

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANC
SECRETARY

A handwritten signature in blue ink, appearing to be "JML", with a checkmark above it.

May 31, 2022

MEMORANDUM

TO: The Honorable Cranford Jordan
Sheriff of Winn Parish

FROM: James M. Le Blanc
Secretary

RE: "Basic Jail Guidelines" Monitoring Report

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) recertification inspection that was conducted at Winn Correctional Center on May 24, 2022. The following guidelines were found to be non-compliant;

I-C-005 Flammable, Caustic and Toxic Materials

Chemical inventory were not accurate in the Maintenance Department. The majority of the DOC offenders had bottles containing various cleaning supplies in their assigned cells.

II-D-001 Key, Tool, and Utensil Control

The Maintenance Department Tool Inventories were inaccurate in the following areas: 1). one pair of scissors was found in an offender's locker which was not on inventory; 2). various blades were present which were not on inventory; and, 3). the Carpentry Shop of Maintenance Department had several tools present which were not on inventory.

Based on the walk-through of the facility and the review of the guidelines, it is recommended that Winn Correctional Center be re-inspected thirty (30) days from the date of this inspection to ensure compliance with the above referenced guidelines.

Thank you for your support of the BJG process.

JML/mw

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Jody Floyd, Warden, Winn Correctional Center
Seth Smith, Chief of Operations
Jerry Goodwin, Warden DWCC
Scott Cotrell, BJG Team Leader



BJG RECERTIFICATION REPORT

Rev. 03/22/2022 mw

Facility Name: Winn Correctional Center
BJG Team Leader & Monitors: Colonel Scott Cottrell, BJB Team Leader (NW Region)
Facility Warden & Email Address: Jody Floyd, Warden *Email:* jfloyd@lasallecorrections.com
Facility Staff: Mona Heyse, Assistant Warden
 Mr. Tim Canerday, Quality Assurance Manager
BJG Inspection Date: May 24, 2022
Previous BJB Inspection Date: June 26, 2019
Operational Capacity: 1,576
Count on Day of Visit: 782

Please see attached Excel Spreadsheet for each area reviewed for BJB compliance.

Concerns or Issues from the previous BJB Monitoring Inspection:

None.

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	19	0	19
Number of Local Offenders	0	0	0
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	763	0	763
TOTAL	782	0	782

Number of DOC Offenders that are:

Single Bunked _____ 7
 Double Bunked _____ 12
 Triple Bunked _____ 0
Total _____ **19**

Number of DOC Offenders that are in Restricted Housing:

Single Bunked _____ 0
 Double Bunked _____ 0
 Triple Bunked _____ 0
Total _____ **0**

NOTE: Provide the following information about ICE detainees. Are there any interactions between ICE detainees and the DOC offenders housed at this facility? **Yes, there is limited interaction between ICE detainees and DOC offenders.**
 (If so, include these interactions.)

- **Housing**
Winn Correctional Center houses ICE Detainees separately.
- **In house jobs** (Maintenance, cafeteria, ect.)
ICE Detainees and DOC offenders work together under direct supervision remodeling a unit. ICE Detainees and DOC offenders work together in the Laundry under direct supervision. ICE Detainees work the early shift in the kitchen and then DOC offenders come in and work in the Kitchen for the next shift.
- **Any other interactions**
ICE Detainees are fed in the Kitchen area and DOC offenders work on the serving line.

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
April 2021	1	0	0	0
May 2021	0	0	0	0
June 2021	0	0	0	0
July 2021	0	0	0	0
August 2021	0	0	0	0
September 2021	0	0	0	0
October 2021	0	0	0	0
November 2021	0	0	0	0
December 2021	0	0	0	0
January 2022	0	0	0	0
February 2022	0	0	0	0
March 2022	0	0	0	0
April 2022	0	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
April 2021	0	0	0	0	0
May 2021	0	0	0	0	0
June 2021	0	0	0	0	0
July 2021	0	0	0	0	0
August 2021	0	0	0	0	0
September 2021	0	0	0	0	0
October 2021	0	0	0	0	0
November 2021	0	0	0	0	0
December 2021	0	0	0	0	0
January 2022	0	0	0	0	0
February 2022	0	0	0	0	0
March 2022	0	0	0	0	0
April 2022	0	0	0	0	0

GENERAL APPERANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area:

- **Dorms** – The dorm areas were well kept, very clean, and odor free. Elm unit walkways were dirty and the Key Room and Lobby floors were dirty. All items were neatly stored and the beds were all made. No offenders questioned in the dormitories as they are ICE Detainees. There are no concerns at this time relative to sanitation, safety, or security in the dormitories.
- **Cell Block** – The individual cells were in order, clean and odor free. The Cell Block and individual cells were clean and odor free. The offenders questioned stated that the food was always good and hot. The offenders were aware of the process for filing ARPs, sick call, and PREA

allegation. During the inspection, the monitor found one concern relative to sanitation, safety, and/or security in the Cell Block: the majority of the DOC offenders had various cleaning supplies in their cells.

Culinary/Dining:

Overall, the kitchen area and dining hall were clean, however, the floors were dirty. All food was kept in the proper storage areas. Utensil inventories were accurate and all utensils were accounted for. The chemical room was in order and the SDS sheets were present and accessible.

Bathrooms:

Overall, the bathrooms were found to be clean, odor free, and in full working order. Temperatures are taken daily and recorded on the logs. A few showers had a little soap scum build up present.

Yard Areas:

The grass was cut and the areas were clean. Logbooks reflect that the offenders receive regularly scheduled recreation time.

Maintenance:

The Maintenance Department tool and chemical inventories were not accurate. One pair of scissors was found in an offender's locker which was not on inventory. Various blades were present which were not on inventory. The Carpentry Shop of Maintenance Department had several tools present which were not on inventory.

COUNTS:

- How many formal counts are conducted each shift?
 - Day Shift – **Three (3)**
 - Night Shift - **Six (6)**
- How many counts are conducted each day? **There are a total of nine (9) counts conducted each day.**
- **Stick outs counts are counts that are conducted in areas other than housing units, such as food services and other areas of normally authorized locations. When conducting and submitting the counts, employees are to actually see the offender before turning in these counts.**
 - How does the facility accomplish this? In each prospective area, the Supervising Officer calls count, all offenders' line up to be counted.
 - Does this process insure accountability and safe/secure operation of the facility? **Yes.**

CLASSIFICATION SYSTEM:

Does the facility have any trustees that work outside the secure perimeter? **Yes.**

If yes,

- What is their classification process to determine who is eligible for trustee status?
Same criteria as DPS&C.
- Does their classification process meet DPS&C, Corrections Services' criteria? **Yes.**

OFFENDER DRUG TESTING: (Please list monthly since the previous BJJ monitoring visit.)

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
April 2021	23	0	100%	0
May 2021	24	0	100%	0
June 2021	20	0	100%	0
July 2021	20	0	100%	0
August 2021	20	0	100%	0
September 2021	19	0	100%	0
October 2021	19	0	100%	0
November 2021	17	0	100%	0

December 2021	17	0	100%	0
January 2022	19	0	100%	0
February 2022	18	0	100%	0
March 2022	17	0	100%	0
April 2022	19	0	100%	0

RULES AND DISCIPLINE:

Does the facility's offender orientation include the application process for applying for restoration of good time? **Yes.**

If yes,

- What is their restoration of good time application process for the offender population?
Same as DPS&C. They follow our Department Reg.
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria?
Yes.

BJG AUTOMATED MONTHLY REPORTING REVIEW:

Has the facility been inputting the correct info timely? **Yes.**

Does the reported info suggest any issues of concern or improvement? **No.**

OFFENDER PROGRAMS:

GED Program

Number of GED Slots	<u>0</u>
Number of Participants	<u>0</u>
YTD Number of Completions	<u>0</u>

LIST ALL CERTIFIED TREATMENT PROGRAMS: (Attach Form IS-B-8-b)

This facility does not offer any programs.

LIST ALL OTHER OFFENDER PROGRAMS:

This facility does not offer any programs.

GRIEVANCE PROCESS:

- Does grievance process include two levels of review? **Yes.**
- Who are the designees at each level?
The Grievance Officer is the designee for the first level of review and the Warden for the second level of review.
- What is the specified time period for response at each level?
The response time period for the first level of review is five (5) days and the second level is five (5) days.

PREA COMPLIANCE:

- Is this facility required to be PREA compliant due to contract language? **No.**
- Is this facility PREA compliant? **Yes.**
 - If yes, date compliance received: 17 July 2018

- If this facility is required to be PREA compliant due to contract language, and has not done so, what is their plan of action for compliance? N/A

OTHER:

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff members were questioned and it was found that they are both professional and dedicated to their jobs as well as being very knowledgeable of the policies. Teamwork is a priority and staff members appear to work together well. Staff members that I questioned were well versed in their job duties. Members of the staff are respectful towards offenders and each other. Overall morale seems to be high. The staff at Winn Correctional Center work together very efficiently and do a good job of managing the few state offenders that are still housed at this facility.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

None of the DOC offenders that were questioned during this inspection expressed any complaints relative to the facility. Overall, the offender morale was good and the quality of life is good. Every offender questioned stated that they liked being housed at Winn Correctional Center, the food was always good and hot, and all were knowledgeable on how to file ARP's, sick call, and PREA allegations.

RECOMMENDATION:

The following guidelines were found to be non-compliant:

I-C-005 Flammable, Caustic and Toxic Materials

Chemical inventory were not accurate in the Maintenance Department. The majority of the DOC offenders had bottles containing various cleaning supplies in their assigned cells.

II-D-001 Key, Tool, and Utensil Control

The Maintenance Department Tool Inventories were inaccurate in the following areas: 1). one pair of scissors was found in an offender's locker which was not on inventory; 2). various blades were present which were not on inventory; and, 3). the Carpentry Shop of Maintenance Department had several tools present which were not on inventory.

The BJG recertification audit of Winn Correctional Center was conducted on 24 May 2022. All though Winn Correctional Center was found to be non-compliant on the above listed guidelines; Warden Jody Floyd and staff are committed to maintaining compliance with Basic Jail Guidelines and providing a safe, secure, and stable environment for the offenders in their custody. Based on the walk-through of the facility and the review of the guidelines, it is recommended that Winn Correctional Center be re-inspected thirty (30) days from the date of this inspection to insure compliances with the above referenced guidelines that was found to be non-compliant.



