

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



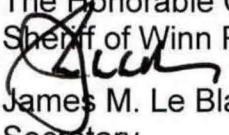
JAMES M. LE BLANC
SECRETARY

A handwritten signature in blue ink, appearing to be "JML", enclosed in a blue oval.

March 24, 2023

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) annual inspection that was conducted at Winn Correctional Center on February 3, 2023. The facility continues to provide a secure, safe, and stable environment for DOC inmates in their custody. At this time DPS&C will continue with annual monitoring visits.

Thank you for your support of the BJG process.

JML/mwk

Attachment

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



BJG MONITORING REPORT

X Annual, ___ Semi-Annual, ___ Quarterly, ___ Monthly, or ___ Recert with Waiver

Rev. 08/01/2022 mwk

Facility Name: Winn Correctional Center
BJG Team Leader & Monitors: Colonel James Arnold, BJB Team Leader
Facility Warden & Email Address: Jody Floyd, jfloyd@lasallecorrections.com
Facility Staff: Tim Canerday
BJG Inspection Date: February 3, 2023
Previous BJB Inspection Date: May 24, 2022
Operational Capacity: 1590
Count on Day of Visit: 878

Concerns or Issues from the previous BJB Monitoring Inspection:

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	10	0	10
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	868	0	868
TOTAL	878	0	878

Number of DOC Offenders that are:

Single Bunked 10
 Double Bunked 0
 Triple Bunked 0
Total 10

Number of DOC Offenders that are in Restricted Housing:

Single Bunked 0
 Double Bunked 0
 Triple Bunked 0
Total 0

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
June/ 2022	0	0	0	0
July/ 2022	0	0	0	0
August/ 2022	0	0	0	0
September/ 2022	0	0	0	0
October/ 2022	0	0	0	0
November/ 2022	0	0	0	0
December/ 2022	0	0	0	0
January/ 2023	0	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
June/ 2022	0	0	0	0	0
July/ 2022	0	0	0	0	0
August/ 2022	0	0	0	0	0
Sept/ 2022	0	0	0	0	0
Oct/ 2022	0	0	0	0	0
Nov/ 2022	0	0	0	0	0
Dec/ 2022	0	0	0	0	0
Jan/ 2023	0	0	0	0	0

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area:

- **Dorms** – N/A
- **Cell Block** – Cells were clean and all offender's property was stored neatly. All (10) DOC offenders are housed on Cypress D –tier-2. DOC offenders are assigned work detail outside the secure perimeter, dog pen, horse boy, tractor driver and grounds keeper.

Culinary/Dining: Culinary/dining area were clean. Inventories were correct and all utensils were accounted for with a good check-out system. Licensed dietician Heather White (exp.6/30/2023) approved the cycle menu that was in use. Offenders are served 3 hot meals per day.

Bathrooms: Bathrooms were found to be clean and odor free and in full working order on the day of inspection. Temperatures are taken daily and recorded in log books.

Yard Areas: Yard area was clean with no clutter. Offenders are allowed to exercise daily.

Maintenance: Maintenance department was satisfactory. It appeared clean and organized. Repairs requests are submitted in writing and issues are addressed promptly. All inventories were accurate with a good check-out system in place.

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

I-A-001 **Safety/Sanitation/Inspections (MANDATORY):** Documentation reflects weekly and monthly inspections completed as required. Current FM (12/21/2022), DHH Retail Food (6/3/2022) inspections are in file.

I-C-001 **Emergency Plan (MANDATORY):** Compliant- Approved emergency plan is in place. All staff well versed on proper procedure in the case of an emergency. Training documentation is in the files.

I-C-003 Fire Safety/Code Conformance (MANDATORY): Compliant- Last FM inspection (12/21/2022)

II-A-006 Staff Log (MANDATORY): Compliant- Staff logs of pertinent information (shift activity, daily events, security staff/supervisor rounds etc.) were reviewed and found in good order. Logs are in file.

II-A-007 Counts (MANDATORY): Compliant

- How many formal counts are conducted each shift? 3 on dayshift and 6 on night shift.
- How many counts are conducted each day? 9
- **Stick outs counts**
 - How does the facility accomplish this? Facility conducts a physical count.
 - Does this process ensure accountability and safe/secure operation of the facility?
Yes

II-A-008 Offender Population Management System: Compliant- If an offender is transferred to another local or DPS&C facility all records are transferred with offender.

