Department of Public Safety & Corrections State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANG SECRETARY

November 13, 2023

MEMORANDUM

TO:

The Honorable Jason Parker

of Webster 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 Bayou Dorcheat Correctional Center on August 22, 2023.

On the day of the inspection, the total inmate count was 566 which exceeds the facility rated capacity by 122. DPS&C encourages compliance with BJG I-C-006 "Rated Capacity", as noted in the Fire Marshal report. Please note the facility has been in touch with the State Fire Marshal about increasing their capacity. DPS&C's Chief of Operations is to be notified of changes in rated capacity approved by the State Fire Marshal.

Noted are findings from the 2022 inspection report; BJG I-C-004 "Facility Furnishings" – Unapproved offender locker storage bags as noted by the Fire Marshal. The facility is in the process of replacing bags for approved storage containers.

The current inspection report indicates approximately 60% of the inmate population with unapproved storage containers have been replaced. Warden Davidson stated that an order has been placed and he is awaiting on the other containers to arrive. BJG Team Leader, Tyrone Mays will follow up with the facility in 60 days to ensure all inmates have proper storage containers.

At this time DPS&C will continue with semi-annual monitoring visits. Thank you for your support of the BJG process.

JML/mk

Attachment

 Mike Ranatza, Executive Director, Louisiana Sheriffs' Association Orlan Davidson, Warden, Bayou Dorcheat Correctional Center Seth Smith, Chief of Operations Michele Dauzat, Warden, DWCC; Tyrone Mays, BJG Team Leader

P.O. Box 94304 + Baton Rouge, Louisiana 70804 + (225) 342-6740 + Fax (225) 342-3095 + www.doc.la.gov

AN EQUAL OPPORTUNITY EMPLOYER



BJG MONITORING REPORT

Annual

Rev. 08/01/2022 mwk

Facility Name:

Bayou Dorcheat Correctional Center

BJG Team Leader & Monitors:

Asst. Warden Tyrone Mays, BJG Team Leader (Northeast Region);

Colonel Roderick Malcolm, BJG Team Leader (Northwest Region)

Facility Warden & Email Address: Warden Orlan Davidson & Orlandavidson@gmail.com

Facility Staff:

Lieutenant John Lewis & Asst. Warden Katie Douglas

BJG Inspection Date:

22 August 2023

Previous BJG Inspection Date:

21 September 2022

Operational Capacity:

444

Count on Day of Visit:

566

Concerns or Issues from the previous BJG Monitoring Inspection:

I-C-004 Facility Furnishing, I-C-006 Operational Capacity, II-A-018 Offender Drug Testing

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	418	0	418
Number of Local Offenders	148	0	148
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	566	0	566

Number of DOC Offenders that are:

Total	411
Triple Bunked	47
Double Bunked	354
Single Bunked	10

Number of DOC Offenders that are in Restricted Housing:

Single Bunked	0
Double Bunked	7
Triple Bunked	0
Total	7

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
August 2022	4	1	1	0
September 2022	15	0	0	0
October 2022	6	0	0	0
November 2022	9	0	0	0
December 2022	10	0	0	0
January 2023	8	0	0	0
February 2023	12	0	0	0
March 2023	11	0	0	0
April 2023	4	0	0	0
May 2023	2	0	0	0
June 2023	1	0	0	0
July 2023	13	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
August 2022	1	0	0	0	2
Sept 2022	0	0	0	0	23
Oct 2022	0	0	1	0	5
Nov 2022	1	0	0	1	8
Dec 2022	1	0	0	1	6
Jan 2023	2	0	0	0	4
Feb 2023	2	0	1	1	21
Mar 2023	0	0	1	0	11
Apr 2023	1	0	0	0	10
May 2023	2	0	0	1	1
June 2023	1	0	0	1	6
July 2023	4	0	2	0	3

GENERAL APPERANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area: The living areas were found to be clean and orderly.

- **Dorms** The dorms were in good condition and clean. Approximately about 60% of inmate's population with Deficient storage containers have been replaced. Warden Davidson stated that he is awaiting for the Order of the other 40% storage containers to arrive at the facility.
- Cell Block The cells were clean and clutter free.

Culinary/Dining: The culinary/dining areas were clean. Temperature logs of the coolers and freezers were in place and documented. Cycle menu is located on the bulletin board in the kitchen and approved by a licensed dietician. Documentation of inventories of utensils and tools were correct and accounted for.

Bathrooms: The dormitory bathrooms needs good cleaning and painting in all housing areas.

Yard Areas: The yard areas are well keep and free of debris. There is ample space for inmates to exercise.

Maintenance: Tools inventories were accurate and all tools were accounted for.

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

I-A-001 Safety/Sanitation/Inspections (MANDATORY): Compliant

Documentation shows that weekly and monthly inspections are conducted and noted in file. Current FM (3/8/2023), DHH Incarceration (8/15/2023) and DHH Food Retail (8/15/2023) Inspection are in file. See reports for noted deficiencies. Attachment reports for corrected action for deficiencies.

I-C-001 Emergency Plan (MANDATORY): Compliant

A detail emergency plan is in place. Staff members have been trained on emergency plan documentation on file. Staff members that was questioned regarding emergency policy and procedure plans were knowledgeable. Emergency plan were approved by DPS&C.