Facility: Winn Correctional Center		Date Conducted: 24 May 2022	12/22/2020
Monitors: Colonel Scott Cottrell, BJJ Team Leader (NW Region)			
BASIC JAIL GUIDELINES (BJG)			
PART I - SAFETY			
A. PROTECTION FROM INJURY AND ILLNESS			
References: ACA CJS 1-1A-01, 1-1A-02, 1-1A-03, 1-1A-04, 1-1A-05, 1-1C-05, 1-4A-03, 1-4A-04			
	Findings	Response	
I-A-001 Safety/Sanitation/Inspections The facility complies with all applicable laws and regulations of the State Sanitation Officer and the State Fire Marshal. The following inspections are implemented: •Weekly sanitation inspections of all facility areas by a qualified departmental staff member. •Weekly inspections of all food service areas, including dining and food preparation areas and equipment. •Water temperature in housing areas is checked and recorded daily. •Comprehensive and thorough monthly inspections by a safety/sanitation specialist for compliance with sanitation, safety and fire prevention standards. •At least annual inspections by the State Sanitation Officer and the State Fire Marshal. Visual Inspection: completed inspection checklists and reports, documentation of corrective action, inspection reports	Compliant. The shift supervisor perform general inspections daily. A complete comprehensive inspection is conducted each week. Current FM (09 Nov 2021), DHH (08 Oct 2021), and Retail Food (07 Oct 2021) reports are on file. Deficiencies noted on the report have been corrected and/or addressed.		
I-A-002 Disposal of Materials Disposal of liquid, solid, and hazardous material complies with applicable government regulations. Visual Inspection: trash disposal contract, completed inspection reports, include documentation that deficiencies were corrected	Compliant. Progressive Waste Solutions and Medical Pro Waste Disposal have the contracts for trash disposal.		
I-A-003 Vermin and Pests Vermin and pests are controlled. There is a written and implemented plan for the control of vermin and pests. Visual Inspection: pest control contracts, trash disposal contracts, inspection reports	Compliant. A contract for Orkin Pest Control is on file.		
I-A-004 Housekeeping The facility is clean and in good repair. There is a written housekeeping plan that provides for the ongoing cleanliness and sanitation of the facility. Visual Inspection: inspection reports, completed forms, documentation of correction of identified deficiencies	Compliant. The Majority of the facility was clean and in good repair. Each dorm officer completes a daily inspection checklist to ensure cleanliness. Although a few areas need to be cleaned more thoroughly (dirty floors), facility was still in compliance.		
I-A-005 Water Supply The facility's potable water source and supply is certified at least annually by an independent, outside source to be in compliance with the State Sanitary Code. The facility complies with the requirements of the state health officer. There is a specific plan for addressing deficiencies, if any, that is approved by the state health officer. Visual Inspection: documentation of approval by DHH or local authority, plan for addressing deficiencies	Compliant. This facility uses local Parish water and sewer utilities.		
B. VEHICLE SAFETY			
References: Dept. Reg. C-03-003/OP-A-3			
	Findings	Response	
I-B-001 Offender Transport Escorted and unescorted absences of state offenders are governed by R.S. 15:811 and 833 and DPS&C Department Regulation No. C-03-003 "Escorted Absences." Visual Inspection: documentation of staff training, documentation of medical, funeral, etc. (outside trips)	Compliant. Approved funeral and medical trips are on file. All requested escorted absences are reviewed and approved/denied by Warden Jody Floyd.		
C. EMERGENCY PREPAREDNESS/RESPONSE			
References: ACA CJS 1-1C-01, 1-1C-02, 1-1C-03, 1-1C-04, 1-1C-06, 1-1C-07, 1-7E-01, Dept. Regs. A-04-002/PS-D-3, C-02-001/OP-A-5, C-02-010/OP-B-3, C-05-001/AM-I-4			
	Findings	Response	
I-C-001 Emergency Plan There is a written plan, submitted to the Secretary of DPS&C, that specify the procedures to be followed in situations that threaten facility security. Such situations include but are not limited to riots, hunger strikes, disturbances, taking of hostages, and natural or man-made disasters. These plans are made available to all applicable personnel and are reviewed annually and updated as needed. All facility personnel are trained annually in the implementation of the emergency plan. An evacuation plan is used in the event of fire or major emergency. The plan is approved by the state fire marshal, reviewed annually, and updated, if necessary. There are written procedures for significant unusual occurrences or facility emergencies including but not limited to natural or man-made disasters; major disturbances such as riots, hostage situations, escapes, fires, deaths, serious illness or injury and assaults or other acts of violence. Such procedures include the reporting of these incidents to the DPS&C, OAS, telephone 800-803-8748 during normal business hours or the control center at EHCC, telephone 800-842-4399 after hours, when they involve DPS&C offenders. In addition, the facility shall follow the incident reporting procedures as outlined in Dept. Reg. C-05-001/AM-I-4, "Activity Reports, UORs," Category A, B and C. Visual Inspection: training records, facility logs, documentation of approval of plan, documentation of annual review, documentation of staff receipt, training on the plan	Compliant. A detailed emergency plan is in place. All staff members are properly trained. Staff member that were questioned regarding emergency policy, procedure, and contingency plans were knowledgeable. All staff training is documented in file. The facility's emergency plan was approved on October 2019 by the Fire Marshal. Documentation of staff training is on file.		



	Findings	Response
I-C-002 Immediate Release of Offenders There is a means for the immediate release of inmates from locked areas in case of emergency and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of offenders and staff in the event of fire or other emergencies. Visual Inspection: facility records/logs	Compliant. Staff has been properly trained regarding the immediate release of offenders during emergency situations. Exits are properly marked and clear from obstruction.	
I-C-003 Fire Safety/Code Conformance The facility complies with the requirements of the state fire marshal. There is a specific plan for addressing deficiencies, if any, that is approved by the State Fire Marshal. The State Fire Marshal approves any variances, exceptions, or modifications. Visual Inspection: documentation of fire alarm and detection system maintenance and testing plans for addressing deficiencies	Compliant. Last Fire Marshal inspection was 09 Nov 2021. Deficiencies noted on the report have been corrected and/or addressed.	
I-C-004 Facility Furnishings Facility furnishings meet fire-safety-performance requirements. Visual Inspection: Specifications for all furnishings.	Compliant. Furnishings meet fire safety requirements.	
I-C-005 Flammable, Caustic and Toxic Materials Written policy, procedure and practice govern the control and use of all flammable, toxic and caustic materials. Visual Inspection: Staff training records, offender training records, internal inspection reports. Documentation of incidents that involved FTC materials. Inventories.	Non-Compliant. Chemical inventory were not accurate in the Maintenance Department. The majority of the DOC offenders had bottles containing various cleaning supplies in their assigned cells.	Warden Floyd stated that the inventories would be immediately corrected and all the cleaning supplies in the offenders cells were confiscated.
I-C-006 Operational Capacity The number of offenders present does not exceed the operational capacity as determined by the state fire marshal and state health officer. The state fire marshal will determine a capacity primarily based upon exiting capabilities. The state health officer will determine a capacity based upon the ratio of plumbing fixtures to offenders and square footage. The operational capacity will be determined by the state fire marshal and state health officer. Visual Inspection: facility count sheets	Compliant. On the day of the inspection, 782 offenders were assigned to the facility. The operational capacity is 1576.	

PART II - SECURITY

A. PROTECTION FROM HARM

References: ACA CJS 1-2A-01, 1-2A-04, 1-2A-05, 1-2A-06, 1-2A-08, 1-2A-11, 1-2A-13, 1-2A-14, 1-2A-16, 1-2A-17, 1-2A-19, 1-2A-20, Dept. Regs. A-02-008/AM-F-47, B-02-001/IS-B-1, C-02-007/OP-C-3

	Findings	Response
II-A-001 Control There is 24-hour monitoring and coordinating of the facility's security, life safety, and communications systems. Visual Inspection: facility records/logs, maintenance records, records of staff deployment	Compliant. Facility uses and effectively maintains camera/audio monitoring system. Rounds are conducted in accordance with policy.	
II-A-002 Secure Perimeter The facility's perimeter is controlled by appropriate means to ensure that offenders are secured remain within the perimeter and that access by the general public is denied without proper authorization. Visual Inspection: documentation of receipt of job description by staff, documentation of annual review and updating, photos of perimeter controls	Compliant. Facility provides access to authorized personnel only.	
II-A-003 Sufficient Staff There is a written document describing the facility's organization and staffing plan. This should include an organizational chart that groups similar functions, services and activities. Each facility meets minimum security staffing requirements which reflect good correctional practice. Sufficient staff, including a designated supervisor, are provided at all times to perform functions relating to the security, custody, and supervision of offenders and, as needed to operate the facility in accordance with the facility's security plan. Visual Inspection: records of staff deployment, facility logs, documentation of annual review of staffing analysis and plan	Compliant. Sufficient staff was on duty to promote good correctional practices. There are four shifts and each has a Major, Captain, 2 Lieutenants, 3 Sergeant and numerous deputies. This facility has 36 officers on staff per day shift and 32 officers on staff per night shift.	
II-A-004 Female Offenders and Female Staff When a female offender is housed in a facility, at least one female staff member is on duty at all times. Visual Inspection: records of staff deployment, facility logs	Not Applicable There are no female offenders housed at this facility.	
II-A-005 No Offender Control Over Others No offender or group of offenders is given control, or allowed to exert authority over other offenders. Visual Inspection: written policy and procedure	Compliant. A written policy and procedure is in place.	
II-A-006 Staff Log Correctional staff maintain a permanent log and prepares shift reports that record routine information, emergency situations and unusual incidents. The facility shall maintain written records or logs which continuously document the following information: 1. Personnel on duty; 2. Offender population; 3. Admission and release of offenders; 4. Shift activities; 5. Entry/exit of all visitors including legal/medical; 6. Unusual occurrences or facility emergencies (including but not limited to major and minor disturbances such as riots, hostage situations, fires, escapes, deaths, serious illness or injury and assaults or other acts of violence.) Refer to B/JG I-C-001 Visual Inspection: copies of log book, records of staff deployment	Compliant. Copies of the log books were on file to show compliance with each item listed in the guideline.	



	Findings	Response
<p>II-A-007 Counts The facility has a system for physically counting offenders. At least one formal count is conducted for each shift, with no less than 3 counts daily. The system includes strict accountability for offenders assigned to work and other approved activities.</p> <p>Visual Inspection: completed forms, facility records/logs.</p>	<p>Compliant. There are 9 formal counts: three (3) on dayshift and six (6) on nightshift. Facility conducts counts in accordance with this policy. Logs reflect count procedures.</p>	
<p>II-A-008 Offender Population Management System There is an offender population management process that includes records on the admission, processing, and release of offenders. Written policy, procedure, and practice provide for offender case record management that includes at a minimum, maintenance of the following documents and information. This offender record and any reentry transition envelopes shall be transferred with the offender at such time the offender is transferred to another local or DPS&C facility.</p> <ol style="list-style-type: none"> 1. Master prison form; 2. Bill of Information and Court Minutes OR Uniform Commitment Order; 3. One photograph; 4. Reports of disciplinary actions, grievances, incidents, or crimes committed while in custody; 5. Records of program participation, work assignments, classification actions; 6. Any government issued identification card (i.e., driver's license, social security card or birth certificate/birth card or any other valid identification); 7. Offender health record (see BJJ IV-D-004). <p>In addition to the maintenance of the above information, the following shall be collected and forwarded to the DPS&C Pre-Class Coordinator either by fax to 225-342-3759 or email to DOC-HQ_Supplemental@la.gov.</p> <ol style="list-style-type: none"> 1. Master prison form; 2. Fingerprints: one FBI print card from AFIS; 3. One photograph; 4. Bill of Information and Court Minutes or Uniform Commitment Order for each conviction (for probation violators both the original sentencing minutes and the revocation minutes are required); 5. Jail credit letter; <p>Visual Inspection: completed forms, reports, offender record</p>	<p>Compliant.</p>	
<p>II-A-009 Reception - Legal Commitment and Medical Service Prior to accepting custody of an offender, staff determine that the offender is legally committed to the facility, and that the offender is not in need of immediate medical attention.</p> <p>Visual Inspection: Completed Admission forms, facility logs.</p>	<p>Compliant.</p>	
<p>II-A-010 Admissions Admission processes for a newly admitted offender include, but are not limited to:</p> <ul style="list-style-type: none"> •Searching of the offender and personal property; •Inventorying and providing secure storage of personal property; •Providing an itemized receipt for personal property; •Recording of basic personal data; •Performing a criminal history check; •Photographing and fingerprinting; •Separating from the general public; •Providing a health screening to assess and identify any health and safety needs; •Providing information about access to health services, copy requirements and submitting grievances. <p>Visual Inspection: intake and admission forms, screening forms, inventory form, receipt form.</p>	<p>Compliant. Current policy and procedures are in place. Admission forms are thorough and completed properly.</p>	
<p>II-A-011 Out of State Offenders The names of any out of state offender (federal or state) to be housed at a local jail or privately managed facility shall be submitted to the Chief of Operations prior to the offender(s) entering the State of LA. No such offender shall be housed if the offender would be classified as maximum custody under the LA DPS&C classification procedures.</p> <p>Any offender convicted and sentenced to incarceration by a court in another state (federal or state) shall not be released in the State of LA. Any out of state offender (federal or state) housed in a local jail or privately managed facility shall be returned to an appropriate correctional facility located within the state where the offender was convicted and sentenced for release in that state, prior to the offender's release.</p> <p>Visual Inspection: offender record, submittal to chief of operations of out-of-state offenders to be housed at the facility, release/transfer documentation.</p>	<p>Compliant. Current policy and procedures in place satisfy requirements with regards to the housing and/or release of out of state offenders. Staff are aware of the proper procedures in the event of this occurrence.</p>	



