UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

LASHAWN JONES, ET AL, Plaintiffs; and UNITED STATES OF AMERICA, Plaintiffs in Intervention v. MARLIN N. GUSMAN, ET AL, Defendants	Civil Action No. 2:12-cv-00859 Section I, Division 1 Judge Lance M. Africk Magistrate Judge Michael North
MARLIN N. GUSMAN, Third-Party Plaintiff v. THE CITY OF NEW ORLEANS, Third-Party Defendant	

INITIAL REMEDIAL ACTION PLAN

NOW INTO COURT comes Orleans Parish Jail's Independent Compliance Director Gary D. Maynard, and Sheriff Marlin N. Gusman, who respectfully submit the following Supplemental Compliance Action Plan in accordance with the provisions of the Stipulated Order for Appointment of Independent Jail Compliance Director (R. Doc. 1082).

Introduction

On December 15, 2016, a draft of the initial remedial action plan was submitted to the Court in accordance with the Stipulated Order for Appointment of Independent Jail Compliance Director. After further review from the Parties and additional research performed by the Compliance Director, this submission represents a completed version of the initial remedial action plan that will bring Orleans Parish OPSO into compliance with the Consent Judgement by October 1, 2017. This initial remedial action plan contains strategies and frameworks to achieve sustainable compliance with all Consent Judgment requirements. Pursuant to the Stipulated Order, this plan will be updated every 60 days to incorporate any substantive changes that the Compliance Director determines are appropriate. The following items respond to the various components outlined in the Stipulated Order.

A.) Strategies to decrease the number of inmate-on-inmate and inmate-on-staff assaults

Intensive Data Analysis and Corrective Actions: A full listing of all assaults that have taken place in the jail in the last 18 months will be generated with data points that identify the time of day, day of week, location in the jail, the demographic information for the assailant(a) and victim(s), whether the assailant (or deputy/staff member) has been involved in incidents before, the deputy or staff member involved in the incident (if applicable),the floor supervisor on duty when the incident occurred, shift supervisor on duty, the nature of the assault, and any item that may have been used as a weapon during the assault. The Compliance Director has had extensive experience in reducing serious inmate-on-inmate assaults and serious inmate-on-staff assaults. On a previous assignment, in a state whose prison and jail was considered to be one of the more violent in the country, using this data analysis and corrective action technique, he was able to reduce serious inmate-on inmate assaults by 46% and serious inmate on staff assaults by over 50% in a period of 3 years. We are currently analyzing this data and making staff and operational adjustments, and a full analysis of this data will be performed prior to March 1, 2017. For example in the 4th quarter of 2016, the number of inmate on inmate assaults at OPSO has decreased by 24% compared to the number of assaults in the 3rd quarter of 2016. The full analysis will be used to determine patterns of behavior or frequency of incidents and what factors they may be based on. After March 1, 2017, staff resources will then be redeployed to address any areas of concern that are identified by this analysis and ensure proper training for deputies, staff members, and supervisory staff involved in all incidents.

Review and Strengthening of the Classification System: While staffing shortages at OJC result in a high incidence of assaults and violent behavior, continued incidents of violence in the jail may also be a product of errors in the application of the inmate risk level instrument. Lieutenant Michael Holliday will continue to work with Dr. Patricia Hardyman in the continuous review of the Classification system used by the intake and processing staff and make adjustments as needed to determine the proper factors for considering the appropriate risk level of inmates are being considered. Lt. Holliday will also continue to review the information from the security level separation audits on a weekly basis. With proper classification being applied on the front end, inmates who at higher risk to be involved in assaults can be better supervised so that incidents of violence and be better prevented.

Coordinate with Outside Stakeholders to Process High Risk Cases Faster: Although the Compliance Director has had preliminary meetings with stakeholders, he will continue to meet with the District Attorney, Public Defender, and the Judges of the Criminal District Court & Municipal & Traffic Court to identify those inmates who have been involved in multiple incidents of assault on other inmates. This is to determine if such cases in all categories can be expeditiously adjudicated through the Orleans Parish Court system. A Jail Population Facilitator (which is discussed later in this plan) will also be hired in the coming months that will report regularly to the Compliance Director on the status of such high risk cases.

Coordinate with Parole and Probation to Expedite Revocations: Similarly with high risk cases, those who violate parole or probation conditions being held in the Jail awaiting their revocation hearings should be expedited. The Compliance Director and Jail Population Facilitator will work continuously with the Parole and Probation Office to ensure that

revocations are being processed as expeditiously as possible. Current population figures of the jail show that this represents between 40-60 inmates at any given time that are only awaiting revocation hearings and not awaiting other charges in Orleans Parish.

B.) Strategies to accomplish sustainable hiring measures, including emergency measures if necessary

Hiring of an HR Professional to Manage Recruitment: The Director of Human Resources (HR) position, which had been vacant, has now been filled as of January 3, 2017. The position requires at least 6 years of experience in HR management, a bachelor's degree in Human Resources or related field, and an active membership in the Society for Human Resource Management (SHRM). The HR Director will be under the supervision of the Compliance Director and the Sheriff, and the person's main focus will be to plan, direct, and manage the jail personnel program and hiring strategy for the jail, while also handling agency wide administrative functions. The HR Director will be responsible for development and implementation of recruiting and retention strategies and programs and will work with the current public relations firm that is under contract to promote recruitment, develop branding strategies, and improve the image of the agency. The HR Director will also be responsible for updating policies, procedures, and rules; as well as initiate corrective advice and/or disciplinary measures when required. The HR Director will meet with other HR Directors in other Sheriffs' offices to become acclimated to the HR Systems used by those jurisdictions, leverage completed job descriptions, and research successful recruitment strategies. OPSO also has only one recruiter on its administrative staff, and the goal will be to add one additional recruiter by April 1, 2017.

New Orleans Business Council Support: The New Orleans Business Council has agreed to assist the Compliance Director with developing recruitment strategies that will be effective in the Greater New Orleans area. They have been helpful to this point, of acquainting the Director with resources and organizations in the City that have led to the utilization of the New Orleans Police Department rosters of applicants for OJC recruitment of deputies and civilians, as well as making available recruiting and personnel strategies that have been effective in their industries in the Greater New Orleans area..

Recruitment from Civil Service Registry of NOPD Applicants: The New Orleans Police Department (NOPD) has a registry of hundreds of applicants that have, at some point in the process, indicated interest in being NOPD Recruits. The New Orleans Civil Service staff has agreed to provide this list to the Compliance Director so that OPSO can reach out to those applicants and determine if any would be interested in becoming deputies or civilian staff that can work in the Jail. The HR Director and Compliance Director will work with the City to reach to the appropriate applicants and maximize the available register by February 1, 2017.

Improved Use of Media Communication for Recruitment: Previously when job fairs were organized by OPSO, there would be between 5-7 applicants who respond with interest. Recently, a new strategy of using free television and radio public service announcements, combined with a greater online presence, has resulted in more than 50 applicants from the most recent job fair that was held. OPSO will continue to use this increased media profile throughout 2017 to generate greater interest in filling deputy and civilian staff posts. In addition, the content and navigability

of the OPSO website (www.opso.us) will be reviewed and by April 1, 2017, the website will have web-based forms that can be filled out online to apply to become a deputy, rather than the print out version that is currently being used. Finally, OPSO is currently under contract with public relations firms whose scope of services will be re-tasked to become exclusively used for promoting recruitment for the Jail. The new HR Director has been briefed on this strategy and will begin work on this in the coming weeks.

Updated Pay Plans and Career Progression: Currently, hourly pay rates can vary across individuals who share the same duties, tenure, and job title. Any proposed change to the pay plan will impact not only new recruits to OPSO, but also current staff. Creating clear expectations for job duties and career progression opportunities is essential to fostering a professional working environment. Under the leadership of the HR Director, and in coordination with the Financial Liaison from the City on jail budget matters, the pay plans for all staff will be updated by April 2017.

C.) Maintaining a positive, professionalized culture among all Jail staff

Change of the Mission Statement: The official mission for those working at the jail has been changed to: *protect the public, protect the employees, and protect the inmates.* The key component for the creation and maintenance of a positive, professional culture among all jail staff is for all employees to fully understand what the mission is and how their role in the organization helps to fulfill that mission. The employees and deputies that work in the Jail must know that their safety is important, and rests in the middle of the mission statement. When the deputies feel safe, they are in a position to provide more professional care and custody of the inmate population. This mission statement will become socialized throughout the jail staff beginning January 2017, and will become the cornerstone of all training efforts for new staff that are recruited for the Jail.

Development of a new Vision Statement: Another main component of establishing a positive culture is for those on the front lines to know what their leaders' vision is for the future of the organization. While obtaining compliance with the Consent Judgment is paramount, the vision for where the OPSO can and should be in the coming years needs to be focused on more than simple compliance. The Vision Statement of an organization is the sole responsibility of the leader. It is not a statement that is staffed and must be agreed upon by the employees. It is the Vision of the Director, in this case and must be formulated over time considering the history, current status of the Jail, and what is determined to be possible by the Compliance Director. By February 2017, the Compliance Director will have developed a new Vision Statement that will also be socialized across the agency that will describe what high level of functioning is possible for the organization.

Recruiting Goals Directed Above the Level of Minimally Required Positions: While there will be many working for OPSO who will respond positively to the changes in culture that will be introduced to the Jail, it should also be expected that there may be those who will not be able to perform to the heightened professional standard that will be required of them. For this reason, our recruitment goals will not be limited to simply filling vacant positions, but to hire above that minimally required staff level, with the expectation that those who underperform will be

terminated if they are not cooperative or effective, and replacement of staff will be needed. One of the strategies that the HR Director will be responsible for developing by May 1, 2017, will be to develop a performance assessment policy and implementation plan.

Emphasis on Community College Enrollment and Completion: A key strategy of improving professionalism is increasing the educational attainment among the staff. The Compliance Director has experience partnering with local community colleges and universities to encourage staff to obtain their associates, bachelors, or masters degree in criminal justice. In addition to the pay plan adjustment proposed above, tuition reimbursement programs and a pay incentive program similar to what NOPD currently uses will also be explored. The Compliance Director will make initial contact with the various educational entities by January 15, 2017, with the HR Director following up to establish formal arrangement with those willing to participate.

D.) Ensure adequate and effective staff presence and deployment throughout the jail, including systems of oversight for overtime, leave, off-duty details and reserve deputies

Fill Vacant Chief of Corrections Position: Currently, the Chief of Corrections position is vacant and that role has been temporarily handled by Colonel Scott Colvin. However, that position will be filled before the middle of February 2017. Once that position has been filled, Col. Colvin will have the ability to develop improving training procedures for supervisors as it relates to effective staff deployment throughout the Jail. The Compliance Director has met with the newly selected HR Director to emphasize that hiring a Chief of Corrections is the top priority and has established the goal for HR Director to have a candidate selected by February 1, 2017. OPSO currently has multiple different shift schedules for various Jail operations, and the incoming Chief of Corrections will research best practices to determine if changes to shift schedules are needed by March 1, 2017.

Recruit to Staffing Levels Consistent with Best Practices: Staff levels that follow the guidelines for determining shift relief factors as published by the National Institute of Corrections (NIC) in *Staffing Analysis – Workbook for Jail (2nd Edition)* will be included in the revised 2017 Jail Budget. Proper staffing will alleviate the need for excessive overtime hours, which in addition to the financial cost, is an intangible cost of worker morale for continuously have to work overtime each week. The appendix of this document outlines, for the first time, the full time staff profiles for the various components of OPSO jail operations. This information has been developed using NIC calculations and will be used to manage recruitment, staffing, and training needs going forward. These analyses will be used for the purposes of determining staffing for direct supervision facilities as well as all other facilities and operations that may be applicable, including courts, transportation, etc. The staff numbers in the appendix are a preliminary projection of staff requirement pending Rod Miller's analysis, who is the OPSO's jail staffing consultant. This analysis began in September 2016 and Compliance Director has be awaiting a report from the consultant to make comparisons and determine final staffing figures.

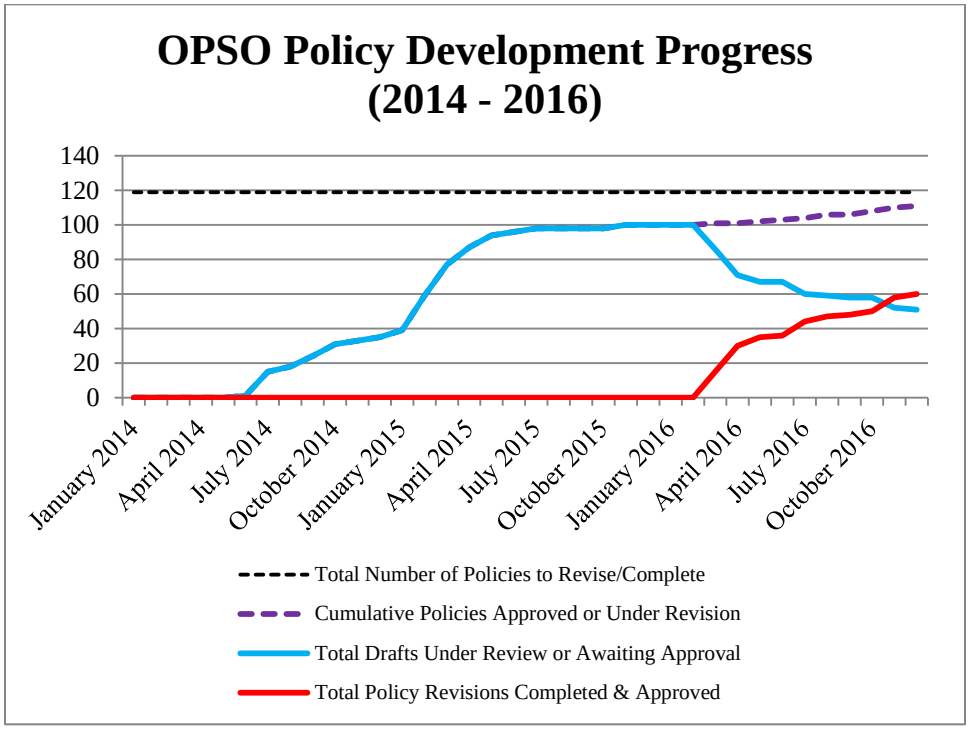
Systematic Review of Overtime Hours: By April 2017, the HR Manager of the OPSO will complete a full review of all overtime hours incurred in 2016 and make recommendations to the Compliance Director on how overtime hours can be reduced overall and to ensure that annual

and sick leave are being used properly and that employees are not engaging in any "swap" activities where employees collude to call in sick so that their co-worker can earn overtime time. The Early Intervention System will be utilized to track, by individual deputy, the excessive use and abuse of overtime hours.

Revision of Policy for Off Duty Details and Reserve Deputies: Previously, the policy was that a reserve deputy who works an 8 hour shift during a month in the Jail made a reserve deputy eligible for up to 4, 8 hour shifts during the same month. This was effectively a 1 to 4 ratio, and a time when manpower is short, this policy is no longer acceptable. Effective November 2016, the policy for reserve deputies who wish to continue working off-duty details must work an equal number of volunteer hours in the OJC facility to the number off-duty detail hours that are worked. Failure to adhere to this policy will result in reserve deputies losing eligibility in the off-duty detail program. In addition to this policy change, a full review of the OPSO detail policy will be conducted to determine if changes need to be made to improve the fairness of the system.

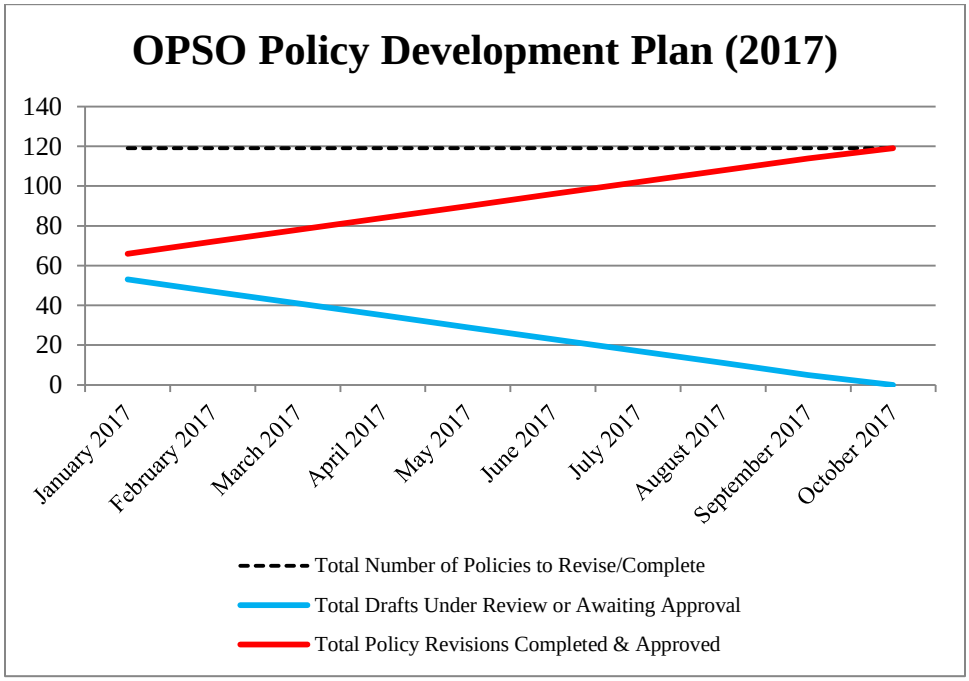
E.) Timely completion of critical policies and procedures

Originally, there were 119 policies that were identified for revision or development at OPSO in order to comply with the Consent Judgment. The work to complete revisions of these policies will be led by Captain Bryan Peters, the primary point of contact for managing Policy & Compliance documentation at OPSO. The graph below demonstrates the rate of past progress for the completion or revision of policies and procedures at OPSO since 2014:



As of December 2016, there have been 60 critical policies revised and approved, while 51 critical policies revisions are still in draft form either pending review or approval. There are 8 critical policies that have not begun the revision process. Over the next 3 months, all 8 of these

remaining policies will begin the revision process. Over the next 9 months, OPSO staff and contracted support staff will complete the revision process for all remaining critical policies based on the projected plan below:



All critical policies identified for the Consent Judgment will be developed, revised, and fully completed by October 1, 2017. The number of days to complete or revise a policy once its development has been authorized by the Compliance Director will be no more than 60 days so that all policies can be developed and approved according to schedule above.

In addition to these critical policies, OPSO has also identified an additional 45 non-critical policies that have also been identified for revision. Of these, 4 have been completed, 26 are currently under revision, and 15 have not begun the revision process. Over the next 3 months, all 15 of these remaining policies will begin the revision process. Over the next 9 months, OPSO staff and contracted support staff will complete the revision process for all remaining policies that have been identified.

F.) Ensure staff receive adequate training on policies

Training Curriculum Development: Capt. Peters will review each policy or procedure that is approved. Capt. Peters will work with Col. Colvin and Lt. Navarro to determine whether the training required would take place in a classroom, during roll call, or if it can be part of required annual online training. Training curriculum will developed by Lt. Navarro as policies are being developed so that when policies are approved the training on those policies can be implemented. By March 2017, an official policy will be implemented that sets the process for creating new curriculum and will also achieve a 100% staff training rate in a timely fashion.

Achieving POST Certifications for All Eligible Deputies: Deputies that serve in the Jail for more than 1 year and receive Peace Officer Standards & Training (POST) certification are eligible to receive a $6,000 annual supplement to his/her salary funded by the State of Louisiana. There are 97 recruits who have been working in the jail for more than a year, but have yet to complete POST certification and do not receive state supplemental pay. In addition to training on policies and procedures of the Orleans Parish Jail, by July 2017, all deputies will receive POST certification so that all will become eligible to receive state supplemental pay upon completing 1 year of service at OPSO. Once all deputies are certified, the hiring, academy process, and POST certification will take place automatically in the proper time and sequence so that every deputy hired will be certified at the end of the first year and be eligible for the state supplemental pay.

G.) Ensure that direct supervision is consistently enforced throughout the jail, making certain that there are staff physically present on every tier in the jail;

Incremental Implementation of Direct Supervision Procedures: Currently, compliance with direct supervision model is not possible in all units due to inadequate number of trained staff at OJC. Training of staff on the appropriate methods of direct supervision must take place before deputies can be expected to adhere to direct supervision standards. Before the end of July 2017, all staff will be appropriately training on direct supervision procedures. As sufficient level of staff become adequately trained enough to fill a given tier of the facility, that direct supervision method will be applied for that tier, and inmates will be returned from out of parish. As more staff is trained in direct supervision, the remaining tiers will come online, and the remaining inmates will be returned, until the full force compliment of OPSO has been fully trained.

H.) Prevent undue reliance on cell confinement/lockdown throughout the jail for all populations;

Enforcement of ACA Standards: OPSO follows the American Correctional Association (ACA) defined standards on the number of hours per day that inmates are allowed to circulate outside of cell confinement. Given space requirements and the security risk level of the inmates, however, for medium-high and high security units allowing more than 30 inmates to circulate when there is capacity for 60 inmates poses a risk to staff. Given the behavior of inmates and the "keep-separate inmates" it may not be safe for all inmates of a given pod to circulate together. In units of lower security it is possible for all inmates of a pod to circulate together. Use of the exercise yards for additional circulation capacity has been a normal practice, however, inclement weather can prevent the use of the exercise yards, which can result in populations in some tiers who were originally scheduled for circulation not being released from confinement. The number of inmates out at any given time is contingent on the unit and the situation; however, ACA standards on confinement and recreation are being followed currently and will continued to be followed and enforced going forward. OPSO will review its policies and procedures by March 2017 to ensure all populations are circulated for equal amounts of time per ACA standards.

Appropriate Use of Lockdown Procedures: While lockdown procedures may be appropriate to manage incidents of violence or disturbances in the Jail, OPSO Jail Management will use lockdown procedures only when necessary, and will work to return to normal operations as soon as possible so that inmate morale is not negatively impacted or inmate/staff relationships are not

impaired by long or continuous periods of confinement. In addition, OPSO will not use lockdown procedures as a punitive measure of class punishment for entire tiers or the entire OJC facility.

I.) Strategies to return inmates housed outside of Orleans Parish in a timely fashion

Hiring of a Jail Population Facilitator: The MacArthur Foundation has awarded a Safety & Justice Challenge Grant for the City of New Orleans so that the OPSO can hire a Jail Facilitator to assist with the management of the jail population. The Jail Population Facilitator will be hired by the end of February 2017. The position will be responsible for reporting to the Compliance Director the status of all inmates under the custody of the Orleans Parish Sheriff's Office, whether they are housed inside or outside of Orleans Parish. Among other responsibilities, the Facilitator will ensure that inmates whose court dates are imminent are returned to Orleans Parish promptly to be adjudicated.

Activation of TDC Facilities: The Temporary Detention Center (TDC) facilities can be activated to house any overflow needs that may arise from insufficient space at OJC. Upon review of the jail population projections provided by JFA Institute, approximately 200 beds within the TDC facilities can be activated to house overflow of low and low-medium risk inmates as an alternative to housing them out-of-parish. City engineers have assessed the facility and agree that two of the four buildings can be brought online for this purpose, and are evaluating the schedule and cost of completing such a project. As the population continues to decrease over time, use of the TDC facilities will be incrementally discontinued; one building at a time, until all TDC facilities are closed. If population trends continue on their current direction, it will be possible to house all inmates under the custody of OPSO at facilities in Orleans Parish and eliminate the need for out-of-parish facilities.

Youthful Inmates Moved out of OJC: At any given time, there are between 10-20 youthful inmates that are being housed at OJC awaiting adjudication in the adult court system. These youth are placed into a single pod with capacity for sixty 60 inmates, resulting in a loss of capacity of between 40-50 beds. The long term plan for youthful inmates will be to move them all to the Youth Study Center (YSC) after its expansion is completed. However, in the interim, OPSO is coordinating with other jurisdictions in the immediate region to determine if they can be moved to juvenile facilities instead of having them remain at OJC. If they are moved to other parishes, it is imperative that an expert in youth housing, security and programs be retained by February 1, 2017 who will follow and monitor the youth, ensure proper classification and segregation within OJC, as well as maintain contact with them if they are housed in OJC or in other facilities while awaiting the completion of the Youth Study Center modifications. This expert will also coordinate with the Youth Study Center staff relative to determining which programs that are provided to youth at YSC can be provided at OJC. If sufficient space for the youthful inmates can be identified in out-of-parish juvenile facilities, it can free up the capacity that is being lost due to housing the youth at OJC, and allow for more inmates who are being housed out of parish to be returned to Orleans Parish.

Data Sharing and Adherence to Jail Population Reduction Strategies: OPSO will continue to actively participate in the Criminal Justice Council and its Jail Population Management

Subcommittee's efforts to reduce the overall population of the Jail, which will free up capacity at OJC and allow for out-of-parish inmates to return to Orleans Parish. The new Jail Management System (JMS) that will be procured by OPSO will also have the ability to track the daily populations and classifications of inmates. Data reporting from the JMS will be provided to the Criminal Justice Coordinating Council to assist in their effort.

J.) Ensure inmates placed on suicide precautions are adequately monitored, evaluated, and treated;

Oversight of Medical Contract: By the end of February 2017, OPSO will hire a professional staff member with specialized experience as a medical professional to serve as a full time performance and compliance monitor for the medical and mental health services provider. This individual will report to the Compliance Director and ensure that performance of the vendor can be adequately supervised and managed. Among the primary responsibilities of this individual will be to establish and enforce and audit process to ensure inmates are being provided adequate treatment to prevent suicides.

Implementation of a New JMS: OPSO is currently in the process of finalizing a contract for procurement of a new jail management system (JMS) that will replace the current system that was built on an antiquated AS/400 architecture. The current system is costly to maintain and extracting data from it is labor intensive. Migrating over to a new JMS will give the OPSO a much greater ability to manage the mental health and medical needs of the inmate population and determine proper deployment of staff resources to monitor, evaluate and treat inmates. The JMS will facilitate the medical contract monitor's ability to perform medical audits with the goal of ensuring inmates placed on suicide precautions are adequately monitored, evaluated, and treated. OPSO will retain a project coordinator familiar with jail and prison operations to supervise the installation and migration of historical data to the new JMS.

K.) Strategies to reduce incidents of suicide and self-harm

Engagement of Expertise: There are experts in the country who work specifically with suicide prevention and staff training relative to identifying potential inmates. The Compliance Director has had experience with such experts and has been personally involved in reducing the number of suicides in several jurisdictions. An expert will be retained no later than March 15, 2017 to evaluate the current procedures and practices, and will recommend possible policy changes and related training. Subsequent to the expert's assessment and report, policy will be developed, approved and trained to deal with this important issue.

Implementation of a New JMS: The new JMS will have the ability to track and follow up on grievances filed by inmates on a current basis. Data reporting from the JMS can be generated that will meet the criteria of the Consent Judgement and provide operational information that can be acted upon by Jail Management.

L.) Strategies to ensure that inmate grievances and incidents of harm to inmates and staff are thoroughly and fairly investigated in a timely manner

Grievance Coordinator: OPSO currently has in place a grievance coordinator that uses an electronic system of monitoring and tracking grievances that are filed by inmates. Data is reported out to management staff and the Court Monitors on a regular, sometime daily, basis and so that critical issues can be identified, thoroughly investigated, and oversight over the process can be enforced.

M.) Strategies to ensure that any staff use of force is appropriate and all uses of force are accurately recorded

Complete Training on Use of Force Policy: Over 95% of deputies and supervisors have completed training in the updated use of force policy and procedures. Deputies are required to report incidents to their supervisor, which are then reduced to writing to the Administrative Warden of the facility for review. The Warden then gathers all required documentation and submits it to the Force Investigative Team for Review. Training on this process will be completed for all remaining staff by the end of January 2017. For all new staff that will be recruited in 2017, the updated use of force policy will be part of their in-service curriculum for initial training.

Use of Force Investigative Team (FIT) Review & Review Board: As part of the updated policy on the use of force, OPSO has created a Review Board who meets on a monthly basis to review all incidents and recommend actions to be taken. The Chair of the Board is the Asst. Chief of Corrections (Col. Colvin). Additional voting members of the board are the Supervisor for Policy (Capt. Peters), the Administrative Warden (Major Carlos Louque), Director of Classification (Lt. Holliday), Director of Field Operations (Colonel Melvin Howard), and the Director of Training (Lt. Navarro). In attendance, but not voting members are the Director of Investigations, the ISB Commander, the IAD Supervisors and the Use of Force Supervisor. Meetings of the Board are recorded and submitted to the Court Monitors for review on a monthly basis. In addition, the incoming Chief of Corrections would also participate in Board proceedings. The Compliance Director will review the membership of the Board to determine if additional members may be needed.

N.) A plan to ensure the Early Intervention System is effective

Development of Additional Metrics for Measurement: Currently the Early Intervention System (EIS) only tracks a single metric, instances of use of force in a given time period. In comparison, the NOPD recently launched its Insight program to monitor officer performance that includes 18 different metrics for evaluation. By the end of May 2017, the OPSO will develop an expanded use of the EIS to include additional metrics to track deputy performance in the Jail beyond use of force instances, such as overtime use, detail hours worked, leave hours taken, etc. The Administrative Warden of the Jail will review EIS data on a daily basis and provide summary reports to the FIT Review Board, HR Director, and Compliance Director of any critical issues as necessary.

O.) Strategies for maintaining acceptable sanitation and environmental conditions

Increase the Number of Trained Sanitation Deputies: Due to the shortage in available security staff, the number of deputies assigned to Sanitation duties has been reduced substantially. With a renewed focus on recruitment for the Jail, the number of deputies will increase and more deputies will be trained to handle sanitation duties to maintain acceptable sanitation and environmental conditions in the Jail. Emphasis in the training program will be placed on using the correct chemical and or materials to maintain acceptable conditions and preserve the useful life of the facilities, as well as the importance of securing chemicals so that inmates do not have access to them.

Renovation of the Docks: The Docks represents a transfer and holding facility for inmates awaiting court appearances. Given the current deteriorated conditions of the Docks, it is neither safe nor does it allow for timely processing of inmates for their court appearances. A contract for design of the Docks Renovation is now moving forward. Once the construction is complete, the use of the Docks facility will be restored, with all life safety, security, and environmental problems resolved. Design services for this project have been procured by the City design and construction documents are expected to be delivered in the second quarter of 2017. The Compliance Director is scheduled to meet with the City Facilities Manager to review project requirements.