I-C-003 Fire Safety/Code Conformance (MANDATORY): Compliant

Mid-South Fire Solution, LLC are utilized to test fire extinguishers. Invoice on file reflects service on 5/6/2023. Documentation of monthly inspection being conducted were in file.

II-A-006 Staff Log (MANDATORY): Compliant

Copy of staff deployment on file to reflect practice. Staff logs of shift activities, daily events and deputy/supervisors rounds.

II-A-007 Counts (MANDATORY): Compliant

- How many formal counts are conducted each shift? Two per shift
- · How many counts are conducted each day? Four

Stick outs counts

- How does the facility accomplish this? Staff conducts visual counts according to policy.
- Does this process ensure accountability and safe/secure operation of the facility?
 Yes

II-A-008 Offender Population Management System: Compliant

Records are transferred with the inmate upon transfer to another local or DPS&C facility. Documentation in the files reflected compliance.

II-A-010 Admissions: Compliant

Current policy and procedures are in place. Admission forms are thorough and completed appropriately. Correct documentations place in inmate files.

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?
 Inmates are screened upon arrival at the facility. Housing assignment are based upon inmate's custody level, age, medical, mental health and other special needs.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

II-A-016 Photo Identification (MANDATORY): Compliant

Inmates receive photo identification card upon receptions.

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
August 2022	32	418	8%	6
September 2022	29	403	7%	2
October 2022	65	413	16%	1
November 2022	31	415	7%	0
December 2022	48	404	12%	0
January 2023	40	427	9%	3
February 2023	43	377	11%	6
March 2023	31	409	8%	1
April 2023	37	410	9%	3
May 2023	27	389	7%	1
June 2023	32	427	7%	2
July 2023	32	415	8%	1

II-A-019 Offender Transfers: Compliant

Proper notification is made when inmates are transferred to another facility within guidelines. Proper documentation is maintained.

II-A-020 Cell Checks (MANDATORY): Compliant

Facility logs reflects that frequent cell checks are being conducted.

II-B-002-1 Use of Restraints for Pregnant Offenders: N/A

This facility does not house female inmates.

II-C-001 Procedures for Searches: Compliant

Procedure are in place for the detection of contraband. Logs of searches are maintained.

II-D-001 Key, Tool, and Utensil Control (MANDATORY): Compliant

Key, tool, and utensil control inventories are in place with a check out system to reflect accountability.

III-A-001 Rules and Discipline (MANDATORY): Compliant

Inmates receive the DPS&C and facility rule books upon admission. Signed receipt are in the files.

- 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?
 The inmate writes a request to for restoration of good time application. Classification officer will allow the inmate to fill out the form and check the form for completed information. Classification will then forward to the Warden for approval. Once the Warden approve it will be forwarded to DPS&C for processing.
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes

IV-A-003 Food/Dietary Allowances (MANDATORY): Compliant

Jennifer Jackson, Register Dietician, License #2522 approved all cycle menus.

IV-A-006	Food Services Management (MANDATORY): Compliant
	Facility has a policy in place for food service. Meal times are in accordance with policy Inmates receives two hot meals per day.

- IV-B-001 Plumbing Fixtures Toilets & Washbasins (MANDATORY): Compliant Inmates have access to toilets and washbasins with temperature controlled hot and cold water at all times.
- IV-B-002 Plumbing Fixtures Showers (MANDATORY): Compliant
 Water temperature are check daily and logs reflects. Inmates have access to shower 24 hours per day.
- IV-B-005 Personal Hygiene (MANDATORY): Compliant
 Documentation reflects inmates issued personal hygiene items as needed.
- IV-C-001 Access to Care/Clinical Services (MANDATORY) (Does the facility charge a co-payment? If so, approved by DPS&C?): Compliant

 Co-payment fees are approved by DPS&C. Inmates receives adequate medical attention regardless of ability to pay established medical co-payment.
- IV-C-003 Provision of Treatment (MANDATORY): Compliant
 License of Health Care staff on file. Dr. Frederick Heard Lic#CDS-020888MD Exp.
 10/31/2023.
- IV-C-005 24 Hour Care (MANDATORY): Compliant Medical staff are on call and available 24 hours per day. If emergency occurs inmates are transported to Oschner – Health Shreveport and if life threatening matter they transported to Minden Medical Center and stabilized prior to transport to Oschner- Health Shreveport.
- IV-C-006-1 Pregnancy Management (MANDATORY): N/A
 This facility does not housed females inmates.
- IV-C-008 Annual TB Testing: Compliant
 TB testing are conducted on all inmates at receptions and no cost to the inmates.
- IV-C-009 Chronic Care Program (MANDATORY): Compliant
 Inmates that are stable through use of maintenance of medication are housed in the facility.
 All others are transferred to DPS&C facility for care.
- IV-C-012 Access to Sick Call (MANDATORY): Compliant
 Inmate sick call is available five days per week. If non-life threatening emergency arrives after hours medical is on call 24 hours per day to respond.
- IV-C-013 Infirmary Care: Compliant
 Facility does not have an in-house infirmary. All inmates requiring these services transfer to a DPS&C 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 DPS&C guidelines.
- IV-C-014 Suicide Prevention and Intervention (MANDATORY): Compliant
 Policy/Program in place that has been approved by Dr. Heard. Watch logs completed on file.

IV-C-015 Offender Deaths (MANDATORY): Compliant

Current policy in place. Staff are aware of reporting requirements. There was one inmate death during this reporting period (Terry Polk #611296) on 4/3/2023.