	Findings	Response
<p>II-A-012 Classification System Written policy, procedure, and practice provide for a written offender classification plan that includes custody required and assignment to appropriate housing. Offender management and housing assignment considers age, gender, legal status, custody needs, special problems and needs, and behavior. All offenders are classified using an objective classification process that at a minimum:</p> <ul style="list-style-type: none"> • Identifies the appropriate level of custody for each offender • Identifies appropriate housing assignment • Identifies the offender's interest and eligibility to participate in available programs <p>Visual Inspection: offender housing records, offender classification records</p>	<p>Compliant. A detailed written policy is in place; they use the same criteria as DOC.</p>	
<p>II-A-013 Prohibition on Youthful Offenders Offenders subject to juvenile jurisdiction are housed in adult facilities only under the conditions established by law. If juveniles are committed to the facility, a plan is in place to provide for the following:</p> <ul style="list-style-type: none"> • Supervision and programming needs of the juveniles to ensure their safety, security, and education; • Classification and housing plans; • Appropriately trained staff. <p>OAS shall be notified of offenders who are under the age of 18 that are sentenced to the facility.</p> <p>Visual Inspection: admission and housing, offender records, classification records</p>	<p>Not Applicable Facility does not house youthful offenders.</p>	
<p>II-A-014 Separation in Classification Male and female offenders must be housed in separate rooms/cells with reasonable sight and sound separation.</p> <p>Visual Inspection: offender housing records, offender classification records, diagram of facility showing male/female housing areas</p>	<p>Not Applicable Facility does not house female offenders.</p>	
<p>II-A-016 Photo Identification The facility shall provide each DPS&C offender with photo identification, which the offender shall carry/wear on their person at all times.</p> <p>Visual Inspection: Offender identification card/wristband.</p>	<p>Compliant. All offenders receive a photo identification card upon reception.</p>	
<p>II-A-017 Drug Free Workplace Written policy, procedure, and practice provide for a drug-free workplace, which includes at a minimum pre-employment testing, post-accident testing, reasonable suspicion/probable cause testing, and quarterly random testing of all employees.</p> <p>Visual Inspection: drug testing lab fee bills for drug testing of facility employees (including pre-employment, post accident, reasonable suspicion/probable cause, random).</p>	<p>Compliant. All testing is done according to the policy. The facility exceeds the 5% of the employees that must be tested quarterly. Necessary documentation noted in file.</p>	
<p>II-A-018 Offender Drug Testing Written policy, procedure, and practice provide for alcohol/drug testing, both randomly and for probable cause. Facility policy will require that a minimum of 5% of the DPS&C offender population shall be drug tested on a monthly basis.</p> <p>Visual Inspection: Facility log, documentation of alcohol/drug testing of offenders.</p>	<p>Compliant. This facility has consistently drug tested all of the DOC population every month.</p>	
<p>II-A-019 Offender Transfers All transfers of DPS&C offenders to other than DPS&C facilities shall be reported to the OAS, at least one day prior to all scheduled transfers and within one business day for all non-scheduled transfers. The DOC offender transfer form shall be submitted by the transferring facility to OAS at least one day prior to the transfer occurring by fax to 225-342-2439 or by email to LocalJailTransfers@la.gov. Offenders should not be transferred to other than DPS&C facilities within 60 days of release, unless for disciplinary reasons.</p> <p>An offender scheduled for an appearance before the Committee on Parole shall not be transferred prior to the scheduled hearing date. However, if the transfer is deemed unavoidable by the Warden due to security concerns, the Warden shall obtain prior approval for an exception from the DPS&C Chief of Operations or designee. Staff from the sending facility shall notify the Committee on Parole as soon as it is known that the offender must be transferred.</p> <p>Visual Inspection: facility logs, documentation of transfers of DPS&C offenders to other than DPS&C facilities</p>	<p>Compliant. Staff are aware that transfers have to be reported one day prior to transfers and within one business day for all non scheduled transfers.</p>	
<p>II-A-020 Frequency of Cell Checks Written policy, procedure, and practice provide secure, safe housing by establishing the frequency of cell checks in all cellblock areas not to exceed four (4) hours. Staff will document these checks in their staff logs.</p> <p>Visual Inspection: Facility logs, documentation of frequency of cell checks.</p>	<p>Compliant. Written policy and procedures in place. Staff make checks every thirty (30) minutes.</p>	
<p>B. USE OF PHYSICAL FORCE References: ACA CJS 1-2B-01, 1-2B-02, 1-2B-03, 1-2B-05, 1-2B-06, 1-4D-12, Dept. Regs. B-06-001 HC-08/IS-D-HCP33, HC-29/IS-D-HCP40, C-01-008/OP-A-19, C-02-006/OP-A-16, C-03-003/OP-A-3</p>		
<p>II-B-001 Use of Force The use of force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. Written policy, procedure, and practice govern the use of force and provide that force shall never be used as punishment. When an incident involving use of force with a DPS&C offender results in the termination and/or arrest of an employee, the facility shall immediately report the incident to the DPS&C, Office of Adult Services, telephone number 800-803-8748 during normal business hours or the control center at Elayn Hunt Correctional Center, telephone number 800-842-4399 after hours. In addition, the facility shall provide a written report of the incident to the DPS&C, Chief of Operations within three business days.</p> <p>Visual Inspection: facility records, logs, incident reports, training records</p>	<p>Compliant. Written policy and procedures are in place. Documentation of files shows staff receiving training on use of force.</p>	
<p>II-B-002 Use of Restraints Written policy, procedure, and practice provide that mechanical restraints, such as handcuffs and leg irons, are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application. Restraints on offenders for medical and psychiatric purposes are only applied in accordance with policies and procedures approved by the health authority, including:</p> <ul style="list-style-type: none"> • Conditions under which restraints may be applied; • Types of restraints to be applied; • Identification of a qualified medical or behavioral health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative; • Monitoring procedures; • Length of time restraints are to be applied; • Documentation of efforts for less restrictive treatment alternatives; <p>Visual Inspection: facility records, logs</p>	<p>Compliant. Written policy and procedures are in place.</p>	



	Findings	Response
<p>II-B-002-1 Use of Restraints for Pregnant Offenders Written policy, procedure, and practice complies with the following requirements: Restraints During Pregnancy-Related Transportation</p> <ul style="list-style-type: none"> Restraints shall not be used on a pregnant offender (1) during any pregnancy related medical distress, (2) while she is being transported to a medical facility or LCW unless there are compelling grounds to believe that the offender presents either of the following: <ul style="list-style-type: none"> a) An immediate and serious threat of physical harm to herself, staff, or others; b) A substantial flight risk and the offender cannot be reasonably contained by other means. If restraints are utilized during transportation, the offender shall not be cuffed behind the back or restrained using waist restraints. <p>Visual Inspection: facility records, logs</p>	Not Applicable.	
<p>II-B-003 Use of Firearms The use of firearms complies with the following requirements.</p> <ul style="list-style-type: none"> Weapons are subject to stringent safety regulations and inspections. A secure weapons locker is located outside the secure perimeter of the facility. Except in emergency situations, firearms and authorized weapons are permitted only in designated areas to which offenders have no access. Employees supervising offenders outside the facility perimeter follow procedures for the security of weapons. Employees are instructed to use deadly force only after other actions have been tried and found ineffective, unless the employee believes that a person's life is immediately threatened. Employees on duty use only firearms or other security equipment that have been approved by the facility administrator. Appropriate equipment is provided to facilitate safe unloading and loading of firearms. <p>Visual Inspection: training records, safety regulation and inspection reports, photos of equipment used for unloading and reloading</p>	Compliant. Policy is in place regarding use and safe storage of firearms. All security staff are POST certified, and training has been provided in firearm usage.	
<p>II-B-004 Written Reports Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur:</p> <ul style="list-style-type: none"> Discharge of a firearm or other weapon Use of less lethal devices to control offenders Use of force to control offenders Offender(s) remaining in restraints at the end of the shift Emergency distribution of security equipment <p>Visual Inspection: completed reports, facility records and logs</p>	Compliant. Written reports are on file at the facility. Deputies must complete all reports prior to leaving the facility upon conclusion of his/her shift.	

C. CONTRABAND/SEARCHES		
	Findings	Response
<p>References: ACA CJS 1-2C-01, 1-2C-04, Dept. Reg. C-02-003/OP-A-8</p> <p>II-C-001 Procedures for Searches Written policy, procedure and practice guide searches of facilities and offenders to control contraband. Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the offender is concealing contraband and when authorized by the facility administrator or designee. Health care personnel will conduct manual or instrument inspections in private.</p> <p>Visual Inspection: observation, facility records and logs, offender and staff interviews</p>	Compliant. Written policy and procedures are in place regarding the detection of contraband.	

D. ACCESS TO KEYS, TOOLS, UTENSILS		
	Findings	Response
<p>References: ACA CJS 1-2D-01</p> <p>II-D-001 Key, Tool, and Utensil Control Keys, tools, culinary equipment and medical/dental instruments and supplies (syringes, needles and other sharps) are inventoried and use is controlled. Written policy, procedure and practice govern the control and use of keys, tools, culinary equipment, and medical/dental instruments and supplies.</p> <p>Visual Inspection: documentation of perpetual inventories</p>	Non-Compliant. The Maintenance Department Tool Inventories were inaccurate in the following areas: 1). one pair of scissors was found in an offender's locker which was not on inventory; 2). various blades were present which were not on inventory; and, 3). the Carpentry Shop of Maintenance Department had several tools	Warden Floyd stated that it would be corrected immediately.

PART III - ORDER		
A. OFFENDER DISCIPLINE		
	Findings	Response
<p>References: ACA CJS 1-2A-15, 1-3A-01, 1-6C-02, 1-6C-03, 1-6C-04, Dept. Reg. B-05-001/OP-C-1</p> <p>III-A-001 Rules and Discipline Prior to being placed in the general population, each offender is provided with an orientation that includes facility rules and regulations, including access to medical care. The facility shall follow and provide the DPS&C "Disciplinary Rules and Procedures for Adult Offenders", to the offender population.</p> <ul style="list-style-type: none"> If the Sheriff or local jail administrator believes that a loss of good time is appropriate, then the incident shall be fully documented and the offender transferred to the DPS&C for a disciplinary hearing to ensure due process in accordance with La. R.S. 15:571.4. The offender must sign and date a statement acknowledging receipt of this information. <p>Visual Inspection: offender records, disciplinary records, receipt of disciplinary rules, documentation of orientation</p>	Compliant. Each offender is provided a DPS&C rule book and facility rules during orientation; including how to access medical care.	



PART IV - CARE		
A. FOOD SERVICES		
References: ACA CJA 1-4A-01, 1-4A-02, 1-4A-04, 1-4A-06, Dept. Reg. C-06-001/IS-C-1	Findings	Response
IV-A-001 Food Storage Facilities There are sanitary facilities for the storage of all foods that comply with applicable state and/or federal guidelines. Visual Inspection: DHH inspection reports, internal inspection reports	Compliant. Last DHH retail food inspection was on 07 Oct 2021. Deficiencies noted on the report have been corrected and/or addressed.	
IV-A-002 Food Service Facilities Toilet and hand basin facilities are available to food service personnel in the food preparation area. Visual Inspection: DHH inspection reports, photos	Compliant. Toilets and hand basins are available to food service personnel.	
IV-A-003 Food/Dietary Allowances The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure they meet the national recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings. Written policy, procedure, and practice require that food service staff plan menus and substantially follow the plan. The planning and preparation of all meals shall take into consideration nutritional characteristics and caloric adequacy. The facility shall provide a tray/plate and utensils for each hot meal. Visual Inspection: annual reviews, nutritionist or dietician qualifications, documentation of at least annual review and quarterly menu evaluations	Compliant. The menu's are rotated in cycles. All cycle menu's have been approved by dietician Tammy Verdin. License #805839 expires on the 31st of August of 2022.	
IV-A-004 Records of Meals Served Written policy, procedure, and practice require that accurate records are maintained of all meals served. Visual Inspection: facility logs	Compliant. Logs on file reflect accurate records are maintained of all meals served.	
IV-A-005 Denial of Food as Discipline Prohibited Written policy, procedure, and practice preclude the denial of food as a disciplinary measure. Visual Inspection: facility logs	Compliant. Facility logs reflect that food is not denied as a disciplinary measure.	
IV-A-006 Food Service Management Written policy, procedure, and practice require that three meals (including two hot meals) are provided under staff supervision at regular meal times during each 24-hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met. Offenders shall be provided an ample opportunity to eat for each meal. Visual Inspection: records of meals served and times served, facility logs	Compliant. Offenders provided 3 hot meals a day. (Bag Lunches are only served on Holidays.) Ample time permitted for meal consumption & time lapse between meals is in compliance with guideline. Breakfast 5:15 am, Lunch 12:00 pm, Dinner 5:00 pm.	
IV-A-007 Therapeutic/Special Diets Therapeutic and/or special diets are provided as prescribed by appropriate clinicians or when religious beliefs require adherence to religious dietary laws. Written policy, procedure, and practice provide for special diets as prescribed by appropriate medical or dental personnel. Visual Inspection: health records, diet records or forms, documentation of warden's approval of religious diet	Compliant. Therapeutic diets are prescribed by medical personnel. The warden approves religious diets.	
IV-A-008 Health Protection for Food Service There is adequate protection for all offenders and staff in the facility and for offenders and other persons working in food service. All persons involved in the preparation of the food receive a pre-assignment inspection by appropriate kitchen staff, to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. Offenders working in food services are monitored each day for health and cleanliness by appropriate kitchen staff. All food handlers are instructed to wash their hands upon reporting to duty and after using toilet. Visual Inspection: inspection reports, completed forms, documentation of daily monitoring for health and cleanliness	Compliant. All food service offenders receive a pre-assignment inspection before working.	
B. HYGIENE		
References: ACA CJS 1-4B-01, 1-4B-02, 1-4B-03, 1-4B-04, Dept. Reg. B-06-001/HC-34/IS-C-3	Findings	Response
IV-B-001 Plumbing Fixtures - Toilets and Washbasins Offenders have access to toilets and washbasins with temperature-controlled hot and cold running water 24 hours per day. Offenders are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas. Visual Inspection: maintenance records or reports, inspections, documentation of periodic measurement of water temperature, offender grievances	Compliant. Documentation on file of plumbing fixtures and work orders being completed as needed.	
IV-B-002 Plumbing Fixtures - Showers Offenders, including those in medical housing units or infirmaries, have access to operable showers with temperature-controlled hot and cold running water 24 hours per day, on a reasonable schedule, (a minimum of three times per week). Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit. Visual Inspection: maintenance records or reports, inspections	Compliant. Logs on file reflect the water temperature for showers is in the required range. Offenders have access to showers 24 hours per day.	
IV-B-003 Clothing The facility has an obligation to provide adequate institutional clothing appropriate to the season and the offender's work status, including adequate changes of clothing to allow for regular laundering. The facility may fulfill this obligation by furnishing clothing or permitting the offender to secure and wear his own clothing, except that when the offender does not provide adequate clothing for himself, the facility shall do so. Visual Inspection: documentation of clothing issue, documentation of cleaning and storage	Compliant. The facility provides adequate clothing as needed.	
IV-B-004 Hygiene/Bedding Issue The facility shall provide adequate bedding and linen, including a clean mattress, sheets, pillow and blanket, not to exclude a mattress with integrated pillow. There are provisions for linen and towel exchange at least weekly. There are provisions for blanket exchange at least monthly. Visual Inspection: documentation of issue and exchange	Compliant. Adequate bedding and linens are provided to all offenders. The facility launders all linens as required.	
IV-B-005 Personal Hygiene Articles and services necessary for maintaining personal hygiene shall be available to all offenders including items specifically needed for females. Such items shall be provided to any offender (male or female) who is indigent. Each offender shall be provided soap, toilet paper, toothbrush, toothpaste and shaving equipment. Visual Inspection: documentation that items are provided, list of items available	Compliant. Personal hygiene items are issued upon intake and distributed bi-weekly or as needed.	