P.) Strategies for ensuring the disciplinary system is effective and affords inmates due process

Updated Policies and Procedures on Discipline Have Been Implemented: OPSO now has a full time Disciplinary Officer to handle all investigations and hearings involving inmate misconduct in the Jail. Hearings are held and disciplinary actions are resolved within 72 hours of incidents occurring. Inmate advocates or witness are available for the inmates to assist in preparing a defense if requested. Data on hearings and disciplinary actions is used to reclassify inmates as necessary, and to identify inmates with multiple disciplinary actions. Dr. Patricia Hardyman and Lt. Holliday review classification summaries on a monthly basis to ensure that time frames are being met and follow up on reclassification is completed.

Implementation of a New JMS: The new JMS will have the ability to track and follow up on inmate disciplinary actions and proceedings. Data reporting from the JMS can be generated that will meet the criteria of the Consent Judgement and provide operational information that can be acted upon by Jail Management.

Q.) Strategies to ensure the implementation of budget control measures and competition in procurement, including but not limited to a process to ensure regular communication between the CFO for the Jail and financial liaison for the City

Development of a Five Year Budget Model: The City has contracted with Public Financial Management (PFM) to assist the Compliance Director, the Sheriff, and the CFO of the Jail with the development of a 5 year budget model that will be used to develop future appropriation requests from the City. The Financial Liaison for the City is directing the efforts of PFM and is

in direct coordination with the CFO for the Jail and the Compliance Director to gather all financial, operational, and personnel data that is required to develop realistic assumptions and program goals so that future budget requests will be predictable, steady, and sufficient to provide for all operations of the Jail without the need for mid-year supplemental appropriations.

City Attorney Review of Cases Requiring Legal Settlement: Beginning January 2017, all legal counsel for OPSO will be required to either include the City Attorney's office and the Compliance Director in negotiations for legal settlements or submit all negotiated settlements to the City Attorney for review and Compliance Director for approval prior to any settlement being authorized.

Budget Working Group Quarterly Meetings: The Budget Working Group, chaired by Tommie Vassel, will continue to meet every quarter during 2017 to ensure regular communication on all budget issues among the members. The Budget Working Group which consists of three representatives from OPSO, three representatives of the City, and the Chair. The current Group Members that attend are Councilmember Jason Williams, CFO of the Jail Sean Bruno; Comptroller of the Jail, Elizabeth Boyer; the Chief Administrative Officer of the City, Jeffery Hebert; the Financial Liaison of the City, Eric Melancon, and the Compliance Director. As part of these meetings, OPSO will provide to the Group detailed accounts of personnel costs and spending on materials, supplies, professional services, etc. that have been incurred throughout the year.

Review of Procurement Practices: By the end of April 2017, a full review of OPSO's procurement practices for all professional services will be completed by the Compliance Director and recommendations on improved policies will be developed and implemented. In the latter half of 2016, there have been two high value Requests for Proposals (RFPs) (for food services and for a new Jail Management System) that have involved selection committees that bring together stakeholders from within the user departments of OPSO and representatives from the City of New Orleans. These procurements have been successful in providing transparency in the procurement process and represent a sound policy that can be implemented for future procurements above a certain dollar threshold. The current policy at OPSO for all purchasing of goods and non-professional services is to conduct an Invitation for Bid Process to determine technical compliance and assurance that the lowest price is awarded. OPSO follows both state and federal law and regulations on purchasing, and when state and federal requirements conflict, OPSO adheres to the more stringent policy.

Implementation of New Accounting System and Financial Audit of the Agency: By February 2017, a solicitation will be issued for a new accounting system for OPSO. During that migration process, which will take 12-18 months, the agency will also undergo a full financial audit of all revenues and expenditures to ensure proper accounting practices are being upheld and that proper financial controls are put into practice under the new accounting system that will be adopted. The audit will also include a review of the inventory of all materials, assets, equipment, and vehicles, which are owned by OPSO and all policies surrounding their management. An auditor will be put under contract for this work no later than April 1, 2017.

Full Review and Cost Analysis of all Legal & Professional Services Contracts: By May 2017, the Compliance Director will have reviewed all legal and professional services agreements at OPSO and make determinations on whether services are cost effective and provide appropriate services for the agency.

R.) A framework for comprehensive analysis of all individuals on OPSO's payroll and strategies to address the staffing deficiencies outlines by the Monitors' reports

Review and Update of Current Rates of Pay: By the end of February 2017, the Compliance Director, in partnership with the CFO of the Jail, Financial Liaison of the City, and the team from PFM developing the budget framework, will conduct a full review of all rates of pay for current personnel. As previously mentioned, hourly pay rates can vary across individuals who share the same duties, tenure, and job title. The recommendation will create clear expectations for job duties and career progression opportunity which are essential to fostering a professional working environment that is better able to retain staff. The Compliance Director will have completed a full review of the current pay structure for deputies and recommend a feasible update of the pay plan. Given budgetary constraints, it is most likely that any update of the pay plan would need to be phased in over a 3 year period. In addition to the pay plan, a full review over the operational shift schedules of the Jail will also be completed by March 1, 2017 by the Chief of Corrections.

Achieving POST Certifications for All Eligible Deputies: As previously mentioned, there are currently 97 recruit who have been working in the jail for more than a year, but have yet to complete POST certification and do not receive State supplemental pay. Once certified, these deputies will earn an additional $6,000 per year.

S.) Maintaining an organization chart and job descriptions that reflect an organization structure that adequately support the jail.

Update of All Job Descriptions: By the end of May 2017, the HR Director will have completed a full review and update of all job descriptions to coordinate with the updated pay plan for the staff. Descriptions will be developed for general job titles and separate descriptions will be developed for specific postings in various departments in Jail (such as OJC Security, Intake & Processing, Transportation, Perimeter Security, etc.).

Maintenance of Organizational Chart during Service of the Compliance Director: While the position of the Compliance Director is active at OPSO, the organizational structure of jail operations will be as outlined in the appendix of this document.

Review of all Administrative Functions at OPSO: A full review of all positions that support agency-wide administrative functions within OPSO will be conducted and completed by the HR Manager no later than April 1, 2017, in order for the Compliance Director to make determinations on whether certain administrative functions need to be consolidated.

Respectfully submitted,

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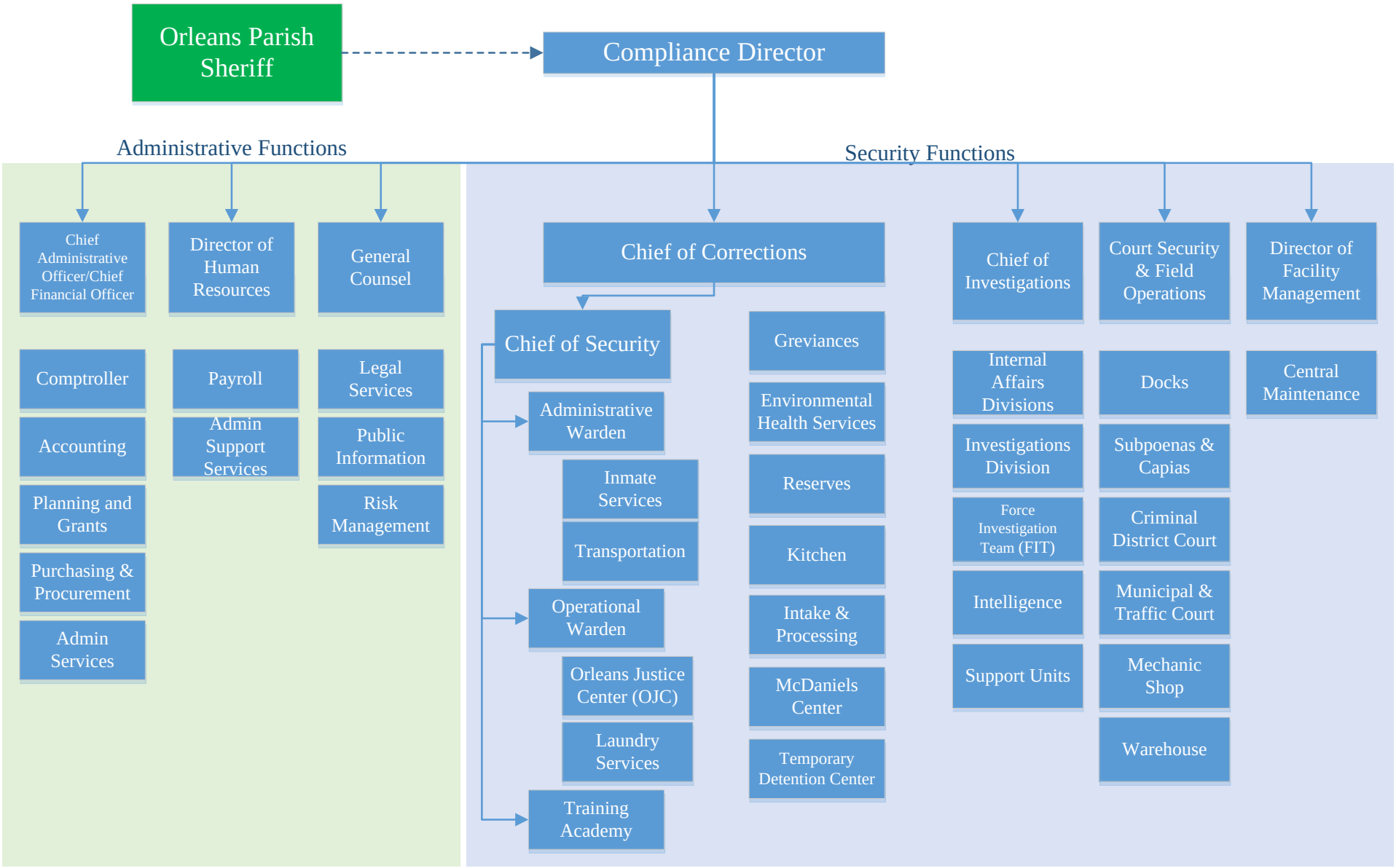
Appendix:
Organizational Chart of the OPSO Criminal Division During Compliance Director Tenure



Summary of Current Staffing Levels by Facility:

Facility	Colonel	Major	Captain	Lieutenant	Sergeant	Corporal	Deputy / Recruit	Civilian	Totals
Orleans Justice Center (OJC)	1	2	3	9	12	1	165	42	235
In-Take and Processing Center (IPC)	0	2	1	2	5	2	32	42	86
Classifications	0	0	0	0	2	0	1	7	10
Transportation Division	0	0	0	0	1	1	21	0	23
Training Division	0	0	3	3	7	0	66	0	79
Kitchen & Warehouse / Outside Security	0	0	0	1	0	0	26	1	28
Investigative Services Bureau (ISB)	0	1	0	5	4	0	37	2	49
Warren McDaniels (MCD)	0	1	1	0	3	1	14	0	20
Temporary Detention Center (TDC)	**Closed**								
Totals	**2**	**6**	**9**	**23**	**36**	**6**	**404**	**95**	**581**

Figures above do not account for staffing for administration, court security, subpoenas & capias, and the civil division

Summary of Proposed Staffing Levels by Facility:

Facility	Colonel	Major	Captain	Lieutenant	Sergeant	Corporal	Deputy / Recruit	Civilian	Totals
Orleans Justice Center (OJC)	1	2	4	5	20	0	184	72	288
In-Take and Processing Center (IPC)	0	1	0	5	3	0	30	64	103
Classifications	0	0	1	0	1	0	1	18	21
Transportation Division	0	0	0	0	1	0	23	0	24
Training Division	0	0	1	0	1	0	8	1	11
Kitchen & Warehouse / Outside Security	0	0	0	2	0	0	17	13	32
Investigative Services Bureau (ISB)	0	1	0	6	6	0	38	2	53
Warren McDaniels (MCD)	0	0	0	1	3	0	17	0	21
Temporary Detention Center (TDC)	0	0	0	3	3	0	46	0	52
Totals	**1**	**4**	**6**	**22**	**38**	**0**	**364**	**170**	**605**

Proposed Staffing levels are based on NIC standards

Figures above do not account staffing for administration, court security, subpoenas & capias, and the civil division

Proposed Deputy & Officer Staff Levels at Orleans Justice Center (OJC)

Post	Job Class	Meal Relief	# of Post for Days	Total Hours on Days	#. of Post for Nights	Total Hours on Nights	#. of Days per Week	#. of Hours per Week	#. of Hours of Coverage per Year	Is Relief Needed?	Net Annual Work Hours	Total No. of FTEs Needed	Rounded No. of FTEs
Assistant Chief of Corrections	Colonel	No	1	8	0	0	5	40	2,086	No	1,722	1	1
Warden	Major	No	1	8	0	0	5	40	2,086	No	1,722	1	1
Administrative Warden	Major	No	1	8	0	0	5	40	2,086	No	1,722	1	1
Administrative Assistant	Civilian	No	3	24	0	0	5	120	6,257	No	1,916	3	3
Shift Commander	Captain	No	1	12	1	12	7	168	8,760	Yes	1,952	4	4
Shift Lieutenant	Lieutenant	Yes	1	12	1	12	7	168	8,760	Yes	1,749	5.01	5
Floor Supervisor	Sergeant	Yes	4	48	4	48	7	672	35,038	Yes	1,716	20.42	20
Pod 1-A	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 1-B	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 1-C	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 1-D	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 1-E	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 1-F	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
1st floor Rover	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 2-A	Deputy	Yes	2	24	2	24	7	336	17,519	Yes	1,822	9.62	
Pod 2-B	Deputy	Yes	2	24	2	24	7	336	17,519	Yes	1,822	9.62	
Pod 2-C	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 2-D	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 2-E	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 2-F	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
2nd floor Rover	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 3-A	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 3-B	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 3-C	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 3-D	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 3-E	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 3-F	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
3rd floor Rover	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 4-A	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 4-B	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 4-C	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 4-D	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 4-E	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Pod 4-F	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
4th floor Rover	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Sanitation Officer	Deputy	Yes	2	24	2	24	7	336	17,519	Yes	1,822	9.62	
Medical Clinic	Deputy	No	2	24	0	0	6	144	7,508	Yes	1,822	4.12	
Disciplinary Officer	Deputy	Yes	1	12	0	0	5	60	3,128	No	1,822	1	
Jail Entrance	Deputy	Yes	2	24	2	24	7	336	17,519	Yes	1,822	9.62	
Transport/Holding Area	Deputy	Yes	2	24	1	12	7	252	13,139	Yes	1,822	7.21	
Laundry	Deputy	Yes	2	24	0	0	5	120	6,257	Yes	1,822	3.27	
Programming	Deputy	Yes	1	12	0	0	5	60	3,128	Yes	1,822	1.72	
Attorney Visitation	Deputy	Yes	1	12	0	0	7	84	4,380	Yes	1,822	2.4	
Liaison	Deputy	No	1	12	0	0	5	60	3,128	No	1,822	1	184
Total Staff:			**44**		**35**								**219**

Proposed Civilian/Correctional Monitoring Technicians (CMTs) for OJC

Post	Job Class	Meal Relief	# of Post for 1st. Shift	Total Hours for 1st. Shift	#. of Post for 2nd. Shift	Total Hours for 2nd. Shift	# of Post for 3rd. Shift	Total Hours for 3rd. Shift	Days per Week	Hours per Week	Hours of Coverage per Year	Is Relief Needed ?	Net Annual Work Hours	Total No. of FTEs Needed	Rounded No. of FTEs
Central Control	Civilian	Yes	3	24	3	24	3	24	7	504	26,279	Yes	1,890	13.9	
1st floor Pod Control 1	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
1st floor Pod Control 2	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
1st floor Pod Control 3	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
2nd floor Pod Control 1	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
2nd floor Pod Control 2	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
2nd floor Pod Control 3	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
3th floor Pod Control 1	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
3th floor Pod Control 2	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
3th floor Pod Control 3	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
4th floor Pod Control 1	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
4th floor Pod Control 2	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
4th floor Pod Control 3	Civilian	Yes	1	8	1	8	1	8	7	168	8,760	Yes	1,890	4.63	
Totals:			**15**		**15**		**15**							**69.46**	**69**

Proposed Staffing of Intake and Processing Center (IPC)

Post	Job Class	Meal Relief	No. of Post for Days	Total Hours on Days	No. of Post for Nights	Total Hours on Nights	Days per Week	Hours per Week	Hours of Coverage per Year	Is Relief Needed?	Net Annual Work Hours	Total No. of FTEs Needed	Rounded No. of FTEs
Director	Major	No	1	8	0	0	5	40	2,086	No	1,722	1	1
Shift Commander	Lieutenant	Yes	1	12	1	12	7	168	8,760	Yes	2,685	3.26	3
Shift Supervisor	Sergeant	Yes	1	12	1	12	7	168	8,760	Yes	2,652	3.3	3
Record Room	Lieutenant	Yes	1	12	0	0	7	84	4,380	Yes	2,685	1.63	2
Deputy Post:													
Acceptance Area	Deputy	Yes	2	24	1	12	7	252	13,139	Yes	2,757	4.77	
B of I Area	Deputy	Yes	1	12	0	0	7	84	4,380	Yes	2,757	1.59	
DOC Classifications	Deputy	Yes	1	12	0	0	7	84	4,380	Yes	2,757	1.59	
Floor	Deputy	Yes	2	24	2	24	7	336	17,519	Yes	2,757	6.35	
Warrants	Deputy	Yes	1	12	0	0	7	84	4,380	Yes	2,757	1.59	
Release Area Security	Deputy	Yes	2	24	2	24	7	336	17,519	Yes	2,757	6.35	
Municipal Court Security	Deputy	Yes	4	48	0	0	5	240	12,314	Yes	2,757	4.47	
Sanitation Officer	Deputy	No	1	12	1	12	7	168	8,760	Yes	2,757	3.18	
												29.89	30
Civilian Post:													
Lobby	Civilian	Yes	1	14	0	0	7	98	5,110	Yes	1,988	2.57	
Control	Civilian	Yes	1	12	1	12	7	168	8,760	Yes	1,988	4.41	
Record Room	Civilian	Yes	5	60	0	0	7	420	21,899	Yes	1,988	11.02	
Release Window	Civilian	Yes	1	12	1	12	7	168	8,760	Yes	1,988	4.41	
CINTAP	Civilian	Yes	1	12	2	24	7	252	13,139	Yes	1,988	6.61	
Booking	Civilian	Yes	3	36	3	36	7	504	26,279	Yes	1,988	13.22	
Property Room	Civilian	Yes	3	36	3	36	7	504	26,279	Yes	1,988	13.22	
Bond Window	Civilian	Yes	2	24	2	24	7	336	17,519	Yes	1,988	8.81	
												64.27	64
Total Staff			**35**		**20**								**103**

Proposed Staffing of Classification Division

Post	Job Class	Meal Relief	No. of Post for Days	Total Hours on Days	No. of Post for Nights	Total Hours on Nights	Days per Week	Hours per Week	Hours of Coverage per Year	Is Relief Needed?	Net Annual Work Hours	Total No. of FTEs Needed	Rounded No. of FTEs
Director	Captain	No	1	8	0	0	5	40	2,086	No	1,722	1	1
Supervisor	Sergeant.	Yes	1	12	0	0	5	60	3,128	No	2,652	1	1
Auditor	Deputy	No	1	12	0	0	5	60	3,128	No	2,757	1	1
Specialist	Civilian	Yes	3	36	3	36	7	672	35,038	Yes	1,988	17.62	18
Total Staff			**6**		**3**							**20.62**	**21**

Proposed Staffing for Transportation

	Job Class	Meal Relief	No. of Post for Days	Total Hours on Days	No. of Post for Nights	Total Hours on Nights	Days per Week	Hours per Week	Hours of Coverage per Year	Is Relief Needed?	Net Annual Work Hours	Total No. of FTEs Needed	Rounded No. of FTEs
Supervisor	Sergeant	No	1	12	0	0	5	60	3,128	No	2,652	1	1
Medical	Deputy	Yes	6	72	0	0	5	360	18,770	Yes	2,757	6.81	
Transportation	Deputy	Yes	6	72	4	48	7	840	43,798	Yes	2,757	15.89	
												22.7	23
Total Staff			**13**		**4**								**24**

Proposed Staffing for Training Division

	Job Class	Meal Relief	No. of Post for Days	Total Hours on Days	No. of Post for Nights	Total Hours on Nights	Days per Week	Hours per Week	Hours of Coverage per Year	Is Relief Needed?	Net Annual Work Hours	Total No. of FTEs Needed	Rounded No. of FTEs
Director	Captain	No	1	10	0	0	5	50	2,607	No	2,396	1	1
Admin. Assistant	Civilian	No	1	8	0	0	5	40	2,086	No	1,890	1	1
Training Coordinator	Sergeant	No	1	10	0	0	5	50	2,607	No	2,259	1	1
Pre-Service	Deputy	No	2	20	0	0	5	100	5,214	No	2,365	2	2
Range	Deputy	No	2	20	0	0	5	100	5,214	No	2,365	2	2
POST Academy	Deputy	No	2	20	0	0	5	100	5,214	No	2,365	2	2
Annual In-Service	Deputy	No	2	20	0	0	5	100	5,214	No	2,365	2	2
Total Staff:			**11**		**0**							**11**	**11**

Proposed Staffing of Kitchen/Warehouse & Outside Security

	Job Class	Meal Relief	No. of Post for Days	Total Hours on Days	No. of Post for Nights	Total Hours on Nights	Days per Week	Hours per Week	Hours of Coverage per Year	Is Relief Needed?	Net Annual Work Hours	Total No. of FTEs Needed	Rounded No. of FTEs
Warehouse:													
	Sergeant.	No	1	10	0	0	5	50	2,607	No	2,339	1	1
	Deputy	No	3	10	0	0	5	150	7,821	No	2,757	3	3
	Civilian	No	1	10	0	0	5	50	2,607	No	1,988	1	1
Kitchen:													
Supervior	Lieutenant	Yes	1	12	0	0	7	84	4,380	Yes	2,685	1.63	2
	Deputy	Yes	8	96	0	0	7	672	35,038	Yes	2,757	12.71	13
Outside Security:													
Central Control	Civilian	Yes	2	24	2	24	7	336	17,519	Yes	1,988	8.81	9
Scanner	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	2,757	3.18	3
Gate House	Civilian	Yes	1	12	1	12	7	168	8,760	Yes	1,988	4.41	4
Visitation	Deputy	Yes	1	10	0	0	5	50	2,607	No	2,757	1	1
Total Staff			**19**		**4**							**36.74**	**37**

Proposed Staffing of Investigations and Support Bureau (ISB)

	Job Class	Meal Relief	No. of Post for Days	Total Hours on Days	No. of Post for Nights	Total Hours on Nights	Days per Week	Hours per Week	Hours of Coverage per Year	Is Relief Needed?	Net Annual Work Hours	Total No. of FTEs Needed	Rounded No. of FTEs
Commander	Major	No	1	8	0	0	5	40	2,086	No	1,722	1	**1**
Administrative Assistant	Civilian	No	1	8	0	0	5	40	2,086	No	1,890	1	**1**
Support Units:													
Lieutenant K-9	Lieutenant	No	1	12	0	0	5	60	3,128	No	2,685	1	
Sergeant K-9	Sergeant	No	1	12	0	0	5	60	3,128	No	2,652	1	
Mounted	Deputy	No	1	12	0	0	5	60	3,128	No	2,757	1	
Westbank Major Crimes Task Force	Deputy	No	1	8	0	0	5	40	2,086	No	1,822	1	
Multi-Agency Intelligence Unit	Sergeant	No	1	8	0	0	5	40	2,086	No	1,716	1	
A-case Officer	Sergeant	No	1	12	0	0	5	60	3,128	No	2,860	1	
Admin. Supervisor	Sergeant	No	1	12	0	0	5	60	3,128	No	2,652	1	
PREA Coordinator	Sergeant	No	1	8	0	0	5	40	2,086	No	2,652	1	
Investigations:													
Lieutenant	Lieutenant.	No	2	24	0	0	5	120	6,257	No	2,685	2	
Investigators	Deputy	No	10	120	4	48	5	840	43,798	No	2,757	14	
Force Investigation Team:													
Lieutenant	Lieutenant	No	1	8	0	0	5	40	2,086	No	1,722	1	
Investigators	Deputy	No	6	48	0	0	5	240	12,514	No	1,818	6	
IAD Criminal:													
Lieutenant	Lieutenant	No	1	8	0	0	5	40	2,086	No	1,722	1	
Investigators	Agents	No	4	32	0	0	5	160	8,342	No	1,818	4	
IAD - Admin. Division:													
Lieutenant	Lieutenant	No	1	8	0	0	5	40	2,086	No	1,722	1	
Administrative Assistant	Civilian	No	1	8	0	0	5	40	2,086	No	1,890	1	
Investigators	Agents	No	6	48	0	0	5	240	12,514	No	2,757	6	
Intelligence Division:													
Sergeant	Sergeant	No	1	12	0	0	5	60	3,128	No	2,652	1	
Investigators	Agents	No	4	48	2	24	5	360	18,770	No	2,757	6	
Total Staff:			**47**		**6**							**53**	**53**

Proposed Staffing of Warren McDaniels Center

Post	Job Class	Meal Relief	No. of Post for Days	Total Hours on Days	No. of Post for Nights	Total Hours on Nights	Days per Week	Hours per Week	Hours of Coverage per Year	Is Relief Needed?	Net Annual Work Hours	Total No. of FTEs Needed	Rounded No. of FTEs
Director	Lieutenant	No	1	8	0	0	5	40	2,086	No	2,685	1	1
Watch Commander	Sergeant	Yes	1	12	1	12	7	168	8,760	Yes	2,652	3.3	3
First Floor	Dep.	Yes	1	12	1	12	7	168	8,760	Yes	2,757	3.18	
Second Floor	**CLOSED**												
Job Delivery and Pick-Up	Deputy	Yes	3	36	2	24	7	420	21,899	Yes	2,757	7.94	
Community Service	Deputy	Yes	6	72	0	0	5	360	18,770	No	2,757	6	
												17.12	17
Total Staff			**12**		**4**								**21**

Proposed Staffing of Temporary Detention Center (TDC)

Post	Job Class	Meal Relief	No. of Post for Days	Total Hours on Days	No. of Post for Nights	Total Hours on Nights	Days per Week	Hours per Week	Hours of Coverage per Year	Is Relief Needed?	Net Annual Work Hours	Total No. of FTEs Needed	Rounded No. of FTEs
Watch Commander	Lieutenant	Yes	1	12	1	12	7	168	8,760	Yes	2,685	3.26	3
Assistant Watch Commander	Sergeant	Yes	1	12	1	12	7	168	8,760	Yes	2,652	3.3	3
Bldg. 1 East Pod	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Bldg. 1 West Pod	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Bldg. 1 East & West Pod Control	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Bldg. 2 East Pod	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Bldg. 2 West Pod	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Bldg. 2 East & West Pod Control	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Sanitation Officer	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Rover	Deputy	Yes	1	12	2	12	7	168	8,760	Yes	1,822	4.81	
Control Deputy	Deputy	Yes	1	12	1	12	7	168	8,760	Yes	1,822	4.81	
Front Desk	Deputy	Yes	1	12	0	0	7	84	4,380	Yes	1,822	2.4	
												45.69	46
Totals			**12**		**12**								**52**

REMEDIAL ACTION PLAN – (12/15/2016)

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IV. A. Protection from Harm - Consistent with constitutional standards, Defendant shall provide prisoners with a safe and secure environment and ensure their reasonable safety from harm. OPSO shall take all reasonable measures to ensure that during the course of incarceration, prisoners are not subjected to unnecessary or excessive force by OPSO staff and are protected from violence by other prisoners.					
IV.A. 1. Use of Force Policies and Procedures					
IV. A. 1.a. OPSO shall develop, implement, and maintain comprehensive policies and procedures (in accordance with generally accepted correctional standards) relating to the use of force with particular emphasis regarding permissible and impermissible uses of force.		✔		1. Written policies and procedures; table of contents developed in collaboration with monitors governing use of force/response to resistance, training, data collection and analysis, reporting, supervisory and leadership review of uses of force. See also IV.A.5.a,IV.A.2., IV.A.3. Summary page from use of force reports.	Responsible Party: Captain Peters General Information: All use of force policies have been completed and approved by all parties to the Consent Judgment. The only issue we are currently facing in reference to the training process is low staffing levels. This should be alleviated by Director Maynard's plan to temporarily close several housing units so that OPSO can focus on training for several months. Compliance Tasks to be Completed: Task #1: Complete policy training. Necessary Resources: No additional resources required. Benchmark Dates: We are already well over halfway through the training process. Substantial Compliance Date: We expect to complete the training and dissemination

Section	C	P	N	Measures	OPSO Compliance Plan
					process by 12/31/2016.
IV. A. 1.b. OPSO shall develop and implement a single, uniform reporting system under a Use of Force Reporting policy. OPSO reportable force shall be divided into two levels, as further specified in policy: Level 1 uses of force will include all serious uses of force (i.e., the use of force leads to injuries that are extensive, serious or visible in nature, including black eyes, lacerations, injuries to the mouth or head, multiple bruises, injuries to the genitals, etc.), injuries requiring hospitalization, staff misconduct, and occasions when use of force reports are inconsistent, conflicting, or otherwise suspicious. Level 2 uses of force will include all escort or control holds used to overcome resistance that are not covered by the definition of Level 1 uses of force.		✔		1. See IV.A.1.a. and IV.A.7.a. Written policy/procedure governing uses of force/response to resistance Level 1 and Level 2. 2. Medical/mental health corresponding written policy/procedure. 3. Review of use of force reports; review of incident reports; review of inmate medical files. 4. Review of hospital transports. 5. Inmate interviews. 6. Review of use of force investigations (IAD or SOD); referrals for prosecution.	Responsible Party: Captain Peters General Information: All use of force policies have been completed and approved by all parties to the Consent Judgment. The only issue we are currently facing in reference to the training process is low staffing levels. This should be alleviated by Director Maynard's plan to temporarily close several housing units so that OPSO can focus on training for several months. Compliance Tasks to be Completed: Task #1: Complete policy training. Necessary Resources: No additional resources required. Benchmark Dates: We are already well over halfway through the training process. Substantial Compliance Date: We expect to complete the training and dissemination process by 12/31/2016.
IV. A. 1.c. OPSO shall assess, annually, all data collected regarding uses of force and make any necessary changes to use of force policies or procedures to ensure that			✔	1. See also IV.A.1.a. 2. Annual report; recommendations, plans of action. EIS data.	Responsible Party: Chief Laughlin