IV-C-016 Notification: Compliant

Policies and procedures are in place related to notification of family and visitation with an inmate admitted to an ICU or trauma center according to DPS&C guidelines. Any such occurrence documentation is filed.

- IV-D-001 Healthcare Quarterly Meetings (MANDATORY): Compliant Quarterly meetings are conducted and documentation on file.
- IV-D-004 Confidentiality of Health Information/Individual Health Record: Compliant

 Access to inmate medical files is controlled and restricted to those who have legal authority.

 Medical records are maintained in separate files and forwarded along with the inmate upon transfer to another facility.
- IV-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY): Compliant – Written policy and procedure in place for practice. Documentation of training in file.
- IV-D-007 Internal Review/Quality Assurance (MANDATORY): Compliant Facility has a policy in place that has been approved by the HCA.
- IV-E-001 Alleged and Substantiated Sexual Assaults: Compliant
 Written policy and procedures are in place. Lt. Lewis serves as PREA investigator for the facility. PREA posters are placed throughout the facility.
 - . Is this facility required to be PREA compliant due to contract language? Yes
 - Is this facility PREA compliant? Yes
 - If yes, date compliance received: 13 May 2022
 - 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**
- V-A-004 Religious Programs: Compliant

Religious programs are available to all inmates' population.

V-A-005 Exercise & Recreation Access (MANDATORY): Compliant

Inmates have access to ample exercise space and recreation opportunities as scheduled.

- V-B-001 Programs and Services: Compliant
 - List all Certified Treatment Programs (Attach Form IS-B-8-b)
 Steve Hoyle Intensive Substance Abuse Program- all phases
 Strengthening Families
 R.O.A.R Opioid Treatment Program
 Thinking for a Change
 Ashland University Courses
 HiSet

Sex Offender Treatment (Madison County Risk Psycho Social) IC3

 List all other Offender Programs Celebrate Recovery Religious Services

V-B-002 Educational Programming: Compliant

GED Program

Number of GED Slots	40
Number of Participants	22
YTD Number of Completions	22

V-B-003 Substance Abuse Programs: Compliant

The facility has an approved substance abuse program available to inmates.

V-C-001 Releasing Offenders: Compliant

Five day supply of medications is sent with each inmate upon discharge in conjunction with prescription for maintenance medications. Each inmate discharges with two forms of ID and is provided information regarding community resources in the parish of release. Follow up medical appointments are scheduled and inmates are notified.

V-C-002 Regional Reentry Programs (Are offenders releasing with two valid forms of identification?): Compliant – Upon entry to the program, facility staff begins the process of acquiring two forms of ID. Discharge packets include all necessary documents. Information of the restoration of voting rights is provided to all inmates upon release.

V-C-004 Parole Board Procedures: Compliant

Policies and procedure are in place related to the presence of the Warden or his/her designee at Parole Board Hearing. 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 Warden & 2nd Level Sheriff
- What is the specified time period for response at each level? 1st 40 days & 2nd 20 days

VII-A-002 Weapons Training: Compliant

All deputies authorized to use firearms are POST certified and receive appropriate training regarding the use, handing, and retention of weapons. Qualifications are required annually and documentation is maintained in file.

VII-B-010 Monthly Reporting: Compliant

Monthly reports are submitted in a timely manner with no significant reporting issues noted.

VII-B-012 Proposed Expansions: Compliant

There are no proposed expansions at this time.

OTHER:

I-C-006 Operational Capacity

The facility is currently over capacity and has been for few months.

II-A-018

Offender Drug Testing

The facility has been in compliance with this guideline since the Recertification Inspection.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

The staff at Bayou Dorcheat Correctional Center has a very good working relationship with each other. They were all professional towards each other and the inmates. Staff was knowledgeable of their job duties when questioned. The deputies' morale appeared to be good throughout the facility.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

I spoke with several inmates throughout the facility. They all stated that the food was good but wished they could receive more portion than recommended by the Dietician. The offender morale and quality of life deemed as good. I spoke with several offenders throughout the facility and no significant complaints regarding their confinement was noted.

RECOMMENDATION:

Warden Orlan Davidson and staff are committed to maintaining compliance BJG and providing a safe, secure, and stable environment for the inmate in their custody. Based on the walk-through of the facility and the review of the Basic Jail Guidelines files the following was found to be non-compliant: I-C-006 Operational Capacity. Warden Davidson stated as far as the deficiencies with property storage containers, he has about 60% of the containers replaced and awaiting on 40% of the new containers to arrive at the facility to replace all non-compliance containers. Based on the walk through of the facility and a review of the guidelines it is recommended that BDCC remains on annual monitoring but within 60 days Warden Davidson has received 100% of all property storage containers for inmates.



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

Inspection Report

Report # CB-22-039515-2

Deficient/Cautionary Codes cited.