C. CONTINUUM OF HEALTH CARE SERVICES		
References: ACA CJS 1-2A-14, 1-4C-01, 1-4C-03, 1-4C-04, 1-4C-06, 1-4C-07, 1-4C-08, 1-4C-09, 1-4C-10, 1-4C-13, 1-4C-15, 1-4D-01, 1-4D-03, 1-4D-04, 1-4D-06, Dept. Regs. B-06-001/IS-D-2, HC-01/IS-D-HP13, HC-02/IS-D-HCP14, HC-05/IS-D-HCP20, HC-06A/IS-D-HCP41, HC-06B/IS-D-HCP42, HC-06C/IS-D-HCP46, HC-08/IS-D-HCP33, HC-09A/IS-D-HCP22, HC-11/IS-D-HCP34, HC-13/IS-D-HCP16, HC-17/IS-D-HCP7, HC-38/IS-D-HCP30, B-06-003/AM-C-4, C-02-008/OP-C-9, C-05-001/AM-I-4	Findings	Response
<p>IV-C-001 Access to Care/Clinical Services At the time of admission/intake, all offenders are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an offender's ability to pay. The facility has a designated health authority with responsibility for health care services. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician.</p> <p>•Written policy, procedure, and practice provide for the delivery of health care services, including medical, dental and behavioral health services under the control of a designated health care authority who shall be a physician or a licensed or registered health care provider or health agency. Access to these services shall be unimpeded in the sense that correctional staff should not approve or disapprove offender requests for services in accordance with the facility's health care plan. Oral health services include access to diagnostic x-rays, treatment of dental pain, development of individual treatment plans, extractions of non-restorable teeth, and referral to a dental specialist, including an oral surgeon. Specialty non primary clinical services are covered by DPS&C. The requests shall be submitted by the facility staff using the software provided by DPS&C.</p> <p>•In accordance with R.S. 15:831, DPS&C offenders may be assessed a co-payment for receiving medical or dental treatment, including prescription or nonprescription drugs. The co-payment fee schedule shall be approved by the DPS&C. Such fee schedule for DPS&C offenders housed in local jail facilities shall not exceed the DPS&C approved rate in accordance with Dept. Reg. B-06-001 HC-02/IS-D-HCP14, unless prior approval has been granted by the Secretary of the DPS&C.</p> <p>•DPS&C offenders may be required to file a claim with his/her private medical or health care insurer, or any public medical assistance program, under which he/she is covered and from which the offender may make a claim for payment or reimbursement of the cost of any such medical treatment.</p> <p>Visual Inspection: Documentation that offenders are informed about health care and the grievance system, a health record, medical copayment fee schedule.</p>	<p>Compliant. In the admissions process all offenders are informed of the procedure to access clinical services. All offenders have access to clinical services regardless of their ability to pay facility co-payments. The facility maintains a written policy and procedure regarding the delivery of all health care services.</p> <p>There is a \$3.00 medical co-payment for sick call, \$6.00 for emergencies, \$2.00 for Rx which are approved by HQ.</p>	
<p>IV-C-002 Adequate Equipment and Supplies Adequate equipment and supplies for medical services are provided as determined by the health care authority and are in working order.</p> <p>Visual Inspection: Photos</p>	<p>Compliant. Adequate equipment and supplies for medical services are provided as determined by the HC authority.</p>	
<p>IV-C-003 Provision of Treatment The facility has a designated health authority responsible for health care services. Requests for health services are triaged by health trained persons to ensure that needs are addressed in a timely manner in accordance with the severity of the illness. Written policy, procedure and practice provide that anyone who provides health care services to offenders be licensed, registered or certified as appropriate to their respective professional disciplines. Such personnel shall only practice as authorized by their license, registration or certification. Standing orders are used in the treatment of offenders only when authorized in writing by a physician or dentist. (Standing orders are used in the treatment of identified conditions and for the on-sight emergency treatment of an offender.)</p> <p>Visual Inspection: documentation of health authority designation, contract, billing records, sick call request form, a health record, clinical provider schedules, current credentials/licensure</p>	<p>Compliant. Standing orders are on file and approved by Dr. Pam Hearn (MD 018482).</p>	
<p>IV-C-004 Personnel Qualifications/Credentials Correctional or other personnel who do not have health care licenses may only provide limited health care services as authorized by the responsible health care authority and in accordance with appropriate training. This would typically involve the administration of medication, the following of standing orders as authorized by the responsible health care authority and the administration of first aid/CPR in accordance with POST training. Written policy, procedure and practice approved by the health authority require dispensing and administering prescribed medications by qualified personnel.</p> <p>Visual Inspection: health records, completed medication administration form, personnel records, copies of current credentials or licensure, documentation of compliance with standing orders, health record entries, staff training records</p>	<p>Compliant. All medications are distributed by Medical personnel. All dispensing medication is tracked on a MARS system. Security staff have received CPR and First Aid training/certification. Standing orders have been approved by a Health Care Authority. Signed copy is in the file.</p>	
<p>IV-C-005 24 Hour Care Written policy, procedure, and practice ensure that offenders have access to 24-hour emergency medical, dental, and mental health services, including on-site first aid, basic life support, and transfer to community based services. This requirement may be met by agreement with a local state hospital, a local private hospital, on-call qualified health care personnel (see IV-C-003), or on-duty qualified health care personnel. Decisions regarding access to emergency medical services shall not be the sole province of correctional or other non-health personnel except in accordance with IV-C-004.</p> <p>Visual Inspection: designated facility, provider lists, transportation logs</p>	<p>Compliant. Medical personnel are on call and available 24 hours per day. In the event of a medical emergency offenders are transported to Winn Parish Medical Center. If the situation is life threatening offenders may be transported to Ochsner/LSU-Monroe or Ochsner/LSU-Shreveport as well.</p>	



	Findings	Response
<p>IV-C-006 Health Screens Written policy, procedure and practice require that all DPS&C offenders receive a health screening by health trained or qualified health care personnel upon intake into the facility unless there is documentation of a health screening within the previous 90 days. Screening is conducted in accordance with protocols established by the health authority. If completed by health trained personnel, all intake health screens are to be reviewed by health care personnel as soon as possible. If a facility uses a different screening form, it shall be required to have at a minimum the questions in the Intake Health Care Screening form (IV-C-006-A) provided by DPS&C. The purpose of the health screening is to protect newly admitted offenders who pose a health safety threat to themselves or others from not receiving adequate medical attention. This should include inquiry into:</p> <ol style="list-style-type: none"> 1. Current medical, dental or behavioral health problems and communicable diseases; 2. Current treatment plan; 3. Current medications, including psychotropic; 4. History of hospitalization; 5. Suicidal risk assessment; 6. Use of alcohol or other drugs including need for possible detoxification; 7. Possibility of pregnancy; 8. Observation of the following: <ol style="list-style-type: none"> a. Appearance and behavior; b. Body deformities and other physical abnormalities; c. Ease of movement; d. Current physical traumas or characteristics and a determination of whether or not the offender should be recommended for immediate transfer to the DS&C for appropriate care; e. Any physical impairment (hearing, vision, mobility) or other disability which would impede the offender's access to programs or services. Offenders identified with such an impairment or disability shall be transferred to the DPS&C for further evaluation and determination of appropriate housing placement. [Reference 2008 <p>Visual Inspection: health records, completed screening form, transfer logs</p>	<p>Compliant. Written policy and procedures in place regarding the health screening of offenders in to the facility. The health screen meets all of the items required in the guideline.</p>	
<p>IV-C-006-1 Pregnancy Management Written policy, procedure and practice require that all pregnant offenders have access to obstetrical services by a qualified provider. The local jail facility shall notify the Department's Medical Director, when a DPS&C offender is pregnant to ensure proper placement or if transfer to a DPS&C facility is necessary.</p> <p>Visual Inspection: written policy and procedure, health record where pregnant offender received obstetrical services by a qualified provider, notification to DPS&C when DPS&C offender is pregnant, transfer logs</p>	<p>Non Applicable There are no female offenders at this facility.</p>	
<p>IV-C-007 Communicable Disease and Infection Control Program Communicable diseases are managed in accordance with a written plan approved by the health authority in consultation with local public health officials. The plan includes for the screening, surveillance, treatment, containment, and reporting of infectious diseases. The plan shall comprise of testing to detect communicable diseases, including TB testing within 14 days of arrival at the facility. If there is documented evidence of TB testing within the last 12 months, new testing is not required. Qualified health care staff will evaluate for signs and symptoms of TB. Infection control measures include the availability of personal protective equipment for staff and hand hygiene promotion throughout the facility. Procedures for handling biohazardous waste and decontaminating medical and dental equipment must comply with applicable local, state and federal regulations.</p> <p>Visual Inspection: health records, clinic visit logs, documentation of waste pic up and/or cleaning logs</p>	<p>Compliant. A written plan is in place to address communicable diseases. The plan has been approved by a Health Care Authority. Signed copy is in the file. Documentation reflects that waste pick-up meets required state and federal regulations. Contract for waste pick-up with Medical Pro Waste Disposal.</p>	
<p>IV-C-008 Annual TB Testing Written policy, procedure and practice require annual testing or medical evaluation for signs and/or symptoms of tuberculosis on all offenders. Annual TB testing will be provided at no cost to the offender. The facility's designated health care authority shall contact the DPS&C Medical Director, telephone number 225-342-1320, when an offender's test for medical signs and/or symptoms of tuberculosis is reported positive. The DPS&C Medical Director will determine if the offender requires physician or mid-level evaluation, based on the reported positive signs or</p> <p>Visual Inspection: health records</p>	<p>Compliant. During the intake process, and yearly, offenders are administered a TB test. The documentation reflects that all offenders are tested annually. Offenders are not charged for this service.</p>	
<p>IV-C-009 Chronic Care Program Offenders with chronic conditions, such as diabetes, hypertension and mental illness receive periodic care by a qualified health care provider in accordance with individual treatment plans, inclusive as deemed appropriate by the respective health care provider. For offenders whose chronic disease cannot be reasonably managed by the local jail facility, a Medical Transfer Request for DOC Offenders at Local Facilities Form C-05-004-B may be submitted to the ARDC.</p> <p>Visual Inspection: health records</p>	<p>Compliant. Health records show that offenders with chronic issues receive continual care. All others are transferred to a DPS&C facility.</p>	
<p>IV-C-010 Pharmaceuticals Written policy, procedure, and practice approved by the health authority provide for the proper management of pharmaceuticals. Offenders are provided medication as prescribed.</p> <p>Visual Inspection: health records, completed medication administration forms, inventories</p>	<p>Compliant. Completed and accurate inventories of pharmaceuticals are in place. MARS reveal the offenders are receiving medication as prescribed.</p>	
<p>IV-C-011 First Aid Kits First aid kits are available in areas of the facility as designated by the responsible health care authority and shall be immediately accessible to housing units.</p> <p>Visual Inspection: location of first aid kits within the facility</p>	<p>Compliant. First Aid kits are located throughout the facility.</p>	
<p>IV-C-012 Access to Sick Call There is a process for all offenders to initiate requests for health services on a daily basis. Written policy, procedure and practice require that sick call is conducted by a physician and/or other qualified health care personnel who are licensed, registered or certified as appropriate to their respective professional discipline and who practice only as authorized by their license, registration or certification. Sick call shall be available to all offenders as follows:</p> <ul style="list-style-type: none"> •Facilities with fewer than 100 offenders - 1 time per week; •Facilities with 100 to 300 offenders - 3 times per week; •Facilities with more than 300 offenders - 4 times per week. <p>If an offender's custody status precludes attendance at sick call, then arrangements shall be made to provide such services in the place of the offender's detention.</p> <p>Visual Inspection: written policy and procedure</p>	<p>Compliant. Sick call is accessible seven (7) times per week. Nursing staff treat all offenders in this facility regardless of their custody status or housing location. Offenders are referred to a physician as necessary.</p>	