II-A-010 Admissions: Compliant- Current policy and procedure are in place. Random review of files indicate that proper forms and logs are in place accounting for all offenders. All necessary records are transferred with offender.

II-A-012 Classification System: Compliant

Does this 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?
Facility utilizes the same criteria as DPS&C.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

II-A-016 Photo Identification (MANDATORY): Compliant. All offenders have photo ID.

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
June/ 2022	20	20	100%	0
July/ 2022	19	19	100%	0
August/ 2022	17	17	100%	0
September/ 2022	29	29	100%	0
October/ 2022	18	18	100%	0
November/ 2022	17	17	100%	0
December/ 2022	15	15	100%	0
January/ 2023	15	15	100%	0

II-A-019 Offender Transfers: Compliant- Proper notification is made when the offenders are transferred to another facility within the guidelines. Documentation is maintained and was reviewed.

- II-A-020 Cell Checks (MANDATORY):** Compliant- Policy and procedures are in place and were on file. Cells checks are conducted and are within the guidelines.
- II-B-002-1 Use of Restraints for Pregnant Offenders:** Winn Correctional Center does not house female offenders.
- II-C-001 Procedures for Searches:** Compliant- Procedures are in place regarding the detection of contraband. Logs are maintained on all searches that are conducted.
- II-D-001 Key, Tool, and Utensil Control (MANDATORY):** Compliant- During the walk-thru inspection it was observed that all inventories were accurate and logs are being kept. Medical inventories were found to be accurate.
- III-A-001 Rules and Discipline (MANDATORY):** Compliant. All offenders receives a facility and DPS&C rule book and signatures of receipts are keep on file.
- Does the facility's offender orientation include the application process for applying for restoration of good time? Yes
 - What is their restoration of good time application process for the offender population? All restoration of good time is forwarded to the facility Warden for review and then forwarded to DWCC.
 - Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes
- IV-A-003 Food/Dietary Allowances (MANDATORY):** Compliant- Cycle menus are reviewed and approved by a registered dietitian Heather White. A tray/plate and utensil is provided for each hot meal.
- IV-A-006 Food Services Management (MANDATORY):** Compliant- Offenders are provided 3 hot meals per day. Ample time is permitted for meal consumption and time lapse between meals is in compliance within the guidelines.
- IV-B-001 Plumbing Fixtures – Toilets & Washbasins (MANDATORY):** Compliant- All offenders have access to toilets/washbasins with temperatures controlled hot/cold water at all times.
- IV-B-002 Plumbing Fixtures – Showers (MANDATORY):** Compliant- All offenders are able to shower every day. Water temperatures logs indicate full compliance with the guidelines.
- IV-B-005 Personal Hygiene (MANDATORY):** Compliant- Indigent offenders are provided with personal hygiene items if they're not able to purchase them.
- IV-C-001 Access to Care/Clinical Services (MANDATORY)** (Does the facility charge a co-payment? If so, approved by DPS&C?): Compliant- Facility does charge a co-pay and it has been approved by DPS&C. All offenders are seen regardless of their ability to pay facility co-pay.
- IV-C-003 Provision of Treatment (MANDATORY):** Compliant- Dr. Pamela Hearn (exp. 8/31/2023), Dr. Jeffery Fuller (exp. 9/30/23) Dr. Jacquelyn White (1/31/2024) Dental Stephen Turpin (12/31/2024) Optometrist Pete Wardell (1/1/2024) and John Nealy LCSW-BACS (8/31/2023).