Daniel H. Wallis FIRE MARSHAL

	ire ID	119210		No. of Buildings	1		Facility Code		J444	
Capaci		444		Year Built	2002	-	Construction	Tyme		IB / (000)
	g/Trade Na	1		ear Duit	Addres		CONSTRUCTION	Abe	Турот	157 (000)
			TIONAL CEN	NTER			BOULEVARD	- CAMP	MINDE	EN, MINDEN, LA 7105
7. Y		William P.	ij:Tviliya,VVC	Owne	r Inform	ation	\$1000 BAS		04-5450	8, 5,046°, 792-25°
Owner	Туре	A 150 11 Car 18	Name	o page soles de l'espe		4	act Phone	Conta	ct Ema	11
Municip	oal Project		WEBSTE	R PARISH POLIC	E JURY	(318)	371-9199	STEE	ER360	7@YAHOO.COM
Addres	5\$									
1455 B	RAVO BLVI	D, MINDEN,	LA 71055							
	\$20.W	Canality		Tenan	t Inform	ation				
Name		Maria and the second		Sui	e Numbe	r	Floor Numb	er	Sq	uare Footage
										,
400		1974 (1974 1975)	Section 1	Occur	oancy De	etails	Mestersána.	941(%).	7	A DET FRANCISCO
	ancy Type		Details				Maria Danger and Carrier			Charles Strong - Mary Co.
nstitut				TONAL BUILDIN	G TYPE:	GROUI	P I-3 (DETENT	TON/CO	RREC	ΠON);
		-	DETENTI	ON/CORRECTIO	N FACILI	TYTY	PE: CONDITIO	DN 4	-	
**	400000000000000000000000000000000000000	W.Const.McC	Defini	A COME TO LABORATE AND A COMPANY OF THE PARK OF THE PA						
	NEDA	24 (4007) 44	74. 74. 15.	ent and Caution	- T					Status
1	sleeping combust have ba	rooms shall tible material gs removed	-7.2 Books, of the stored in is are being s and replaced	clothing, and othe closable metal lo tored under bed with fire resistan	r combust ckers or a and in a ne t boxes/ba	fire-reson fire ags.	sistant containe resistant bag. (er. Curr Owner s	entiy, ali hali	DEFICIENT (Correction Date: 4/10/2023)
2	sleeping combust have bat NFPA 10 correction tarp cov	rooms shall tible material gs removed a 01 (1997) 14 onal occupan ering the ent	-7.2 Books, of be stored in its are being stand replaced -7.4.1 Draper incies shall be	clothing, and other closable metal lottered under bed with fire resistanties and curtains, in accordance with owner shall rem	r combust ckers or a and in a no t boxes/ba including th the pro	fire-reson fire ags.	sistant containeresistant bag. (y curtains, in de of 6-6.1. Curre	er. Curre Owner s etention ently the	ently, all hall and ere is a	DEFICIENT (Correction Date:
2	sleeping combust have bat NFPA 10 correction tamp cover drapery NFPA 10 Currently air hand	rooms shall tible material gs removed a 01 (1997) 14 onal occupan ering the ent with approve 01 (1997) 14 y, in the HVA llers (HVAC I	-7.2 Books, of be stored in its are being stand replaced -7.4.1 Draper cies shall be try of Dorm Earlie to flame retained to the try of Dorms	clothing, and other closable metal lottered under bed with fire resistanties and curtains, in accordance with owner shall rem	r combust ckers or a cand in a not boxes/ba including the the properties over tarp of the the provining and utside going and the provining and the province and the prov	fible per fire-res on fire ags. privacy visions or repla	resistant container resistant bag. (y curtains, in de of 6-6.1. Curre ace tarp with fir of Section 7-1 g electrical pan	etention ently the e resista	and are is a ant	DEFICIENT (Correction Date: 4/10/2023) DEFICIENT (Correction Date: 4/10/2023) DEFICIENT
	sleeping combust have bath have been been been been been been been be	rooms shall tible material gs removed: 01 (1997) 14 onal occupanering the ent with approved of (1997) 14 y, in the HVAC of wiring correct of (1997) 14 ire exting y accessintly, the cashers available.	-7.2 Books, of be stored in its are being stand replaced -7.4.1 Draper cies shall be try of Dorm Each flame retar (-5.1.1 Utilities AC rooms the most be and elected and elected and elected and incours declared in the coursides of the coursides of the course of the cou	clothing, and othe closable metal lot ored under bed with fire resistanties and curtains, in accordance with comer shall remain the comply with the are exposed we and HVAC rm of the closable comply with a complete ward and the complete ward and the complete ward and HVAC rm of the closable complete ward and the complete ward and the complete complete ward and the close close complete ward and the close close close complete	r combustickers or a cand in a nic toxes/ba including the the processor and the proc	ible per fire-reson fire ags. privacy visions or repla visions missing to close provide in the ve and a fire a fir	y curtains, in de of 6-6.1. Curre ace tarp with fin of Section 7-1 g electrical pan lassrooms. Ow dided in accordance event of ay fire	etention etention ently the e resista and NF rel cover mer sha ance wit e they fire.	and and are is a ant PA 70. If have in 7-	DEFICIENT (Correction Date: 4/10/2023) DEFICIENT (Correction Date: 4/10/2023) DEFICIENT (Correction Date: 4/10/2023)
3	sleeping combust have bath	rooms shall tible material gs removed: 01 (1997) 14 onal occupanering the ent with approved on (1997) 14 y, in the HVAC of wiring corresponding to the exting y accessionally, the coshers available dance with on (1997) 14 of throughoutnee with Sec	-7.2 Books, of be stored in its are being sand replaced -7.4.1 Draper cies shall be try of Dorm E. ed flame retar (-5.1.1 Utilities AC rooms the most be and elected and elect	clothing, and othe closable metal lottered under bed with fire resistant in accordance with fire resistant in accordance with fire shall remark rating. Is shall comply with rear exposed with a shall comply with and HVAC monotrical panels reposed in the shall be consistent in the c	r combustickers or a cand in a nit boxes/ba including the the provious tarp of the the provious tarp of the the provious tarp of the the provious tarbide goinaced. Less shall be contabled to the provious tarbide provided the provious tarbide to the provious tarbide to the provious tarbide to the provious tarbide tar	ible per fire-reson fire ags. privacy visions or repla visions missing to close in the ve and effice ding. ondition sprinkly all escurios and escuri	sistant containeresistant bag. (y curtains, in de of 6-6.1. Curre of 6-6.1. Curre of Section 7-1 g electrical panilassrooms. Ow dided in accordacated when the event of any fire extinguishers of the initial of the original o	er. Cum Owner s etention ently the eresista and NF eel cover mer sha ance with e they fire. place of shall be elled in	and and and and are is a ant PA 70. So on the I have the 7- are	DEFICIENT (Correction Date: 4/10/2023) DEFICIENT (Correction Dato: 4/10/2023) DEFICIENT (Correction Date: 4/10/2023) DEFICIENT (Correction Date: 4/10/2023) DEFICIENT (Correction Date: 4/10/2023)
3 4 5	sleeping combust have bather have bather have bather have bather have bather have bather have been supposed by the bather have been been been been been been been be	rooms shall tible material gs removed: 01 (1997) 14 onal occupaniering the ent with approve 01 (1997) 14 y, in the HV/lers (HVAC rd wiring correspondingly accessingly, the coshers available dance with 01 (1997) 14 of throughout once with Secses whower areas shower areas seminated and the secses of the secses	-7.2 Books, of be stored in its are being sand replaced -7.4.1 Draper cies shall be try of Dorm E. ed flame retar (-5.1.1 Utilities AC rooms the most be and elected and elect	clothing, and othe closable metal lottered under bed a with fire resistant ries and curtains, in accordance with a comply with reare exposed were are exposed with a comply with a complete republic fire extinguishmediately a complete resistant with a complete resistant	r combustickers or a cand in a nit boxes/ba including the the provious tarp of the the provious tarp of the the provious tarp of the the provious tarbide goinaced. Less shall be contabled to the provious tarbide provided the provious tarbide to the provious tarbide to the provious tarbide to the provious tarbide tar	ible per fire-reson fire regs. privacy visions or repla visions missing for clare fire ding. ondition sprinkla all escureplaced	sistant containeresistant bag. (y curtains, in de of 6-6.1. Curre oce tarp with firm of Section 7-1 g electrical panelassrooms. Ow dided in accordated where event of ay fire extinguishers panel in II, III, IV, or V in II, III, IV, or V in the opportunities at the on plates at 1.	er. Cum Owner s etention ently the e resist and NF tel cove mer sha ance wit e they fire. placed shall be slited in are miss	and and and and are is a ant PA 70. So on the I have the 7- are	DEFICIENT (Correction Date: 4/10/2023) DEFICIENT (Correction Dato: 4/10/2023) DEFICIENT (Correction Date: 4/10/2023) DEFICIENT (Correction Date: 4/10/2023) DEFICIENT (Correction Date: 4/10/2023)