	Findings	Response
<p>IV-C-013 Infirmary Care If infirmary care is provided onsite, it complies with applicable state regulations and local licensing requirements. Provision include 24 hour emergency on-call consultation with a physician, dentist and mental health professional. Written policy, procedure and practice provide that any offender who is identified as requiring a medical, dental or mental health need for which care is not readily available from the local facility, shall be immediately transferred to DPS&C. It is particularly important that smaller facilities recognize the commitment of the DPS&C to accept into their custody any state offender whose condition is problematic.</p> <p>Visual Inspection: admission or inpatient records, staffing schedule, completed form C-05-004-B</p>	<p>Compliant. Offenders are transferred to DPS&C if the care cannot be provided at the facility.</p>	
<p>IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, Compassionate Release) Any offender sentenced to DPS&C custody that meets the medical criteria to be released on Medical Parole, Medical Treatment Furlough or Compassionate Release may be considered after submission of the required documentation in accordance with the corresponding Dept. Reg. to the DPS&C's Chief Nursing Officer via email to MedicalDirector@corrections.state.la.us or by fax to 225-342-7240.</p> <p>Visual Inspection: health records, documentation of approval of DPS&C's Chief Nursing Officer</p>	<p>Compliant. This facility does not have an in-house infirmary. All offenders requiring these services are transferred to a DOC facility.</p>	
<p>IV-C-014 Suicide Prevention and Intervention There is a written suicide prevention and intervention program that is approved by a behavioral health professional who meets the educational and license/certification criteria specified by his/her respective professional discipline. The program must include specific procedures for handling intake, screening, identifying and continually supervising the suicide-prone offender. Observation of the suicide-prone offender will vary from continual observation to intervals no greater than fifteen (15) minutes. All staff with responsibility for offender supervision are trained annually in the implementation of the program.</p> <p>Visual Inspection: health records, documentation of staff training, documentation of observation of suicide watches</p>	<p>Compliant. The written suicide prevention and intervention policy was approved by Dr. Pam Hearn. Documentation reviewed reflects that the staff received training.</p>	
<p>IV-C-015 Offender Deaths Written policy, procedure and practice specify and govern the actions to be taken in the event of an offender's death, which includes notification of the coroner of all offender deaths. All attempts to contact the coroner regarding any death shall be thoroughly documented. Such procedures shall also include the reporting requirements as outlined in B3G 1-C-001. In addition, a written report of all offender deaths shall be submitted to DPS&C on Form C-05-001-X (via email to catanotify@corrections.state.la.us or via fax to 225-342-3349).</p> <p>Visual Inspection: notification, reporting requirements, report to DPS&C</p>	<p>Compliant. Written policy and procedures are in place governing notification of offender deaths. In the event of offender death, DOC Form C-05-001-X will be used for notification purposes.</p>	
<p>IV-C-016 Notification A visit with an immediate family member when the offender is admitted to an ICU or trauma center due to a serious bodily injury or due to being a terminally ill offender for the duration of the offender's admission to the ICU or trauma center, unless the Warden or designee provides written notice within 6 hours of the offender's admission to the ICU or trauma center to any immediate family member seeking visitation why such visitation cannot be granted, pursuant to La. R.S. 15:833(A) and Dept. Reg. C-02-008; •If the offender's admission to the ICU or trauma center occurs between 8:00 pm and 4:00 am, the Warden or designee shall provide the required written notification within 24 hours of the time the serious bodily injury occurred. •Pursuant to La. R.S. 15:833(A), the Warden or designee shall attempt to notify the offender's immediate family within 8 hours of the medical decision to transport the offender to the ICU or trauma center. •Based on extenuating circumstances the Warden or designee may extend the definition of an offender's immediate family member</p> <p>Visual Inspection: notification records</p>	<p>Compliant. Policies and procedures are in place related to notification of family and visitation with an offender admitted to an ICU or trauma center according to DPS&C guidelines. Documentation of any such occurrence is maintained.</p>	
<p>D. HEALTH SERVICES STAFF References: ACA CJS 1-4D-02, 1-4D-04, 1-4D-05, 1-4D-07, 1-4D-08, 1-4D-09, 1-4D-10, 1-4D-17, 1-4D-18, Dept. Regs. B-06-001/HC-24/ISD-HCP44, HC-25/IS-D HCP9, HC-26/IS-D-HCP10, HC-33/AM-D-5</p>		
<p>IV-D-001 Health Care Quarterly Meetings The health authority meets with the facility administrator at least quarterly.</p> <p>Visual Inspection: documentation of meetings</p>	<p>Compliant. Dr. Pam Hearn meets quarterly with Warden and department heads.</p>	
<p>IV-D-002 Research Written policy, procedure, and practice prohibit offender participation in pharmaceutical, medical, or cosmetic experiments. This policy does not preclude individual treatment of an offender based on his/her needs using a specific medical procedure that is not generally available.</p> <p>Visual Inspection: written policy and procedure</p>	<p>Compliant. Written policy and procedures are in place.</p>	
<p>IV-D-003 Health Care Personnel/Job Descriptions Health care staff work in accordance with professional specific job descriptions / approved by the health authority.</p> <p>Visual Inspection: job descriptions</p>	<p>Compliant. Job descriptions for health care staff are in place.</p>	
<p>IV-D-004 Confidentiality of Health Information Information about an offender's health status is confidential. Nonmedical staff only have access to specific medical information on a "need to know" basis in order to preserve the health and safety of the specific offender, other offenders, volunteers, visitors, or correctional staff. An individual health record is maintained for all offenders in accordance with policies and procedures established by the health authority. The health record is made available to, and is used for documentation for all health care personnel. The active health record is maintained separately from the confinement case record and access is controlled. When an offender is transferred to DPS&C or another local facility, the offender's medical record is transferred as well.</p> <p>Visual Inspection: health records, completed consent forms, completed refusal forms</p>	<p>Compliant. Access to offender medical information/files is controlled and restricted to those whom have the proper authority. Medical records are maintained in separate files and are forwarded along with the offender upon transfer. Completed consent forms are in file.</p>	



	Findings	Response
<p>IV-D-005 Informed Consent Informed consent standards of the jurisdiction are observed and documented for offender care in a language understood by the offender. In the case of minors, the information consent of a parent, guardian or legal guardian applies when required by law. Offenders routinely have the right to refuse medical interventions. When health care is rendered against an offender's will, it is in accordance with state laws and regulations. Involuntary administration of psychotropic medications to offenders may only be accomplished by DPS&C.</p> <p>Visual Inspection: health records, completed consent forms, completed refusal forms</p>	<p>Compliant. Completed consent and refusal forms are on file.</p>	
<p>IV-D-006 Emergency Response Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the facility administrator. All staff responding to health emergencies are trained in CPR. The health authority approves policies and procedures that ensure that emergency supplies and equipment, including automatic external defibrillators (AEDs) are readily available and in working order.</p> <p>Visual Inspection: verification of training, records and certificates</p>	<p>Compliant. All staff receive CPR training. AED's are available and in working order.</p>	
<p>IV-D-007 Internal Review/Quality Assurance The health authority approves policies and procedures for identifying and evaluating major risk management events related to offender health care, including offender deaths, preventable adverse outcomes and serious medication errors.</p> <p>Visual Inspection: evaluation of major risk management events</p>	<p>Compliant. Policy in place.</p>	

E. SEXUAL ASSAULT		
References: ACA CJS 1-4D-13, 1-4D-15, 1-4D-16, Dept. Regs. A-04-002/PS-D-3, C-01-022/OP-A-15		
	Findings	Response
<p>IV-E-001 Alleged and Substantiated Sexual Assaults Written policy, procedure and practice provide for the prevention, detection, response, reporting and investigation of alleged and substantiated sexual assaults. (PREA) Information provided to offenders about sexual abuse/assault includes: <ul style="list-style-type: none"> •Prevention/intervention; •Self-protection; •Reporting sexual abuse/assault; •Treatment and counseling. When the occurrence/allegation of sexual assault or threat involves a DPS&C offender, the facility shall report the incident to DPS&C immediately, as outlined in BJC 1-C-001. An investigation is conducted and documented whenever a sexual assault or threat is reported. Investigative reports, that include DPS&C offenders, shall be submitted to appropriate DPS&C Regional Team Leader on Form C-01-022-E. Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence.</p> <p>Visual Inspection: documentation of reports to DPS&C, investigative reports</p>	<p>Compliant. Written policy and procedures are in place. All security staff have completed the PREA course. Offenders receive PREA training during their orientation to the facility. PREA investigations are conducted according to DPS&C policy.</p>	

PART V - OFFENDER PROGRAMS AND ACTIVITY

A. OFFENDER OPPORTUNITIES FOR IMPROVEMENT		
References: ACA CJS 1-SA-01, Dept. Reg. B-08-004/PS-F-1		
	Findings	Response
<p>V-A-001 Volunteers/Registration There is an official registration and identification system for volunteers.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant. A schedule and log of volunteers entering the facility is on file.</p>	
<p>V-A-002 Volunteer Services A current schedule of volunteer services is available to all offenders and is posted in appropriate areas of the facility.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant. Currently all religious services are conducted by the on-staff chaplain. Volunteers have not been to the facility since Covid-19 restrictions were put in place.</p>	
<p>V-A-003 Programs and Services Written policy, procedure and practice provide for the availability of offender programs, services and counseling. Such programming may be obtained from acceptable internal or external sources which should include, at a minimum, assistance in obtaining individualized educational program instruction at a variety of levels. The local jail facility shall maintain class files on all DPS&C approved programming, whether the program is administered by DPS&C or other staff. The class files should include at a minimum: 1. Screening of offender(s) for program placement; 2. Offender application to program; 3. Program sign-in sheets and/or attendance rosters; 4. Signed copy of CTRP credit forms; 5. Documentation for staff oversight if program is not administered and/or overseen by DPS&C staff.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant. Classes and/or programs are not offered at Winn Correctional Center.</p>	
<p>V-A-003-1 Educational Programming The DPS&C and the facility encourage educational programming which includes: 1. Adult Basic Education and/or Literacy 2. Industry Based Certification Training 3. Pell-eligible Post-Secondary Training Any planned or proposed programs for education in local jail facilities that house DPS&C offenders shall be submitted to the DPS&C Education Director.</p> <p>Visual Inspection: activity schedules, facility logs</p>	<p>Compliant. This facility does not offer classes and/or programs.</p>	