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unnecessary or excessive use of force is not used in OPP. The review and recommendations will be documented and provided to the Monitor, DOJ, and SPLC.					General Information: Ensuring the initial use of force incidents are documented and investigated in the timeframe set by OPSO policy. Completed use of force investigations are reviewed and approved by OPSO Division commanders. The completed/approved investigations are forwarded to the Force Investigation Team for review. The Force Investigation Team receives the completed UOF report, conducts the review to ensure all required information is contained, and forwards the final report to the FIT Commander for approval. The approved use of force investigation is then forwarded to the Use of Force review board (UFRB). The UFRB decides if the case is justified, if additional training is needed, or policy changes are required. Compliance Tasks to be Completed: Task #1: Provide all deputies with use of force training and ensure that every deputy understands what constitutes a use of force. Ensure that first line supervisors understand what information is needed to complete

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					a use of force investigation. Completion date of 12/31/2016. Necessary Resources: N/A Substantial Compliance Date: 12/31/2016
IV.A.2. Use of Force Training					
IV. A. 2. a. OPSO shall ensure that all correctional officers are knowledgeable of and have the knowledge, skills, and abilities to comply with use of force policies and procedures. At a minimum, OPSO shall provide correctional officers with pre-service and annual in-service training in use of force, defensive tactics, and use of force policies and procedures. The training will include the following: (1) instruction on what constitutes excessive force; (2) de-escalation tactics; and (3) management of prisoners with mental illness to limit the need for using force.		✔		1. See also IV.A.1.a 2. Lesson plans, training materials, evidence of knowledge gained. Qualification of instructors. 3. Training schedule. List of attendees. 4. Observation of training. 5. Interviews with trainers. 6. Interviews with trainees. 7. Review of use of force incident reports. Schedule of pre-service, in-service and specialized training for two year forward, including topics, dates, instructors.	Responsible Party: Lt. Navarro General Information: All use of force policies have been completed and approved by all parties to the Consent Judgment. The only issue we are currently facing in reference to the training process is low staffing levels. This should be alleviated by Director Maynard's plan to temporarily close several housing units so that OPSO can focus on training for several months. Compliance Tasks to be Completed: Task #1: Complete policy training. Necessary Resources: No additional resources required. Benchmark Dates:

Section	C	P	N	Measures	OPSO Compliance Plan
					We are already well over halfway through the training process. Substantial Compliance Date: We expect to complete the training and dissemination process by 12/31/2016.
IV. A. 2. b. OPSO shall ensure that officers are aware of any change to policies and practices throughout their employment with OPP. At a minimum, OPSO shall provide pre-service and annual in-service use of force training that prohibits: (1) use of force as a response to verbal insults or prisoner threats where there is no immediate threat to the safety or security of the institution, prisoners, staff, or visitors; (2) use of force as a response to prisoners' failure to follow instructions where there is no immediate threat to the safety or security of the institution, prisoners, staff, or visitors; (3) use of force against a prisoner after the prisoner has ceased to offer resistance and is under control; (4) use of force as punishment or retaliation; and (5) use of force involving kicking, striking, hitting, or punching a non-combative prisoner.			✔	1. Written policies/procedures governing: written directive system development and maintenance; notification of changes to agency policy; training – annual, pre-service, specialized, remedial. 2. Review of incident reports. 3. Review of IAD/SOD investigations; referrals for prosecution 4. Interviews with inmates. 5. Review of inmate medical records. EIS data.	Responsible Party: Captain Peters General Information: All use of force policies have been completed and approved by all parties to the Consent Judgment. The only issue we are currently facing in reference to the training process is low staffing levels. This should be alleviated by Director Maynard's plan to temporarily close several housing units so that OPSO can focus on training for several months. Compliance Tasks to be Completed: Task #1: Complete policy training. Necessary Resources: No additional resources required. Benchmark Dates: We are already well over halfway through the training process. Substantial Compliance Date:

Section	C	P	N	Measures	OPSO Compliance Plan
					We expect to complete the training and dissemination process by 12/31/2016.
IV. A. 2. c. OPSO shall randomly test five percent of the correctional officer staff on an annual basis to determine their knowledge of the use of force policies and procedures. The testing instrument and policies shall be approved by the Monitor. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the Monitor.			✔	1. See also IV.A.1., 2., 3 2. Review of testing instrument; review of testing procedures; report of testing. Report of outcome of annual testing, recommendations, plans of action.	Responsible Party: Lt. Navarro General Information: Currently do not have an instrument to test the retention of 5 % of the personnel on the knowledge they received from the Use of Force policy class. Desired Outcome: Create a testing instrument to test the retention level of 5 % of the OJC personnel on an annual basis. Compliance Tasks to be Completed: Task #1: Create testing Instrument and submit for approval to the monitors. Task #2: Test 5 % of the OJC personnel on the retention of the Use of Force Policy. Necessary Resources: No additional resources required. Benchmark Dates: Development of testing instrument by 01/15/2017 for submission to Monitors. Substantial Compliance Date: Complete 5% testing by 02/15/2017.

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IV.A.3. Use of Force Reporting					
IV. A.3 a. Failure to report a use of force incident by any staff member engaging in the use of force or witnessing the use of force shall be grounds for discipline, up to and including termination.			✔	1. See also IV.A.7.b., e. 2. Review of IAD/SOD investigations; referrals for prosecution; inmate and employee interviews, as necessary. Review of employee discipline.	Responsible Party: Chief Laughlin General Information: Ensuring that all use of force data is collected within the timelines set forth by OPSO policy. Holding staff members who fail to report any use of force incident accountable for their actions. Desired Outcome: Continue to ensure that all use of force incidents are documented, reviewed by a supervisor, and forwarded through the chain of command. Compliance Tasks to be Completed: OJC command staff and ISB personnel monitor the Vantos reporting system, reviewing all incident reports and checking for any discrepancies. Any reports listed as a non-use of force with use of force overtones are sent to FIT for investigation. Necessary Resources: No additional resources required. Benchmark Dates:

Section	C	P	N	Measures	OPSO Compliance Plan
					This provision is already in partial compliance. Substantial Compliance Date: OJC staff and FIT must continue to communicate together and work well when submitting reports and identifying any issues. The anticipated full compliance date is August 2017. A good measurement would be to see a steady decline in use of force incidents. Also, for FIT to see a continual submission of detailed completed reports. Lastly, a decline in the number of days it takes FIT to review a case.
IV. A.3 b. OPSO shall ensure that sufficient information is collected on uses of force to assess whether staff members complied with policy; whether corrective action is necessary including training or discipline; the effectiveness of training and policies; and whether the conditions in OPP comply with this Agreement. At a minimum, OPSO will ensure that officers using or observing a Level 1 use of force shall complete a use of force report that will: (1) include the names of all staff, prisoner(s), or other visual or oral witness(es); (2) contain an accurate and specific account of the events leading to the use of force; (3) describe the level of resistance and the type and level of force used, consistent with OPP use of force policy and procedure, as well as the precise actions taken by OPSO staff in response to the incident; (4) describe the weapon or instrument(s) of restraint, if any, and the manner of such use; (5) be accompanied by a prisoner disciplinary report, if it exists, pertaining to the events or prisoner activity			✔	1. See also IV.A.7. 2. Review of use of force reports. 3. Review of inmate medical records; review of transport and hospital log. 4. Review of IAD/SOD investigations; referrals for prosecution. 5. Review staff disciplinary records. 6. Review workers' compensation. 7. Review inmate disciplinary reports. 8. Interviews with medical staff 9. Interviews with employees 10. Interviews with inmates. Review of inmate classification pre-and-post incident	Responsible Party: Chief Laughlin General Information: Ensuring the initial use of force incidents are documented and investigated in the timeframe set by OPSO policy. Provide deputies with use of force training; explain what constitutes a use of force, and what information is needed to properly document a UOF incident. Completed use of force investigations are reviewed and

Section	C	P	N	Measures	OPSO Compliance Plan
that prompted the use of force incident; (6) describe the nature and extent of injuries sustained by anyone involved in the incident; (7) contain the date and time when medical attention, if any, was requested and actually provided; (8) describe any attempts the staff took to de-escalate prior to the use of force; (9) include an individual written account of the use of force from every staff member who witnessed the use of force; (10) include photographs taken promptly, but no later than two hours after a use of force incident, of all injuries sustained, or as evidence that no injuries were sustained, by prisoners and staff involved in the use of force incident; (11) document whether the use of force was digitally or otherwise recorded. If the use of force is not digitally or otherwise recorded, the reporting officer and/or watch commander will provide an explanation as to why it was not recorded; and (12) include a statement about the incident from the prisoner(s) against whom force was used.					approved by OPSO Division commanders. The Force Investigation Team receives the completed/approved use of force from the originating division. The FIT Commander forwards the completed investigations to the UFRB for review, dissemination, and recommendation of each investigation. Compliance Tasks to be Completed: Task #1: The required information pertaining to level 1 use of force investigations are provided and contained in the Force Investigation Team use of force quarterly spreadsheets. All completed investigations along with video recorded statements are available for review. By March 2017, all OPSO staff will have been trained in the UoF policy. Upon the completion of the policy training coupled with the Administrative Warden review all UoF reports, FIT should be receiving completed report with less "boiler point" language. Necessary Resources: N/A Substantial Compliance Date:

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					09/2017
IV. A.3 c. All officers using a Level 2 use of force shall complete a use of force report that will: (1) include the names of staff, prisoner(s), or other visual or oral witness(es); (2) contain an accurate and specific account of the events leading to the use of force; (3) describe the level of resistance and the type and level of force used, consistent with OPP use of force policy and procedure, as well as the precise actions taken by OPSO staff in response to the incident; (4) describe the weapon or instrument(s) of restraint, if any, and the manner of such use; (5) be accompanied by a prisoner disciplinary report, if it exists, pertaining to the events or prisoner activity that prompted the use of force incident; (6) describe the nature and extent of injuries sustained by anyone involved in the incident; (7) contain the date and time when medical attention, if any, was requested and actually provided; and (8) describe any attempts the staff took to de-escalate prior to the use of force.			✔	1. See IV.A.3.b. (1) – (12) – all measures of compliance.	Responsible Party: Chief Laughlin General Information: Ensuring the initial use of force incidents are documented and investigated in the timeframe set by OPSO policy. Provide deputies with use of force training; explain what constitutes a use of force, and what information is needed to properly document a UOF incident. Completed use of force investigations are reviewed and approved by OPSO Division commanders. The Force Investigation Team receives the completed/approved use of force from the originating division. The FIT Commander forwards the completed investigations to the UFRB for review, dissemination, and recommendation of each investigation. Compliance Tasks to be Completed: Task #1: The required information pertaining to level 2 use of force investigations are provided and contained in the

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					Force Investigation Team use of force quarterly spreadsheets. All completed investigations along with video recorded statements are available for review. Necessary Resources: The only funding would be through overtime for the staff that still needed to complete the UoF training curriculum. Benchmark Dates: By March 2017, all OPSO staff will have been trained in the UoF policy. Upon the completion of the policy training coupled with the Administrative Warden review all UoF reports, FIT should be receiving completed report with less "boiler point" language. Substantial Compliance Date: September 2017, FIT should be receiving completed reports with all required information within.
IV. A.3 d. OPSO shall require correctional officers to notify the watch commander as soon as practical of any use of force incident or allegation of use of force. When notified, the watch commander will respond to the scene of all Level 1 uses of force. When arriving on the scene, the watch commander shall: (1) ensure the safety of everyone involved in or proximate to the incident; (2) determine if any prisoner or correctional officer is injured and ensure that necessary medical care is			✔	1. See IV.A.1.a. 2. See A.IV.A.3.b. (1) – (12) – all measures of compliance.	Responsible Party: Colonel Colvin General Information: To accomplish the immediate and accurate reporting and review of all use of force incidents that occur at the Orleans Parish Justice Center, to include any and all

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provided; (3) ensure that personnel and witnesses are identified, separated, and advised that communications with other witnesses or correctional officers regarding the incident are prohibited; (4) ensure that witness and subject statements are taken from both staff and prisoner(s) outside of the presence of other prisoners and staff; (5) ensure that the supervisor's use of force report is forwarded to IAD for investigation if, upon the supervisor's review, a violation of law or policy is suspected. The determination of what type of investigation is needed will be based on the degree of the force used consistent with the terms of this Agreement; (6) If the watch commander is not involved in the use of force incident, the watch commander shall review all submitted use of force reports within 36 hours of the end of the incident, and shall specify his findings as to completeness and procedural errors. If the watch commander believes that the use of force may have been unnecessary or excessive, he shall immediately contact IAD for investigation consideration and shall notify the warden or assistant warden; and (7) All Level 1 use of force reports, whether or not the force is believed by any party to be unnecessary or excessive, shall be sent to IAD for review. IAD shall develop and submit to the Monitor within 90 days of the Effective Date clear criteria to identify use of force incidents that warrant a full investigation, including injuries that are extensive or serious, visible in nature (including black eyes, injuries to the mouth, injuries to the genitals, etc.), injuries requiring hospitalization, staff misconduct (including inappropriate relationships with prisoners), and occasions when use of force reports are inconsistent, conflicting, or otherwise suspicious.					allegations of use of force. All OJC emergency alarms must be responded to immediately and effectively. On duty Watch Commanders and assigned floor supervisors must understand their operational priorities when responding to areas of the jail where force is being used, has been used or an allegation of force has been reported. At the scene Commanders Control and direct the staff response and their use of force, becoming personally involved in the incident as a last resort. Desired Outcome: OJC Commanders and deputies demonstrate competency and compliance with all aspects of this subject matter. This objective is best realized by the promulgation of policy and procedure(s) focused specifically on the force subject matter contained in paragraphs 1-8 of *3.1.7* IV.A.3.d, comprehensive competency training is designed and delivered to (3) work groups: a.) OJC Watch Commanders (commanding officers holding the rank of sergeant, lieutenant, captain or major) b.) OJC Corrections Deputies' c.) Correctional Monitoring

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					Technicians (Civilian) *Policy 701.09 Emergencies Assault-Inmate* meets the training requirements. Correctional Monitoring Technicians (CMT) only require specific instruction on their actions relative to any institutional emergency. CMT's are taught their role during an emergency, (i.e. Radio traffic, Ingress/Egress) through the course of their Basic Training that covers all 701 Chapter Emergency plans. Therefore we are substantially complete with this training as of this date and see no complications with achieving 100% compliance by February 2017. Compliance Tasks to be Completed: Task #1: Promulgation or Revision of existing Policy/Procedure(s) related to: Emergency Response, Use of Force, Incident Reporting and Investigation. Task #2: The Design, Development and Delivery of policy based staff training to the above listed groups on the Subjects of: Emergency Response, Use of Force, and Incident Reporting. Policy 701.09 deals effectively with Instructing OPSO

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					Commanders and Deputies on the subject(s) of their role in the response to an emergency, As well as post incident requirements. CMT Basic Training curriculum teaches these civilian staff members their responsibilities in Emergency Incidents. These two subjects are currently being taught here at OPSO, an audit of training records will show the progression to compliance and number of staff members yet to receive this training. Necessary Resources: This task will generate staff overtime at OJC. Benchmark Dates: 50% completion by 10/15/2016. Substantial Compliance Date: 02/28/2017 for substantial completion.
IV. A.3 e. Ensure that a first-line supervisor is present during all pre-planned uses of force, such as cell extractions.		✔		1. See IV.A.1.a 2. Review of use of planned use of force; view of digital recordings. Lesson plans, curriculum, evidence of knowledge gained for supervisory training.	Responsible Party: Colonel Colvin General Information: To ensure that Planned Use of Force Incidents are personally supervised by a Commander. Staffing patterns can be low and require that a supervisor become

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					involved in the actual application of the force to the subject inmate(s). Desired Outcome: All OJC Commanders are trained in the supervision and reporting of Planned Uses of Force according to policy: 1501.01 "Use of Force". Compliance Tasks to be Completed: Task #1: Comply with components of Policy 1501.01. Necessary Resources: No additional resources required. Benchmark Dates: Already completed. Substantial Compliance Date: 12/30/2016
IV. A.3 f. Within 36 hours, exclusive of weekends and holidays, of receiving the report and review from the shift commander, in order to determine the appropriateness of the force used and whether policy was followed, the Warden or Assistant Warden shall review all use of force reports and supervisory reviews including: (1) the incident report associated with the use of force; (2) any medical documentation of injuries and any further medical care; (3) the prisoner disciplinary report associated with the use of force; and (4) the Warden or Assistant Warden shall complete a written report or written statement of specific findings and determinations of the appropriateness of force.			✔	1. See IV.A.1., IV.A.7.a. 2. Evidence of review of reports by Warden or Assistant Warden (e.g. checklist, dated/timed signatures). Written report with findings. 3. Review of reports. Referrals to IAD/SOD. Review of investigations.	Responsible Party: Colonel Colvin General Information: Reporting of Force from Watch Commanders to OJC Administrative Warden. Desired Outcome: OJC Administrative Warden continues to receive and review all reportable Use of Force incidents.

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					Compliance Tasks to be Completed: Continue to train and comply with all Section 1501 Policy and Procedures. OJC is currently in substantial compliance with this standard. Necessary Resources: No additional resources required. Benchmark Dates: Already completed. Substantial Compliance Date: 12/30/2016
IV. A.3 g. Provide the Monitor a periodic report detailing use of force by staff. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information: (1) a brief summary of all uses of force, by type; (2) date that force was used; (3) identity of staff members involved in using force; (4) identity of prisoners against whom force was used; (5) a brief summary of all uses of force resulting in injuries; (6) number of planned and unplanned uses of force; (7) a summary of all in-custody deaths related to use of force, including the identity of the decedent and the circumstances of the death; and (8) a listing of serious injuries requiring hospitalization.		✔		1. See IV.A.1. Report to Monitor; recommendations; plans of action	Responsible Party: Chief Laughlin General Information: Ensuring that all use of force incidents are reported, investigated, and approved by a supervisor. Desired Outcome: All use of force incidents are documented, reviewed, and processed in a timely manner. Compliance Tasks to be Completed: Task #1: ISB reviews all incident reports entered into the Vantos

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					system including reports that have not been labeled as a use of force incident and/or do not include a separate Use of Force report. Task #2: OJC Staff review documented use of force reports and complete the investigation. Once completed the investigation is sent to ISB/FIT for review. Task #3: Continue to provide the monitors with the use of force spreadsheets and completed investigations containing information 1 through 8 listed above. Necessary Resources: No additional resources required. Benchmark Dates: This provision is currently in partial compliance. Substantial Compliance Date: In order to come into full compliance, the OPSO must show on a consistent basis detailed use of force reports highlighting the eight requirements listed above. The report should also detail disciplinary action, referrals,

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					additional training requirements, and any corrective action(s) taken. The anticipated full compliance date is third quarter 2017. A good indication as a form of measurement would be a consistent reduction in use of force incidents in OJC. Furthermore, the ability for the OPSO to learn strategies or possible policy changes for this report in reducing use of force incidents in the OPSO.
IV. A.3 h. OPSO shall conduct, annually, a review of the use of force reporting system to ensure that it has been effective in reducing unnecessary or excessive uses of force. OPSO will document its review and conclusions and provide them to the Monitor, SPLC, and DOJ.			✔	1. See IV.A.1. Annual report; conclusions, action plan to address any identified deficiencies.	Responsible Party: Chief Laughlin General Information: OPSO has a formal Use of Force Review Board. The board was established to review all completed Use of Force investigations to ensure that they were lawful, appropriate, and consistent with our training and policies. Any cases the UFRB determines to be suspicious in nature are returned for additional investigation. The UFRB also sends notification to the academy when additional training is needed to address specific problems. The board looks for any developing patterns.

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					Compliance Tasks to be Completed: Video recording are available of monthly UFRB meetings and outcomes. Necessary Resources: No additional funding needed to complete this task. Benchmark Dates: March 2017, will complete one year for the Use of Force Review Board. Therefore, an annual report can be formulated for review and evaluation. Substantial Compliance Date: In March 2018, the OPSO will have completed two years which will give a clear indication if the board has been effective in reducing unnecessary or excessive uses of force.
IV.A.4. Early Intervention System ("EIS")					
IV.A.4.a. OPSO shall develop, within 120 days of the Effective Date, a computerized relational database ("EIS") that will document and track staff members who are involved in use of force incidents and any complaints related to the inappropriate or excessive use of force, in order to alert OPSO management to any potential problematic policies or supervision lapses or need for retraining or discipline. The Chief of Operations Deputy, supervisors, and investigative staff shall have access to this information and shall review on a regular basis, but not less than quarterly, system reports to evaluate individual staff, supervisor, and housing area activity. OPSO will use the EIS as a tool for correcting inappropriate staff behavior before it escalates to more		✔		1. Written policy/procedure governing the implementation and oversight of the employee early warning system, that includes, but is not limited to: interface of incident reporting and data collection, by name, thresholds requiring leadership review, criteria governing what triggers an intervention, employee referrals for assistance/evaluation, remedial training, what interventions are envisioned, how the intervention's impact is measured, reporting of data and access to the data, and evaluation of the early warning system. See also IV.A.4.d., e. 2. See also PREA standard 115.76. Review of OPSO actions regarding employees identified	Responsible Party: Chief Laughlin General Information: Providing accurate Early Intervention System data. Desired Outcome: OPSO deputies continue to complete the initial use of force report. The names of all parties involved in the incident are entered correctly into the report which triggers the EIS

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serious misconduct.				by EIS.	alerts. Compliance Tasks to be Completed: Continue to investigate all EIS alerts involving OPSO employees. All completed investigations are forwarded to the Use of Force Review Board for final review. Necessary Resources: There is no need for any additional funding; however, a new JMS would greatly enhance our ability to track and establish the validity of the EIS system. Currently, the Vantos system is not being supported. The only barrier would be working with the staff to properly enter a use of force report into the Vantos system. If any part of the process is entered incorrectly, the incident will not alert the EIS as we have recently learned. Benchmark Dates: This provision is currently in partial compliance. Substantial Compliance Date: To constantly evaluate the logs to ensure the use of force reports are being entered properly in the Vantos system. Furthermore, another process in place is when

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					these incidents are reviewed by the Use of Force Review Board which is conducted monthly. The anticipated date of full compliance is August 2017. A measuring method would be a report detailing outcomes of EIS alerts. These outcomes should discuss any policy recommendations / changes, re-training of staff, and any disciplinary action(s). At the completion of the report, a presentation should be made to the OJC command staff discussing the report's findings and recommendations.
IV.A.4.b. Within 120 days of the Effective Date, OPSO senior management shall use EIS information to improve quality management practices, identify patterns and trends, and take necessary corrective action both on an individual and systemic level. IAD will manage and administer EIS systems. The Special Operations Division ("SOD") will have access to the EIS. IAD will conduct quarterly audits of the EIS to ensure that analysis and intervention is taken according to the process described below. Command staff shall review the data collected by the EIS on at least a quarterly basis to identify potential patterns or trends resulting in harm to prisoners. The Use of Force Review Board will periodically review information collected regarding uses of force in order to identify the need for corrective action, including changes to training protocols and policy or retraining or disciplining individual staff or staff members. Through comparison of the operation of this system to changes in the conditions in OPP, OPSO will assess whether the mechanism is effective at addressing the requirements of this Agreement		✔		1. SOD/IAD report identifying patterns, trends, etc.. 2. Written quarterly audits. 3. Evidence of command staff review. Determination by OPSO that the mechanism is effective at addressing the requirements of this Agreement. 4. Minutes of Use of Force Review Board, including identification of need for corrective action. 5. Changes to policy, training curriculum, etc. resulting for these reviews. Monitors' review of quarterly reports.	Responsible Party: Chief Laughlin General Information: Ensuring collected EIS data is accurate. Desired Outcome: Continue to investigate all EIS alerts ensuring the corresponding use of force incident has been documented. There will be dependency on the OPSO staff to properly enter the use of force report into the Vantos system. If entered incorrectly, the EIS will not alert. It will be incumbent upon the OJC administration to examine all use

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					of force reports to ensure it was entered correctly. Compliance Tasks to be Completed: Task #1: The EIS spreadsheet provided by the FIT Commander summarizes each alert incident and if any patterns or trends have been discovered. Task #2: All completed EIS alerts are investigated and upon completion are forwarded to the UFRB for review. Necessary Resources: No additional resources required. Benchmark Dates: This provision is currently in partial compliance. Substantial Compliance Date: The anticipated date of compliance is August 2017. Currently, FIT and OJC are communicating well together regarding use of force incidents. The chairman of the Use of Force Review Board is Major Louque, and Colonel Colvin attends all the hearings. This continual support will result in a positive outcome.

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					The measurement for compliance will be taking a pro-active approach with regards to the EIS alerts. The OPSO must take a hard stance when it comes to "zero tolerance" in the area of use of force. The OPSO must counsel, discipline, or refer those employees that violate the policies governing EIS and use of force incidents.
IV.A.4.c. OPSO shall provide, within 180 days of the implementation date of its EIS, to SPLC, DOJ, and the Monitor, a list of all staff members identified through the EIS and corrective action taken.		✔		List of staff members identified by the EIS and correction action taken, or if corrective action not taken, the reasons.	Responsible Party: Chief Laughlin General Information: Continue to investigate all EIS alerts. Desired Outcome: Continue to provide the monitors with the FIT/EIS spreadsheet which contains the employees name, incident, and summary of investigation. Compliance Tasks to be Completed: Task#1: All EIS alerts are investigated by agents assigned to the Force Investigation Team (FIT). Each alert requires a written report explaining how the use of force triggered the alert. Task #2: ISB IAD Administrative

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					Division spreadsheet contains a list of staff names, violations, and corrective action. Task #3: Completed EIS investigations are forwarded to the UFRB for review. Necessary Resources: No additional resources required. Benchmark Dates: This provision is currently in partial compliance. Substantial Compliance Date: The anticipated date for full compliance is June 2017. In March 2017, the Use of Force Review Board would have completed one full year of monthly hearings. This – along with the current spreadsheets that are supplied to the monitors – should give enough data on staff issues along with what corrective actions were taken. The measurement would be showing the identified staffing issues, the recommendations of the Use of Force Review Board, and the follow through of those recommendations. Secondly, to evaluate and determine if those corrective actions worked in the

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					form of any reoccurrences by those same identified staff.
IV.A.4.d. The EIS protocol shall include the following components: data storage, data retrieval, reporting, data analysis, pattern identification, supervisory assessment, supervisory intervention, documentation, and audit.		✔		See IV.A.4.a. written policy/procedure.	Responsible Party: Captain Peters General Information: The EIS policy has been completed and approved by all parties to the Consent Judgment. The Chief of Investigations and his staff were integrally involved in the policy writing process. The FIT Team currently operates under the provisions of this policy. Compliance Tasks to be Completed: None. We are currently compliant with this provision. Necessary Resources: No additional resources required. Benchmark Dates: None. We are currently compliant with this provision. Substantial Compliance Date: 12/15/2016
IV.A.4.e. On an annual basis, OPSO shall review the EIS to ensure that it has been effective in identifying concerns regarding policy, training, or the need for discipline. This assessment will be based in part on the number and severity of harm and injury identified through data collected pursuant to this Agreement. OPSO will			✔	Written annual review of EIS, conclusions, recommendations for changes and action plans, if any.	Responsible Party: Chief Laughlin General Information: The Early Intervention System

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document its review and conclusions and provide them to the Monitor, who shall forward this document to DOJ and SPLC.					(EIS) while working as designed has had some problems with how the data is imputed into the system. The EIS works by collecting names in use of force investigations. If the name is entered correctly then the EIS will alert when it discovers the same name within a 90 day period. Due to other checks that OPSO has in place we were able to discover the problem and correctly enter the data, which in turn set of the required EIS alerts. Ensure training is provided to OPSO staff on what information is needed for the use of force investigations and the proper format. The EIS continues to work as designed and provides alerts on multiple uses of force incidents. Compliance Tasks to be Completed: All completed EIS reports will be presented before the Use of Force Review Board for any recommended changes or comments to the current procedure. The quarterly and annual EIS

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					spreadsheet which contains the required incident information along with the summary of each alert is provided to the monitors for review. Necessary Resources: No additional staff or funding needed to complete this task. Benchmark Dates: January 2017, will be when the next annual report is due. This will offer the OPSO an opportunity to evaluate the effectiveness of the EIS system. Substantial Compliance Date: January 2018, when the third annual report is due, should give a clear indication of the EIS system.
IV.A.5. Safety and Supervision Recognizing that some danger is inherent in a jail setting, OPSO shall take all reasonable measures to ensure that prisoners are not subjected to harm or the risk of harm. At a minimum, OPSO shall do the following:					
IV.A.5.a. Maintain security policies, procedures, and practices to provide a reasonably safe and secure environment for prisoners and staff in accordance with this Agreement.			✔	1. Written policies and procedures; table of contents developed in collaboration with monitors. Policies and procedures are consistent with accepted correctional practice, providing sufficient direction to line employees, supervisors, and managers, as well as provide the basis for training curriculum, and staff accountability. Policies and procedures available to all employees, volunteers, contractors as necessary. Table of contents	Responsible Party: Captain Peters General Information: According to the Monitor's Report #6, OPSO, in conjunction with VRJS, has drafted a large number of policies, and that the Consent Judgment requires the development and implementation of procedures and practices that provide for adequate safety and supervision. However, the level of harm and risk of harm in the

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					Orleans Parish Jail system continues to be extremely high despite the Consent Judgment having been in place for since October 21, 2013. Desired Outcome: Policies, procedures and practices regarding inmate supervision, rounds, inspections, shakedowns and communication need to be finalized. Training materials need to developed and training completed. Compliance Tasks to be Completed: Task #1: Complete training on policies that have already been approved. Lesson plans/training materials have been completed for the following policies: 801.01 – Inmate counts, 801.02 – Contraband Control, 801.03 – Inmate and Inmate Area Searches and 801.24 – Security Screening (materials prepared by VRJS for these policies – 4 hour block of instruction includes all policies listed above). Training sessions have begun for these policies in September 2016. Additionally, training materials have been completed for 801.05 – Inmate Observation Rounds (prepared by OPSO Compliance – 1 hour block of instruction). Completion by 02/28/2016.