- IV-C-005 24 Hour Care (MANDATORY):** Compliant. When offenders medical needs are not meet at facility Winn Parish Medical center will be utilized along with Ochsner LSU Health- Monroe La.
- IV-C-006-1 Pregnancy Management (MANDATORY):** Compliant- Winn Corr. Center does not house female offenders.
- IV-C-008 Annual TB Testing:** Compliant-TB testing is conducted on all offenders annually at no cost to the offender. Documentation was on file to show compliance.
- IV-C-009 Chronic Care Program (MANDATORY):** Only offenders who are stable through use of medication are housed at this facility. All other offenders are transferred to a DOC facility upon approval from DOC.
- IV-C-012 Access to Sick Call (MANDATORY):** Compliant. Sick call is accessible to all offenders 5 time a week. Offenders are referred to a physician as necessary.
- IV-C-013 Infirmary Care:** Compliant. Facility does not manage offenders requiring 24-hour infirmary care. Offenders that require infirmary housing are transferred to a DOC facility.
- IV-C-013-1 Medical Releases (Medical Parole, Medical Treatment Furlough, and/or Compassionate Release):** Compliant- Policies and procedures are in place related to medical releases according to DPS&C guidelines. Documentation of any such occurrence is maintained.
- IV-C-014 Suicide Prevention and Intervention (MANDATORY):** Compliant- Suicide prevention and intervention policy is in place. The policy has been approved by Dr. Pam Hearn and a signed copy is on file. Documentation reflects that all employees have been trained.
- IV-C-015 Offender Deaths (MANDATORY):** Compliant- No offender death this rating period.
- IV-C-016 Notification:** Compliant- Policy and procedures are in place related to notification of family and visitation with an offender admitted to an ICU or trauma center according to DPS&C guidelines. Documentation of any such occurrences is maintained.
- IV-D-001 Healthcare Quarterly Meetings (MANDATORY):** Compliant- Quarterly meetings are conducted and documentation is on file.
- IV-D-004 Confidentiality of Health Information/Individual Health Record:** Compliant- Completed and signed consent forms are in place in all offenders files.
- IV-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY):** Compliant- Policy and procedures are in place and on file.
- IV-D-007 Internal Review/Quality Assurance (MANDATORY):** Compliant- Facility has a policy in place that has been approved by a Health Care Authority. Documentation is on file.
- IV-E-001 Alleged and Substantiated Sexual Assaults: Compliant**
- Is this facility required to be PREA compliant due to contract language? (Yes or No) Yes
 - Is this facility PREA compliant? (Yes or No) Yes
 - If yes, date compliance received: December 2022
- V-A-004 Religious Programs:** Compliant- Facility has assigned staff for religious Programming and also uses volunteers.

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

V-B-001 Programs and Services:

- List all Certified Treatment Programs (Attach Form IS-B-8-b) None at present time
- List all other Offender Programs Religious

V-B-002 Educational Programming: Facility no longer offers. If offenders request such programming he is transferred to a facility that offers programming.

GED Program

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

V-B-003 Substance Abuse Programs: No longer offered by this facility.

V-C-001 Releasing Offenders: Compliant- A discharge packet was reviewed and found to be compliant with this guideline. Offenders receive all needed medication, community resource information and property upon release.

V-C-002 Regional Reentry Programs (Are offenders releasing with two valid forms of identification?): Compliant. Offenders are released with 2 forms of ID's.

V-C-004 Parole Board Procedures: Compliant. Policy and procedures are in place related to the presence of the Warden or his/her designees being present at Parole Board Hearings. Documentation of any such occurrence is maintained.

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

- Does grievance process include at least two levels of review? Yes
- Who is the designee at each level of review? 1ST Level Asst. Warden, 2nd level Warden.
- What is the specified time period for response at each level? 5-days for 1st level and 2nd level.

VII-A-002 Weapons Training: Compliant- All security staff receives appropriate training and qualifications are required annually.

VII-B-010 Monthly Reporting: Compliant- Reports are submitted in a timely manner.

VII-B-012 Proposed Expansions: There are no plans for expansion.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff members were questioned and it was found that they are both professional and dedicated to their jobs. Staff were very knowledgeable of the policies. Staff members that I questioned were all versed in their job duties. Staff members were respectful. The overall morale deemed to be good. The dedication and professionalism were exceptional.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

I spoke with several offenders during my inspection and none of them expressed any complaints or concerns relative to the facility. Offender's morale deemed to be good and the quality of life is good.

RECOMMENDATION:

Based on the review of the BJG files and a walk-through of the facility it is my recommendation that the facility remains on annual monitoring.



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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





Daniel H. Wallis
FIRE MARSHAL

Inspection Report

Report # CB-19-044896-5

No Deficient/Cautionary Codes cited.

Location Information					
Inspection Type	Compliance Building Inspection		Inspection Date	12/21/2022 3:37:31 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				
Comments					
SEE FUTURE REPORT FOR DEFICIENCY STATEMENT.					
Inspector Information					
Name: Chance Downs	Badge Number: 724	Inspector Signature: 			
Person to whom requirements were explained					
Name: Brandon womack	Title: Fire safety	Signature: 			

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.



John Bel Edwards
GOVERNOR

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H. "Butch" Browning
FIRE MARSHAL

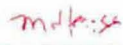
Inspection Report

Report # CB-19-044896-4

Deficient/Cautionary Codes cited.