B. PROGRAMS References: ACA CJS 1-4C-02, 1-5B-01, 1-5B-01-1, 1-5B-01-2, 1-5B-01-3, 1-5B-02, 1-5B-02-1, 1-5B-02-2, 1-5B-04, 1-5C-01, 1-5C-04, 1-5C-06, Dept. Regs A-04-002/PS-D-3, B-02-001/IS-B-1, B-06-001/HC-17/IS-D-HCP7, B-08-005/PS-E-1, B-08-013/PS-C-1, B-09-003/AM-C-2, C-01-012/PS-1-1, C-02-008/OP-C-9, C-02-009/OP-C-7	Findings	Response
V-B-001 Releasing Offenders Procedures for releasing offenders from the facility include, but are not limited to, the following: •Return of personal property, to include any govt. issued ID (i.e., driver's license) that may have been collected from the offender during the intake process. •Provide offender with/and have him/her sign for any reentry transition document envelopes and all its contents. •Provision of a listing of available community resources. •Consideration by the prescribing health care practitioner for a provision of a 5-day supply of current maintenance medication (medication prescribed to stabilize a chronic medical or behavioral health illness), along with a prescription for a thirty (30) day of medication upon transfer or discharge. •Prior to release, offenders with serious medical and behavioral health conditions are referred to available community services. Appropriate health information is shared with the new providers in accordance with consent requirements. •Provision of adequate street clothing for indigent offenders. Offender shall not release in any prison issued attire, including but not limited to jumpsuits, striped scrubs, or stenciled clothing. Visual Inspection: completed release forms and documents, facility records and logs, offender records	Compliant. Prior to their release, offenders receive all needed medications, property, and community resource information. The release packets are maintained and on file. All offenders sign a receipt for property and medications.	
V-B-002 Visiting Written policy, procedure and practice govern visiting. The number of visitors an offender may receive and the length of the visits may be limited only by the facility's schedule, space and personnel constraints or when the facility administrator can present clear and convincing evidence that such visitation jeopardizes the safety and security of the facility. Conditions under which visits may be denied and visitors may be searched are defined in writing. Provisions are made for special visits in	Compliant. Background checks are performed on all visitors. Established visitation rules are in place that afford offenders the opportunity to visit with approved members, according to their custody status and housing location.	
V-B-003 Library Services Written Reading materials shall be available to offenders on a reasonable basis. Visual Inspection: activity schedule, facility logs	Compliant. Reading materials are available to the offender population.	
V-B-004 Religious Programs Written policy, procedure and practice define and provide reasonable offender opportunity for religious practice. Visual Inspection: documentation of offender religious activities, activity schedule	Compliant. All religious programs have been available to the offender population.	
V-B-005 Exercise and Recreation Access Offenders have access to exercise and recreation opportunities. Written policy, procedure, and practice provide for exercise opportunities adequate to ensure major muscle activity. Outdoor exercise shall be available on a regular basis (at least three times per week-weather permitting) for state inmates. If a state offender requires special management or has security supervision needs which preclude the opportunity for outdoor exercise at a facility, then he shall be transferred to the DPS&C. If a facility based on location, or other legitimate concern, does not make provision for outdoor exercise, then compensating, dedicated exercise facilities of adequate size to provide three exercise opportunities	Compliant. Offenders have access to suitable exercise and recreation opportunities as scheduled. Outdoor recreation is offered on a regular basis. Logbooks indicate compliance with this BJJ.	
V-B-006 Transitional Work Program/Standard Operating Procedures Transitional Work programs shall be operated in accordance with the Standard Operating Procedures for Offender Work Release Programs established by the DPS&C. Visual Inspection: DPS&C monitoring report	Not Applicable.	
V-B-007 Participation in Transitional Work Programs Participation in transitional work programs by state offenders shall comply with R.S. 15:711 and DPS&C Department Regulation No. B-02-001 "Assignment and Transfer of Offenders." Specific approval by the Secretary of DPS&C is required prior to program assignment of state offenders. Refer to Standard Operating Procedures for Offender Transitional Work Programs. Visual Inspection: approval for participation by the Secretary of DPS&C	Not Applicable.	
V-B-008 Offender Work Program Participation in offender work programs by state offenders shall comply with the provision of R.S. 15:708 (parish jails) or R.S. 15:832 (police maintenance). Visual Inspection: offender voluntary participation, sheriff's approval of work program request, facility logs	Compliant. All offender work programs are in compliance with R.S. 15:708.	
V-B-009 Approval for Transitional Work Programs Any Sheriff interested in operation of a TWP facility shall obtain prior approval from the Chief of Operations. Refer to Standard Operating Procedures for Offender Transitional Work Programs. Visual Inspection: approval of Chief of Operations	Not Applicable.	
V-B-010 Proposed Expansions Any planned or proposed expansions for transitional work program or jail facilities that house DPS&C offenders shall be submitted to the Secretary of the DPS&C and the Executive Director of the LSA for consideration and approval. Visual Inspection:	Compliant. There are no current plans for expansion.	
V-B-011 Mail and Correspondence Any Offenders may send and receive mail. Indigent offenders receive a specified postage allowance. Offenders are notified in writing when incoming or outgoing letters are withheld in part or in full. Written policy, procedure, and practice govern offender correspondence. Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail	Compliant. Offenders are provided written notification when offender mail is rejected. Written policy and procedures are in place.	
V-B-012 Packages and Publications Written policy, procedure and practice govern offender access to publications and packages from outside sources. Visual Inspection: documentation that offenders are notified when mail is withheld, documentation of justification for reading or rejecting mail	Compliant. Personal packages are not allowed. Publication are permitted as long as they are sent from identifiable sources.	



C. REENTRY		
References: Dept. Regs. B-01-001/IS-B-6, B-01-002/BOP3, B-01-004/IS-B-7, B-06-001/HC-40/IS-D-HCP31	Findings	Response
V-C-001 Substance Abuse Programs The facility encourages offender participation in substance abuse programs when available. Visual Inspection: facility log, activity schedule	Compliant. Winn Correctional Center is not offering any substance abuse programs.	
V-C-002 Reentry Programs The DPS&C and the facility encourages reentry programming which includes: 1. Employment opportunities through work release; 2. At least two forms of valid identification upon release; 3. The development of a residential plan prior to release; 4. Referral to community based service providers upon release; 5. Where feasible, recommend DPS&C offenders receive 100 hours of pre-release training at a regional reentry center prior to transfer to a TWP, or release from custody. The local jail facility shall maintain reentry transition document envelopes for all DPS&C offenders, which include at a minimum, if applicable: 1. Any valid forms of identification; 2. Prescriptions and Medicaid card; 3. Community service referrals. Visual Inspection: documentation of employment opportunity, documentation of two forms of identification, residential plan	Compliant. A discharge packet was reviewed and found to be compliant.	
V-C-003 Pre-Parole Preparation The facility shall complete Form B-01-004-C, Pre-Parole LARNA II Questionnaire for Local Jail Facilities, and submit via e-mail to DPS&C HQ at LOCALarna@corrections.state.la.us or by fax to 225-342-0929 within the first two weeks of the month preceding the scheduled hearing. Visual Inspection: offender record, completed questionnaire	Compliant. TIGERs are completed in a timely manner.	
V-C-004 Parole Board Procedures The facility Warden or his/her designee, of the local level facility in which the offender is housed, shall be present to provide information to members of the Parole Board regarding the offender's progress and disciplinary infractions during incarceration. Visual Inspection: offender record, trip log, documentation showing facility Warden or designee presence at parole board	Compliant.	
PART VI - JUSTICE		
A. OFFENDER'S RIGHTS		
References: ACA CJS 1-6A-01, 1-6A-02, 1-6A-03, 1-6A-06, Dept. Reg. C-01-004/OP-C-10	Findings	Response
VI-A-001 Access to Courts/Access to Legal Materials Written policy, procedure, and practice ensure the right of offenders to have access to courts. This includes reasonable access to legal reference materials or access to legal or paralegal assistance. Illiterate offenders shall be provided the assistance of a fellow offender or be furnished adequate assistance from the facility staff or other persons who have a legitimate connection with the legal issues being pursued. If an offender's requirements in this area are significant and complex, exceeding the capability of the local facility to meaningfully provide assistance, then the inmate shall be transferred to the DPS&C. Visual Inspection: facility log	Compliant. Offenders have access to legal materials/documents by completing a request form. Offenders have access to verifiable attorney's by way of confidential visits, confidential telephone calls, and legal mail.	
VI-A-002 Access to Counsel Written policy, procedure, and practice ensure offenders' confidential access to counsel. Such contact includes, but is not limited to telephone communications, uncensored correspondence and visits. Visual Inspection: facility log, record of attorney interviews	Compliant. All offenders have access to attorney's via confidential legal mail, telephone calls and visits.	
VI-A-003 Protection from Abuse Written policy, procedure, and practice protect offenders from personal abuse, corporal punishment, personal injury, disease, property damage, or harassment. Visual Inspection: facility log, incident reports, staff training records	Compliant. Written policy and procedures are in place. No documented incidents or visual signs of abuse during this monitoring period. Training & facility logs indicate compliance.	
B. FAIR TREATMENT OF OFFENDERS		
References: ACA CJS 1-2A-16, 1-4C-01, 1-6B-01, 1-6B-02, Dept. Reg. B-05-005/OP-C-13	Findings	Response
VI-B-001 Discrimination Written policy, procedure, and practice provide that program access and administrative decisions are made without regard to offenders' race, religion, national origin, gender, sexual orientation, or disability. Visual Inspection: facility records, grievances, activity logs	Compliant. Written policy and procedures on file. Review of related documents indicates equal treatment and opportunities for all offenders. No obvious signs of discrimination observed during this inspection.	
VI-B-002 Grievance Process Offenders have reasonable access to a grievance remedy procedure that includes at least two levels of review if necessary. The grievance remedy procedure shall be an administrative means through which an offender may seek formal review of a complaint which relates to any aspect of his imprisonment if less formal procedures have not resolved the matter. Such complaints and grievances include, but are not limited to, actions pertaining to conditions of confinement, personal injuries, medical complaints, time computations, the classification process, or challenges to rules, regulations, or policies. Through this procedure, offenders shall receive reasonable responses within a specified time period and where appropriate, meaningful remedies. Visual Inspection: grievances	Compliant. All offenders have access to a grievance process which includes at least two levels of review.	