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					Task #2: Develop training materials for the following policies and complete the necessary training: 801.05 – Pod Operations/Administrative Segregation and 801.22 – Cell Inspections during Admission and Release. Completion by 02/28/2016. Task #3: Complete policies; develop training materials and complete necessary training for the following policies: 801.04 – Pod Operations/General Population, 801.11 – Inspections/Security and Cleanliness, 801.18 – Radio and Phone Communications, 801.33 – Direct Supervision, 801.35 – Key Control, 801.37 – Pod Operations/Youthful Offenders and 801.38 – Pod Operations/Medical & Mental Health. Completion by 04/30/2017. Necessary Resources: No additional resources required. Substantial Compliance Date: 04/30/2017
IV.A.5.b. Maintain policies, procedures, and practices to ensure the adequate supervision of prisoner work areas and trustees.			✔	1. Written policy and procedure regarding oversight of inmate workers and trustees. 2. Written housekeeping plan. 3. Lesson plans/curriculum for employee training	Responsible Party: Captain Peters General Information: OPSO does not currently have an

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				4. Orientation of inmate workers. 5. Post orders for inmate worker supervisors 6. Incident reports 7. Assignments of inmate workers. 8. Observation Interview with inmates; interviews with staff.	acceptable inmate worker policy, nor post orders.Develop and implement an adequate inmate worker policy, training materials, post orders and complete necessary training. Compliance Tasks to be Completed: Task #1: Draft an inmate worker policy (OPSO Policy # 801.32). Completion by 01/31/2017. Task #2: Develop Post Orders for Inmate Worker Posts. Completion by 01/31/2017. Task #3: Develop policy training materials and complete staff/inmate training. Completion by 04/30/2017. Necessary Resources: No additional resources required. Substantial Compliance Date: 04/30/2017
IV.A.5.c. Maintain policies and procedures regarding care for and housing of protective custody prisoners and prisoners requesting protection from harm.			✔	1. Written policies/procedures 2. Classification Plan 3. Housing Plan 4. Review of incident reports. 5. Review of access to mental health care, medical care. Interview with employees; interviews with inmates	Responsible Party: Captain Peters General Information: OPSO Policy 801.05 (Pod Operations – Administrative Segregation) has been completed and was signed in September 2016. OPSO needs to develop training materials for the

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					following policy and complete the necessary training: 801.05 – Pod Operations/Administrative Segregation. Complete training materials and staff training. Compliance Tasks to be Completed: Task #1: Develop training materials for the following policy and complete the necessary training: 801.05 – Pod Operations/Administrative Segregation. Completion date of 02/28/2016. Necessary Resources: No additional resources required. Substantial Compliance Date: 02/28/2016
IV.A.5.d. Continue to ensure that correctional officers conduct appropriate rounds at least once during every 30-minute period, at irregular times, inside each general population housing unit and at least once during every 15-minute period of special management prisoners, or more often if necessary. All security rounds shall be documented on forms or logs that do not contain pre-printed rounding times. In the alternative, OPSO may provide direct supervision of prisoners by posting a correctional officer inside the day room area of a housing unit to conduct surveillance.			✔	1. Written policy/procedures governing rounds, logging. 2. Review of housing unit logs/records, 3. Post orders. 4. Observations 5. Interview with inmates; interviews with staff. Review of documentation of the 'watchman' system.'	Responsible Party: Colonel Colvin General Information: To ensure that the appropriate 30 or 15 minute security checks are being performed by OJC Corrections Deputies. Desired Outcome: The Assistant Chief of Corrections through subordinate Wardens and Commanders shall ensure that OJC is being properly toured by the assigned Commanders, and

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					documented. During their Security/Wellness tours Commanders will observe deputies and their interactions with inmates; address any infractions but also to teach, advise, counsel their staff on the benefits of Direct Supervision generally and the benefit of good inter-personal communications with their assigned inmates specifically. OJC Commanders will read each unit's computer activity log to ensure that appropriate rounds are being completed. Additionally, the Commander will speak to the unit deputy about their rounds and what's been learned from them about their inmates. The Commander shall also interact with the inmates of that unit and form an opinion as to the level of contact the inmates are receiving from assigned deputies and address it with that Corrections Deputy. Compliance Tasks to be Completed: Task #1: Assistant Chief of Corrections issues directives to OJC Wardens that outline in detail the expectation of Commander Interaction in Units under their command, and the degree of deputy/inmate contact in all direct supervision units. Necessary Resources:

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					No additional resources required. Substantial Compliance Date: 04/01/2017 - Every (90) days: Review of "Intercom Button" report, Review of "Watch Tour" System, Audit of Unit Activity Logs looking for rounds completed.
IV.A.5.e. Staff shall provide direct supervision in housing units that are designed for this type of supervision. Video surveillance may be used to supplement, but must not be used to replace, rounds by correctional officers.			✔	1. Written policy/procedures for management of direct supervision housing units 2. Lesson plans/curriculum, training materials. 3. Written policy/procedures governing video surveillance, including installation, maintenance and repair. 4. Observation 5. Interview with inmates; interviews with staff. Post orders.	Responsible Party: Colonel Colvin General Information: The consistent practice of *Direct Supervision* style prisoner management shall be adhered to by all OJC Commanders and subordinate Corrections Deputies; and to ensure that the mandatory Security/Wellness checks are being completed and appropriately recorded as required by policy 801.06. Policy 801.06 is a well crafted, comprehensive directive addressing both fundamental and contingency requirements of assigned OJC deputies and their commanders related to inmate observations. Knowing that all training is primarily based on in-force policies and procedures related to the subject matter- but augmented by professional standards provided by some other qualified agency such as the Department of Justice's

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					National Institute of Corrections, the American Jail Association, the National Sheriff's Association etc. 801.06 could be revised to include the core competencies of Direct Supervision to balance and underscore this policy's *observation* requirements, we do not conduct rounds only to observe inmates. In a direct supervision facility we conduct rounds to interact and communicate with our inmates. Desired Outcome: To achieve a state of jail operations where direct supervision core objectives are practiced throughout the facility. Achieving this operational goal can be assisted by the revision of policy 801.06 for the purpose of adding the core competencies of Direct Supervision to the document so that all staff referencing this directive review and understand that the purpose of Security Observation Rounds is to ensure unit safety and stability and that this is achieved to a greater degree by taking the time to interact with <u>all</u> inmates assigned to their custody while engaged in rounds. Compliance Tasks to be Completed: Task #1: Revise Policy 801.06.

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					Task #2: Complete Training on the added *Direct Supervision* language-requirements. This will be achieved in a 1 to 1.5 hour block of instruction delivered at OJC prior to assuming duty. This period of instruction will be scheduled on a weekly basis until all staff have received the training and passed a Pre/Post competency test on the subject matter. Necessary Resources: A minimum amount of staff Overtime will be generated by this task. Benchmark Dates: Task #1 50% completion by 12/15/2016 and substantial completion by 01/02/2017. Task #2 50% completion by 02/20/2017 and substantial completion by 04/01/2017. Substantial Compliance Date: 04/01/2017
IV.A.5.f. Increase the use of overhead video surveillance and recording cameras to provide adequate coverage throughout the common areas of the Jail, including the Intake Processing Center, all divisions' intake areas, mental health units, special management units, prisoner housing units, and in the divisions' common areas.		✔		1. Written policy/procedures governing video surveillance, including installation, maintenance and repair. 2. Written confirmation of the location of cameras, termination of cameras. 3. Post orders	Responsible Party: Colonel Colvin General Information: To ensure 24/7 Video Surveillance through the

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				4. Observation of operations, cameras. 5. Interview with inmates; interviews with staff. Records of installation, repair contracts, records of repairs.	continued monitoring and recording of OJC's (857) Digital Monitors/Recorders. Desired Outcome: Continue to provide required coverage of OJC's Surveillance Array. Compliance Tasks to be Completed: Task #1: Continue to maintain current Video Surveillance Array totaling 857 cameras. Necessary Resources: No additional resources required. Benchmark Dates: Already completed. Substantial Compliance Date: 12/30/2016
IV.A.5.g. Continue to ensure that correctional officers, who are transferred from one division to another, are required to attend training on division-specific post orders before working on the unit.			✔	1. Written policies/procedures governing each division's post responsibilities. Divisional SOP, if relevant. 2. Lesson plans, training materials, evidence of training, evidence of knowledge gained. 3. Post orders. 4. Observation Interview with inmates; interviews with staff.	Responsible Party: Colonel Colvin General Information: To ensure that Deputies transferring between divisions are trained on all post orders of their assignment in the new division. Desired Outcome: Deputies transferred between divisions are to first be trained on all applicable Post Orders of their new

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					assignments. This Training may be Computer Based training. Compliance Tasks to be Completed: Task #1: The Training Policy reflects this requirement. Task #2: Training of Transferred Deputies on the rules, regulations and Post Orders of their new assignment. OJC Executive Commanders shall ensure that when a Deputy is transferred to them that they are Trained and can demonstrate competency on all post orders relating to their new assignment through computer based training and Pre/Post testing of subject matter. Necessary Resources: No additional resources required. Benchmark Dates: Task #1 50% completion date by 01/02/2017 and substantial completion by 04/01/2017. Task #2 50% completion date by 01/02/2017 and substantial completion by 04/01/2017. Substantial Compliance Date: 04/01/2017

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IV.A.5.h. Continue to ensure that correctional officers assigned to special management units, which include youth tiers, mental health tiers, disciplinary segregation, and protective custody, receive eight hours of specialized training regarding such units on prisoner safety and security on at least an annual basis.			✔	1. Written policies/procedures governing the operation of special management units. 2. Specialized training lesson plans, documentation of training conducted; evidence of knowledge gained. Evidence of annual training. Evidence training completed before assignment. 3. Instructor qualifications/training. Documentation/matrix of assignments noting specialized training completed/date.	Responsible Party: Colonel Colvin General Information: Ensure that Corrections Deputies assigned to work in Special Housing Units receive at a minimum (8) Hours of Special Population Management training annually. Desired Outcome: OJC Deputies assigned to work any of the Special Population Units are provided with at a minimum (8) Hours of Training where the subject matter is specific to the deputy's assigned unit (Youth Offender, Disciplinary Segregation, Protective Custody or Mental Health.) The Chief of Corrections shall ensure that the Commander of the Training Unit has programmed the required Subject matter into the annual training plan. Youth Offender and Mental Health Subjects will be delivered by Subject matter experts from those disciplines. Compliance Tasks to be Completed: Task #1: Ensure that this requirement is codified in the training policy of OPSO. Task #2: Department Training

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					Commander Incorporates (8) Hours of Specialized Training for those OJC Corrections Deputies assigned to units housing: Youth Offenders, Mental Health, Disciplinary Segregation and Protective Custody. This Training may be Computer based. Necessary Resources: No additional resources required. Benchmark Dates: Task #1 50% completion date by 01/15/2017 and substantial completion by 04/01/2017. Task #2 50% completion date by 01/15/2017 and substantial completion by 04/01/2017. Substantial Compliance Date: 04/01/2017
IV.A.5.i. Continue to ensure that supervisors conduct daily rounds on each shift in the prisoner housing units, and document the results of their rounds.		✔		See IV.A.5.d.	Responsible Party: Colonel Colvin General Information: Continue to Comply with all 800 series Policy and Procedures, specifically policy 801.06 Observation Rounds. Desired Outcome: Continued compliance with this standard. Compliance Tasks to be Completed:

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					Task #1: Ensure that assigned Commanders are conducting and documenting the required Security Rounds on all shifts of OJC. Necessary Resources: No additional resources required. Benchmark Dates: Already completed. Substantial Compliance Date: 12/31/2016
IV.A.5.j. Continue to ensure that staff conduct daily inspections of cells and common areas of the housing units to protect prisoners from unreasonable harm or unreasonable risk of harm.			✔	1. Written policies/procedures governing condition of cells and common areas, inspection process, documentation, etc. 2. Written housekeeping plan. 3. Lesson plans, training, for staff. 4. Post orders. 5. Orientation, training for inmate workers. 6. Inspection reports 7. Observation Interview with inmates; interviews with staff.	Responsible Party: Colonel Colvin General Information: Supervise and monitor inmate activities and behavior to ensure a safe and controlled environment. Desired Outcome: OJC Deputies and Commanders effectively practice a *Direct Supervision Model* and do so with a working knowledge of applicable rules, regulations, procedures and applicable laws. If these requirements are complied with a Direct Supervision Deputy shall always be in the unit, accessible to all Inmates housed there, ensuring a

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					high degree of safety and stability. Deputies will annotate in their shift activity reports of the completion of at a minimum 30 minute unit tours, cell searches and search of common areas. OJC Watch and Line Commanders lead by example with regard to constant and unfettered communication with the Prisoner Population of the Orleans Justice Center. These Commanders ensure that assigned Deputies Understand and utilize effective Inter-Personal Communications at every opportunity when speaking to inmates. Compliance Tasks to be Completed: Task #1: The Assistant Chief of Corrections through subordinate Wardens and Commanders shall ensure that OJC is being properly toured by the assigned Commanders, and documented. During their Security/Wellness tours Commanders will observe deputies and their interactions with inmates; address any infractions but also to teach, advise, counsel their staff on the benefits of Direct Supervision generally and the benefit of good inter-personal communications with their assigned inmate specifically.

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					Ensure that Policy 801.06 "Observation Rounds" is taught with a Pre/Post test administered to all OJC Deputies and Commanders within 90 days of this report. Audit by Administrative Warden of the documented completion of required Commander rounds on all shifts at 60 day intervals. Task #2: Administrative Warden Audits Records. Necessary Resources: No additional resources required. Benchmark Dates: Task #1 50% completion date by 12/15/2016 with substantial completion by 02/15/2017. Task #2 50% completion date by 12/15/2016 with substantial completion by 02/15/2017. Substantial Compliance Date: 02/15/2017
IV.A.5.k. Continue to ensure that staff conduct random monthly shakedowns of cells and common areas so that prisoners do not possess or have access to dangerous contraband.		✔		1. Written policy/procedures governing contraband, searches, seizure, inventory, security and analysis of contraband. 2. Lesson plans, employees. 3. Post orders	Responsible Party: Colonel Colvin General Information: Search Prisoner Population for Contraband.

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				4. Inmate orientation/handbook 5. Incident reports 6. Review of contraband log 7. Observation 8. Interview with inmates; interviews with staff See also IV.A.5.b., IV.A.5.l. (1)(2)	Desired Outcome: Methodical Prisoner Search plan. Compliance Tasks to be Completed: Task #1: Warden of OJC to envision, design and develop a Search/Shakedown Plan for all of OJC in compliance with OPSO policies. Necessary Resources: No additional resources required. Benchmark Dates: March 15, 2017 Substantial Compliance Date: October 15, 2017
IV.A.5.l. Provide the Monitor a periodic report of safety and supervision at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will provide the following information: (1) a listing of special management prisoners, their housing assignments, the basis for them being placed in the specialized housing unit, and the date placed in the unit; and (2) a listing of all contraband, including weapons seized, the type of contraband, date of seizure, location, and shift of seizure.		✔		1. Written policy/procedure governing reports. 2. Report.	Responsible Party: Colonel Colvin General Information: Provide Reports as Standard requires. Desired Outcome: Provide Monitors with Bi-annual reports on Special Management Prisoners and Contraband. Compliance Tasks to be Completed: Task #1: Author and file required reports.

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					Necessary Resources: No additional resources required. Substantial Compliance Date: 12/31/2016
IV.A.6. Security Staffing					
IV.A.6.a. OPSO shall ensure that correctional staffing and supervision is sufficient to adequately supervise prisoners, fulfill the terms of this Agreement, and allow for the safe operation of the Facility, consistent with constitutional standards. OPSO shall achieve adequate correctional officer staffing in the following manner: (1) Within 90 days of the Effective Date, develop a staffing plan that will identify all posts and positions, the adequate number and qualification of staff to cover each post and position, adequate shift relief, and coverage for vacations. The staffing plan will ensure that there is adequate coverage inside each housing and specialized housing areas and to accompany prisoners for court, visits and legal visits, and other operations of OPP and to comply with all provisions of this Agreement. OPSO will provide its plan to the Monitor, SPLC, and DOJ for approval. The Monitor, SPLC, or DOJ will have 60 days to raise any objections and recommend revisions to the staffing plan.	✔			1. Written policy/procedure governing staffing, and reporting as required by consent agreement. 2. Completion of a staffing analysis per http://static.nicic.gov/Library/016827.pdf 3. Staffing plan (existing and new facilities); recruiting plan. 4. Daily rosters 5. Overtime records. 6. Housing unit logs. 7. Hiring of professional corrections administrators (CV). Post order/job description/organizational chart. Staffing report containing required information; conclusions; action plans, if any.	Responsible Party: N/A Substantial Compliance Date: Already in compliance (02/19/2016).
(2) Within 120 days before the opening of any new facility, submit a staffing plan consistent with subsection (1) above.	✔				Responsible Party: N/A Substantial Compliance Date: We have been in compliance. The staffing plan was submitted to the Monitors prior to the opening of the OJC jail facility.
(3) Within 90 days after completion of the staffing study, OPSO shall recruit and hire a full-time professional corrections administrator to analyze and review OPP operations. The professional	✔				Responsible Party: N/A Substantial Compliance Date:

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corrections administrator shall report directly to the Sheriff and shall have responsibilities to be determined by the Sheriff. The professional corrections administrator shall have at least the following qualifications: (a) a bachelor's degree in criminal justice or other closely related field; (b) five years of experience in supervising a large correctional facility; and (c) knowledge of and experience in applying modern correctional standards, maintained through regular participation in corrections-related conferences or other continuing education.					In compliance as of May 2, 2016.
(4) Provide the Monitor a periodic report on staffing levels at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement Each report will include the following information: i. a listing of each post and position needed; ii. the number of hours needed for each post and position; iii. a listing of staff hired and positions filled; iv. a listing of staff working overtime and the amount of overtime worked by each staff member; v. a listing of supervisors working overtime; and vi. a listing of and types of critical incidents reported.		✔			Responsible Party: Mr. Bruno General Information: OPSO currently provides the monitors monthly staffing reports. I will review the submitted reports to ensure that it contains all of the requested information. Compliance Tasks to be Completed: Task #1: Develop a reasonable method to produce the requested overtime figures. Necessary Resources: No additional resources required. Substantial Compliance Date: 03/31/2017
IV.A.6.b. Review the periodic report to determine whether staffing is adequate to meet the requirements of this Agreement. OPSO shall make recommendations regarding staffing based on this review. The review and			✔	1. See IV.A.6.a 2. Updated of staffing plans, and shift relief factors (every four years) 3. OPSO written recommendations regarding staffing;	Responsible Party: Mr. Bruno General Information:

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recommendations will be documented and provided to the Monitor.				requests for funding.	OPSO is currently understaffed. OPSO has engaged the services of a consultant to determine the staffing needs based on the population and setup of the facilities. Mr. Rod Miller is heading up this project and expects to be complete in the first quarter of 2017. The evaluation will include OJC as well as the courts. In the meantime OPSO is making every effort to get every non-commissioned officer their commission. This will provide them with a $6,000 increase in pay and also allow them to do details on their own time. OPSO is also putting in place an aggressive training plan to properly train the deputies in working in a direct supervision jail. OPSO believes that these measures will decrease increase the retention rate of our employees at OJC. Compliance Tasks to be Completed: Task #1: Complete and submit staffing report. Necessary Resources: No additional resources required. Benchmark Dates: First quarter of 2017.

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					Substantial Compliance Date: To be determined.
IV.A.7 Incidents and Referrals					
IV.A.7.a. OPSO shall develop and implement policies that ensure that Facility watch commanders have knowledge of reportable incidents in OPP to take action in a timely manner to prevent harm to prisoners or take other corrective action. At a minimum, OPSO shall do the following:		✔		1. Written policy/procedures governing an incident reporting system; including responsibilities for reporting and documentation, time limits, reviewers, etc. 2. Lesson plans, curriculum, training for employees, list of attendees, regarding the incident reporting system, evidence of knowledge gained. Incident reports; actions taken by watch commanders to prevent harm.	Responsible Party: Captain Peters General Information: The OPSO Incident Reporting Policy has been completed and approved by all parties to the Consent Judgment. Policy-specific training is currently underway at the OPSO Training Academy. As mentioned above, Director Maynard is working on a plan to temporarily close down several housing units to focus on staff training. Compliance Tasks to be Completed: Task #1: Complete staff training. Necessary Resources: No additional resources required. Benchmark Dates: 12/30/2016 for 50% completion. Substantial Compliance Date: 02/17/2017 for substantial completion of training.
IV.A.7.b. Continue to ensure that Facility watch commanders document all reportable incidents by the end of their shift, but no later than 24 hours after the incident,		✔		1. Review of incident reports 2. Interviews of inmates; interviews of employees. 3. Comparison on medical emergent reports and	Responsible Party: Colonel Colvin General Information:

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including prisoner fights, rule violations, prisoner injuries, suicide attempts, cell extractions, medical emergencies, found contraband, vandalism, escapes and escape attempts, and fires.				incident reports. 4. Review of inmate disciplinary reports. 5. Review of cell extractions. Summaries of reportable incidents.	Maintain instrument to ensure reportable incidents are documented within appropriate time constraints. Desired Outcome: Procedure for Supervisors to follow to ensure consistent and accurate reporting of the events listed above. Compliance Tasks to be Completed: Task #1: Remain compliant with all 801 Series Policies and Procedures, with added focus on 801.16 and 801.21. Necessary Resources: No additional resources required. Substantial Compliance Date: 12/31/2016
IV.A.7.c. Continue to ensure that Facility watch commanders report all suicides and deaths no later than one hour after the incident, to a supervisor, IAD, the Special Operations Division, and medical and mental health staff.		✔		1. See IV.A.7.a. and IV.A.3.b. (1) – (12) 2. Review of suicides and/or deaths. Review of incident reports.	Responsible Party: Colonel Colvin General Information: Comply with Policy 1201.07 "Inmate Suicide Risk Reduction". Desired Outcome: A professional and factual investigation is completed under policy 801.16. Compliance Tasks to be Completed: Task #1: Ensure that policy

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					1201.07 and policy 801.16 are fully complied with. Necessary Resources: No additional resources required. Substantial Compliance Date: 12/31/2016
IV.A.7.d. Provide formal pre-service and annual in-service training on proper incident reporting policies and procedures.			✔	1. See IV.A.7.a. 2. Lesson plans, training materials, evidence of knowledge gained. Evidence of remedial training. 3. Review of incident reports. Schedule of pre-service, in-service and specialized training for two years forward, including topics, dates, instructors.	Responsible Party: Lt. Navarro General Information: Schedule OJC personnel to attend in-service incident reporting training. Dates have been provided and scheduling needs to be done to assure attendance. Desired Outcome: To complete training on the incident reporting policy. Compliance Tasks to be Completed: Task #1: To coordinate with OJC supervisors and schedule personnel to attend the incident reporting policy training. Necessary Resources: No additional resources required. Benchmark Dates: 12/16/2016 for 50% completion. Substantial Compliance Date:

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					01/13/2017
IV.A.7.e. Implement a policy providing that it is a disciplinary infraction for staff to fail to report any reportable incident that occurred on his or her shift. Failure to formally report any observed prisoner injury may result in staff discipline, up to and including termination.		✔		1. See IV.A.7.a. 2. Written policy/procedure, employee rules of conduct; employee disciplinary procedures. 3. Review of staff disciplinary actions. 4. Review of incident reports. Interviews with employees.	Responsible Party: Captain Peters General Information: The OPSO employee rules and regulations provide for this. We are currently in the final stages of revision of the employee disciplinary policy. Compliance Tasks to be Completed: Task #1: Complete the revisions to the employee disciplinary policy and disseminate to staff. Necessary Resources: No additional resources required. Benchmark Dates: We are already partially compliant. Substantial Compliance Date: February 15, 2017.
IV.A.7.f. Maintain a system to track all reportable incidents that, at a minimum, includes the following information: (1) tracking number; (2) the prisoner(s) name; (3) housing classification and location; (4) date and time; (5) type of incident; (6) injuries to staff or prisoner;		✔		1. See IV.A.7.a., IV.A.7.d. 2. Identification of incident reporting system, elements, formats. Review of incident reports.	Responsible Party: Colonel Colvin General Information: Maintain incident tracking system. Desired Outcome: Ability to

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(7) medical care; (8) primary and secondary staff involved; (9) reviewing supervisor; (10) external reviews and results; (11) corrective action taken; and (12) administrative sign-off.					capture and track the above listed data. Compliance Tasks to be Completed: Task #1: Purchase of New JMS System. Necessary Resources: Funding for new JMAS system. Benchmark Dates: Completed. Substantial Compliance Date: March 15, 2016
IV.A.7.g. Ensure that incident reports and prisoner grievances are screened for allegations of staff misconduct, and, if the incident or allegation meets established criteria in accordance with this Agreement, it is referred for investigation.		✔		1. See IV.A.7.a. 2. Written policy/procedure inmate grievance procedures 3. Review of investigations. 4. Record of referrals for investigation; investigative reports. Interviews with inmates.	Responsible Party: Sgt. Verret General Information: The Grievance department will continue to screen all grievances for allegations of staff misconduct daily and assign these grievances to the Internal Affairs Department /the Warden of the facility. Grievance clerks also maintain an electronic log of grievances assigned to I.A.D and I.S.B. which is provided to the Chief of Investigations weekly. Necessary Resources: One (1) additional staff member needed.

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					Benchmark Dates: Already in partial compliance. Substantial Compliance Date: Pending the selection and implementation of a new JMAS System at OPSO.
IV.A.7.h. Provide the Monitor a periodic data report of incidents at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement.		✔		1. See IV.A.7.a. Periodic written reports regarding incidents; analysis; recommendations from OPSO.	Responsible Party: Chief Laughlin General Information: The current Vantos system does not offer the ability to create this report. Therefore, Major Louque creates a report through his log sheets. Create a report that meets the expectations of the Monitors. Desired Outcome: Create a report that meets the requirements of this provision. Currently working with Major Louque to create a template that can be used. A new JMS that captures all the data and formats it into a useable report. The barrier would be our current JMS system. Currently, the OPSO is in the final stages of selecting a new vendor. Compliance Tasks to be Completed: Task #1: Creating a template that meets all the requirements of this

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					provision. Task #2: Evaluating the collected data for its accuracy. Necessary Resources: No additional resources required. Benchmark Dates: This provision is currently in partial compliance. Substantial Compliance Date: The anticipated date of full compliance is the last quarter of 2017. Major Louque is currently working on a detailed report that would meet this requirement. There will be some back and forth between OPSO and the monitors until a report can be established. The measurement would be a report that can useful for the OPSO. The report should have specific data such as, but not limited to, date, time, day of the week, location, type of injury, type of incident, name of inmate(s) involved, and staff involved.
IV.A.7.i. The report will include the following information: (1) a brief summary of all reportable incidents, by type and date; (2) a description of all suicides and in-custody deaths, including the date, name of prisoner, and housing			✔	1. See IV.A.7.a., IV.A.7.h. 2. Written report. 3. Review of IAD and SOD records/investigations Summary of grievances.	Responsible Party: Chief Laughlin General Information: Training the staff on the policy of reporting incidents as well as the

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unit; (3) number of prisoner grievances screened for allegations of misconduct; and (4) number of grievances referred to IAD or SOD for investigation.					importance of reporting all incidents. Ensure that all reportable incidents are properly investigated. Ensure failure to report any incident will result in discipline or remedial training. Submitting a detailed report regarding all reportable incidents. Accountability that all employees are trained on the proper procedures regarding incident reporting. Compliance Tasks to be Completed: Meet with the Administrative Warden to develop a reporting mechanism similar to the one used by ISB. Continue to receive the referral report from the Grievance Department, and ensure all referrals are investigated thoroughly. Ensure the Training Division collaborates with the facilities to ensure the training is completed in a timely manner. Necessary Resources:

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					No additional staffing or funding is required. Benchmark Dates: This should be in place by the end of the first quarter of 2017. More specific, we should have a report evaluating all incidents of the first quarter 2017 for review. Substantial Compliance Date: January 2018, we should be in full compliance because by then the monitors would have evaluated four quarters, and an annual report.
IV.A.7.j. Conduct internal reviews of the periodic reports to determine whether the incident reporting system is ensuring that the constitutional rights of prisoners are respected. Review the quarterly report to determine whether the incident reporting system is meeting the requirements of this Agreement. OPSO shall make recommendations regarding the reporting system or other necessary changes in policy or staffing based on this review. The review and recommendations will be documented and provided to the Monitor.			✔	1. Written directive governing reporting. 2. Written analysis of incident reporting system; OPSO recommendations. Submission of quarterly reports.	Responsible Party: Chief Laughlin General Information: Develop a report that will measure the performance of the incident reporting system to ensure it meets the Constitutional Rights of prisoners. Create and identify stakeholders for a board that will evaluate the periodic reports. Have in place a board that will effectively evaluate the periodic reports on the incident reporting system. The board will identify strengths and weaknesses of the system, and make recommendations to the

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					Compliance Director for his review. Compliance Tasks to be Completed: Develop the criteria needed for the internal review of the incident reporting system. Identify key stakeholders to be appointed to the review board. Necessary Resources: No additional staffing or funding is needed to complete this task. Benchmark Dates: This should be in place by the end of the first quarter of 2017. Within the quarterly report, we can add section discussing the performance of the incident reporting system. Substantial Compliance Date: January 2018, we should be in full compliance because by then the monitors would have evaluated four quarters, and an annual report which will contain a section on the performance of the incident reporting system.
IV.A.8. Investigations OPSO shall ensure that it has sufficient staff to identify, investigate, and make recommendations correcting misconduct that has or may lead to a violation of the Constitution. At a minimum, OPSO shall:					
IV.A.8.a. Maintain implementation of comprehensive policies, procedures, and practices for the timely and thorough investigation of alleged staff misconduct, sexual assaults, and physical assaults of prisoners resulting in		✔		1. Written policy/procedures governing investigations (SOD and IAD) in accordance with generally accepted correctional practice and Louisiana statute; reporting requirements, and training	Responsible Party: Chief Laughlin General Information:

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serious injury, in accordance with this Agreement. Investigations shall: (1) be conducted by persons who do not have conflicts of interest that bear on the partiality of the investigation; (2) include timely, thorough, and documented interviews of all relevant staff and prisoners who were involved in or who witnessed the incident in question, to the extent practicable; and (3) include all supporting evidence, including logs, witness and participant statements, references to policies and procedures relevant to the incident, physical evidence, and video or audio recordings.				requirements for those newly assigned to the units, annual training and specialized training. 2. Memorandum of agreement, prosecutor, sexual assault treatment center. 3. List of employees assigned to IAD/SOD. 4. Post orders/job descriptions. 5. Lesson plans, curriculum, training materials, list of those trained; evidence of knowledge gained. 6. Review of IAD and SOD investigations. 7. See also PREA standards 115.371-.373. 8. Inmate interviews. Inmate grievances re: retaliation. Third party complaints re: retaliation.	OPSO has already completed and submitted the ISB SOP's which address all of these provisions. The SOP's have been approved by all parties to the Consent Judgment. Compliance Tasks to be Completed: No additional task necessary. ISB is to continue to operate under the approved SOP's. Necessary Resources: No additional resources required. Benchmark Dates: OPSO believes they are currently in compliance with these provisions. Substantial Compliance Date: 12/15/2016
IV.A.8.b. Continue to provide SOD and IAD staff with pre-service and annual in-service training on appropriate investigation policies and procedures, the investigation tracking process, investigatory interviewing techniques, and confidentiality requirements		✔		1. See IV.A.8.a. (1)-(3) 2. See also PREA standard 115.334 3. Note: monitors will review all policies, procedures, lesson plans/curriculum prior to implementation. Inmate interviews	Responsible Party: Chief Laughlin General Information: All ISB agents are required to attend all OPSO annual in-service training. ISB agents receive an additional 8 hours of PREA Training. ISB/SOP have been approved and put in place to assist with investigations.