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

Name: Mona heyse	Title: Ast warden	Signature: 
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For questions regarding the contents of this report, please call: (318) 767 6099

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H. "Butch" Browning
FIRE MARSHAL

Inspection Report

Report # CB-19-044896-4

Deficient/Cautionary Codes cited.

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

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

RULES FOR APPEALING TO THE FIRE MARSHAL BOARD OF REVIEW

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



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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal


Permit Number 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 12/28/2022	Time 12:45 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	5 - The floors are not smooth and easily cleanable. Men's visitation restroom
Building Requirement	101	5 - The floors are not smooth and easily cleanable. Cypress control room bathroom
Building Requirement	101	6 - The ceilings are not in good repair. x-ray medical office
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair. Inmate bathroom in kitchen [Repeat]

Comments:

Verbal acknowledgement of report provided by Brandon Womack/Fire Safety Officer.
Copy of report e-mailed to brandon.womack@lasallecorrections.com

Number Licensed For	Number in Attendance 850	License Anniversary 12/31/2022
Sanitarian Name/Print Melanie Spahn	Phone # (318) 628-2148 ext 214	Sanitarian Signature 
		R.S. # 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

Brandon Womack/Fire Safety Officer

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 06/03/2022	Time 11:30 AM

LAC TITLE 51 PART XXIII

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

Category	Code Reference	Description of Violations
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.5 - Floors are not clean.
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.4 - Floor is not sloped to drain. Standing water in dish area.

Comments:

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

Sanitarian Name/Print Melanie Spahn	Phone # (318) 628-2148 ext 214	Sanitarian Signature <i>Melanie Spahn</i>	R.S. # 3161
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The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to

Correct Critical Violations by

Correct Non-Critical Violations by

Signature of Recipient

Name/Title
Jonice Kirts/Employee

PLAN(S) OF ACTION FORM

Facility: WINN CORRECTIONAL

Date Report Received: 12-28-22

Audit Project: La. Dept. of Health Inspection

Date of Audit: 12-28-22

Area/Department: Facility

Plan of Action

Referenced Area/Dept.	Statement of non-compliance	Corrective Action Steps	Person Responsible	Target Completion Date	Actual Completion Date
Visitation	The floors are not smooth and easily cleanable	Tile and adhesive on order	Maintenance	2/01/23	
Cypress	The floors are not smooth and easily cleanable	Tile and adhesive on order	Maintenance	2/01/23	
Medical X-ray Room	The ceilings are not in good repair	Ceiling tiles have been cleaned	Maintenance		1/23/23
Kitchen	The hand lavatory is in disrepair. Inmate bathroom in kitchen	Maintenance request order has been submitted	Maintenance	2/01/23	

Review/Approval of POA

Required Approvals	Printed Name	Signature	Date
DEPARTMENT HEAD	Brandon Womack/Detrick Williams		1/23/23
MANAGER, QUALITY ASSURANCE	Timothy Canerday		
WARDEN	Jody Floyd		

PLAN(S) OF ACTION FORM

Facility: WINN CORRECTIONAL

Date Report Received: 6/03/22

Audit Project: La. Dept. of Health Inspection

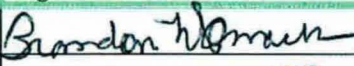
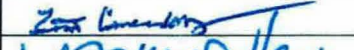

Date of Audit: 6/03/22

Area/Department: Food Service

Plan of Action

Referenced Area/Dept.	Statement of non-compliance	Corrective Action Steps	Person Responsible	Target Completion Date	Actual Completion Date
Kitchen	Structural Design/Maintenance/Plumbing – Floors not clean	The inspection was conducted while Merchants Supply Truck was being unloaded. Floors were swept and mopped. Corrected on site.	Valerie Turner		6/03/22
	Structural Design/Maintenance/Plumbing – Floor is not sloped to drain. Standing water in dish area.	Also, the facility was in the middle of the lunch feeding, therefore the pots in the prep area were being cleaned causing excess water build-up. Corrected on site	Valerie Turner		6/03/22

Review/Approval of POA

Required Approvals	Printed Name	Signature	Date
DEPARTMENT HEAD	Brandon Womack/ Valerie Turner		6-3-22
MANAGER, QUALITY ASSURANCE	Timothy Canerday		6-3-22
WARDEN	Jody Floyd		6/3/22