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

Inspection Report

Report # CB-22-039515-2

Deficient/Cautionary Codes cited.



Name: Chey Blanchard	Badge Number: 738	Inspector Signature:	
Name: Jr Lewis	Person to whom requ	irements were explained	
- 1. To the total or the total		050/10	

For questions regarding the contents of this report, please call:

(225) 587 5656

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.\$. 40:1569 excepted, shall be fined not more than five hundred dollars or imprisoned, for more than six morths or both. Each day's violation of an order constitutes a separate offense and may be punished as such at the discretion of court.



WEBSTER PARISH

Jason Parker

P.O. Box 877 Minden, Louisiana 71058 (318) 377-1515

Bayou Dorcheat Correctional Center

Response to Deficient and Cautionary Items

Office of State Fire Marshall

Inspection Report:

CB-22-039515-2

Item 1: Approximately 60% of deficient storage containers have been replaced. The

additional deficient storage containers will be replaced in the near future.

Item 2: Non -compliant draperies have been replaced.

Item 3: Electrical panel covers have been installed.

Item 4: Fire extinguishers have been installed.

Item 5: Vendor has inspected issue with escutcheon plates and has submitted estimate

for the replacement of said items.

Orlan Davidson

Warden



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

Routine/Renewal

Permit Number 60-01-224	Permit Name Bayou Dorcheat Correc	stional Center-224	
Name of Establishment Bayou Dorcheat Correction	nal Center-224	Owner Name BAYOU DORCHEAT CO	ORRECTION CENTER
Address : 1455 Bravo RD Minden, L	A 71055	Date 08/15/2023	Time 09:55 AM

1455 Bravo RD Minden, LA	71055		08/15/2023	Time 09:55 AM
		LACT	TITLE 51 PART XVIII	
NON-CRITICAL ITEMS: T by this office.	hese items should	be corrected by the	next regular inspection or according to the compl	iance schedule (see below) established
Сатедогу	Code Reference		Description of Violations	*
Handwashing Lavatories	101	t6 - The hand lava	tory is in disrepair. Hand sinks in F Lock, B cell,	C cell and D cell.
Handwashing Lavatories	101	16 - The hand lava	tory is in disrepair. In D, and B.	
Forced Ventilation	101	34 - The air intake	system is not functioning properly. In cells F,B, (and D.
Matresses and Pillows	103	51 - Several mattre	sses are torn and in disrepair. Throughout.	
Number Licer	nsed For		Number in Attendance 564.	License Armiversary 06/30/2021
Number Licer Sanitarian Name/Print Vera Brown	Phone	# 171-3044		The second secon
Sanitarian Name/Print Vera Brown The above mentioned violation	Phone 318-3 ns were called to m	71-3044	Sanitarian Signature Vilen Bant splained to me in detail. I hereby agree to	06/30/2021 R.S.#
Sanitarian Name/Print Vera Brown	Phone 318-3 ns were called to m	71-3044	Sanitarian Signature William Print	06/30/2021 R.S.#