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					ISB agents will continue to receive annual in-service training as well as additional training when available. Substantial Compliance Date: Currently in compliance.
IV.A.8.c. Ensure that any investigative report indicating possible criminal behavior will be referred to IAD/SOD and then referred to the Orleans Parish District Attorney's Office, if appropriate.		✔		1. See IV.A.8. (1)-(3) 2. Memorandum of agreement with prosecutor. Evidence of case review meetings; record of declinations of prosecution. 3. Interview with prosecutor. Review of employee disciplinary/terminations.	Responsible Party: Chief Laughlin General Information: This provision is currently being adhered to. Substantial Compliance Date: Currently in compliance.
IV.A.8.d. Provide the Monitor a periodic report of investigations conducted at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement.		✔		1. See IV.A.8. (1)-(3) Report to Monitor; recommendations; plans of action.	Responsible Party: Colonel Colvin/Chief Laughlin General Information: The Investigative Services Bureau currently submits spreadsheets of all investigations conducted by the sub-units within the division. Major Louque, the OJC Administrative Warden, has developed detailed statistical reports of all incidents and investigations conducted within the facility. Compliance Tasks to be Completed:

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					Task #1: Begin submitting new OJC reports. Necessary Resources: No additional resources needed. Substantial Compliance Date: Compliance after next official reporting period.
IV.A.8.e. The report will include the following information: (1) a brief summary of all completed investigations, by type and date; (2) a listing of investigations referred for administrative investigation; (3) a listing of all investigations referred to an appropriate law enforcement agency and the name of the agency; and (4) a listing of all staff suspended, terminated, arrested, or reassigned because of misconduct or violations of policy and procedures. This list must also contain the specific misconduct and/or violation.		✔		See IV.A.8.c, d.	Responsible Party: Chief Laughlin General Information: Continue to conduct all investigations assigned to ISB. Desired Outcome: Ensure that ISB agents are conducting investigations in a timely manner. Ensure that all investigations resulting in an arrest are forwarded to the District Attorney's office within the allotted timeframe. The only possible barrier would be if any of the facilities failed to notify ISB of an incident that needed to be investigated. Compliance Tasks to be Completed: Continue to provide the monitors accurate spreadsheets containing

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					1 through 4 listed above. Necessary Resources: No additional resources required. Benchmark Dates: Already in partial compliance. Substantial Compliance Date: The anticipated date of full compliance is March 2017. ISB investigates any and all complaints to its fullest. There is excellent communication between FIT, IAD Admin, IAD Criminal, Intel, and Investigations. ISB continues to close its caseload with arrest, and referrals to the District Attorney's Office. ISB has recently arrested – after consultation with the District Attorney's Office – two employees. The measurement would be to continue our collaboration with the District Attorney's Office regarding arrest and referrals. Furthermore, to investigate each complaint or incident to the fullest both criminally and administratively.
IV.A.8.f. OPSO shall review the periodic report to determine whether the investigation system is meeting the requirements of this Agreement and make recommendations regarding the investigation system or		✔		1. Record of OPSO's review; recommendations; plans of action. Evidence of implemented change based on findings, recommendations, plans of action.	Responsible Party: Chief Laughlin General Information:

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other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.					Ensure required reports pertaining to investigations are provided to the monitors for review. Desired Outcome: Ensure that all information provided in the ISB spreadsheets is accurate. Compliance Tasks to be Completed: Task #1: Continue to review our agent's reports to ensure they are conducting quality, accurate, and complete investigations. Task #2: Continue to make changes to our spreadsheets to provide additional analysis of the data provided. Necessary Resources: No additional resources required. Benchmark Dates: Already in partial compliance with this provision. Substantial Compliance Date: The anticipated date of full compliance is June 2017. A measurement of compliance will be verification and confirmation of the ISB

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					investigations as it relates to OPSO policies and procedures.
IV.A.9. Pretrial Placement in Alternative Settings					
IV.A.9.a. OPSO shall maintain its role of providing space and security to facilitate interviews conducted pursuant to the City's pretrial release program, which is intended to ensure placement in the least restrictive appropriate placement consistent with public safety.	✔			1. Memorandum of understanding (MOU) with Pre-Trial Services. 2. Observation 3. Interview with pre-trial services staff 4. Review of files Review of data regarding pre-trial diversion	Responsible Party: N/A Substantial Compliance Date: Already in compliance with this provision as of 02/19/2016.
IV.A.9.b. OPSO shall create a system to ensure that it does not unlawfully confine prisoners whose sole detainer is by Immigration and Customs Enforcement ("ICE"), where the detainer has expired.	✔			1. Written policy/procedures regarding inmate record keeping, and release. 2. List of inmates with ICE detainees and length of time in custody. 3. Classification plan/policies/procedures Review of inmate release record.	Responsible Party: N/A Substantial Compliance Date: Already in compliance with this provision as of 02/19/2016.
IV.A.10. Custodial Placement within OPP					
IV.A.10.a. OPP shall implement an objective and validated classification system that assigns prisoners to housing units by security levels, among other valid factors, in order to protect prisoners from unreasonable risk of harm. The system shall include: consideration of a prisoner's security needs, severity of the current charge, types of prior commitments, suicide risk, history of escape attempts, history of violence, gang affiliations, and special needs, including mental illness, gender identity, age, and education requirements. OPSO shall anticipate periods of unusual intake volume and schedule sufficient classification staff to classify prisoners within 24 hours of booking and perform prisoner reclassifications, assist eligible DOC prisoners with re-entry assistance (release preparation), among other duties related to case management.	✔			1. Written policy/procedure governing the intake, booking, classification and re-classification process, including how updates to the system required to provide for a reliable and valid classification system for OPSO current inmate populations are implemented, and who is accountable for the process 2. Report including a statistical validation of the OPSO current custody classification system that includes statistical assessment of the risk and need factors of the inmate populations by gender and race. 3. Implementation of the identified updates to the classification system as measured by an electronic file with the completed custody assessments based on the revised custody assessment instruments and housing assignment for OPSO population as if date specified by Monitor 4. Report documenting staffing needs required to ensure integrity of the updated classification and case management systems. Implementation of viable classification/case	Responsible Party: Lt. Holliday Substantial Compliance Date: Already in compliance with this provision as of 02/19/2016.

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				management staffing plans. (Staffing plan to be approved by Monitor prior to implementation.)	
IV.A.10.b. Prohibit classifications based solely on race, color, national origin, or ethnicity.	✔			1. Implementation of a valid classification system based on the objective and reliable risk and need factors of the OPSO inmate populations as documented by a written report on the design/validation of the revised classification system and electronic file of custody assessments (see a.3). Provide a quarterly report that tracks custody distributions by housing unit race, and gender to the Monitor.	Responsible Party: Lt. Holliday Substantial Compliance Date: Already in compliance with this provision as of 02/19/2016.
IV.A.10.c. Ensure that the classification staff has sufficient access to current information regarding cell availability in each division.		✔		1. Develop and implement a housing unit assignment plan that outlines the mission, number of beds and custody level(s) for each OPSO housing unit. Provide a report of the daily counts to the classification housing staff as to the number of occupied, vacancy, and out-of-order beds per pod per housing unit with electronic copies of the daily reports report shall be provided to the Monitor.	Responsible Party: Lt. Holliday General Information: When a cell goes into a state of disrepair, whether from an act of vandalism (ex. -broken glass) or from something malfunctioning (ex. broken toilet) Classification was previously not always notified to close the cell and/or reopen after repair. Desired Outcome: Classification Division will immediately be notified of any physical plant issues that would be cause for the closure of a cell or the reopening of a cell, post repair. Compliance Tasks to be Completed: Continue to work the newly implemented system of tracking any issue that does or could affect a cell's occupancy in the housing units. - There is a feature within the JMS called the Closed Cell

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					Program Report. It allows the end user to turn a cell on or off relative to the cell's availability for assignment by the Objective Classification Instrument. Classification's Shift Leaders have been trained and given access to the JMS program. I also created a spreadsheet Cell Report in which we do an audit of the units once a week to check the status of all of the cells in the building, including the cells that are pending repairs. Any relative discoveries or information that affects a cell within the housing units is also communicated between Plant Control / Maintenance Division and Classification Division. Necessary Resources: None as the tools (JMS program and documents) are already created. No additional staffing needed to complete this task. Substantial Compliance Date: Complete / ongoing.
IV.A.10.d. Continue to update the classification system to include information on each prisoner's history at OPSO.		✔		1. Any automated management information system will include accurate data and within 8 hours of the custody assessment or status change, data regarding the inmates' custody level, medical, mental health, disciplinary infractions, and custody assessment (date, risk factor scoring, override reason (if applicable), and custody level). Monitor will conduct audit of random sample of cases to determine accuracy and timely entry of data.	Responsible Party: Lt. Holliday General Information: Any automated management information system will include accurate data and within 8 hours of the custody assessment or status change, data regarding the

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				Compliance standard will be 90% accurate and reliable. The custody assessments shall be updated/reviewed following every 120 days, a hearing for a disciplinary infraction for major infraction, legal status change, new information from the court, and a major jail incident to include PREA or other major incident/ investigation.). Monitor will conduct audit of random sample of cases to determine accuracy and timely entry of data. Compliance standard will be 90% accurate and reliable.	inmates' custody level, medical, mental health, disciplinary infractions, and custody assessment (date, risk factor scoring, override reason (if applicable), and custody level). Monitor will conduct audit of random sample of cases to determine accuracy and timely entry of data. Compliance standard will be 90% accurate and reliable. Desired Outcome: To have 100% of assessments effected in under 8 hours and have audit tested compliance standard of 90% or better. Compliance Tasks to be Completed: Lieutenant Holliday has recently (October, 2016) initiated a "Random Inmate Sample" internal auditing / quality control program, where he can generate a completely random list of O.P.S.O. inmates that have already been assessed, and review those assessments. Prior to this implementation, the audits were only conducted / documented when placement errors were noticed. Also, Lt. Holliday has worked extensively with the JMS Programmer to create multiple, additional user features within the instrument that not only allows (and mandates) the end

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					user enter comments about the inmate and / or their classification, these comments are visible by date and entry to facilitate a classification history review every time a classification specialist opens up his classification file, whereas before a second JMS session had to be opened up to view a separate database that may or may not have relative comments about that inmates classification. This allows us to continuously add and review new information about that inmate giving us the big picture of that inmate's history of their incarceration. Necessary Resources: No additional staffing or resources needed to complete this task. Substantial Compliance Date: Complete / ongoing.
IV.A.10.e. Continue competency-based training and access to all supervisors on the full capabilities of the OPSO classification and prisoner tracking system.		✔		1. Written directive governing training of staff assigned to classification. 2. Curriculum for competency-based training regarding the custody classification system, housing assignment process, work/community assignments, and case management. Evidence of knowledge gained. 3. Staff training roster(s) and competency tests following completion of competency-based training by current classification/case management staff. 4. Staff training roster(s) and competency tests	Responsible Party: Lt. Holliday General Information: 1. Written directive governing training of staff assigned to classification. 2. Curriculum for competency-based training regarding the custody classification system, housing assignment process,

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				following completion of competency-based training by all new or re-assigned staff on assignment to classification/case management duties. 5. Curriculum for classification module within the basic academy training curriculum for OPSO staff. Evidence of knowledge gained. Staff training roster(s) and competency tests documenting completion of the basic classification module by current OPSO non-classification/case management staff.	work/community assignments, and case management. Evidence of knowledge gained. 3. Staff training roster(s) and competency tests following completion of competency-based training by current classification/case management staff. 4. Staff training roster(s) and competency tests following completion of competency-based training by all new or re-assigned staff on assignment to classification/case management duties. 5. Curriculum for classification module within the basic academy training curriculum for OPSO staff. Evidence of knowledge gained. Staff training roster(s) and competency tests documenting completion of the basic classification module by current OPSO non-classification/case management staff. Desired Outcome: Continue monthly training and testing for all Classification Staff, line staff and supervisors as well as continue pre-service and academy training to facilitate department wide understanding of the critical concept of Classification and that it can actually help the operations staff by knowing and

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					understanding where and why certain inmates are assigned to a particular unit or area. Compliance Tasks to be Completed: The Classification Division staff receives training on new procedures and programs, as well as "refresher training" on some of the fundamental training they may have had when they first came to the division. This ensures that important components of being a classification specialist that were learned in the beginning are not forgotten or taken for granted. Also, last month we conducted some critical, refresher training relative to Classification Staff interpreting NCIC reports and the recognition of the different variations of guilty dispositions as these are a major factor affecting an inmate's classification. Different states and jurisdictions utilize different wording / verbiage relative to describing adjudicated dispositions and it is crucial that our training enables the specialist to recognize any variant of a guilty or not guilty disposition within the national database so that the non-automated data can be "attached" within an inmate's classification record, making it accurate as to

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					the inmate's calculated custody level and / or PREA designation. The last two months also consisted of in depth training of a feature component within the objective classification system known as the "Mandatory Restrictor". This component refers to the mandatory criteria for certain offenses and criminal histories so that inmates that meet the criteria do not progress below a certain custody level. There were some recent modifications to the Mandatory Restrictor screens and further training and testing on knowledge learned was conducted and documented. Necessary Resources: No additional resources required. Substantial Compliance Date: Complete / ongoing.
IV.A.10.f. Conduct internal and external review and validation of the classification and prisoner tracking system on at least an annual basis.		✔		1. Quarterly and annual tracking reports within the OPSO information system to monitor: a. Custody distributions by gender, race and special populations; b. Override rates; c. Housing by custody level/special needs, race; d. PREA separations; Custody re-assessments (regular and for-cause, # over-due, et al.) Electronic copies of the quarterly and annual reports shall be provided to the Monitor with	Responsible Party: Lt. Holliday General Information: Objective classification system / instrument requires annual revalidation. Desired Outcome: The successful internal and external review and revalidation of the objective

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				documentation of steps (tasks and dates) taken to address any noted inconsistencies with OPSO policies.	classification system. Compliance Tasks to be Completed: Dr. Hardyman will complete the statistical review and revalidation of the objective classification system in early 2017. Since the disciplinary system was not previously maintained prior to Lt. Holliday's appointment to Classification Manager, and after implementing several controls and new staffing, the O.P.S.O. disciplinary process has recently achieved significant accountability and methods of capturing and recording for classification purposes, all disciplinary data from incidents here as well as other locations where O.P.S.O. inmates may be temporarily housed, such as East Carol Parish. Necessary Resources: Contract with Dr. Hardyman for her instrument maintenance / testing. No additional staffing needed to complete this task. Substantial Compliance Date: "Early 2017" according to Dr. Hardyman.
IV.A.10.g. Provide the Monitor a periodic report on classification at the Facility. These periodic reports shall be provided to the Monitor within four months of the		✔		1. Annual and bi-annual tracking reports within the OPSO information system to monitor number/rates during the last 12 months and for the stock	Responsible Party: Lt. Holliday General Information:

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Effective Date; and every six months thereafter until termination of this Agreement. Each report will include the following information: (1) number of prisoner-on-prisoner assaults; (2) number of assaults against prisoners with mental illness; (3) number of prisoners who report having gang affiliations; (4) most serious offense leading to incarceration; (5) number of prisoners classified in each security level; (6) number of prisoners placed in protective custody; and (7) number of misconduct complaints.				population 2. number of prisoner-on-prisoner assaults/custody level by gender; 3. number of assaults against prisoners with mental illness by gender; 4. number of prisoners who report having gang affiliations by gang affiliation; 5. most serious current offense leading to incarceration by gender; 6. number of prisoners currently classified in each security level; 7. number of prisoners placed in protective custody; 8. number of prisoners in administrative segregation; and number of major and minor misconduct complaints.	All of the required reports including the last major tracking goal (inmate assaults – victim tracking) have been completed. Desired Outcome: Success with the newest addition to the objective classification instrument, the Security Threat Group / Gang Database. In New Orleans, the gang affiliations are not as defined or formal, making them harder to identify because of the dynamic nature of the faction, often assimilating with multiple other factions, only during periods of incarceration, allowing them to create a stronghold within a particular inmate housing unit, and then returning to previous factional separations once they are no longer incarcerated. Compliance Tasks to be Completed: Our last major hurdle that is under construction and testing is the full implementation of our known STG / gang database for classification use by automating the necessary separations of the gang members within the objective classification system. Necessary Resources:

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					No additional staffing needed to complete this task. Benchmark Dates: 50% completion date by 12/15/2016. Substantial Compliance Date: Completion date of 12/31/2016.
IV.A.10.h. OPSO shall review the periodic data report and make recommendations regarding proper placement consistent with this Agreement or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.		✔		Report to the Monitor with recommended change and rational/data regarding any policy changes.	Responsible Party: Lt. Holliday General Information: Report to the Monitor with recommended change and rational/data regarding any policy changes. Desired Outcome: All relative policies to Classification are now approved and we are in an "implementation" phase of the recently approved policies, assessing where and what changes need to be made, or in the case of the Classification Policy, addendums such as the STG / Gang separations that were not previously mentioned in the Classification Policy. Recent reconciliation of multiple data reports, correcting captured data that was previously inaccurate will ensure our most recent assessments are based on accurate statistical data from the

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					JMS. Compliance Tasks to be Completed: Continue to distribute and train Classification staff, as well as any operational affiliated staff on the new policies, as well as document any recommendations, changes, or additions that may need to be made, so as to submit them up the chain of command for assessment and decision to amend. Also, continue to submit the monthly population reports and analysis / summary to the Compliance Director, Chief of Corrections and Dr. Hardyman for review of any trends or outcomes not previously identified. Necessary Resources: No additional resources required. Substantial Compliance Date: Complete / ongoing.
IV.A.11. Prisoner Grievance Process					
IVA.11.a. OPSO shall ensure that prisoners have a mechanism to express their grievances, resolve disputes, and ensure that concerns regarding their constitutional rights are addressed. OPSO shall, at a minimum, do the following: (1) Continue to maintain policies and procedures to ensure that prisoners have access to an adequate grievance process and to ensure that grievances may be reported and filed confidentially, without requiring the intervention of a correctional officer.		✔		1. Written policy and procedures governing inmate grievances, and grievance appeals. Directive shall include but not be limited to availability of grievance forms in required language, ability of inmates to secure forms upon request and deposit into secured boxes, prohibition against retaliation against inmates who file grievances, time deadlines on responses, assistance to inmates to file grievances (including assistance to inmates with mental illness, low functioning, non-English	Responsible Party: Sgt. Verret General Information: *(1) Continue to maintain policies and procedures to ensure that prisoners have access to an adequate grievance process and to ensure that grievances may be reported and filed confidentially, without requiring the*

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The policies and procedures should be applicable and standardized across all the Facility divisions. (2) Ensure that each grievance receives appropriate follow-up, including providing a timely written response and tracking implementation of resolutions. (3) Ensure that grievance forms are available on all units and are available in Spanish and Vietnamese and that there is adequate opportunity for illiterate prisoners and prisoners who have physical or cognitive disabilities or language barriers to access the grievance system. (4) Separate the process of "requests to staff" from the grievance process and prioritize grievances that raise issues regarding prisoner safety or health. (5) Ensure that prisoner grievances are screened for allegations of staff misconduct and, if an incident or allegation warrants per this Agreement, that it is referred for investigation. (6) A member of the management staff shall review the grievance tracking system quarterly to identify areas of concerns. These reviews and any recommendations will be documented and provided to the Monitor.				speaking). 2. Written policies and procedures that designates a position/post responsible for assuring the collection and response to grievances, including maintenance 3. of records, trends, and analysis of grievance data. 4. An electronic tracking system. 5. Written orientation to inmates regarding the grievance process. 6. Inmate handbook. 7. Curriculum/lesson plans to train staff (pre-service and in-service) regarding their roles and responsibilities regarding the inmate grievance process. 8. Observation of inmate grievance boxes. 9. Interviews with inmates. 10. Interviews with employees. 11. Observation of staff training. 12. Observation of inmate orientation. 13. Written policies/procedures governing the inmate request process. 14. Inmate request forms. 15. Review of referrals for investigation resulting from inmate grievances. 16. Review of original inmate grievances and responses. Monitors' review of grievance logs, grievances, analysis of grievances conducted by OPSO.	*intervention of a correctional officer. The policies and procedures should be applicable and standardized across all the Facility divisions.* ***(Policies were finalized and implemented in March 2016.)*** *(2) Ensure that each grievance receives appropriate follow-up, including providing a timely written response and tracking implementation of resolutions.* ***(The Grievance Coordinator conducts a Monthly Audit of grievances.)*** *(3) Ensure that grievance forms are available on all units and are available in Spanish and Vietnamese and that there is adequate opportunity for illiterate prisoners and prisoners who have physical or cognitive disabilities or language barriers to access the grievance system.****(Task #1)*** *(4) Separate the process of "requests to staff" from the grievance process and prioritize grievances that raise issues regarding prisoner safety or health.* ***(Task #2)*** *(5) Ensure that prisoner grievances are screened for allegations of staff misconduct and, if an incident or allegation warrants per this Agreement, that it is referred for investigation.* ***(Grievance Clerks screen these grievances daily. An electronic log is sent to the Chief of Investigations on***

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					a weekly basis.) *(6) A member of the management staff shall review the grievance tracking system quarterly to identify areas of concerns. These reviews and any recommendations will be documented and provided to the Monitor.* ***(The Grievance Coordinator provides a quarterly grievance report which is included in the quarterly Summary Report provided to monitors.)*** Compliance Tasks to be Completed: Ensure that grievance forms are available on all units and are available in Spanish and Vietnamese and that there is adequate opportunity for illiterate prisoners and prisoners who have physical or cognitive disabilities or language barriers to access the grievance system. Task #1: Forms need to be translated in to Spanish. I have spoken with CFO Sean Bruno on 11/29/16 who is in the process of contacting a previously used vendor to translate and print grievance/ request/appeal forms. Task #2: The current grievance system does not have the ability to separate the process of "request to staff" from the

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					grievance process. Grievance clerks separate these grievances by relying on the current tag type list. Desired Outcome: To obtain a vendor that can provide the necessary software to separate the process of "request to staff" from the grievance process. Necessary Resources: There is a fee associated with translating documents. The need for additional staff will be determined by the functions of the new JMAS system. Grievance Clerks are in need of computers with 22 in. screens. Primary function is continuous reading of grievances/requests. Benchmark Dates: Already in partial compliance with this provision. Substantial Compliance Date: 03/01/2017 for form translation. Substantial compliance is pending integration of new JMAS system.
IV.A.12. Sexual Abuse					
IV.A.12. OPSO will develop and implement policies, protocols, trainings, and audits, consistent with the requirements of the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementation of regulations, including but not limited to, preventing,		✔		1. Checklist of policies and procedures http://www.prearesourcecenter.org/sites/default/files/library/checklistofdocumentationfinal2.pdf 2. Auditor Compliance Tool http://www.prearesourcecenter.org/sites/default/file	Responsible Party: Chief Laughlin General Information: Policies regarding PREA have

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detecting, reporting, investigating, and collecting sexual abuse data, including prisoner-on-prisoner and staff-on-prisoner sexual abuse, sexual harassment, and sexual touching.				s/library/auditorcompliancetoolfinal2.pdf 3. Completion of Jail Toolkit http://static.nicic.gov/Library/026880.pdf 4. Written policies and procedures, protocols, memorandum of agreement/understanding, training curriculum required by the standards. 5. Memorandum of agreement, sexual assault treatment center 6. Review of investigations. 7. Interviews with employees and inmates. 8. Referrals for prosecution Qualifications of instructors.	recently returned from the plaintiffs. On the list of PREA audit from the Department of Corrections (DOC). Identify staff to assume the role of PREA Compliance Manager. Per PREA standards OPSO needs one for each facility; therefore, we need two managers. Desired Outcome: Become PREA compliant. The only barrier identified is the current housing situation of the female youth population. This population is housed on the same pod with adults due to space issues. Compliance Tasks to be Completed: Task #1: Continue to train new hires and contractors on the PREA standards. Task #2: Continue to post PREA statistics on the OPSO website through the report card. Task #3: Develop a notification process to inform offenders of the investigation outcomes. Task #4: Re-institute monthly SHARP meetings to discuss PREA

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					cases. Task #5: Will need to train the PREA Compliance Managers once in their new roles. Necessary Resources: There will be a need to hire / transfer two (2) individuals for the role of PREA Compliance Manager. The only funding will be the salaries of the two PREA Compliance Managers. Benchmark Dates: This provision is currently in partial compliance. Substantial Compliance Date: The anticipated date of full compliance will be the fourth quarter in 2017. The measurement would be to come in full compliance with a PREA audit.
IV.A.13. Access to Information					
IV.A.13. OPSO will ensure that all newly admitted prisoners receive information, through an inmate handbook and, at the discretion of the Jail, an orientation video, regarding the following topics: understanding Facility disciplinary process and rules and regulations; reporting misconduct; reporting sexual abuse or assault; accessing medical and mental health care; emergency procedures; and sending and receiving mail; understanding the visitation process; and accessing the		✔		1. Written policy/procedure governing inmate orientation, including but not limited to inmates with LEP, developmental disabilities, mental illness, etc. 2. Inmate handbook; orientation video. In Spanish, Vietnamese. 3. Observation of inmate orientation. 4. Inmate interviews. 5. Lesson plans, employee training, evidence of	Responsible Party: Colonel Colvin General Information: Video is played on a "Loop" on the TV's in Lockup, video is played again on TV's in OJC Direct Supervision Units and Handbooks are issued (in Spanish and

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grievance process.				knowledge gained. 6. Review of grievances. 7. Post orders.	English) explaining the processes. Compliance Tasks to be Completed: Task #1: Continue current level of staff cooperation and compliance. Leadership should periodically audit this task for completeness and attention to detail. Necessary Resources: No additional resources required. Benchmark Dates: Already completed. Substantial Compliance Date: 12/31/2016
IV.D. Sanitation and Environmental Conditions Defendant shall ensure that prisoners are provided with constitutionally adequate sanitation and environmental conditions. To provide prisoners safe living conditions, OPSO, at a minimum, shall:					
IV. D. 1. Sanitation and Environmental Conditions					
IV.D. 1.a. OPSO shall provide oversight and supervision of routine cleaning of housing units, showers, and medical areas. Such oversight and supervision will include meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units to be documented at least once a week but to occur more frequently.			✔	1. Written policies and procedures for cleaning and disinfecting, monitoring process with responsibility and accountability assigned developed in collaboration with monitor. 2. List of controlled inventory of acceptable cleaning and disinfecting chemicals. 3. Development and implementation of an effective weekly [or more frequently] auditing process with assigned responsibility and accountability and documentation. 4. Monitor's onsite verification of implementation of both the policy(s) and the auditing process and report, along with corrective action when non-conformities to the policy/procedures are documented. Observation of conditions along with interviews with	Responsible Party: Mr. Green General Information: Issue/Problem: Cleaning Inconsistencies for dorms, housing units, showers and living units. Lack of oversight and supervision from OPSO Rank. Deputy shift inspections are not detailed and incomplete. Inconsistency in the deliverance of cleaning supplies, pod deputies inability to access cleaning supplies because of lack of keys.