PART VII - ADMINISTRATION AND MANAGEMENT		
A. RECRUITMENT, RETENTION AND PROMOTION		
References: ACA-CJS 1-1A-01, 1-1B-01, 1-1C-01, 1-1C-07, 1-4C-13, 1-4D-05, 1-4D-14, 1-7B-02, 1-7B-04, 1-7B-06, Dept. Regs. A-02-028/AM-F-22, C-01-008/OP-A-19	Findings	Response
VII-A-001 Training and Staff Development The facility conducts or participates in a training program which includes orientation for all new employees (appropriate to their job) prior to assuming a position or post. Such training must include: 1. Security procedures; 2. Hostage procedures - including staff roles and safety; 3. Fire and emergency plan/ procedures; 4. Suicide precaution and signs of suicide risks; 5. Use of force policies; 6. Inmate rules and regulations; 7. CPR and first aid; 8. Requirements of the Prison Rape Elimination Act (PREA); 9. Employees whose duties are the care, custody and control of offenders must complete the Peace Officers Standards and Training (POST) Level 3 certification training program, which includes the ACA core curriculum, within one year of hire. Visual Inspection: lesson plans, staff training records	Compliant. The training program includes orientation for all new employees prior to assuming their job. Documentation reflects that staff have received the required annual training.	
VII-A-002 Weapons Training All personnel authorized to use firearms and less-than-lethal weapons must demonstrate competency at least annually. Training includes decontamination procedures for individuals exposed to chemical agents. Visual Inspection: personnel records, training records	Compliant. All security staff receive appropriate training and qualifications are which are required annually.	
B. FACILITY ADMINISTRATION		
References: ACA CJS 1-4D-02, 1-7D-01, 1-7D-03, Dept. Reg. C-05-001/AM-1-4	Findings	Response
VII-B-001 Authority There is a statute or constitutional provision authorizing the establishment of the local jail facility or its parent agency. Visual Inspection:	Compliant. Documentation in file.	
VII-B-002 Legal Assistance for Staff Written policy, procedure and practice specify the circumstances and methods for the facility administrator and other staff to obtain legal assistance as needed in the performance of their duties. Visual Inspection: personnel or training records	Compliant. Legal Assistance provided by Provosty, Sadler, and Delaunay (APC), Attorneys and Counselors at Law.	
VII-B-003 Independent Financial Audit Written policy, procedure and practice provide for an independent financial audit of the facility. This audit is conducted annually or as stipulated by statute or regulation. Visual Inspection: annual audit	Compliant. Annual audit is conducted by Cochran, Clark & Robinson, CPA. Documentation is in file. Date audit was completed was the 3rd of May of 2022.	
VII-B-004 Facility Insurance Written policy, procedure and practice provide for comprehensive facility insurance coverage. Visual Inspection: insurance policy	Compliant. Facility has comprehensive insurance coverage with Accord (exp. Date 6/30/22) and Office of Risk Management -- DOA (exp. Date 7/1/22).	
VII-B-005 Offender Funds Offenders' personal funds held by the facility are controlled by generally accepted accounting principals (GAAP). Any interest earned, other than operating funds, accrues to the benefit of the offenders. Visual Inspection: offender records	Compliant. All offender funds are managed by trained department personnel.	
VII-B-006 Organization Written policies and procedures describe all facets of facility operation, maintenance and administration are reviewed annually and updated as needed. New or revised policies and procedures are disseminated to staff. A file for each guideline shall be maintained with documentation (primarily written) to support compliance. Visual Inspection: annual reviews, dissemination to staff	Compliant. All written policies are disseminated to staff in a timely fashion. Documentation is in file.	
VII-B-007 Annual Compliance Statement Written policy, procedure and practice demonstrate that the facility shall submit an annual statement confirming continued compliance with the BJG to the appropriate DPS&C Regional Team Leader. This statement, submitted by January 31st each year, is in writing and shall include: 1. A copy of the current Fire Marshal Report; 2. A copy of the current Health Inspection Report; 3. Any proposed or projected expansions; 4. Any rehabilitative programs that are available; 5. A copy of any other information requested by the facility. Visual Inspection: annual statement	Compliant.	
VII-B-008 Monthly Reporting Written policy, procedure and practice ensure that any facility with DPS&C offenders report activities to the Chief of Operations on a monthly basis in accordance with Dept. Reg. C-05-001/AM-1-4. These reports shall be submitted on automated reporting forms provided by the DPS&C, no later than the 15th day of the month for the previous month's activities. Automated reporting shall be completed, by the appropriate DPS&C Regional Team Leader, no later than the 20th day of the month for the previous month's activities. Visual Inspection: monthly report	Compliant. The facility submits their monthly reports in a timely manner for approval.	
VII-B-009 Staff Meetings Written policy, procedure and practice provide for regular meetings between the Sheriff, facility administrator, or designee and all department heads. There is formal documentation that such meetings are conducted at least monthly. Visual Inspection: staff meeting minutes/notes	Compliant. Monthly staff meeting minutes are on file to show compliance.	
C. REASONABLE ACCOMMODATION		
References: ACA CJS 1-7E-01	Findings	Response
VII-C-001 Facility Equipment/Reasonable Accommodation Reasonable accommodations is made to ensure that all parts of the facility are accessible to the public are accessible and usable by staff and visitors with disabilities. Visual Inspection:	Compliant. The facility is handicapped-accessible by all staff and visitors.	



INSPECTION REPORTS		
DEPARTMENT	Deficiencies	Corrective Action Taken
Fire Marshall Date of Current Report: 09 Nov 2021 Maximum Capacity: 1625	See attached report.	
DHH - Health Date of Current Report: 08 Oct 2021 Maximum Capacity:	See attached report.	
DHH - Retail Food Date of Current Report: 07 Oct 2021	See attached report.	

**Winn Correctional Center
Physical Plant Inspection**

Security Practices	Findings/Comments
Tool/Key Control	Systems were in place to ensure tool and key control. Several issues were found with the tool inventories in the Maintenance Dept.
Evacuation Routes/Exit Signs Posted	Exit signs were posted throughout the facility.
Fire Extinguisher Inspections Current	All fire extinguishers in place with current inspections.
FTC (Flammable, Toxic, Caustic) Inventory & MSDS Sheets Readily Available	MSDS sheets are readily available. Chemical inventory in Maintenance Department were inaccurate. The majority of DOC offenders held cleaning chemicals in their cells. The cleaning supplies were confiscated from the offender cells during the inspection.
First Aid Kit Availability (list locations)	First Aid kits were in appropriate locations.
Number of Flex Cuffs on Hand	There were 950 flexcuffs on hand during inspection.
All Offenders Drug Tested every 90 Days. Review 90 Day Tracking System and 5% of population tested monthly	System was in place to keep track of this process. All DOC offenders at Winn Correctional Center are drug tested monthly.
Employees Furnished With an Employee Handbook	Documentation showed that all employees were furnished with an Employee Handbook.
All staff, Volunteers and Employers Receive PREA Training; Review Logs and Training Verification Forms	Documentation showed that training was conducted.
General Appearance of Facility/Grounds	Overall appearance was good with the following exceptions: 1). Cypress Unit Keyroom floors were dirty; 2). ELM Unit Keyroom and Lobby floors were dirty; 3). Elm walks were dirty; and Infirmary floors had stains and bugs; and 4). Kitchen floors were dirty. The
Offender Living Quarters	Findings/Comments
Areas Clean and Organized; Offenders Have Ample Storage Space for Personal Property	Living areas were clean and organized; however, the majority of DOC offenders had various cleaning chemicals in their cells. These chemicals were confiscated.
Bathrooms Have Working Showers/Sinks/Toilets; Areas Free of Mold	Bathroom fixtures were working. However a few showers had a little soap scum build up.
Recreation Areas Available to Offenders; Activities Offered to Offenders	Recreation area was clean and free of debris.
Morale of Offenders	The morale of offenders was good.

Kitchen	Findings/Comments
Cycle Menu Current	Cycle menus were current and approved by a registered dietician. Winn Correctional Center utilizes a five cycle menu approved by Tammi Verdin 31 Aug 22 Ln: 805839
Record of Meals Served	Documentation showed meals being served according to guidelines.
Utensil Inventory/Log in Place	Utensil inventory and logs were in place and properly completed.
Sample Trays Maintained	Sample trays were available for review.
Freezer/Cooler/Dry Storage Temperatures Recorded	Daily temperature logs were completed.
Hand Washing Facilities with Soap and Towels Available	Facilities were available with soap and towels
Registered Dietitian - Name and License Expiration	Tammi Verdin 31 Aug 2022 Ln:805839
Medical	Findings/Comments
Sharps are Controlled and Inventoried	All sharps were inventoried and secured.
Medications are Secured and Controlled	All medications were inventoried and secured.
How Often Sick Call Conducted	Sick call is conducted seven (7) days a week.
Method of Tracking Annual TB Testing	Methods were in place for annual TB testing.
Outside Hospital Utilized for Emergencies	Facility utilizes Winn Parish Medical Center, Ochsner/LSU-Monroe, and Ochsner/LSU-Shreveport when needed.
Doctor and Registered Nurse - Name and License Expiration	Dr. Pam Hearn 31 August 2022 Ln: MD 018482 Nurse Dawn Carpenter (DON)



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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



H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # CB-19-044896-3

Deficient/Cautionary Codes cited.

Location Information					
Inspection Type	Compliance Building Inspection		Inspection Date	11/9/2021 12:08:25 PM	
Structure ID	2477	No. of Buildings	6	Facility Code	J96
Capacity	1,625	Year Built	1989	Construction Type	Type IIIA / (211)
Building/Trade Name			Address		
WINN PARISH CORRECTIONAL CENTER - DETENTION BUILDINGS			5566 GUM SPRINGS RD., ATLANTA, LA 71404		
Owner Information					
Owner Type	Name	Contact Phone	Contact Email		
State Owned	MONA HEYSE	(318) 628-3971	MHEYSE@LASALLECORRECTIONS.COM		
Address					
PO BOX 94304, BATON ROUGE, LA 70804					
Tenant Information					
Name	Suite Number	Floor Number	Square Footage		
Occupancy Details					
Occupancy Type	Details				
Institutional	INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 4				
Deficient and Cautionary Items					
Description	Code Status	Correction Date			
NFPA 101 (1988) 14-1.4.1 Condition III Zoned Impeded Egress. The owner shall have a egress within a smoke compartment controlled by a remote control release of means of egress from one smoke compartment to another. Currently, in Birch D2 the sliding bars only operate by key and won't work by the control switch. The control switch is needed in case of an emergency and minimum staff is working.	DEFICIENT	12/8/2021			
NFPA 101 22.7.4.1 The owner shall ensure that inmate property and decorations are consistent with DOC and Life Safety Code requirements. Currently, in several inmate dorms, inmates are using cardboard boxes and/or paper with tape applied to the ceiling to function as light covers.	DEFICIENT	12/8/2021			
NFPA 101 (1988) 7-1.2 The owner shall have electrical wiring and equipment installed shall be in accordance with NFPA 70 National Electrical Code. Currently in Elm A1, B1, C2, and D1 there are open junction boxes exposing wire. Also in D1 the switch to the fan is open exposing wires. In ASH C2 there is also an open junction box.	DEFICIENT	12/8/2021			
NFPA 101 22.2.4.2 The owner shall provide exits that are operational and free from any impediments or obstructions that would prevent their use in the event of an emergency. Currently the rear exit door in Elm A2 cannot be opened. In ASH A1 and A2 the rear door would not open. In Birch D1 the side exit door would not open. In Birch A2 the rear exit door would not open.	DEFICIENT	11/12/2021			



John Bel Edwards
GOVERNOR

Office of State Fire Marshal
8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4241



H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # CB-19-044896-3

Deficient/Cautionary Codes cited.

<p>NFPA 72 14.2.2.2.2 The owner shall have the fire alarm serviced and inspected by a licensed contractor. Currently the fire alarm system in all the dorms are yellow tagged for due to the smoke doors not functioning with the fire alarm. In Birch dorm the fire alarm is in trouble. In Cypress dorm the fire alarm was powered down.</p> <p>All dorms have been on fire watch for a while now and all are keeping fire watch logs.</p> <p>None of the smoke doors in any of the dorms are functioning when the fire alarm is activated. This has been an on-going long-term problem in the facility.</p>	DEFICIENT	12/8/2021
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Comments

CITED DEFICIENCIES NOTED ON REPORT.
THE FIRE ALARMS ARE ALL YELLOW TAGGED FOR OVER 60 DAYS WHICH CAUSES THEM TO BE RED TAGGED. ALL THE DETENTION FACILITIES HAVE BEEN ON FIRE WATCH AND CURRENTLY SHALL STILL BE ON FIRE WATCH UNTIL THE SMOKE DOORS AND FIRE ALARM SYSTEM IS FIXED. THEY HAVE BEEN KEEPING HOURLY LOGS. ALSO THERE ARE MULTIPLE JUNCTIONS BOXES THROUGHOUT THE DETENTION CENTER THAT HAVE EXPOSED WIRES. ELM, ASH, AND BIRCH ALL HAVE EXIT DOORS THAT WILL NOT OPEN.
ALL DORMS WILL CONTINUE FIRE WATCH

Inspector Information

Name: Chance Downs	Badge Number: 724	Inspector Signature: 
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Person to whom requirements were explained

Name: Brandon womack	Title: Sgt	Signature: 
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For questions regarding the contents of this report, please call: (318) 767 6099

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

PLAN(S) OF ACTION FORM

Facility: WINN CORRECTIONAL

Audit Project: La. State Fire Marshal Inspection

Date of Audit: 11/09/21

Plan of Action

POA Number	Statement of non-compliance	Corrective Action Steps	Person Responsible	Target Completion Date	Actual Completion Date
#1 Birch D2 Control Panel	NFPA 101 (1988) 14-1.4.1 Condition III Zoned Impeded Egress. The owner Shall have a egress within a smoke compartment controlled by a remote control release of means of egress from one smoke compartment to another. Currently, in Birch D2 the sliding bars only operate by key and won't work by the control switch. The control switch is needed in case of an emergency and minimum staff is working.	New switch is on order	Maintenance	2-9-21	
#2 Light Covers	NFPA 101 22.7.4.1 The owner shall ensure that Inmate property and decorations are consistent with DOC and Life Safety Code requirements. Currently, in several Inmate dorms, inmates are using cardboard boxes and/or paper with tape applied to the ceiling to function as light covers	Items have been removed from the light covers with security monitoring compliance daily.	Security Staff		11/15/21
#3 Junction Boxes	NFPA 101 (1988) 7-1.2 The owner shall have electrical wiring and equipment installed shall be in accordance with NFPA 70 National Electrical Code. Currently in Elm A1, B1, C2, and D1 there are open junction boxes exposing wire. Also in D1 the switch to the fan is open exposing wires. In ASH C2 there is also an open junction box.	Junction boxes (covers applied), wiring and switches have all been repaired.	Maintenance		11/15/21
#4 Weather Stripping	NFPA 101 22.2.4.2 The owner shall provide exits that are operational and free from any impediments or obstructions that would prevent their use in the event of an emergency. Currently the rear exit door in Elm A2 cannot be opened. In ASH A1 and A2 the rear door would not open. In Birch D1 the side exit door would not open. In Birch A2 the rear exit door would not open.	Since the installation of the door weather stripping, the doors are tightly sealed and hard to open.	Maintenance		11/21/21