DEPARTMEN OFFICE OF P	LOUISIANA NT OF HEALTH UBLIC HEALTH ON REPORT	
Agency License No. N/A	Anniversary Month JUNE	48.00
Name of Establishment BAYOU DORCHEAT CORRECTIONAL CENTER-224	Mailing Address	
Address 1455 BRAVO RD		
City, state, Zip Code MINDEN LA 71055		
Type of Facility JAILS 564		
Parish Webster	Date Inspected	
The above establishment has been inspected by a representative of the X License is Recommended; License is Not Recommended; License is Pending Reinspection;		
from the standpoint of sanitation.	VERA BROWN	1 9 8 9
LHS 48 (R 7/99)	· WWW. NO. III .	D 101



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Routine/Renewal

Permit Number 60-0037662-1	Permit Name BAYOU DORCHEAT COL	Permit Name BAYOU DORCHEAT CORRECTION CENTER SITE 251218		
Name of Establishment Owner Name BAYOU DORCHEAT CORRECTION CENTER BAYOU DORCHEAT CORRECTION		CENTER		
Address 1455 BRAVO BLVD MIN	DEN, LA 71055	Date 08/15/2023	Time 10:10 AM	

LAC TITLE 51 PART XXIII

Category	Code Reference	Description of Violations	
FOOD SAFETY CERTIFICATION	305	23 - 305 - A current state food safety certificate is not held by the owner establishment. Given 90 days to get FSC.	r or a designated employee of the
CROSS CONTAMINATION	1705	25 - 1705 - Raw animal food is not separated from ready to eat food, or ready to eat food. Eggs. [COS]	is placed, stored or displayed above
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2503	- 28 - 2501 - Food contact surfaces and utensils are not clean to sight and	touch, Ice machine. [COS]

Category	Code Reference	Description of Violations
UTENSILS/EQUIPMENT/SINGLE SERVICE	2513	81 - 2513 - A sanitizer test kit is not provided to accurately measure the concentration in mg/L or parts per million of sanitizing solution provide
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.6 - Floor is not maintained in good repair.
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.4 - Walls/ceilings or attached equipment are not in good rep. [Repeat]

Comments:

Rmiller@webstersheriff.org

NOTICE RS 40:31.38 (ACT 66)

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

Sanitarian Name/Print Vera Brown	Phone # 318-371-3044	Sanitarian Signature V. L. Concur	R.S.# 1989	
		o tee process		

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

Correct Critical Violations by 11/15/2023

Correct Non-Critical Violations by

Name/Title Roselind Miller, kitchen manager Signature of Recipient

STATE OF LOUISIANA

LHS-16B (R 9/22)

Touisiana De riment of Health / Office of F clic Health 628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

Print Date 06/07/2023

ANNUAL

Expires on 06/30/2024

PERMIT TO OPERATE

PERMIT NUMBER

60-0037662-1

Type of OperationRetail Food

Permanent Food Service Establish

This is to certify that the below named owner and establishment name and location has duly registered with the Louisiana Department of Health in accordance with the Sanitary Code of Louisiana, and is hereby given permission to operate.

Permit to Operate is not transferable: New Owner and/or New Location requires a new permit.

Permit to Operate remains the property of the Louisiana Department of Health, Office of Public Health, and may be revoked or suspended for failure to comply with provisions of the State Sanitary Code or other applicable laws and/or regulations.

ISSUED TO/NOT TRANSFERABLE

BAYOU DORCHEAT CORRECTION CENTER 1455 BRAVO BLVDD MINDEN LA 71055

BAYOU DORCHEAT CORRECTION CENTER SITE 251218

1455 BRAVO BLVD MINDEN LA 71055

> JOSEPH KANTER, M.D. STATE HEALTH OFFICER

STATE OF LOUISIANA

LHS-16B (R 9/22)

ANNUAL

Louisiana Department of Health / Office of Public Health 628 N. 4TH STREET . 3RD FLOOR . BATON ROUGE, LOUISIANA 70802

Print Date 06/07/2023 Expires on 06/30/2024

PERMIT TO OPERATE

PERMIT NUMBER:

60-0037662-1

Type of Operation Retall Food Permanent Food Service Establishment

This is to certify that the below named owner and establishment name and location has duly registered with the Louisiana Department of Health in accordance with the Sanitary Code of Louisiana, and is hereby given permission to operate.

Permit to Operate is not transferable: New Owner and/or New Location requires a new permit.

Permit to Operate remains the property of the Louisiana Department of Health, Office of Public Health, and may be revoked or suspended for failure to comply with provisions of the State Sanitary Code or other applicable laws and/or regulations.