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				inmates and staff.	Desired Outcome: Consistent cleaning times – Supervisor inspections to assure cleaning standards – Detailed inspections from pod deputies – inspections would identify plumbing and other deficiencies work orders submitted. Standard times to allow cleaning. Pod keys available to allow deputies to access cleaning supplies and laundry services. Compliance Tasks to be Completed: Task #1: Complete Comprehensive Cleaning Policy for the OPSO. Task #2: Activation of comprehensive cleaning plan for OPSO. Task #3: Establish agreeable cleaning times for dorm and pod areas for 1st and 2nd shifts. Task #4: Train Pod Deputies, Rank and Sanitation Deputies on the OPSO comprehensive cleaning plan, the current inspection form that is currently being used by pod deputies to identify and document sanitation and plumbing issues. Task #5: Establish agreeable consistent times to clean cells, showers and general areas .Agree

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					on daily consistent times when fully stocked cleaning carts will be delivered to the dorm areas to clean. Task #5: Ensure that pod deputies have access to cleaning supply / chemical storage rooms / and laundry rooms at all times. Necessary Resources: (4) Sanitation Deputies per shift, one assigned to each floor. Enough Inmate workers to assist in the cleaning process. (1) Additional environmental staff person to assist in training and inspections. Benchmark Dates: 50% completion date by March of 2017. Substantial Compliance Date: Substantial completion by September 2017.
IV. D. 1.b. Continue the preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that showers, toilets, and sink units are adequately installed and maintained. Work orders will be submitted within 48 hours of identified deficiencies, or within 24 hours in the case of emergency maintenance needs.		✔		1. Review of the preventative maintenance plan to determine who has responsibility to file work orders. 2. Evidence of meeting the timelines for submission of work orders. 3. Evidence of training of those assigned the responsibility to file work orders. 4. Observation of practice and conditions. Work orders, invoices, purchases in support of the preventive maintenance plan.	Responsible Party: Mr. Martin/Mr. Reed General Information: All showers, toilets, and sinks are repaired per the Computerize maintenance management system as they are reported. Desired Outcome: All work orders

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					that are submitted within the 24 hour period are address within that 8 hour period. The desired outcome is to make the repairs as soon as they are reported in to the work order specialist. As the work orders are reported in to the dispatcher, they are being dispatched out to the designated craft for repair. Compliance Tasks to be Completed: None. Currently compliant. Necessary Resources: No additional resources required at this time. Substantial Compliance Date: Currently compliant.
IV. D. 1.c. Maintain adequate ventilation throughout OPSO facilities to ensure that prisoners receive adequate air flow and reasonable levels of heating and cooling. Maintenance staff shall review and assess compliance with this requirement, as necessary, but no less than twice annually.			✔	1. Written policy and procedure specifying the process of how adequacy of ventilation will be measured in accordance with the mechanical code adopted by the applicable state or local jurisdiction. 2. Evidence of a contract with a qualified/licensed mechanical contractor to demonstrate that the ventilation system complies with the International Mechanical Code in effect in Louisiana. Reports from vendor.	Responsible Party: Mr. Martin/Mr. Reed General Information: Currently there are no issues at this time with air filtration at the facility. Additionally, there are no issues with the heating and cooling equipment, nor are there any issues with the BMS (Building Management System). The desired outcome is to always keep a reserve supply/stock of filters for the entire facility on

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					hand at all times. Additionally, provide service agreement for equipment. (BMS, Chillers & Heating equipment. Compliance Tasks to be Completed: Task #1: Air Flirtation - All air handler units are pm every quarter for bad belts, dirty filters, functioning control valves, and other task related issues that requires servicing for proper ventilation. Task #2: Controls, heating and cooling equipment. Necessary Resources: No Additional resources required at this time. Benchmark Dates: Task #1: April 24, 2016 is the 50% mark of the quarterlies. October 24, 2016 is the annual completion date for annuals on AHUs. Task #2: Annually and completion date is based on the agreement with the vendors, Siemens and Johnson Controls. Substantial Compliance Date: OPSO is currently compliant.

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IV. D. 1.d. Ensure adequate lighting in all prisoner housing units and prompt replacement and repair of malfunctioning lighting fixtures in living areas within five days, unless the item must be specially ordered.	✔			1. Written policy and procedures. Assurance that facility policy complies with the provision. 2. Maintenance of pending work order list showing the purchase order for pending work order regarding lighting fixtures. Review of work order lists. Visual observation conditions.	Responsible Party: Mr. Martin Substantial Compliance Date: Already in compliance with this provision as of 02/19/2016.
IV. D. 1.e. Ensure adequate pest control throughout the housing units, including routine pest control spraying on at least a quarterly basis and additional spraying as needed.		✔		1. Written policy and procedures. 2. Copy of valid contract for integrated pest control services with a licensed pest control contractor. 3. Map showing the location of all bait and trap stations both internally and externally. 4. Copies of pest control reports provided by the licensed pest control operator showing areas of concern, recommendations for corrective actions needed to be taken by sanitation and maintenance. 5. Evidence of corrective action taken for recommendations provided by the licensed pest control contractor. 6. Evidence of a pest control log where officers can log sighting of pest showing date, time, location, and type of pest. 7. Visual observation of pest activity and inmate interviews. Inmate grievances.	Responsible Party: Mr. Green General Information: Mr. Green states that there are no outstanding pest control issues. Compliance Tasks to be Completed: No additional tasks to be completed. Continue with current practices with pest control contractor. Necessary Resources: No additional resources required. Pest control contract is budgeted annually. Benchmark Dates: None. Substantial Compliance Date: Compliant as of 12/01/2016.
IV. D. 1.f. Ensure that any prisoner or staff assigned to clean a biohazardous area is properly trained in universal precautions, outfitted with protective materials, and properly supervised.		✔		1. Written policy and procedures. 2. Development and implementation of a training syllabus for blood borne pathogens. Qualifications of the trainer(s). 3. Documented list of officers and inmates trained in blood borne pathogens.	Responsible Party: Mr. Green General Information: 1. Lack of staff prohibits training and

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				4. Development and implementation of a biohazardous waste policy and procedures for effective and safe clean-up of any spills. 5. Maintenance of a supply of biohazardous spill kits including personal protection items including, but limited to eye shield, mask, gloves, gown with cap, CPR barrier, towelettes, absorbent powder, scraper, scoop bag, and biohazard bag. 6. Observation and demonstration of knowledge by staff and trained prisoners. 7. Inmate interviews, inmate grievances. Medical policy and procedures.	implementation of current Biohazard Policy. 2. High Staff turnover/ continuous retraining of policy. 3. Not receiving Incident reports on bio hazardous spills. Desired Outcome: 1. Documented list of deputies and inmates trained on blood borne pathogens. 2. Maintenance of a supply of bio hazardous spill kits including personal protective items. 3. System to electronically provide environmental staff on written incident reports so proper follow up can be done per policy. Compliance Tasks to be Completed: Task #1: Hire sufficient staff. Task #2: Work with assigned OPSO Quartermaster and OPSO Warehouse to ensure maintenance of Bio Spill kits. Task #3: Ensure that copy of all

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					biohazard spill incident reports are forwarded to the Environmental Staff for follow up as per Bio Hazardous Policy Task #4: Provide evidence of use of the bio hazardous waste spill kits including, but not limited to: incident reports, spill response and inspection reports, number of spill kits used and where on the semi annual report. Necessary Resources: Funding to ensure spill kits are sufficient in number to replace at all times. Staff salaries. Benchmark Dates: March 2017. Substantial Compliance Date: September 2017.
IV. D. 1.g. Ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.		✔		1. Written policy and procedures. 2. Inventory of cleaning and disinfecting chemicals. 3. Lesson plans/curriculum - evidence of effective training of officers and inmates responsible for cleaning and disinfecting surfaces in housing and common areas. 4. Policy and procedures an effective cleaning and disinfection policy and procedures for all facilities. 5. Observation of effective implementation and demonstration of knowledge. Inmate interviews, inmate grievances.	Responsible Party: Mr. Green General Information: No lesson plans/ curriculum to show evidence of deputies and inmates responsible for cleaning and disinfecting surfaces in housing and common areas. Policy and Procedure for cleaning and disinfecting not complete. Desired Outcome: Develop OPSO

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					Lesson Plan and Curriculum on cleaning and disinfecting housing and common areas. Complete policy for comprehensive cleaning. Compliance Tasks to be Completed: Task #1: Development of Lesson Plan to show evidence of deputies and inmates responsible for the cleaning and disinfecting of surfaces in housing and common areas. Necessary Resources: No additional resources required. Benchmark Dates: 50% completion date by March of 2017. Substantial Compliance Date: Substantial completion by September 2017.
IV. D. 1.h. Maintain an infection control plan that addresses contact, blood borne, and airborne hazards and infections. The plan shall include provisions for the identification, treatment, and control of Methicillin-Resistant Staphylococcus Aureus ("MRSA") at the Facility.		✔		1. Written policy and procedures for an infection control plan and policy following Center for Disease Control's recommendations. 2. Lesson plans/curriculum - evidence of training of all officers, staff and inmates responsible for cleaning and disinfecting all medical and dental areas within OPSO. 3. Demonstration of knowledge of the policy and plan. 4. Observation 5. Inmate interview, inmate grievances.	Responsible Party: Mr. Green General Information: Confirmation that CCS Policy addresses the requirements of Policy B-01 Infection Control. Lack of evidence to show that OPSO housing unit deputies, supervisors, and sanitation officers have been trained on Infection Control Policy.

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					Desired Outcome: Confirmation that current CCS Policy covers all areas of infection control for OPSO. Ensure training of unit deputies, supervisors, and sanitation officers on the Infection Control Policy. Compliance Tasks to be Completed: Task #1: Review CCS Infection Control Policy to ensure that all OPSO infection control matters are included as per the current CCS Policy. Sanitarian continues to be a member of the infection control committee. Task #2: Train housing unit deputies, supervisors and sanitation officers on the current Infection Control Plan. Necessary Resources: No additional resources required. Benchmark Dates: 50% completion date by March of 2017. Substantial Compliance Date: Substantial completion by September 2017.
IV. D. 2. Environmental Control					
IV. D. 2.a. OPSO shall ensure that broken or missing electrical panels are repaired within 30 days of identified		✔		1. Written policy and procedure. 2. Evidence of implementation of the Provision in	Responsible Party:

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deficiencies, unless the item needs to be specially ordered				accordance with the National Electrical Code. 3. Maintenance of pending work order list showing the purchase order for pending work order regarding electrical panels. 4. Observation of practice. Observation of facilities' conditions.	Mr. Martin/Mr. Reed General Information: Currently in compliance. Substantial Compliance Date: Currently in compliance.
IV. D. 2.b. Develop and implement a system for maintenance and timely repair of electrical panels, devices, and exposed electrical wires.		✔		1. Written policy and procedure for preventative maintenance and repairs for electrical issues. 2. Evidence that all repairs are completed in accordance with the National Electrical Code. 3. Evidence that all repairs are completed within a reasonable time to assure that inmates and staff are not exposed to hazards that could cause injury. Observation of conditions.	Responsible Party: Mr. Martin/Mr. Reed General Information: Currently in compliance. Substantial Compliance Date: Currently in compliance.
IV. D. 3. Food Service					
IV. D. 3.a. OPSO shall ensure that food service staff, including prisoner staff, continues to receive in-service annual training in the areas of food safety, safe food handling procedures, and proper hygiene, to reduce the risk of food contamination and food-borne illnesses.		✔		1. Written policy and procedure. 2. Development of a training syllabus for annual training for food safety and hygiene.[2] 3. Evidence of Food Service Manager Certification in accordance with Louisiana Retail Food Regulations. 4. Evidence of training of food service staff and prisoner workers. 5. Demonstration of knowledge by the food service staff and inmates. 6. Observation. 7. Inmate interviews, inmate grievances. Health Department inspection reports.	Responsible Party: Major Watzke/Aramark General Information: The Food Contractor is responsible for all Food related training. Desired Outcome: That all Inmates, Deputies and food contractors receive training on a regular basis. Compliance Tasks to be Completed: None. Major Watzke contends

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					that ARAMARK already provides the required training to ARAMARK staff, OPSO security staff and inmate workers. Necessary Resources: No additional resources required. Benchmark Dates: Watzke states compliant on 12/15/2016. Substantial Compliance Date: Watzke states compliant on 12/15/2016.
IV. D. 3.b. Ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized on a daily basis.		✔		1. Written policy and procedure for the cleaning and sanitization of all food service equipment following the equipment manufacturer's specified cleaning instructions. 2. Maintenance of a documented cleaning schedule for equipment and areas including kitchens, storage areas, ware washing, refrigerators and freezers with assigned responsibility for oversight. 3. Visual evidence of effective cleaning and interviews with staff and inmates on cleaning procedures 4. Evidence of a cleaning log for all equipment and observation of practice meeting the policy/procedures. 5. Inmate worker interviews. Health Department inspection reports.	Responsible Party: Major Watzke/Aramark General Information: Food Service Contractor is responsible for all dishes and utensils food preparation and storage areas along with containers to be cleaned on a daily basis. OPSO Security is responsible to clean delivery vehicle on daily basis. Desired Outcome: That all above-referenced tasks are completed daily.

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					Compliance Tasks to be Completed: OPSO Supervisor makes daily walk through to ensure that the items above are being completed and at the end of the shift a kitchen inspection is completed by OPSO Supervisor. Necessary Resources: No additional resources required. Benchmark Dates: Already in partial compliance as stated in Monitor's Report #6. Substantial Compliance Date: Major Watzke believes that OPSO is in compliance as of 12/01/2016 and has supporting documentation attesting to this (available upon request or next site-visit).
IV. D. 3.c. Check and record on a daily basis the temperatures in the refrigerators, coolers, walk-in refrigerators, the dishwasher water, and all other kitchen equipment with a temperature monitor, to ensure proper maintenance of food service equipment.			✔	1. Written policy and procedures for measuring and recording temperatures of all refrigerators, freezers, hot food holding equipment, wash and rinse temperatures of ware washing equipment, in accordance with the Louisiana Food Regulations. 2. Development and implementation of temperature logs demonstrating effective measurements as required in this provision and/or the Louisiana Food Regulations. 3. Review of logs and direct observations of measurements being taken and recorded. Observation of conditions.	Responsible Party: Major Watzke/Aramark General Information: Under the Consent Decree, The Contractor (Aramark) is responsible for checking and recording Temperatures in the Kitchen. The non compliance was that no records were shown that the temperature for the

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					dishwashing machine was not available. OPSO has continuously checked and recorded the Temperatures on all refrigerators, walk in coolers, the dishwashing machine and any other equipment that applies. The monitor did not request the temperature sheets on the dishwasher machine. Desired Outcome: To continue checking and recording all necessary temperatures. Compliance Tasks to be Completed: To continue checking and recording all necessary temperatures. Necessary Resources: No additional resources required. Benchmark Dates: Already in compliance. Substantial Compliance Date: Already in compliance.
IV. D. 4. Sanitation and Environmental Conditions Reporting					
IV. D. 4.a. 1-7 Provide the Monitor a periodic report on sanitation and environmental conditions in the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. The report will include: (1) number and type of violations reported by health and		✔		1. Written policy and procedure governing reporting. Evidence of written report provided as specified in the provision.	Responsible Party: Mr. Green/Mr. Martin General Information: Reporting Mechanism needs to be

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sanitation inspectors; (2) number and type of violations of state standards; (3) number of prisoner grievances filed regarding the environmental conditions at the Facility; (4) number of inoperative plumbing fixtures, light fixtures, HVAC systems, fire protection systems, and security systems that have not been repaired within 30 days of discovery (5) number of prisoner-occupied areas with significant vandalism, broken furnishings, or excessive clutter; (6) occurrences of insects and rodents in the housing units and dining halls; and (7) occurrences of poor air circulation in housing units.					updated to include data for the Kitchen Warehouse/ OJC and Health Department Violations. Desired Outcome: Work with Director of Maintenance or Maintenance Staff to develop tracking mechanisms to include but not limited to health department reports, pest control reports, inmate grievance logs, and maintenance reports. Compliance Tasks to be Completed: Task #1: Obtain and copy of the current tracking mechanism to review and revise to assure the inclusion of the new categories as expressed by the Federal Monitor. Task #2: Develop Semi Annual Report on time for the Federal Monitor Necessary Resources: No additional resources required. Benchmark Dates: Already in partial compliance. Substantial Compliance Date: September 2017.
IV. D. 4.b. Review the periodic sanitation and environmental conditions reports to determine whether the prisoner grievances and violations reported by health,		✔		1. Written policy and procedure governing reporting on environmental conditions. 2. Evidence of formal review of the sanitation and	Responsible Party: Mr. Green General Information:

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sanitation, or state inspectors are addressed, ensuring that the requirements of this Agreement are met. OPSO shall make recommendations regarding the sanitation and environmental conditions, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.				environmental conditions report by staff responsible for implementing policies and procedures for food service, blood borne pathogens, chemical control, sanitation, and preventive maintenance. 3. Evidence of written audits of the facilities. 4. Evidence of command staff review. Determination by OPSO that the implemented policies and procedures are effective to address the provisions of this Agreement. 5. Evidence of effective Corrective Actions are taken to address non-conformities identified during the review process. 6. Changes to policy, training curriculum, etc. resulting from these reviews. Health Department inspection reports.	Issue/Problem: No established times set to meet and review inspection / maintenance reports to determine if inmate grievances are legitimate or the requirement per this provision are being met. Recommendations and policy changes regarding sanitation and environmental conditions are not being done because of inconsistencies of meetings. Desired Outcome: Established predetermined weekly meetings to discuss weekly sanitation inspections, weekly maintenance assessment from the environmental staff and review any new inmate grievances submitted via the Tiger system. Compliance Tasks to be Completed: Task #1: Establish a weekly date and time to discuss Sanitation/ Maintenance and Inmate grievances. Task #2: Review and investigate Environmental Grievances submitted via the Tiger System within 48 hrs of submittal unless received on a weekend. Document response and work to resolve issue if legitimate. Necessary Resources: No additional resources needed. Benchmark Dates:

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					March 2017. Substantial Compliance Date: September 2017.
IV.E. Fire and Life Safety OPSO shall ensure that the Facility's emergency preparedness and fire and life safety equipment are consistent with constitutional standards. To protect prisoners from fires and related hazards, OPSO, at a minimum, shall:					
IV. E. 1. Fire and Life Safety					
IV. E. 1.a. Ensure that necessary fire and life safety equipment is properly maintained and inspected at least quarterly. These inspections must be documented.		✔		1. Written policy and procedure governing the procedures and staff responsibility and accountability assigned for a minimum of quarterly inspections, repair and/or replacement of all fire and life safety equipment, included in the controlled document inventory. 2. Inspections shall be completed by competent fire inspector having at a minimum successfully passed "Fire Inspector II" training and examination in accordance with NFPA 1031, Professional Inspector Level II Qualifications and all requirements of the Office of the Louisiana State Fire Marshall. 3. Development and maintenance of a complete inventory of all fire and life safety equipment for each facility. The list needs to include, but not limited to sprinkler heads, fire alarm pull boxes, smoke detectors, fire suppression systems, fire extinguishers, defibrillators, SCBA equipment and etc. 4. Annual master calendar for all internal and external inspection of all fire and life safety system equipment. 5. Development of a facility specific audit form that demonstrates the date of completion of inspection, identification of all non-conforming equipment, along with a corrective action report form that can demonstrate that effective corrective action was taken for all non-conformities. 6. Lesson plans/curriculum for staff assigned as auditors/inspectors. 7. Execution of contract with a qualified contractor to perform the inspections specified in this provision. 8. Evidence of a completed, signed, and supervisory	Responsible Party: Fire Chief Lampard General Information: OPSO life safety equipment is already being properly maintained and inspected on a quarterly schedule. Documentation of these inspections are already being provided via controlled documents to the monitors as per document request. The problem is that OPSO did not have a written policy and procedure covering this sub-paragraph of the agreement. Desired Outcome: To have the completed policy and procedure (701.01 Emergency Equipment Testing and Inspections) in effect for the next monitor's report # 7. Compliance Tasks to be Completed: Task #1: The final draft of policy 701.01 has completed and forwarded to the monitors for

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				review of all inspection and testing reports, along with documented corrective actions taken to resolve identify issue on non-conformance. 9. Fire Department inspection reports. Interview with Fire Department officials.	approval. The OPSO Fire safety Officer (Chief Lampard) has been working with the VJRS group to develop the 701.01 policy. Integrate the life safety inspections with the Facility Dude maintenance tracking program. Necessary Resources: No additional resources required. Substantial Compliance Date: 12/31/2016
IV. E. 1.b. Ensure that a qualified fire safety officer conducts a monthly inspection of the facilities for compliance with fire and life safety standards (e.g., fire escapes, sprinkler heads, smoke detectors, etc.).		✔		1. Job description/post orders, including qualifications for a fire safety officer in accordance with NFPA requirements for a "Certified Fire Inspector Level II" 2. Written policy and procedures including evidence of attendance at any and all 3-year certification seminars for certification renewal or current license from the Office of the State Fire Marshall 3. Also include measures 3, 4, 5, 7 of IV.E.1.a. 4. Review and observation of completed reports and corrective actions taken. Interview with fire safety officer.	Responsible Party: Fire Chief Lampard General Information: Monthly inspections by a qualified Fire safety Officer and documentation are already being provided to the monitors via controlled documents as per document request. Presently OPSO does not have a policy and procedure covering this sub-paragraph of the agreement. Desired Outcome: To have the completed policy and procedure (701.01 Emergency Equipment Testing and Inspections) in effect for the next monitor's report # 7. Compliance Tasks to be Completed:

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					Task #1: The final draft of policy 701.01 has completed and forwarded to the monitors for approval. The OPSO Fire safety Officer (Chief Lampard) has been working with the VJRS group to develop the 701.01 policy. Integrate the life safety inspections with the Facility Dude maintenance tracking program. Necessary Resources: No additional resources required. Substantial Compliance Date: 12/31/2016
IV. E. 1.c. Ensure that comprehensive fire drills are conducted every six months. OPSO shall document these drills, including start and stop times and the number and location of prisoners who were moved as part of the drills.			✔	1. Written policy and procedures governing staff responsibilities and accountability for conducting fire drills within each facility in accordance with the provision. The policy shall include applicable drill reports that outline at a minimum start and stop times of the drills and the number and location of inmates who were moved as part of the drills, a formal review process for each drill that identifies the root cause and verification of effective corrective actions as necessary for non-conformities with the fire safety and evacuation plan(s) 2. Development and implementation of fire drill audit form(s) 3. Annual schedule of drills for each facility. demonstrating rotating drills to assure each areas are drilled at a required frequency. 4. Observation of drills and/or drill reports. 5. Evidence of collaboration with the NOFD; interview with NOFD. Interviews with inmates.	Responsible Party: Fire Chief Lampard General Information: Fire drills are already being conducted on the required frequency and documentation provided to the monitors via controlled documents as per the document request. Desired Outcome: Policy and procedure (401.05 Fire Safety and Evacuations) has already been approved by all involved parties and has been signed into effect. Compliance Tasks to be Completed:

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					Task #1: OPSO Training Division along with OPSO Fire Safety Officer have already begun training of staff members to Policy 401.05. Task #2: Fire Drills (Level2) will be conducted by the OPSO Fire Safety Officer during the staff training on Policy 401.05 to ensure that personnel on all shifts will be included. Necessary Resources: No additional resources required. Substantial Compliance Date: 12/31/2016
IV. E. 1.d. Provide competency-based training to staff on proper fire and emergency practices and procedures at least annually.			✔	1. Development and implementation of a competency-based training policy for all correction staff on safe and effective use of all fire and emergency equipment, firefighting, safe evacuation. 2. Development and implementation of a fire and emergency practices and procedures training course syllabus/outline, along with a written exam that measures the competency of the corrections staff for the fire safety and evacuation plan and establishes an acceptable passing score. 3. Written directive regarding how OPP will identify each officer and staff that is required to receive training, the training date, name of officer/staff trained, competency measurement score, and the training provider. 4. Documented verification by sign-in logs of participants, and validation of successful completion of the training. 5. Observation of implementation Interviews.	Responsible Party: Fire Chief Lampard General Information: OPSO received non-compliance status for sub-paragraph I.V.E.1.d in the monitor# 6 final report. Sub-monitor Grenawitzke issued this status report sighting a lack of policy and procedures, training, and implementation. Compliance Tasks to be Completed: Task #1: Schedule and initiate training ASAP. Task #2: Provide training to 75% of required personnel by

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					12/31/16. Task #3: Implement policy procedures to staff after proper training. Task #4: Assure that all new employees receive proper training and that previously trained personnel receive required annual refresher classes to maintain compliance. Necessary Resources: No additional resources needed. Benchmark Dates: 50% completion date 12/15/2016. Substantial Compliance Date: 12/31/2016
IV. E. 1.e. Within 120 days of the Effective Date, ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.		✔		1. Written policy and procedures regarding staff responsibility and accountability for the systematic marking of all emergency keys, including sight and touch identification and designated locations for quick access for all keys. All policies and procedures are to be reviewed and updated as necessary and at least annually on a schedule. 2. Implementation of the policy and procedure 3. Documented evidence of officer and staff training on the policy and procedure. 4. Observation of keys. Observation of staff utilizing keys.	Responsible Party: Fire Chief Lampard General Information: Emergency Key sets have been completed, properly marked and stored in OPSO jail facilities since the inception of this agreement. The issue was that OPSO did not have a written policy and procedure covering this sub-paragraph.

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					Desired Outcome: To have all OPSO jail staff properly trained to Policy (801.35 Key Control). Compliance Tasks to be Completed: Task #1: Proper Storage and usage of the facility emergency key set is being taught during the Fire Safety classes conducted by the OPSO Training Division and OPSO Fire Safety Officer. Provide training to all required OPSO staff members as required by this sub-paragraph. Necessary Resources: No additional resources required. Substantial Compliance Date: 12/31/2016
IV. E. 2. Fire and Life Safety Reporting					
IV. E. 2.a.1-3 Provide the Monitor a periodic report on fire and life safety conditions at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date and every six months thereafter until termination of this Agreement. Each report shall include: (1) number and type of violations reported by fire and life safety inspectors; (2) fire code violations during annual fire inspections; and (3) occurrences of hazardous clutter in housing units that could lead to a fire.		✔		1. Written policy and procedure governing required reporting.	Responsible Party: Fire Chief Lampard General Information: In lieu of facility fire safety officers being in service, the OPSO Fire safety Officer has provided the reports referenced in this sub-paragraph. Desired Outcome: To have facility

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					fire safety officers (staff members) trained and placed in service in all OPSO jail facilities. Compliance Tasks to be Completed: Task #1: Provide advanced training to the facility fire safety officers in addition to the fire safety curriculum. Necessary Resources: No additional resources required. Substantial Compliance Date: To be determined.
IV. E. 2.b. Review the periodic fire and life safety reports to determine whether the violations reported by fire and life safety inspectors are addressed, ensuring the requirements of this Agreement are being met. OPSO shall make recommendations regarding the fire and life safety conditions, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.			✔	1. Written policy and procedure governing required reporting. 2. Evidence of formal reviews of the fire and life safety conditions report by staff responsible for implementing policies and procedures for food service, blood borne pathogens, chemical control, sanitation, and preventive maintenance. 3. Evidence of written audits of the facilities. 4. Evidence of command staff review. Determination by OPSO that the policies and procedures are effective to address the requirements of this Agreement. 5. Documentation of Corrective Actions taken to address non-conformities identified during the review process. 6. Changes to policy, training curriculum, etc. resulting from these reviews. Review of Fire Department reports/inspections; interviews with NOFD.	Responsible Party: Fire Chief Lampard General Information: OPSO at this time does not have board to review and address violations. OPSO also at this time does not have designated staff member safety officers to provide the above mentioned violation reports. Desired Outcome: Have OPSO designate and provide facility safety officers to assist the OPSO Fire Safety Officer in performance of duties to achieve substantial compliance status.

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					Presently, OPSO Fire Safety Officer (Chief Lampard) conducts monthly and quarterly inspections and fire drills in all OPSO jail facilities and provides documentation to the Monitors Compliance Tasks to be Completed: Task #1: Continue providing required inspection reports and conducting fire drills. Documenting results and providing these reports to the monitors relevant to their document request. Task #2: Continue to advocate the initiation of facility staff member safety officers to meet the requirements of this sub-paragraph. Task #3: Establish an OPSO review board to meet the requirements of this sub-paragraph Necessary Resources: Facility staff member Safety Officers (2 per shift)- Review Board. Substantial Compliance Date: To be determined.
IV.F. Language Assistance					
IV.F.1. Timely and Meaningful Access to Services/Timely and Meaningful Access to Services					
IV.F.1.a. OPP shall ensure effective communication with,		✔		2. Written policy/procedure governing effective	Responsible Party: Captain Peters

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and provide timely and meaningful access to services at OPP to all prisoners at OPP, regardless of their national origin or limited ability to speak, read, write, or understand English. To achieve this outcome, OPP shall: (1) Develop and implement a comprehensive language assistance plan and policy that complies, at a minimum, with Title VI of the Civil Rights Act of 1964, as amended, (42 U.S.C. § 2000d et seq.) and other applicable law; (2) Ensure that all OPP personnel take reasonable steps to provide timely, meaningful language assistance services to Limited English Proficient ("LEP") prisoners; (3) At intake and classification, identify and assess demographic data, specifically including the number of LEP individuals at OPP on a monthly basis, and the language(s) they speak; (4) Use collected demographic information to develop and implement hiring goals for bilingual staff that meet the needs of the current monthly average population of LEP prisoners; (5) Regularly assess the proficiency and qualifications of bilingual staff to become an OPP Authorized Interpreter ("OPPAI"); (6) Create and maintain an OPPAI list and provide that list to the classification and intake staff; and (7) Ensure that while at OPP, LEP prisoners are not asked to sign or initial documents in English without the benefit of a written translation from an OPPAI.				communication. See also IV.F.2.b. (1)-(9) 3. Review of materials. 4. Lesson plans, training materials, evidence of knowledge gained. 5. Inmate interviews. 6. Certification process for OPPAI; documentation 7. Observation 8. Language line (or similar) contract; evidence of use 9. Report identifying inmate demographics, set hiring goals, identification and deployment of bi-lingual staff. Hiring of bi-lingual staff.	General Information: The OPSO language assistance policies have been approved. Training materials are currently being drafted. OPSO needs to locate and certify employees wishing to function as interpreters within the jail system, with a primary emphasis on Spanish and Vietnamese. The certification process is critical as knowledge of another language is not enough to function as an interpreter. Interpretation is not the same as speaking and understanding another language. Deputies successfully completing a certification program should receive some incentive. Having certified deputies on all shifts to provide interpretation will be a challenge with staffing shortages. Have deputies on each shift who are certified interpreters. Provide these deputies with an incentive. Inmate forms and documents need to be translated into Spanish and Vietnamese. Compliance Tasks to be Completed: Task #1: Complete policy training materials. Complete abbreviated inmate training materials. Completion by 03/31/2017.