PLAN(S) OF ACTION FORM

<p align="center">#5 Smoke Doors</p>	<p>NFPA 72 14.2.2.2.2 The owner shall have the fire alarm serviced and inspected by a licensed contractor. Currently the fire alarm system is all the dorms are yellow tagged for due to the smoke doors do not function with the fire alarm. In Birch dorm the fire alarm is in trouble. In Cypress dorm the fire alarm was powered down.</p> <p>All dorms have been on fire watch for a while now and all are keeping fire watch logs.</p> <p>None of the smoke doors in any of the dorms are functioning when the fire alarm is activated. This has been an on-going long-term problem in the facility.</p>	<p>A proposal has been submitted to the State Fire Marshal's Office for approval to remove the smoke doors and install a sprinkler system down the tiers in each housing unit.</p>	<p>Pending Approval</p>		
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Review/Approval of POA

Required Approvals	Printed Name	Signature	Date
DEPARTMENT HEAD	Brandon Womack		
MANAGER, QUALITY ASSURANCE	Tim Canerday		
WARDEN	Jody Floyd		



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

**Retail Food
Notice of Violations**

Routine/Renewal

Permit Number 64-000014	Permit Name WINN CORRECTIONAL CENTER CULINARY ARTS	
Name of Establishment WINN CORRECTIONAL CENTER	Owner Name WINN CORRECTIONAL CENTER LLC	
Address HWY 560 GUM SPRINGS RD WINNFIELD, LA 71483	Date 10/07/2021	Time 02:20 PM

LAC TITLE 51 PART XXIII

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

Category	Code Reference	Description of Violations
UTENSILS/EQUIPMENT/SINGLE SERVICE	1321	66 - 1321.2 - An accurate ambient air temperature-measuring device is not provided.
MISCELLANEOUS	4119	120 - 4119.2 - Mops are not hung and/or stored to facilitate air drying. [COS]


Comments:

Verbal acknowledgement of report provided by Shelbie Creel/Lieutenant. Copy of report e-mailed to Mheyse@lasallicorrections.com

NOTICE RS 40:31.38 (ACT 66)

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

assessed, the \$150 fee is payable within 30 days' notice, and failure to pay shall result in revocation of the permit.

Sanitarian	Phone #	Sanitarian Signature	R.S. #
Name/Print	(318) 628-2148 ext		3161
Melanie Spahn	214		

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to

Correct Critical Violations by	Correct Non-Critical Violations by
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Name/Title	Signature of Recipient
Shelbie Creel/Lieutenant	



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

**Retail Food
Notice of Violations**

Routine/Renewal

Permit Number 64-000010	Permit Name WINN CORRECTIONAL CENTER COMMISSARY	
Name of Establishment WINN CORRECTIONAL CENTER	Owner Name WINN CORRECTIONAL CENTER LLC	
Address HWY 560 GUM SPRINGS RD WINNFIELD, LA 71483	Date 10/07/2021	Time 02:40 PM

LAC TITLE 51 PART XXIII

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


Category	Code Reference	Description of Violations
UTENSILS/EQUIPMENT/SINGLE SERVICE	2301	72 - 2301 - Equipment used for cooling, heating and holding cold and hot foods are not sufficient to maintain proper food temperatures.

Comments:

Kitchen not in use at this time. Verbal acknowledgement of report provided by D Williams.
Copy of report e-mailed to Mheyse@lasallecorrections.com

NOTICE RS 40:31.38 (ACT 66)

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


Sanitarian	Phone #	Sanitarian Signature	R.S. #
Name/Print	(318) 628-2148 ext		3161
Melanie Spahn	214		

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to

Correct Critical Violations by

Correct Non-Critical Violations by

Name/Title
D Williams/Sanitation coordinator

Signature of Recipient




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

**Retail Food
Notice of Violations**

Routine/Renewal

Permit Number 64-000013	Permit Name WINN CORRECTIONAL CENTER MAIN KITCHEN	
Name of Establishment WINN CORRECTIONAL CENTER	Owner Name WINN CORRECTIONAL CENTER LLC	
Address HWY 560 GUM SPRINGS RD WINNFIELD, LA 71483	Date 10/07/2021	Time 01:00 PM

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.		
Category	Code Reference	Description of Violations
FOOD SAFETY CERTIFICATION	305	23 - 305 - A current state food safety certificate is not held by the owner or a designated employee of the establishment.
CROSS CONTAMINATION	1705	25 - 1705 - Raw animal food is not separated from ready to eat food, or is placed, stored or displayed above ready to eat food. [COS]
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2501	28 - 2501 - Food contact surfaces and utensils are not clean to sight and touch. Ovens.
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2513	30 - 2513 - Quaternary ammonium solution concentration for warewashing is not 200 p.p.m. at 75°F.
INSECTS/RODENTS/ANIMALS	3501	47 - 3501 - Roaches are present in the establishment. Weekly Orkin exterminations verified by report. [COS]

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

Category	Code Reference	Description of Violations
TOILETS/HAND WASH FACILITIES	3111	95 - 3111.7 - The toilet room fixtures are not in good repair.


Comments:

90 days to acquire a state food safety certificate. Verbal acknowledgement of report provided by Valerie Scott. Copy of report e-mailed to Valerie.scott@lasallecorrections.com

The Follow-up Inspection date was extended as authorized by Sanitarian Supervisor.

NOTICE RS 40:31.38 (ACT 66)

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

Sanitarian Name/Print	Phone #	Sanitarian Signature	R.S. #
Melanie Spahn	(318) 628-2148 ext 214		3161

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to

Correct Critical Violations by

Correct Non-Critical Violations by

Name/Title	Signature of Recipient
Valerie Scott	



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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

Permit Number 64-04-224	Permit Name Winn Correctional Center-224	
Name of Establishment Winn Correctional Center-224	Owner Name	
Address Highway 560 Gum Springs RD Winnfield, LA 71483	Date 10/08/2021	Time 01:00 PM

LAC TITLE 51 PART XVIII

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


Category	Code Reference	Description of Violations
Building Requirement	101	3 - The walls are in disrepair. Elm A2 hole in wall, and Elm B2 walls have black substance.
Building Requirement	101	4 - The walls are not smooth and easily cleanable. Peeling paint in Court in several classrooms/courtrooms.
Building Requirement	101	5 - The floors are not smooth and easily cleanable. Visitors men's bathroom
Building Requirement	101	6 - The ceilings are not in good repair. Laundry unit has unpainted ceilings in several rooms. Black substance noted in: hospital in dental room around vent, Ash D1 around vent, Ash D2, and Birch A2 around 3 vents.
Insect and Rodent Protection	101	10 - Doors are not properly sealed. Weather-stripping in exit door in Elm A2, Ash D2, Birch A2, Birch A1, Dogwood C1
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair. Birch, A1, one of the hand sinks is not functional.
Toilet Facilities	101	19 - The toilets are not properly constructed. Men and women's toilet seats are in disrepair in visitor's center.
Approved Bathing Facilities	101	24 - There is chipped tile in the shower area. Hospital tub missing drain overflow stopper. Hole in tub.
Approved Plumbing	101	41 - Drinking fountain is in disrepair. In Elm B2, Ash D1, Cyprus between A1 and A2 water flow does not exceed mouth piece

Matresses and Pillows 103 49 - The matresses are cracked and in poor condition. Hospital bunk


Comments:

Verbal acknowledgement of report provided by D Williams. Copy of report e-mailed to DWilliams@lasallecorrections.com

In several tiers the microwaves require cleaning.

Number Licensed For	Number in Attendance	License Anniversary	
	600	11/30/2021	
Sanitarian Name/Print	Phone #	Sanitarian Signature	R.S. #
Melanie Spahn	(318) 628-2148 ext 214		3161

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to

Correct Critical Violations by 10/14/2021	Correct Non-Critical Violations by 10/14/2021
Name/Title	Signature of Recipient
D Williams/Sanitation coordinator	

PLAN(S) OF ACTION FORM

Facility: WINN CORRECTIONAL

Date Report Received: 10/11/21

Audit Project: La. Dept. of Health Inspection

Date of Audit: 10/8/21

Area/Department: Facility

Plan of Action

Referenced Area/Dept.	Statement of non-compliance	Corrective Action Steps	Person Responsible	Target Completion Date	Actual Completion Date
Culinary Arts	Mops are not hung and/or stored to facilitate air drying. [COS]	[COS] Corrected on Site	D. Williams		10/07/21
Culinary Arts	An accurate ambient air temperature-measuring device is not provided	Corrected on Site	D. Williams		10/07/21
Commissary	Equipment used for cooling, heating and holding cold and hot foods are not sufficient to maintain proper food temperatures.	New thermometers placed in the ice cream coolers	B. Womack		10/08/21
Main Kitchen	A current state food safety certificate is not held by the owner or a designated employee of the establishment.	The Serve Safe Certificate was sent off to have a formal copy provided	V. Scott		10/08/21
Main Kitchen	Raw animal food is not separated from ready to eat food, or is placed, stored or displayed above ready to eat food. [COS]	[COS] Corrected on Site	V. Scott		10/08/21
Main Kitchen	Food contact surfaces and utensils are not clean to sight and touch. Ovens.	Ovens were cleaned after cooling	V. Scott		10/08/21
Main Kitchen	Quaternary ammonium solution concentration for warewashing is not 200 p.p.m. at 75°F.	Maintenance reset the dispenser and applied another padlock to the cage.	Maintenance		10/08/21
Main Kitchen	Roaches are present in the establishment. Weekly Orkin exterminations verified by report. [COS]	[COS] Corrected on Site	Mary White		10/07/21
Main Kitchen	The toilet room fixtures are not in good repair.	Maintenance repaired	Maintenance		10/10/21
Compound	The walls are in disrepair. Elm A2 hole in wall, and Elm B2 walls have black substance.	Holes in walls have been patched	Maintenance		10/11/21
Compound Courtrooms	Peeling paint in Court in several classrooms/courtrooms.	Room(s) repainted	Paint Crew		10/10/21
Compound Visitation	The floors are not smooth and easily cleanable. Visitor's men's bathroom.	Resealed grout in floor	Maintenance		10/13/21

PLAN(S) OF ACTION FORM

Compound Laundry	The ceilings are not in good repair. Laundry unit has unpainted ceilings in several rooms.	The ceilings in the laundry are cement and not plywood as appeared.	No corrective action needed		10/08/21
Compound	Doors are not properly sealed. Weatherstripping in exit door in Elm A2, Ash D2, Birch A2, Birch A1, Dogwood C1	New weather stripping has been added to the doors	Maintenance		10/14/21
Compound Birch	The hand lavatory is in disrepair. Birch, A1, one of the hand sinks is not functional.	Sink has been repaired	Maintenance		10/13/21
Compound Visitation	The toilets are not properly constructed. Men and women's toilet seats are in disrepair in visitor's center.	Two toilet seats replaced in the visitation building restrooms.	Maintenance		10/08/21
Medical Ward	There is chipped tile in the shower area. Hospital tub missing drain overflow stopper. Hole in tub.	Tub drain overflow has been replaced. Will take care of chipped tile this week.	Maintenance		10/14/21
Compound	Drinking fountain is in disrepair. In Elm B2, Ash D1, Cyprus between A1 and A2 water flow does not exceed mouthpiece.	Water fountains have been adjusted and working properly.	Maintenance		10/13/21
Medical Ward	The mattresses are cracked and in poor condition. Hospital bunk	The mattress in the medical ward has been replaced.	Ali Higgs		10/11/21
Compound	Black substance noted in hospital in dental room around vent, Ash D1 around vent, Ash D2, and Birch A2 around 3 vents.	Dirt from around the ceiling vents have been cleaned and placed on the preventative maintenance work schedule	D. Williams		10/09/21

Review/Approval of POA

Required Approvals	Printed Name	Signature	Date
DEPARTMENT HEAD	Brandon Womack/Detrick Williams		
MANAGER, QUALITY ASSURANCE	Timothy Canerday		
WARDEN	Jody Floyd		