ISSUED TO/NOT TRANSFERABLE

BAYOU DORCHEAT CORRECTION CENTER 1455 BRAVO BLVDD MINDEN LA 71055

BAYOU DORCHEAT CORRECTION CENTER SITE 251218 1455 BRAVO BLVD MINDEN LA 71055

DUPLICATE

JOSEPH KANTER, M.D. STATE HEALTH OFFICER

FOR YOUR INFORMATION Please post in a conspicuous place.

It is the responsibility of the permit holder to notify the appropriate Parish/Parish Manager of any changes regarding the above permitted establishment.

Please include the permit number of the establishment with any and all correspondence.



ServSafe CERTIFICATION

ROSELIND MILLER

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)—Conference for Food Protection (CFP).

22494584

CERTIFICATE NOMBER

10780

EXAM FORM NUMBER

8/13/2022

DATE OF EXAMINATION

8/13/2027

DATE OF EXPIRATION

Local laws apply. Check with you best required agancy for recertification requirement

AGCREDITED PROGRAM
American Notional Standards Institute
and the Conference for Footbild

#0655

Shermen Bro

utive Vice President, National Restaurant Association Solutions



In accordance with Martingulation Countries (2006) Buckey C2017 Footbook & training Asteries to Lacerton & Condellon

The Service of the Service of the Service logo are trademarks of the NRAEF. National Restaurant Association® and the arc design

Contact us with questions at 233 S. Wocker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restaurant.or



WEBSTER PARISH

Jason Parker

P.O. Box 877 Minden, Louisiana 71058 (318) 377-1515

Bayou Dorcheat Correctional Center

Response to Deficient and Cautionary Items

Department of Health

Inspection Date:

8/15/2023

Item 1: All fixtures in the named housing units are in the process of being repaired.

Item 2: All fixtures in the named housing units are in the process of being repaired.

Item 3: HVAC system is in the process of being repaired.

Item 4: Mattresses are being restored to proper condition.

Orlan Davidson

Warden

STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Bayou Dorcheat Correctional Center Violation Response

CRITICAL ITEMS		
Category	Code Reference	Description of Violation Correction
FOOD SAFETY CERTIFICATION	305	23- 305- Certificate with Gold Seal being mailed
CROSS CONTAMINATION	1705	25- 1705- Eggs were placed on correct shelf, away from the ready to eat food.
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2503	28- 2501- Ice machine was cleaned and sanitized

CATEGORY	Code Reference	Description of Violation Correction
UTENSILS/EQUIPMENT/SINGLE SERVICE	2513	81- 2513- New sanitizer test kit was delivered 8/15/2023 by Auto- Chlor.
STRUCTURAL/ DESIGN/MAINTENANCE/PLUMBING	3701	105- 3701.6- Floors are being repaired.
STRUCTURAL/ DESIGN/MAINTENANCE/PLUMBING	3703	106- 3703.4- Walls/ Ceilings are being repaired

Facility: Bayou Dorcheat Correctional Center	
Date: 8/22/23	
Name of Program: Steve Hoyle Intensive Substance Abuse Program - all Ph	ases
Date of Program Implementation: 2018	
Primary Area of Service Provided:	
 □ Education □ Job Skill Training □ Values Development and Faith Based Initiatives ☑ Treatment Programs □ Miscellaneous 	
Program has been certified by DPS&C? ■ Yes □ No	
Program application process is consistent with DPS&C existing assessment system? ☐ Yes ☐ No	nt and classification
Has program curriculum changed during preceding 12 months? ☐ Yes 🗵	No
Is there an objective method used to assess completion? X Yes No	
Detailed records are maintained on the following:	
All inmates who apply. Number of inmates accepted. Number and type of services provided. Inmate's completion/termination from program. Yes Yes Yes	No No No No
Is there a formal graduation ceremony for those who complete the program?	Yes No
The CTRP referenced above continues to meet necessary criteria to maintain in Department of Public Safety and Corrections.	ts certification by the
Monitoring Team Member or BJG Team Member/Leader	Date

Facility: Bayou Dorcheat Correctional Center	
Date: 8/22/23	
Name of Program: Strengthering Families	
Date of Program Implementation: 2018	
Primary Area of Service Provided:	
 □ Education □ Job Skill Training □ Values Development and Faith Based Initiatives □ Treatment Programs □ Miscellaneous 	
Program has been certified by DPS&C? ■ Yes □ No	
Program application process is consistent with DPS&C existing assessme system? Yes No	nt and classification
Has program curriculum changed during preceding 12 months? ☐ Yes ■	No
Is there an objective method used to assess completion? Yes No	
Detailed records are maintained on the following:	
All inmates who apply. Number of inmates accepted. Number and type of services provided. Inmate's completion/termination from program. Yes Yes	No No No No
Is there a formal graduation ceremony for those who complete the program?	Yes No
The CTRP referenced above continues to meet necessary criteria to maintain Department of Public Safety and Corrections.	its certification by the
Monitoring Team Member or BJG Team Member/Leader	8/22/23 Date