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					Task #2: Train staff on language assistance policies. Completion by 07/01/2017. Task #3: Create and send out a survey to all staff to see if there is any interest in functioning as an interpreter. Completion by 01/15/2017. Task #4: Develop an incentive plan for deputies successfully completing certification program. Completion by 02/01/2017. Task #5: Identify a certification provider/vendor. Completion by 03/01/2017. Task #6: Begin testing and certifying interpreters. Ongoing process but initiation will begin on 04/15/2017. Task #7: Translate inmate forms into Spanish and Vietnamese. Completion date of 05/01/2017. Necessary Resources: Financial. The certification services and the employee incentives are going to require funding. Funding will be required to translate inmate forms into Spanish and Vietnamese. Substantial Compliance Date:

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					07/01/2017
IV.F.2. Language Assistance Policies and Procedures					
IV.F.2.a. OPP shall develop and implement written policies, procedures and protocols for documenting, processing, and tracking of individuals held for up to 48 hours for the U.S. Department of Homeland Security ("DHS");	✔			1. Written policy/procedures for intake, tracking, care of inmates on 48 hour holds for DHS. See IV.F.2.b.(1)-(9) 2. Review of inmate files. 3. Inmate interviews. Observation.	Responsible Party: Captain Peters Substantial Compliance Date: OPSO is currently compliant with this provision.
IV.F.2.b. Policies, procedures, and protocols for processing 48-hour holds for DHS will: (1) Clearly delineate when a 48-hour hold is deemed to begin and end; (2) Ensure that, if necessary, an OPPAI communicates verbally with the OPP prisoner about when the 48-hour period begins and is expected to end; (3) Provide a mechanism for the prisoner's family member and attorney to be informed of the 48-hour hold time period, using, as needed, an OPPAI or telephonic interpretation service; (4) Create an automated tracking method, not reliant on human memory or paper documentation, to trigger notification to DHS and to ensure that the 48-hour time period is not exceeded. (5) Ensure that telephone services have recorded instructions in English and Spanish; (6) Ensure that signs providing instructions to OPP prisoners or their families are translated into Spanish and posted; (7) Provide Spanish translations of vital documents that are subject to dissemination to OPP prisoners or their family members. Such vital documents include, but are not limited to: i. grievance forms; ii. sick call forms; iii. OPP inmate handbooks; iv. Prisoner Notifications (e.g., rule violations, transfers, and grievance responses) and v. "Request for Services" forms. (8) Ensure that Spanish-speaking LEP prisoners obtain the Spanish language translations of forms provided	✔			1. See IV.F.2.a. See also IV.F.1.a. (1)-(7) 2. Review of logs. 3. Interviews of OPPAIs 4. Review of inmate files. 5. Review of signs, inmate handbooks, other instructional materials. 6. Memorandum of agreement/contract DHS regarding DHS materials. Language Assistance Plan	Responsible Party: Captain Peters Substantial Compliance Date: OPSO is currently compliant with this provision.

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by DHS; and (9) Provide its language assistance plan and related policies to all staff within 180 days of the Effective Date of this Agreement.					
IV.F.3. Language Assistance Training					
IV.F.3.a. Within 180 days of the Effective Date, OPP shall provide at least eight hours of LEP training to all corrections and medical and mental health staff who may regularly interact with LEP prisoners. (1) LEP training to OPP staff shall include: i. OPP's LEP plan and policies, and the requirements of Title VI and this Agreement; ii. how to access OPP-authorized, telephonic and in-person OPPAIs; and iii. basic commands and statements in Spanish for OPP staff. (2) OPP shall translate the language assistance plan and policy into Spanish, and other languages as appropriate, and post the English and translated versions in a public area of the OPP facilities, as well as online. (3) OPP shall make its language assistance plan available to the public.		✔		1. See IV.F.2.a. and IV.F.1.a. (1)-(7) 2. Lesson plans, training materials, evidence of knowledge gained. Review of qualification of instructors. 3. List of employees needing training. 4. Interviews with employees; interviews with inmates 5. Observation Language Assistance Plan, translated into Spanish and other languages. Posted in public areas and online.	Responsible Party: Captain Peters General Information: The OPSO language assistance policies have been approved. Training materials are currently being drafted. OPSO needs to locate and certify employees wishing to function as interpreters within the jail system, with a primary emphasis on Spanish and Vietnamese. The certification process is critical as knowledge of another language is not enough to function as an interpreter. Interpretation is not the same as speaking and understanding another language. Deputies successfully completing a certification program should receive some incentive. Having certified deputies on all shifts to provide interpretation will be a challenge with staffing shortages. Have deputies on each shift who are certified interpreters. Provide these deputies with an incentive. Inmate forms and documents need to be translated into Spanish and Vietnamese. The language assistance policies and plan need

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					to be translated. Compliance Tasks to be Completed: Task #1: Complete policy training materials. Complete abbreviated inmate training materials. Completion by 03/31/2017. Task #2: Train staff on language assistance policies. Completion by 07/01/2017. Task #3: Create and send out a survey to all staff to see if there is any interest in functioning as an interpreter. Completion by 01/15/2017. Task #4: Develop an incentive plan for deputies successfully completing certification program. Completion by 02/01/2017. Task #5: Identify a certification provider/vendor. Completion by 03/01/2017. Task #6: Begin testing and certifying interpreters. Ongoing process but initiation will begin on 04/15/2017. Task #7: Translate inmate forms into Spanish and Vietnamese. Translate language assistance policies and plans. Completion by 05/01/2017.

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					Task #8: Locate LEP Spanish training method for staff (basic Spanish). Begin training staff. Expected completion date of 12/31/2017. Necessary Resources: Financial. The certification services and the employee incentives are going to require funding. Funding will be required to translate inmate forms and the language assistance policies into Spanish and Vietnamese. There may be a cost associated with LEP training for officers/staff (whether it is online or instructor-led). Substantial Compliance Date: 12/31/2017
IV.F.4. Bilingual Staff					
IV.F.4. (1) OPP shall ensure that adequate bilingual staff are posted in housing units where DHS detainees and other LEP prisoners may be housed. (2) OPP shall ensure that an appropriate number of bilingual staff are available to translate or interpret for prisoners and other OPP staff. The appropriate number of bilingual staff will be determined based on a staffing assessment by OPP.			✔	1. See IV.F.2.a. and IV.F.1.a. (1)-(7), 2. Staff deployment plan with DHS detainees and LEP inmates. 3. Recruiting/hiring of bi-lingual employees. 4. Review of staff deployment. 5. Review of housing units logs 6. Interviews with inmates. 7. Identification of process by which OPSO confirms that the staff are proficient in their identified language.	Responsible Party: Captain Peters General Information: OPSO needs to locate and certify employees wishing to function as interpreters within the jail system, with a primary emphasis on Spanish and Vietnamese. The certification process is critical as knowledge of another language is not enough to function as an interpreter. Interpretation is not the same as speaking and understanding another language.

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					Deputies successfully completing a certification program should receive some incentive. Having certified deputies on all shifts to provide interpretation will be a challenge with staffing shortages. Have deputies on each shift who are certified interpreters. Provide these deputies with an incentive. Compliance Tasks to be Completed: Task #1: Create and send out a survey to all staff to see if there is any interest in functioning as an interpreter. Completion by 01/15/2017. Task #2: Develop an incentive plan for deputies successfully completing certification program. Completion by 02/01/2017. Task #3: Identify a certification provider/vendor. Completion by 03/01/2017. Task #4: Begin testing and certifying interpreters. Ongoing process but initiation will begin on 04/15/2017. Necessary Resources: Financial. The certification services and the employee incentives are going to require funding. Substantial Compliance Date:

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					05/15/2017
IV.G. Youthful Prisoners					
IV.G. Consistent with the Prison Rape Elimination Act of 2003, 42 U.S.C. § 15601, et seq., and its implementation of regulations, a youthful prisoner shall not be placed in a housing unit in which the youthful prisoner will have sight, sound, or physical contact with any adult prisoner through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, OPSO shall either: maintain sight and sound separation between youthful prisoners and adult prisoners, or provide direct staff supervision when youthful prisoners and adult prisoners have sight, sound, or physical contact. OPP shall ensure that youthful prisoners in protective custody status shall have no contact with, or access to or from, non-protective custody prisoners. OPP will develop policies for the provision of developmentally appropriate mental health and programming services.		✔		1. Written policy/procedures governing classification and housing of youthful inmates, including but not to sight/sound separation, provision of services, protective custody, education and other services, services for youthful inmates with mental illness or who are developmentally disabled, access to medical and mental health services. 2. Housing plan; classification plan. 3. Observation 4. Interview with youthful inmates. 5. Review of recreation and program schedules. 6. Review of inmate files (developmentally disabled, mental illness) 7. Review of housing unit logs, program schedules.	Responsible Party: Colonel Colvin/Mr. Carroll General Information: Ensure that Youth Offenders have no Physical or Visual Contact with Adult Offenders. Desired Outcome: Remove Youth Offenders to city owned/run "Youth Studies Center". While juvenile detainees are still in our custody: Define, develop and implement Programs and Policies for the provision of developmentally appropriate OPSO Youthful Prisoners. Identify what the programming will entail. Identify stakeholders, volunteers and support groups who will support and facilitate programming. Identify who will recruit, and train volunteers? Will any resources be allocated for programming? Who will train Officers working with Youthful prisoners? Ensure that the structure and daily schedules for Youthful prisoners are made and operate as scheduled.

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					Desired Outcome OPSO Programming Department will define develop and implement programs and policies for the provision of developmentally appropriate programming services. OPSO Programming Department (along with support from Administration) will identify what programming will entail, identify and reach out to volunteers, and support organizations that will support and facilitate. OPSO will hire a Volunteer Coordinator who will recruit and train volunteers. Because of budget constraints very little resources (other than employees) have been allocated for programming. The OPSO Training Department will train Officers that work with Youthful prisoners. The Program Coordinator/Director will ensure the structure and daily schedule for Youthful prisoners are developed and operate as scheduled. Compliance Tasks to be Completed: Task #1: Agreement to remove Youth Offenders from OJC and place them in City "Youth Studies Center". While juvenile inmates are still in custody:

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					Task #1: Program Development and Implementation The Youthful prisoners Program elements have been developed and implementation started which consists of the following: (1) Programming- Cognitive Behavior therapy (CBT), Moral Reconation Therapy (MRT) and the THINK Program. (2) Religious Programming – OPSO Volunteer Chaplains, New Orleans Archdiocese, Baptist, Islamic and other religious organizations. (3) Educational Programs – New Orleans School Board, Alternative Learning Institute (A.L.I.) Life skills and other educational programs will be taught by other NOLA Volunteers groups (4) Rehabilitative/Resource Programming - with such organization like Planned Parenthood, Urban League, Council on Alcohol and Drug Abuse (CADA) and Additional and additional stakeholders and Volunteers. A Volunteer Coordinator has been hired to recruit and train Volunteers of the program. The OPSO programming structure is in place and the daily schedule in place. Additional Volunteers, Resources, and other aforementioned program types will be added to advance the overall OPSO Youthful prisoners

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					program and ensure compliance by the Program Coordinator/Director. Expected completion date of 12/01/2016. Task #2: Written policies for the youthful prisoners. Expected completion date of 01/30/2017. Necessary Resources: To be determined. Benchmark Dates: To be determined for transfer of juveniles. Substantial Compliance Date: To be determined. To be determined for transfer of juveniles.
VI. The New Jail Facility					
VI. A. The Parties anticipate that Defendant will build a new jail facility or facilities that will replace or supplement the current facility located at 2800 Gravier Street, New Orleans, Louisiana. This Agreement shall apply to any new jail facility.	✔				Responsible Party: N/A Substantial Compliance Date: Already in compliance with this provision of the Consent Judgment as of 02/19/2016.
VI. B. Defendant shall obtain the services of a qualified professional to evaluate, design, plan, oversee, and implement the construction of any new facility. At each major stage of the facility construction, Defendant shall provide the Monitor with copies of design documents.	✔				Responsible Party: N/A Substantial Compliance Date: Already in compliance with this provision of the Consent Judgment as of 02/19/2016.

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VI. C. Defendant shall consult with a qualified corrections expert as to the required services and staffing levels needed for any replacement facility. OPSO shall complete a staffing study to ensure that any new facility is adequately staffed to provide prisoners with reasonable safety.		✔			Responsible Party: Mr. Bruno General Information: OPSO is currently understaffed. OPSO has engaged the services of a consultant to determine the staffing needs based on the population and setup of the facilities. Mr. Rod Miller is heading up this project and expects to be complete in the first quarter of 2017. The evaluation will include OJC as well as the courts. In the meantime OPSO is making every effort to get every non-commissioned officer their commission. This will provide them with a $6,000 increase in pay and also allow them to do details on their own time. OPSO is also putting in place an aggressive training plan to properly train the deputies in working in a direct supervision jail. OPSO believes that these measures will decrease increase the retention rate of our employees at OJC. Compliance Tasks to be Completed: Task #1: Complete and submit staffing report. Necessary Resources: No additional resources required.

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					Benchmark Dates: First quarter of 2017. Substantial Compliance Date: To be determined.
VI. D. Defendant will ensure that the new jail facility will be built in accordance with: (1) the American Correctional Association's standards in effect at the time of construction; (2) the American with Disabilities Act of 1990 ("ADA"), 42 U.S.C. §§ 12101-12213, including changes made by the ADA Amendments of 2008 (P.L. 110-325) and 47 U.S.C. §§ 225-661, and the regulations thereunder; and (3) all applicable fire codes and regulations.	✔				Responsible Party: Director Maynard Substantial Compliance Date: OPSO is compliant with this provision.
VII. Compliance and Quality Improvement					
VII. A. Within 120 days of the Effective Date, OPSO shall revise and/or develop its policies, procedures, protocols, training curricula, and practices to ensure that they are consistent with, incorporate, address, and implement all provisions of this Agreement. OPSO shall revise and/or develop, as necessary, other written documents, such as screening tools, logs, handbooks, manuals, and forms, to effectuate the provisions of this Agreement. OPSO shall send pertinent newly-drafted and revised policies and procedures to the Monitor as they are promulgated. The Monitor will provide comments on the policies to OPSO, SPLC, and DOJ within 30 days. OPSO, SPLC, and DOJ may provide comments on the Monitor's comments within 15 days. At that point, the Monitor will consider the Parties' comments, mediate any disputes, and approve the policies with any changes within 30 days. If either party disagrees with the Monitor, they may bring the dispute to the Court. OPSO shall provide initial and in-service training to all Facility staff with respect to newly implemented or revised policies and procedures. OPSO shall document employee review and training in new or revised policies and procedures.		✔		1. Policies and procedures manual. Process/spreadsheet to identify all existing and planned written directives, dates when expected to be submitted for monitors' review.	Responsible Party: Captain Peters General Information: We have already completed well over half of the CJ-related policies. Compliance Tasks to be Completed: Task #1: Complete the remaining CJ-related policies. Necessary Resources: No additional resources required. We will continue utilizing VRJS which is already budgeted. Benchmark Dates: We are currently well over halfway through revising the CJ-specific policies.

Section	C	P	N	Measures	OPSO Compliance Plan
					Substantial Compliance Date: We are projecting having all of the remaining CJ-related policies completed by 07/30/2017. This is a conservative estimate as the review process involves the transmission/review by multiple parties to the Consent Judgment, which is a time-consuming process.
VI. B. (H.) Within 180 days of the Effective Date, Defendant shall develop and implement written quality improvement policies and procedures adequate to identify serious deficiencies in protection from harm, prisoner suicide prevention, detoxification, mental health care, environmental health, and fire and life safety in order to assess and ensure compliance with the terms of this Agreement on an ongoing basis. Within 90 days after identifying serious deficiencies, OPSO shall develop and implement policies and procedures to address problems that are uncovered during the course of quality improvement activities. These policies and procedures shall include the development and implementation of corrective action plans, as necessary, within 30 days of each biannual review.			✔	1. Written policy/procedure governing quality improvement. 2. Written report. Results of action plan from written report.	Responsible Party: Captain Peters General Information: OPSO has developed Policy 101.04, Administrative Reporting Requirements, which has been approved by the Monitors. OPSO has to develop and submit the necessary quality improvement reports as specified in the policy. At present, OPSO does submit the requested reports, however, more analysis is needed as well as corrective action plans and management reviews. Finalize OPSOPolicy 101.04, Administrative Reporting Requirements and disseminate to responsible parties at OPSO. Produce more meaningful reports with detailed analysis and trending of data of time. Schedule regular management reviews of reports and complete corrective action plans, where needed.

Section	C	P	N	Measures	OPSO Compliance Plan
					Compliance Tasks to be Completed: Task #1: Finalize OPSO Policy 101.04, Administrative Reporting Requirements, and disseminate to all responsible parties at OPSO and medical provider. Completion by 12/31/2016. Task #2: Meet to discuss enhanced reporting with more detailed analysis. Completion by 04/15/2017. Necessary Resources: N/A Substantial Compliance Date: 04/15/2017.
VI. C. (I.) The Parties agree that OPSO will hire and retain, or reassign a current OPSO employee for the duration of this Agreement, to serve as a full-time OPSO Compliance Coordinator. The Compliance Coordinator will serve as a liaison between the Parties and the Monitor and will assist with OPSO's compliance with this Agreement. At a minimum, the Compliance Coordinator will: coordinate OPSO's compliance and implementation activities; facilitate the provision of data, documents, materials, and access to OPSO's personnel to the Monitor, SPLC, DOJ, and the public, as needed; ensure that all documents and records are maintained as provided in this Agreement; and assist in assigning compliance tasks to OPSO personnel, as directed by the Sheriff or his or her designee. The Compliance Coordinator will take primary responsibility for collecting information the Monitor requires to carry out the duties assigned to the Monitor.	✔				Responsible Party: Captain Peters Substantial Compliance Date: OPSO is already compliant with this provision.
VI. D. (J.) On a bi-annual basis, OPSO will provide the public with a self-assessment in which areas of significant improvement or areas still undergoing improvement are presented either through use of the OPSO website or		✔			Responsible Party: Captain Peters General Information:

Section	C	P	N	Measures	OPSO Compliance Plan
through issuance of a public statement or report.					Director Maynard and Sheriff Gusman are working on a plan to provide a bi-annual public self-assessment. Director Maynard has already met with various public and community organizations to discuss compliance plans with members of the community. Compliance Tasks to be Completed: Task #1: Conduct bi-annual public self-assessments on the status of compliance and operations at OPSO. Necessary Resources: No additional resources required for this. Substantial Compliance Date: We expect to be compliant after the second bi-annual self-assessment in 2017.
VIII. Reporting Requirements and Right of Access					
VIII.A. OPSO shall submit periodic compliance reports to the Monitor. These periodic reports shall be provided to the Monitor within four months from the date of a definitive judgment on funding; and every six months thereafter until termination of this Agreement. Each compliance report shall describe the actions Defendant has taken during the reporting period to implement this Agreement and shall make specific reference to the Agreement provisions being implemented. The report shall also summarize audits and continuous improvement and quality assurance activities, and contain findings and recommendations that would be used to track and trend		✔			Responsible Party: Captain Peters General Information: OPSO currently submits a quarterly compliance matrix to the Monitors as well as semi-annual and annual reports. The OJC Facility (Major Louque) now tracks all incidents in the

Section	C	P	N	Measures	OPSO Compliance Plan
data compiled at the Facility. The report shall also capture data that is tracked and monitored under the reporting provisions of the following provisions: Use of Force; Suicide Prevention; Health Care Delivered; Sanitation and Environmental Conditions; and Fire and Life Safety.					facility. Major Louque produces monthly analytical reports based on this data. Chief Laughlin now produces FIT, ISB and Shakedown analytical reports. Some have already been seen by the Monitors. Compliance Tasks to be Completed: Task #1: Begin submitting new analytical reports, described above. Necessary Resources: No additional resources required. Substantial Compliance Date: 06/30/2017 pending Monitor's review and acceptance of reports.
VIII.B. OPSO shall, within 24 hours, notify the Monitor upon the death of any prisoner. The Monitor shall forward any such notifications to SPLC and DOJ upon receipt. OPSO shall forward to the Monitor incident reports and medical and/or mental health reports related to deaths, autopsies, and/or death summaries of prisoners, as well as all final SOD and IAD reports that involve prisoners. The Monitor shall forward any such reports to SPLC and DOJ upon receipt.	✔				Responsible Party: N/A Substantial Compliance Date: OPSO is already in compliance with this provision of the Consent Judgment as of 02/19/2016.
VIII.C. Defendant shall maintain sufficient records to document that the requirements of this Agreement are being properly implemented and shall make such records available to the Monitor within seven days of request for inspection and copying. In addition, Defendant shall maintain and provide, upon request, all records or other documents to verify that they have taken the actions described in their compliance reports (e.g., census summaries, policies, procedures, protocols, training	✔				Responsible Party: N/A Substantial Compliance Date: OPSO is already in compliance with this provision of the Consent Judgment as of 02/19/2016.

Section	C	P	N	Measures	OPSO Compliance Plan
materials, investigations, incident reports, tier logs, or use of force reports).					

CCS Medical/Mental Health Remedial Action Plan – 12/15/2016

Section	C	P	N	Measures	OPSO Notes/Updates
IV.B. Mental Health Care OPSO shall ensure constitutionally adequate intake, assessment, treatment, and monitoring of prisoners' mental health needs, including but not limited to, protecting the safety of and giving priority access to prisoners at risk for self-injurious behavior or suicide. OPSO shall assess, on an annual or more frequent basis, whether the mental health services at OPP comply with the Constitution. In order to provide mental health services to prisoners, OPSO, at a minimum, shall:					
IV.B.1. Screening and Assessment					
IV.B.1.a. Develop and maintain comprehensive policies and procedures for appropriate screening and assessment of prisoners with mental illness. These policies should include definitions of emergent, urgent, and routine mental health needs, as well as timeframes for the provision of services for each category of mental health needs.	✔			Attachments: Revised Staff Referral Form Revised Intake SOP	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) On-going monitoring of CQI process for compliance Expected Date of Compliance: Request Compliance
IV.B.1.b. Develop and implement an appropriate screening instrument that identifies mental health needs, and ensures timely access to a mental health professional when presenting symptoms require such care. The screening instrument should include the factors described in Appendix B. The screening instrument will be validated by a qualified professional approved by the Monitor within 180 days of the Effective Date and every 12 months thereafter, if necessary.	✔			Attachment: Initial Behavioral Health Assessment Form	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17) On-going monitoring of CQI process for compliance Expected Date of Compliance: Request compliance
IV.B.1.c. Ensure that all prisoners are screened by Qualified Medical Staff upon arrival to OPP, but no later than within eight hours, to identify a prisoner's risk for suicide or self-injurious behavior. No prisoner shall be held in isolation prior to an evaluation by medical staff.	✔			Attachment: Staff Referral Form Intake SOP	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance

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					Proposed Activities (1/17 - 3/17) On-going monitoring of process for continued compliance Expected Date of Compliance: Request Compliance
IV.B.1.d. Implement a triage policy that utilizes the screening and assessment procedures to ensure that prisoners with emergent and urgent mental health needs are prioritized for services.	✔			Attachment: Staff Referral Form	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17) On-going monitoring of CQI process for compliance Expected Date of Compliance: Request Compliance
IV.B.1.e. Develop and implement protocols, commensurate with the level of risk of suicide or self-harm, to ensure that prisoners are protected from identified risks for suicide or self-injurious behavior. The protocols shall also require that a Qualified Mental Health Professional perform a mental health assessment, based on the prisoner's risk.	✔			Attachment Initial Behavioral Health Assessment Form (includes the prisoner's risk level) MHP staff notification SOP	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17) On-going monitoring of CQI process for compliance Expected Date of Compliance: Request Compliance
IV.B.1.f. For prisoners with emergent or urgent mental health needs, search the prisoner and monitor with constant supervision until the prisoner is transferred to a Qualified Mental Health Professional for assessment.		✔		Attachment Tracking Tool (tracks custody compliance with directive of constant supervision)	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Continue to reinforce with OPSO and ongoing monitoring of process

Section	C	P	N	Measures	OPSO Notes/Updates
					Proposed Activities (1/17 - 3/17) Continue to monitor compliance trough tracking tool CQI of effectiveness Expected Date of Compliance: 3/31/17
IV.B.1.g. Ensure that a Qualified Mental Health Professional conducts appropriate mental health assessments within the following periods from the initial screen or other identification of need: (1) 14 days, or sooner, if medically necessary, for prisoners with routine mental health needs; (2) 48 hours, or sooner, if medically necessary, for prisoners with urgent mental health needs; and (3) immediately, but no later than two hours, for prisoners with emergent mental health needs.	✔			Attachment: Staff Referral Form	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17) On-going monitoring of CQI process for compliance Expected Date of Compliance: Request Compliance
IV.B.1.h. Ensure that a Qualified Mental Health Professional performs a mental health assessment no later than the next working day following any adverse triggering event (i.e., any suicide attempt, any suicide ideation, or any aggression to self resulting in serious injury).	✔			Attachment: Suicide Prevention Policy Suicide Watch Treatment Plan form	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17) On-going monitoring of CQI process for compliance Expected Date of Compliance: Request Compliance
IV.B.1.i. Ensure that a Qualified Mental Health Professional, as part of the prisoner's interdisciplinary treatment team, maintains a risk profile for each prisoner on the mental health case load based on the Assessment Factors identified in Appendix B, and develops and implements a treatment plan to minimize the risk of harm		✔		Attachment Suicide Watch Risk Profile form	Responsible Party: Dr. Arceneaux Compliance Actions ((10/16 – 12/16): Newly implemented form with Risk Profile added

Section	C	P	N	Measures	OPSO Notes/Updates
to each of these prisoners.					Proposed Activities (1/17 - 3/17) CQI to monitor for form effectiveness Expected Date of Compliance: 3/31/17
IV.B.1.j. Ensure adequate and timely treatment for prisoners, whose assessments reveal mental illness and/or suicidal ideation, including timely and appropriate referrals for specialty care and visits with Qualified Mental Health Professionals, as clinically appropriate.		✔		Attachment Basic Mental Health Services Policy Intake Process SOP	Responsible Party: Dr. Arceneaux Compliance Actions ((10/16 – 12/16): Continue to implement more enhanced appointment tracking measures Proposed Activities (1/17 - 3/17) Scheduling in ERMA Continue to track treatment timeliness through CQI Expected Date of Compliance: 3/31/17
V.B.1.k. Ensure crisis services are available to manage psychiatric emergencies. Such services include licensed in-patient psychiatric care, when clinically appropriate.		✔		Attachment Mental Health Unit Policy	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Immediate Assessment and medical clearance to HSU2 Acute care unit Proposed Activities (1/17 - 3/17) Continue to evaluate patient meeting criteria for HSU2 transfer Expected Date of Compliance: 3/31/17
IV.B.1.l. On an annual basis, assess the process for screening prisoners for mental health needs to determine whether prisoners are being appropriately identified for care. Based on this assessment, OPSO shall recommend changes to the screening system. The assessment and recommendations will be documented and provided to the Monitor.	✔			Attachment See Meeting Minutes (full minutes are available on site)	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17)

Section	C	P	N	Measures	OPSO Notes/Updates
					Review Annually Expected Date of Compliance: Request compliance
IV.B.2. Treatment					
IV.B.2.a. Review, revise, and supplement its existing policies in order to implement a policy for the delivery of mental health services that includes a continuum of services, provides for necessary and appropriate mental health staff, includes a treatment plan for prisoners with serious mental illness, and collects data and contains mechanisms sufficient to measure whether care is being provided in a manner consistent with the Constitution.	✔			Attachment Mental Health Services Treatment Plan	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17) Perform Treatment Planning CQI - ongoing Expected Date of Compliance: Request compliance
IV.B.2.b. Ensure that treatment plans adequately address prisoners' serious mental health needs and that the treatment plans contain interventions specifically tailored to the prisoner's diagnoses and problems.	✔			Attachment Mental Health Services Treatment Plan	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17) Perform Treatment Planning CQI - ongoing Expected Date of Compliance: Request compliance
IV.B.2.c. Provide group or individual therapy services by an appropriately licensed provider where necessary for prisoners with mental health needs.	✔			Attachment Attach Groups Schedule	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17)

Section	C	P	N	Measures	OPSO Notes/Updates
					Will continue to add groups as staff and space becomes available. Expected Date of Compliance: Requested Compliance
IV.B.2.d. Ensure that mental health evaluations that are done as part of the disciplinary process include recommendations based on the prisoner's mental health status.		✔		Attachment Altercation/Disciplinary SOP Disciplinary Notification Form	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): A list is being provided daily to OPSO with mental health cases load Proposed Activities (1/17 - 3/17) CQI to monitor for effectiveness of process Expected Date of Compliance: 3/31/17
IV.B.2.e. Ensure that prisoners receive psychotropic medications in a timely manner and that prisoners have proper diagnoses and/or indications for each psychotropic medication they receive.		✔		Attachment Medication Verification SOP	Responsible Party: Dr. Arceneaux/Parker Compliance Actions (10/16 – 12/16): Added an additional staff resource to obtain ROI for medication verification Proposed Activities (1/17 - 3/17) On-going CQI monitoring of continuity of medication screen Expected Date of Compliance: 3/31/17
IV.B.2.f. Ensure that psychotropic medications are administered in a clinically appropriate manner as to prevent misuse, overdose, theft, or violence related to the medication.	✔			Attachment Medication Administration SOP	Responsible Party: Dr. Arceneaux/Parker Compliance Actions (10/16 – 12/16): Currently in Compliance

Section	C	P	N	Measures	OPSO Notes/Updates
					Proposed Activities (1/17 - 3/17) On-going monitoring of CQI process for compliance Expected Date of Compliance: Request Compliance
IV.B.2.g. Ensure that prescriptions for psychotropic medications are reviewed by a Qualified Mental Health Professional on a regular, timely basis and prisoners are properly monitored.	✔			Attachment Sapphire Renewal/Refill queue	Responsible Party: Dr. Arceneaux/Parker Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17) On-going monitoring of CQI process for compliance Expected Date of Compliance: Request Compliance
IV.B.2.h. Ensure that standards are established for the frequency of review and associated charting of psychotropic medication monitoring, including monitoring for metabolic effects of second generation psychotropic medications	✔			Attachment CQI Screen	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17) On-going monitoring of CQI process for compliance Expected Date of Compliance: Request Compliance
IV.B.3. Counseling					
IV.B.3.a. OPSO shall develop and implement policies and procedures for prisoner counseling in the areas of general mental health/therapy, sexual-abuse counseling, and alcohol and drug counseling. This should, at a minimum, include some provision for individual services.		✔		Attachment Basic Mental Health Services Policy OPSO Volunteer Programing Services	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Identified four (4) perspective

