmates released with two valid forms of identification?): Yes
Inmates are released with two forms of identification.
- V-C-004 Parole Board Procedures:** Compliant – Documentation on file reflects Warden or designees are present during parole board hearings.
- VI-B-002 Grievance Process (MANDATORY):**
- Does the grievance process include at least two levels of review? Yes
 - Who is the designee at each level of review? 1st Level Asst. Warden, 2nd Level Warden
 - What is the specified time period for response at each level? 1st Level 30 days, 2nd Level 15 days
- VII-A-002 Weapons Training:** Compliant – Documentation of completed training on file.
- VII-B-010 Monthly Reporting:** Compliant – Monthly reports are submitted on time each month.
- VII-B-012 Proposed Expansions:** Compliant – The proposed plan is to relocate to a new facility that will hold an operational capacity of 65. Copy of the letter still in file from the previous inspection.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS

I spoke with staff members and found that they were professional and dedicated to their jobs. This is a small facility, staff members assist each other with daily scheduled assignments so that the facility runs without any problems. No employees expressed any concerns. Based upon my observation morale seems to be high. The employees voiced that they are eager to transition to the new facility once it's up and ready for operation.

INMATE COMMENTS/MORALE/QUALITY OF LIFE

I spoke with several inmates. They were polite and well-mannered. Inmate/staff interactions observed were mutually polite and respectful. I spoke with several inmates during the walk through inspection. There were no complaints about the food that was served. Inmates stated that they are ready to relocate to the new facility once it's available.

RECOMMENDATION:

Warden Tucker and staff are committed to maintaining compliance with BJJ guidelines and providing a safe, secure, and stable environment for the inmates in their custody. Warden Tucker and staff are very eager to relocate the inmates to the new facility once upon completion. It is recommended that Webster Parish Jail remain on annual monitoring.



Jeff Landry
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-23-020065-2

No Deficient/Cautionary Codes cited.



Chief Bryan J. Adams
FIRE MARSHAL

Location Information			
Inspection Type	Compliance Building Inspection		Inspection Date 2/29/2024 4:33:55 PM
Structure ID	18856	No. of Buildings	1
Capacity	61	Year Built	1952
Building/Trade Name		Construction Type	
WEBSTER PARISH JAIL / COURTHOUSE		Type IIB / (000)	
Address		410 MAIN STREET, MINDEN, LA 71055	
Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Private Project	WEBSTER PARISH POLICE JURY	(318) 371-9199	HHAYNES@WEBSTERSHERIFF.ORG
Address			
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 3		
Comments			
All previously cited deficiencies have been cleared. Acceptable for state licensing, certification, occupancy and use. Last Fire Drill: 01/31/24 Current Dorm Count: Dorm WC - 5 inmates Dorm New Part - 9 inmates Lock Down - 18 inmates Dorm 3 - 3 inmates Dorm 4/1 - 3 inmates Dorm 4/2 - 2 inmates Dorm 4/3 - 1 inmates Dorm 4/4 - 1 inmate Dorm Bulpen - 10 inmates Current Capacity: 52 females Max Capacity - 61			
Inspector Information			
Name: Brandon Lamkin	Badge Number: 726	Inspector Signature: <i>Brandon Lamkin</i>	
Person to whom requirements were explained			
Name: Tammy Hall	Title: Deputy	Signature: <i>Tammy Hall</i>	

For questions regarding the contents of this report, please call: (225) 587 5858

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.



Jeff Landry
GOVERNOR

Office of State Fire Marshal

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(225) 925-4911 (800) 256-5452 Fax (225) 925-4241

Inspection Report

Report # CB-23-020065-2

No Deficient/Cautionary Codes cited.

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



Chief Bryan J. Adams
FIRE MARSHAL

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

RULES FOR APPEALING TO THE FIRE MARSHAL BOARD OF REVIEW

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



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Detention or Incarceration
Notice of Violations

Routine/Renewal

Permit Number 60-03-224	Permit Name Webster Parish Jail-224	
Name of Establishment Webster Parish Jail-224	Owner Name WEBSTER PARISH SHERIFF'S DEPT	
Address 410 Main ST Minden, LA 71055	Date 05/14/2024	Time 10:45 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
Building Requirements	101	3 - The walls are in disrepair. PEELING PAINT AND RUST. [Repeat]
Building Requirements	101	4 - The walls are not smooth and easily cleanable. PEELING PAINT. [Repeat]
Mattresses and Pillows	103	49 - The mattresses are cracked and in poor condition. IN ALL OF THE CELLS.