Section	C	P	N	Measures	OPSO Notes/Updates
				Women's Program	community service type agencies that provide long term services post incarceration Proposed Activities (1/17 - 3/17) Collaboration with OPSO Volunteer Programming Services Expected Date of Compliance: 3/31/17
IV.B.3.b. Within 180 days of the Effective Date, and quarterly thereafter, report all prisoner counseling services to the Monitor, which should include: (1) the number of prisoners who report having participated in general mental health/therapy counseling at OPP; (2) the number of prisoners who report having participated in alcohol and drug counseling services at OPP; (3) the number of prisoners who report having participated in sexual-abuse counseling at OPP; and (4) the number of cases with an appropriately licensed practitioner and related one-to-one counseling at OPP.	✔			Attachment Monthly HRIS Report	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in Compliance Proposed Activities (1/17 - 3/17) On-going monitoring of CQI process for compliance Expected Date of Compliance: Request Compliance
IV.B.4. Suicide Prevention Training Program					
IV.B.4.a. OPSO shall ensure that all staff who supervise prisoners have the adequate knowledge, skill, and ability to address the needs of prisoners at risk for suicide. Within 180 days of the Effective Date, OPSO shall review and revise its current suicide prevention training curriculum to include the following topics: (1) suicide prevention policies and procedures (as revised consistent with this Agreement); (2) analysis of facility environments and why they may contribute to suicidal behavior; (3) potential predisposing factors to suicide; (4) high-risk suicide periods; (5) warning signs and symptoms of suicidal behavior; (6) case studies of recent suicides and serious suicide attempts; (7) mock demonstrations regarding the proper response		✔		Attachment Observing The Suicidal Offender handout Sample Observation/Restraint Checklist & Worksheet	Responsible Party: Dr. Arceneaux/Parker Compliance Actions (10/16 – 12/16): Suicide Video- presented in Orientation Proposed Activities (1/17 - 3/17) Ongoing and at New Hire Expected Date of Compliance: 3/31/17

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to a suicide attempt; (8) differentiating suicidal and self-injurious behavior; and (9) the proper use of emergency equipment.					
IV.B.4.b. Ensure that all correctional, medical, and mental health staff are trained on the suicide screening instrument and the medical intake tool.	✔			Attachment 7 Minute to Save – Suicide Risk Reduction Staff Referral Form Medical Intake Tool	Responsible Party: Dr. Arceneaux/Parker Compliance Actions (10/16 – 12/16): CCS suggests eliminating correctional staff from this specific training as they do not need to be trained in the use of the tool. Proposed Activities (1/17 - 3/17) On-going training Expected Date of Compliance: Request Compliance
IV.B.4.c. Ensure that multi-disciplinary in-service training is completed annually by all correctional, medical, and mental health staff, to include training on updated policies, procedures, and techniques. The training will be reviewed and approved by the Monitor.	✔			Currently Implemented - Ongoing	Responsible Party: Dr. Arceneaux/Parker Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) On-going training Expected Date of Compliance: Request Compliance
IV.B.4.d. Ensure that staff are trained in observing prisoners on suicide watch and step-down unit status.		✔		Attachment Observing The Suicidal Offender handout Sample Observation/Restraint Checklist & Worksheet	Responsible Party: Dr. Arceneaux/Parker Compliance Actions (10/16 – 12/16):

Section	C	P	N	Measures	OPSO Notes/Updates
					Suicide Video- presented in Orientation Proposed Activities (1/17 - 3/17) Ongoing at least annually, quarterly, and as needed Expected Date of Compliance: 3/31/17
IV.B.4.e. Ensure that all staff that have contact with prisoners are certified in cardiopulmonary resuscitation ("CPR").	✔			Attachment Site Credentialing Logs CPR Calendar	Responsible Party: Walker/Navarro Compliance Actions (10/16 – 12/16): Currently in compliance CPR Calendar Proposed Activities (1/17 - 3/17) Update of staff credentialing monthly Expected Date of Compliance: Request Compliance
IV.B.4.f. Ensure that an emergency response bag, which includes a first aid kit and emergency rescue tool, is in close proximity to all housing units. All staff that has contact with prisoners shall know the location of this emergency response bag and be trained to use its contents.		✔		Attachment Emergency Response Training	Responsible Party: Walker/Parker/Lampard Compliance Actions (10/16 – 12/16): Emergency Response Bag with emergency equipment –Completed during Annual "Skills Competency Training 12/16 OPSO – first aid kits and cut down kits on tiers Proposed Activities (1/17 - 3/17) OPSO has six (6) AED's to be mounted by each housing area, IPC and Transport holding area

Section	C	P	N	Measures	OPSO Notes/Updates
					Expected Date of Compliance: 1/31/17
IV.B.4.g. Randomly test five percent of relevant staff on an annual basis to determine their knowledge of suicide prevention policies. The testing instrument and policies shall be approved by the Monitor. The results of these assessments shall be evaluated to determine the need for changes in training practices. The review and conclusions will be documented and provided to the Monitor.	✔			Currently Implemented - Ongoing	Responsible Party: Walker Compliance Actions (10/16 – 12/16): Currently compliant Proposed Activities (1/17 - 3/17) Ongoing monitoring and annual review Expected Date of Compliance: Request compliance
IV.B.5. Suicide Precautions					
IV.B.5.a. OPSO shall implement a policy to ensure that prisoners at risk of self-harm are identified, protected, and treated in a manner consistent with the Constitution.	✔			Attachment OPSO Policy Suicide Precautions Policy	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) On-going training Expected Date of Compliance: Request Compliance
IV.B.5.b. Ensure that suicide prevention procedures include provisions for constant direct supervision of current suicidal prisoners and close supervision of special needs prisoners with lower levels of risk (at a minimum, 15 minute checks). Correctional officers/CNA shall document their checks in a format that does not have pre-printed times.		✔		Attachment Suicide Prevention Program Policy Observing The Suicidal Offender handout Sample Observation/Restraint Checklist & Worksheet	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): : Re-education on Blank CNA sheet sample of staggered times SW/DO Handout on documentation process

Section	C	P	N	Measures	OPSO Notes/Updates
					Proposed Activities (1/17 - 3/17) CNA Skills Competency Training 12/16 Expected Date of Compliance: 1/31/17
IV.B.5.c. Ensure that prisoners on suicide watch are immediately searched and monitored with constant direct supervision until a Qualified Mental Health Professional conducts a suicide risk assessment, determines the degree of risk, and specifies the appropriate degree of supervision.		✔		Attachment Tracking Tool (tracks custody compliance with directive of constant supervision) OPSO Policy	Responsible Party: Colvin/Arceneaux Compliance Actions (10/16 – 12/16): OPSO Policy Proposed Activities (1/17 - 3/17) Continue to monitor compliance trough tracking tool CQI of effectiveness Expected Date of Compliance: 3/31/17
IV.B.5.d. Ensure that all prisoners discharged from suicide precautions receive a follow-up assessment within three to eight working days after discharge, as clinically appropriate, in accordance with a treatment plan developed by a Qualified Mental Health Care Professional. Upon discharge, the Qualified Mental Health Care Professional shall conduct a documented in-person assessment regarding the clinically appropriate follow-up intervals.	✔			Currently Implemented - Ongoing	Responsible Party: Arceneaux Compliance Actions (10/16 – 12/16): Currently compliant Excel Tracking EOM Stats Proposed Activities (1/17 - 3/17) CQI to validate monthly compliance Expected Date of Compliance: Request Compliance
IV.B.5.e. Implement a step-down program providing clinically appropriate transition for prisoners discharged from suicide precautions.		✔		Attachment Transfer form	Responsible Party: Arceneaux Compliance Actions (10/16 – 12/16): New for implemented for Secondary Gain identification

Section	C	P	N	Measures	OPSO Notes/Updates
					Proposed Activities (1/17 - 3/17) Develop a Rubric scale based on risk profile to determine appropriateness of step down unit referral CQI to determine form effectiveness CQI to assess appropriateness of Mental Health Step Down Referrals Expected Date of Compliance: 3/31/17
IV.B.5.f. Develop and implement policies and procedures for suicide precautions that set forth the conditions of the watch, incorporating a requirement of an individualized clinical determination of allowable clothing, property, and utensils. These conditions shall be altered only on the written instruction of a Qualified Mental Health Professional, except under emergency circumstances or when security considerations require	✔			Attachment Suicide Prevention Program Behavioral Health Precautions Sheet	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) On-going training Expected Date of Compliance: Request Compliance
IV.B.5.g. Ensure that cells designated by OPSO for housing suicidal prisoners are retrofitted to render them suicide-resistant (e.g., eliminating bed frames/holes, sprinkler heads, water faucet lips, and unshielded lighting or electrical sockets).		✔		Attachment OPSO Policy	Responsible Party: Colvin/Arceneaux Compliance Actions (10/16 – 12/16): 4 cells have been completed on 2A and 3D; 2 still needing retrofit Proposed Activities (1/17 - 3/17) Consult with OPSO on timeline for completion Expected Date of Compliance: 3/31/17
IV.B.5.h. Ensure that every suicide or serious suicide attempt is investigated by appropriate mental health and	✔			Currently Implemented – Ongoing	Responsible Party: Walker/Arceneaux

Section	C	P	N	Measures	OPSO Notes/Updates
correctional staff, and that the results of the investigation are provided to the Sheriff and the Monitor.				Documents are available on site for review M&M's are conducted and reviewed as events occur	Compliance Actions (10/16 – 12/16): CCE reports are conducted Currently in compliance Proposed Activities (1/17 - 3/17) On-going as appropriate Expected Date of Compliance: Request compliance
IV.B.5.i. Direct observation orders for inmates placed on suicide watch shall be individualized by the ordering clinician based upon the clinical needs of each inmate, and shall not be more restrictive than is deemed necessary by the ordering clinician to ensure the safety and well-being of the inmate.	✔			Currently Implemented - Ongoing	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) On-going training Expected Date of Compliance: Request Compliance
IV.B.5.j. Provide the Monitor a periodic report on suicide and self-harm at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. The report will include the following: (1) all suicides; (2) all serious suicide or self-harm attempts; and (3) all uses of restraints to respond to or prevent a suicide attempt.	✔			Currently Implemented - Ongoing	Responsible Party: Dr. Arceneaux Compliance Actions (10/16 – 12/16): Currently compliant Proposed Activities (1/17 - 3/17) On-going and updated daily Expected Date of Compliance: Request compliance
IV.B.5.k. Assess the periodic report to determine whether prisoners are being appropriately identified for risk of self-harm, protected, and treated. Based on this assessment, OPSO shall document recommended changes to policies and procedures and provide these to the Monitor.	✔			Attachment Initial Behavioral Health Assessment Form (includes the prisoner's risk level)	Responsible Party: Dr.Arceneaux Compliance Actions (10/16 – 12/16): OPSO receives a list of all patients on SW/DO daily.

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					A representative from OPSO attends MDT where suicide patients are discussed weekly Proposed Activities (1/17 - 3/17) Graph monthly true SI versus Secondary gain to be submitted to OPSO to review for recommendation Expected Date of Compliance: Request compliance
IV.B.6. Use of Restraints					
IV.B.6.a. OPSO shall prevent the unnecessary or excessive use of physical or chemical restraints on prisoners with mental illness.	✔			Attachment **CCS Restraint Policy Pending Approval**	Responsible Party: Arceneaux/Walker Compliance Actions (10/16 – 12/16): CCS Restraint Policy Pending Approval Proposed Activities (1/17 - 3/17) Contingent of Policy Approval Expected Date of Compliance: 3/31/17
IV.B.6.b. Maintain comprehensive policies and procedures for the use of restraints for prisoners with mental illness consistent with the Constitution.		✔		Attachment **CCS Restraint Policy Pending Approval**	Responsible Party: Arceneaux/Walker Compliance Actions (10/16 – 12/16): CCS Restraint Policy Pending Approval Proposed Activities (1/17 - 3/17) Contingent of Policy Approval Expected Date of Compliance: 3/31/17
IV.B.6.c. Ensure that approval by a Qualified Medical or Mental Health Professional is received and documented prior to the use of restraints on prisoners living with mental illness or requiring suicide precautions.		✔		Attachment **CCS Restraint Policy Pending Approval**	Responsible Party: Arceneaux/Walker Compliance Actions (10/16 – 12/16): CCS Restraint Policy Pending Approval

Section	C	P	N	Measures	OPSO Notes/Updates
					Proposed Activities (1/17 - 3/17) Contingent of Policy Approval Expected Date of Compliance: 3/31/17
IV.B.6.d. Ensure that restrained prisoners with mental illnesses are monitored at least every 15 minutes by Custody Staff to assess their physical condition.		✔		Attachment **CCS Restraint Policy Pending Approval** OPSO Policy Pending Approval	Responsible Party: Arceneaux/Walker/Colvin Compliance Actions (10/16 – 12/16): CCS Restraint Policy Pending Approval Proposed Activities (1/17 - 3/17) Contingent of Policy Approval Expected Date of Compliance: 3/31/17
IV.B.6.e. Ensure that Qualified Medical or Mental Health Staff document the use of restraints, including the basis for and duration of the use of restraints and the performance and results of welfare checks on restrained prisoners.		✔		Attachment **CCS Restraint Policy Pending Approval** OPSO Policy Pending Approval	Responsible Party: Arceneaux/Walker/Colvin Compliance Actions (10/16 – 12/16): CCS Restraint Policy Pending Approval Proposed Activities (1/17 - 3/17) Contingent of Policy Approval Expected Date of Compliance: 3/31/17
IV.B.6.f. Provide the Monitor a periodic report of restraint use at the Facility. These periodic reports shall be provided to the monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report shall include: (1) A list of prisoners whom were restrained; (2) A list of any self-injurious behavior observed or discovered while restrained; and (3) A list of any prisoners whom were placed in restraints on three or more occasions in a thirty (30) day period or whom were kept in restraints for a period exceeding twenty-four (24) hours.		✔		Attachment **CCS Restraint Policy Pending Approval** OPSO Policy Pending	Responsible Party: Arceneaux/Walker/Colvin Compliance Actions (10/16 – 12/16): CCS Restraint Policy Pending Approval Proposed Activities (1/17 - 3/17) Contingent of Policy Approval Expected Date of Compliance:

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					3/31/17
IV.B.6.g. Assess the periodic report to determine whether restraints are being used appropriately on prisoners with mental illness. Based on this assessment, OPSO shall document recommended changes to policies and procedures and provide these to the Monitor.		✔		Attachment **CCS Restraint Policy Pending Approval** OPSO Policy Pending	Responsible Party: Arceneaux/Walker/Colvin Compliance Actions (10/16 – 12/16): CCS Restraint Policy Pending Approval Proposed Activities (1/17 - 3/17) Contingent of Policy Approval Expected Date of Compliance: 3/31/17
IV.B.7. Detoxification and Training					
IV.B.7.a. OPSO shall ensure that all staff who supervise prisoners have the knowledge, skills, and abilities to identify and respond to detoxifying prisoners. Within 180 days of the Effective Date, OPSO shall institute an annual in-service detoxification training program for Qualified Medical and Mental Health Staff and for correctional staff. The detoxification training program shall include: (1) annual staff training on alcohol and drug abuse withdrawal; (2) training of Qualified Medical and Mental Health Staff on treatment of alcohol and drug abuse conducted by the Chief Medical Officer or his or her delegate; (3) oversight of the training of correctional staff, including booking and housing unit officers, on the policies and procedures of the detoxification unit, by the Chief Medical Officer or his or her delegate; (4) training on drug and alcohol withdrawal by Qualified Medical and Mental Health Staff; (5) training of Qualified Medical and Mental Health Staff in providing prisoners with timely access to a Qualified Mental Health Professional, including psychiatrists, as clinically appropriate; and (6) training of Qualified Medical and Mental Health Staff on the use and treatment of withdrawals, where medically appropriate.	✔			Attachment Currently Implemented – Ongoing Intoxication/ Withdrawal NDP	Responsible Party: Walker/Parker Compliance Actions (10/16 – 12/16): Deputy Training occurs at hire and annually Proposed Activities (1/17 - 3/17) Currently implementing and monitoring Expected Date of Compliance: Request Compliance
IV.B.7.b. Provide medical screenings to determine the degree of risk for potentially life-threatening withdrawal from alcohol, benzodiazepines, and other substances, in	✔			Attachment Currently Implemented – Ongoing	Responsible Party: Parker/Penn Compliance Actions (10/16 – 12/16):

Section	C	P	N	Measures	OPSO Notes/Updates
accordance with Appendix B.				Intoxication/ Withdrawal NDP Intake Screen	Currently in compliance (1/17 - 3/17) Proposed Activities On-going monitoring Expected Date of Compliance: Request Compliance
IV.B.7.c. Ensure that the nursing staff complete assessments of prisoners in detoxification on an individualized schedule, ordered by a Qualified Medical or Mental Health Professional, as clinically appropriate, to include observations and vital signs, including blood pressure.	✔			Attachment Currently Implemented – Ongoing Intoxication /Withdrawal NDP Intake Screen	Responsible Party: Parker/Penn Compliance Actions (10/16 – 12/16): Currently in compliance (1/17 - 3/17) Proposed Activities On-going monitoring Expected Date of Compliance: Request Compliance
IV.B.7.d. Annually, conduct a review of whether the detoxification training program has been effective in identifying concerns regarding policy, training, or the proper identification of and response to detoxifying prisoners. OPSO will document this review and provide its conclusions to the Monitor.	✔			Attachment MAC Meeting Minutes	Responsible Party: Walker Compliance Actions (10/16 – 12/16): Currently in compliance (1/17 - 3/17) Proposed Activities On-going monitoring Expected Date of Compliance: Request Compliance
IV.B.8. Medical and Mental Health Staffing					

Section	C	P	N	Measures	OPSO Notes/Updates
IV.B.8.a. OPSO shall ensure that medical and mental health staffing is sufficient to provide adequate care for prisoners' serious medical and mental health needs, fulfill constitutional mandates and the terms of this Agreement, and allow for the adequate operation of the Facility, consistent with constitutional standards.		✔		**Key Positions Vacant** Vacancy Report	Responsible Party: Walker/Parker/Arceneaux Compliance Actions (10/16 – 12/16): Psych NP - Hired 11/21/16 Proposed Activities (1/17 - 3/17) Site Medical Director – Hired (start date 2/17) Recruit hire MHP's, MH Coordinator Continue to recruit as vacancies become available Expected Date of Compliance: 3/31/17
IV.B.8.b. Within 90 days of the Effective Date, OPSO shall conduct a comprehensive staffing plan and/or analysis to determine the medical and mental health staffing levels necessary to provide adequate care for prisoners' mental health needs and to carry out the requirements of this Agreement. Upon completion of the staffing plan and/or analysis, OPSO shall provide its findings to the Monitor, SPLC, and DOJ for review. The Monitor, SPLC, and DOJ will have 60 days to raise any objections and recommend revisions to the staffing plan	✔			Attachment Vacancy Report	Responsible Party: Walker/Parker/Arceneaux Compliance Actions (10/16 – 12/16): Psych NP - Hired 11/21/16 Proposed Activities (1/17 - 3/17) Site Medical Director – Hired (start date 2/17) Recruit hire MHP's, MH Coordinator Continue to recruit as vacancies become available Expected Date of Compliance: 3/31/17
IV.B.9. Risk Management/Robert Greifinger					
IV.B.9.a. OPSO shall develop, implement, and maintain a system to ensure that trends and incidents involving avoidable suicides and self-injurious behavior are identified and corrected in a timely manner. Within 90	✔			Attachment: Initial Behavioral Health Assessment Form	Responsible Party: Arceneaux Compliance Actions (10/16 – 12/16):

Section	C	P	N	Measures	OPSO Notes/Updates
days of the Effective Date, OPSO shall develop and implement a risk management system that identifies levels of risk for suicide and self-injurious behavior and requires intervention at the individual and system levels to prevent or minimize harm to prisoners, based on the triggers and thresholds set forth in Appendix B.					Currently in compliance Proposed Activities (1/17 - 3/17) Ongoing CQI Expected Date of Compliance: Request Compliance
IV.B.9.b. The risk management system shall include the following processes to supplement the mental health screening and assessment processes: incident reporting, data collection, and data aggregation to capture sufficient information to formulate a reliable risk assessment at the individual and system levels; identification of at-risk prisoners in need of clinical treatment or assessment by the Interdisciplinary Team or the Mental Health Committee; and development and implementation of interventions that minimize and prevent harm in response to identified patterns and trends.	✔			Attachment: Initial Behavioral Health Assessment Form	Responsible Party: Arceneaux Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) Ongoing CQI Expected Date of Compliance: Request Compliance
IV.B.9.c. OPSO shall develop and implement an Interdisciplinary Team, which utilizes intake screening, health assessment, and triggering event information for formulating treatment plans. The Interdisciplinary Team shall: (1) include the Medical and Nursing directors, one or more members of the psychiatry staff, counseling staff, social services staff, and security staff, and other members as clinical circumstances dictate; (2) conduct interdisciplinary treatment rounds, on a weekly basis, during which targeted patients are reviewed based upon screening and assessment factors, as well as triggering events; and (3) provide individualized treatment plans based, in part, on screening and assessment factors, to all mental health patients seen by various providers.	✔			Currently Implemented – Ongoing	Responsible Party: Arceneaux Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) Ongoing CQI Expected Date of Compliance: Request Compliance
IV.B.9.d. OPSO shall develop and implement a Mental Health Review Committee that will, on a monthly basis, review mental health statistics including, but not limited to, risk management triggers and trends at both the individual and system levels. The Mental Health Review Committee shall:	✔			Attachment: MH MAC Meeting Minutes	Responsible Party: Arceneaux Compliance Actions (10/16 – 12/16): Currently in compliance

Section	C	P	N	Measures	OPSO Notes/Updates
(1) include the Medical and Nursing Director, one or more members of the psychiatry staff and social services staff, the Health Services Administrator, the Warden of the facility housing the Acute Psychiatric Unit, and the Risk Manager. (2) identify at-risk patients in need of mental health case management who may require intervention from and referral to the Interdisciplinary Team, the OPSO administration, or other providers. (3) conduct department-wide analyses and validation of both the mental health and self-harm screening and assessment processes and tools, review the quality of screenings and assessments and the timeliness and appropriateness of care provided, and make recommendations on changes and corrective actions; (4) analyze individual and aggregate mental health data and identify trends and triggers that indicate risk of harm; (5) review data on mental health appointments, including the number of appointments and wait times before care is received; and (6) review policies, training, and staffing and recommend changes, supplemental training, or corrective actions.					Proposed Activities (1/17 - 3/17) Ongoing CQI Expected Date of Compliance: Request Compliance
IV.B.9.e. OPSO shall develop and implement a Quality Improvement and Morbidity and Mortality Review Committee that will review, on at least a quarterly basis, risk management triggers and trends and quality improvement reports in order to improve care on a Jail-wide basis. (1) The Quality Improvement Committee shall include the Medical Director, the Director of Psychiatry, the Chief Deputy, the Risk Manager, and the Director of Training. The Quality Improvement Committee shall review and analyze activities and conclusions of the Mental Health Review Committee and pursue Jail-wide corrective actions. (2) The Quality Improvement Committee shall: i. monitor all risk management activities of the facilities through the review of risk data, identification of individual and systemic trends, and recommendation and monitored implementation of investigation	✔			Currently Implemented – Ongoing	Responsible Party: Walker Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) Ongoing Training Expected Date of Compliance: Request Compliance

Section	C	P	N	Measures	OPSO Notes/Updates
or corrective action; and ii. generate reports of risk data analyzed and corrective actions taken.					
IV.B.9.f. OPSO shall review mortality and morbidity reports quarterly to determine whether the risk management system is ensuring compliance with the terms of this Agreement. OPSO shall make recommendations regarding the risk management system or other necessary changes in policy based on this review. The review and recommendations will be documented and provided to the Monitor.	✔			Currently Implemented – Ongoing	Responsible Party: Walker Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) Ongoing Expected Date of Compliance: Request Compliance
IV.C. Medical Care OPSO shall ensure constitutionally adequate treatment of prisoners' medical needs. OPSO shall prevent unnecessary risks to prisoners and ensure proper medication administration practices. OPSO shall assess on an annual or more frequent basis whether the medical services at OPP comply with the Constitution. At a minimum, OPSO shall:					
IV.C.1. Quality Management and Medication Administration					
IV.C.1.a. Within 120 days of the Effective Date, ensure that medical and mental health staff are trained on proper medication administration practices, including appropriately labeling containers and contemporaneously recording medication administration;	✔			Currently Implemented – Ongoing Medication Training Modules	Responsible Party: Parker Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) Ongoing Training Expected Date of Compliance: Request Compliance
IV.C.1.b. Ensure that physicians provide a systematic review of the use of medication to ensure that each prisoner's prescribed regimen continues to be appropriate and effective for his or her condition;	✔			Currently Implemented – Ongoing	Responsible Party: Parker/Penn Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17)

Section	C	P	N	Measures	OPSO Notes/Updates
					On-going Provider documentation on the acute care provider visit sheet Monitoring per CQI screens Expected Date of Compliance: Request Compliance
IV.C.1.c. Maintain medication administration protocols that provide adequate direction on how to take medications, describe the names of the medications, how frequently to take medications, and identify how prisoners taking such medications are monitored; and	✔			Currently Implemented – Ongoing	Responsible Party: Parker Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) On-going education on documentation; MAR Review, and Adherence to meds Expected Date of Compliance: Request Compliance
IV.C.1.d. Maintain medication administration protocols that prevent misuse, overdose, theft, or violence related to medication.	✔			Attachment: Medication Training Modules	Responsible Party: Parker Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) On-going education on documentation; MAR Review, and Adherence to meds Expected Date of Compliance: Request Compliance
IV.C.2. Health Care Delivered					
IV.C.2.a. Provide the Monitor a periodic report on health care at the Facility. These periodic reports shall be provided to the Monitor within four months of the Effective Date; and every six months thereafter until termination of this Agreement. Each report will include:	✔			Currently Implemented – Ongoing Monthly Route Log	Responsible Party: Parker Compliance Actions (10/16 – 12/16): Currently in compliance

Section	C	P	N	Measures	OPSO Notes/Updates
(1) number of prisoners transferred to the emergency room for medical treatment related to medication errors; (2) number of prisoners taken to the infirmary for non-emergency treatment related to medication errors; (3) number of prisoners prescribed psychotropic medications; (4) number of prisoners prescribed "keep on person" medications; and (5) occurrences of medication variances.					Proposed Activities (1/17 - 3/17) Continue to track monthly and analyze Expected Date of Compliance: Request Compliance
IV.C.2.b. Review the periodic health care delivery reports to determine whether the medication administration protocols and requirements of this Agreement are followed. OPSO shall make recommendations regarding the medication administration process, or other necessary changes in policy, based on this review. The review and recommendations will be documented and provided to the Monitor.		✔		Currently Implemented – Ongoing OPSO POST ORDER	Responsible Party: Walker Compliance Actions (10/16 – 12/16): OPSO Documentation – POST Orders Proposed Activities (1/17 - 3/17) Ongoing monitoring and tracking Expected Date of Compliance: 3/31/17
IV.C.3. Release and Transfer					
IV.C.3.a. OPSO shall notify Qualified Medical or Mental Health staff regarding the release of prisoners with serious medical and/or mental health needs from OPSO custody, as soon as such information is available.	✔			Attachment: AS 400 Tag	Responsible Party: Parker/Arceneaux Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) Continue to track monthly and analyze Ongoing CQI Expected Date of Compliance: Request compliance
IV.C.3.b. When Qualified Medical or Mental Health staff are notified of the release of prisoners with serious medical and/or mental health needs from OPSO custody, OPSO shall provide these prisoners with at least a seven-day supply of appropriate prescription medication, unless	✔			Attachment: AS 400 Tag Release Med Police Release Med Form	Responsible Party: Parker/Arceneaux Compliance Actions (10/16 – 12/16): Currently in compliance

Section	C	P	N	Measures	OPSO Notes/Updates
a different amount is necessary and medically appropriate to serve as a bridge until prisoners can reasonably arrange for continuity of care in the community.				Release Med IP	Proposed Activities (1/17 - 3/17) Continue to track monthly and analyze Ongoing CQI Expected Date of Compliance: Request compliance
IV.C.3.c. For all other prisoners with serious medical and/or mental health needs who are released from OPSO custody without advance notice, OPSO shall provide the prisoner a prescription for his or her medications, printed instructions regarding prescription medications, and resources indicating where prescriptions may be filled in the community.	✔			Attachment: AS 400 Tag Release Med Police Release Med Form Release Med IP	Responsible Party: Parker/Arceneaux Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) Continue to track monthly and analyze Ongoing CQI Expected Date of Compliance: Request compliance
IV.C.3.d. For prisoners who are being transferred to another facility, OPSO shall prepare and send with a transferring prisoner, a transition summary detailing major health problems and listing current medications and dosages, as well as medication history while at the Facility. OPSO shall also supply sufficient medication for the period of transit for prisoners who are being transferred to another correctional facility or other institution, in the amount required by the receiving agency.	✔			Currently Implemented – Ongoing Out of Parish: Attach Criteria and form (Transfer form)	Responsible Party: Walker/Parker Compliance Actions (10/16 – 12/16): Currently in compliance Proposed Activities (1/17 - 3/17) Ongoing process Expected Date of Compliance: Request compliance
IV. D. 1.h. Maintain an infection control plan that addresses contact, blood borne, and airborne hazards and infections. The plan shall include provisions for the identification, treatment, and control of Methicillin-Resistant Staphylococcus Aureus ("MRSA") at the Facility.		✔		1. Written policy and procedures for an infection control plan and policy following Center for Disease Control's recommendations. 2. Lesson plans/curriculum - evidence of training of all officers, staff and inmates responsible for cleaning and disinfecting all medical and dental areas within OPSO. 3. Demonstration of knowledge of the policy and	Responsible Party: Penn/Parker/Green Compliance Actions (10/16 – 12/16): CCS provided Inmate Training on Infection Control OPSO Sanitarium attending CCS

Section	C	P	N	Measures	OPSO Notes/Updates
				plan. 4. Observation 5. Inmate interview, inmate grievances.	CQI/Infection Control monthly meetings Proposed Activities (1/17 - 3/17) Continue to provide Training as new inmate workers are identified Expected Date of Compliance: 3/31/17