Comments:

"NOT ABLE TO OBTAIN PIC SIGNATURE DUE TO TABLET MALFUNCTION".
EMAIL TO LT KAYLA WILSON- EMAIL IN FILE

Number Licensed For	Number in Attendance 30	License Anniversary 06/30/2021	
Sanitarian Name/Print Vera Brown	Phone # 318-371-3044	Sanitarian Signature <i>Vera Brown</i>	R.S. # 1589

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
SAVANNAH HERRING, PIC



SHERIFF

WEBSTER PARISH

Jason Parker

P.O. Box 877

Minden, Louisiana 71058

(318) 377-1515

NOVEMBER 14,2024

REGARDING VIOLATIONS FROM RECENT HEALTH DEPT. INSPECTION

NOTICE OF VIOLATIONS:

#3-WALLS ARE IN DISREPAIR

#4-WALLS ARE NOT SMOOTH AND EASILY CLEANABLE

#49-MATTRESSES ARE CRACKED AND IN POOR CONTITION

THESE VIOLATIONS WILL BE ADDRESSED/CORRECTED BY THE END OF
THE YEAR.

STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No. N/A	Anniversary Month JUNE				
Name of Establishment WEBSTER PARISH JAIL-224	Mailing Address				
Address 410 MAIN ST					
City, state, Zip Code MINDEN LA 71055					
Type of Facility JAILS 30					
Parish Webster	Date Inspected 06/14/2024				
The above establishment has been inspected by a representative of this section, and: ☒ License is Recommended; ☐ License is Not Recommended; ☐ License is Pending Reinspection; from the standpoint of sanitation. VERA BROWN <table border="1"><tr><td>1</td><td>9</td><td>8</td><td>9</td></tr></table>		1	9	8	9
1	9	8	9		
LHS 48 (R 7/59)					
D 1014					



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Retail Food
Notice of Violations

Routine/Renewal

Permit Number 60-0001220-1	Permit Name WEBSTER PARISH JAIL SITE	
Name of Establishment WEBSTER PARISH JAIL	Owner Name WEBSTER PARISH SHERIFF'S DEPT	
Address 410 MAIN ST MINDEN, LA 71055	Date 09/13/2024	Time 10:30 AM

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
TOILETS/HAND WASH FACILITIES	3109	94 - 3109.5 - Soap and/or paper towels are not provided for use at the hand wash lavatory.PAPER TOWELS.
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3117	102 - 31101 - Plumbing is not maintained.LEAKING HAND SINK.
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.5 - Floors are not clean.
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.3 - Walls/ceilings or attached equipment are not clean.CEILING AND WALLS.

Comments:

"NOT ABLE TO OBTAIN PIC SIGNATURE DUE TO TABLET MALFUNCTION."
EMAIL REPORT TO RMILLER@WEBSTERSHERIFF.ORG
FSC#62914 MORGAN B LILLY 7/26/24-3/7/25

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: Vera Brown	Phone #: 318-371-3044	Sanitarian Signature 	R.S. # 1989
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 KIMBERLY DIXON, DEPUTY			



SHERIFF

WEBSTER PARISH

Jason Parker

P.O. Box 877

Minden, Louisiana 71058

(318) 377-1515

NOVEMBER 14,2024

REGARDING VIOLATIONS FROM RECENT HEALTH DEPT. INSPECTION

NOTICE OF VIOLATIONS:

3109-SOAP AND OR PAPER TOWELS ARE NOT PROVIDED

3117-PLUMBING IS NOT MAINTAINED

3701-FLOORS ARE NOT CLEAN

3703-WALL/CEILINGS ARE NOT CLEAN

THESE VIOLATIONS WILL BE ADDRESSED/CORRECTED BY THE END OF
THE YEAR.

Sexual Assault BJJ Pre Audit Questionnaire

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

Facility Information	
Name of Facility:	Webster Parish Jail
Physical Address:	410 Main St
City:	Minden
State:	La
Zip:	71055
Warden:	Scott Tucker
Current Population of Facility:	
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: 8	
Number of contracts with contractors who may have contact with inmates:	
Number of volunteers who have contact with inmates: 11	
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?	
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. LSU • 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.	