Facility: Bayou Dorcheat Correctional Center	
Date: 8/22/23	
Name of Program: R.O.A.R. Opiod Treatment Program	
Date of Program Implementation: 2019	
Primary Area of Service Provided:	
☐ Education ☐ Job Skill Training ☐ Values Development and Faith Based Initiatives ☐ Treatment Programs ☐ Miscellaneous	
Program has been certified by DPS&C? Yes No	
Program application process is consistent with DPS&C existing assessment system?	nt and classification
Has program curriculum changed during preceding 12 months? Yes	No
Is there an objective method used to assess completion? Yes No	
Detailed records are maintained on the following:	
All inmates who apply. Number of inmates accepted. Number and type of services provided. Inmate's completion/termination from program. Yes Yes	No No No No
Is there a formal graduation ceremony for those who complete the program?	Yes No
The CTRP referenced above continues to meet necessary criteria to maintain i Department of Public Safety and Corrections.	ts certification by the
Monitoring Team Member or BJG Team Member/Leader	8/22/23 Date

Facility: Bayou Dorcheat Correctional Center	
Date: 8/22/23	
Name of Program: Thinking for A Change	
Date of Program Implementation: 2018	
Primary Area of Service Provided:	
☐ Education ☐ Job Skill Training ☐ Values Development and Faith Based Initiatives ☐ Treatment Programs ☐ Miscellaneous	
Program has been certified by DPS&C? Yes No	
Program application process is consistent with DPS&C existing assessme system?	nt and classification
Has program curriculum changed during preceding 12 months? Yes	No
Is there an objective method used to assess completion?	
Detailed records are maintained on the following:	
All inmates who apply. Number of inmates accepted. Number and type of services provided. Inmate's completion/termination from program. Yes Yes	No No No No
Is there a formal graduation ceremony for those who complete the program?	Yes No
The CTRP referenced above continues to meet necessary criteria to maintain in Department of Public Safety and Corrections. Monitoring Team Member or BJG Team Member/Leader	ts certification by the
•	

Facility: Bayou Dorcheat Correctional Center	
Date: 8/22/23	
Name of Program: Ashland University Courses	
Date of Program Implementation: 2016	
Primary Area of Service Provided:	
Education Job Skill Training Values Development and Faith Based Initiatives Treatment Programs Miscellaneous	
Program has been certified by DPS&C? ■ Yes □ No	
Program application process is consistent with DPS&C existing assessment system? ■ Yes □ No	nt and classification
Has program curriculum changed during preceding 12 months?	No
Is there an objective method used to assess completion?	
Detailed records are maintained on the following:	
All inmates who apply. Number of inmates accepted. Number and type of services provided. Inmate's completion/termination from program. Yes Yes	Na No No No
Is there a formal graduation ceremony for those who complete the program?	Yes No
The CTRP referenced above continues to meet necessary criteria to maintain in Department of Public Safety and Corrections.	ts certification by the
Maip	8/22/23
Monitoring Team Member or BJG Team Member/Leader	Date

Facility: Bayou Dorcheat Correctional Center	
Date: 8/22/23	
Name of Program: HiSet	
Date of Program Implementation: 2013	
Primary Area of Service Provided:	
Education Job Skill Training Values Development and Faith Based Initiatives Treatment Programs Miscellaneous	
Program has been certified by DPS&C? ■ Yes □ No	
Program application process is consistent with DPS&C existing assessment system?	nt and classification
Has program curriculum changed during preceding 12 months? Yes	No
Is there an objective method used to assess completion?	
Detailed records are maintained on the following:	
All inmates who apply. Number of inmates accepted. Number and type of services provided. Inmate's completion/termination from program. Yes Yes	No No No No
Is there a formal graduation ceremony for those who complete the program?	Yes No
The CTRP referenced above continues to meet necessary criteria to maintain in Department of Public Safety and Corrections.	ts certification by the
main	8/22/23
Monitoring Team Member or BJG Team Member/Leader	Date

Facility: Bayou Dorcheat Correctional Center	
Date: 8/22/23	
Name of Program: Sex Offender Treatment (Madison County Risk Psycho Soc	cial)
Date of Program Implementation: 2013	
Primary Area of Service Provided:	
 □ Education □ Job Skill Training □ Values Development and Faith Based Initiatives □ Treatment Programs □ Miscellaneous 	
Program has been certified by DPS&C? ■ Yes □ No	
Program application process is consistent with DPS&C existing assessment system? ■ Yes □ No	it and classification
Has program curriculum changed during preceding 12 months? Yes	No
Is there an objective method used to assess completion?	
Detailed records are maintained on the following:	
All inmates who apply. Number of inmates accepted. Number and type of services provided. Inmate's completion/termination from program. Yes	No No No No
Is there a formal graduation ceremony for those who complete the program?	Yes No
The CTRP referenced above continues to meet necessary criteria to maintain it Department of Public Safety and Corrections.	s certification by the
(Xmais	8/22/23
Menitoring Team Member or BJG Team Member/Leader	Date

Facility: Bayou Dorcheat Correctional Center	
Date: 8/22/23	
Name of Program: IC3	
Date of Program Implementation: 2022	
Primary Area of Service Provided:	
 Education Job Skill Training Values Development and Faith Based Initiatives Treatment Programs Miscellaneous 	
Program has been certified by DPS&C? ■ Yes □ No	
Program application process is consistent with DPS&C existing assessme system? ■ Yes □ No	nt and classification
Has program curriculum changed during preceding 12 months? Yes	No
Is there an objective method used to assess completion?	
Detailed records are maintained on the following:	
All inmates who apply. Number of inmates accepted. Number and type of services provided. Inmate's completion/termination from program. Yes Yes Yes Yes	No No No No
Is there a formal graduation ceremony for those who complete the program?	Yes No
The CTRP referenced above continues to meet necessary criteria to maintain in Department of Public Safety and Corrections.	ts certification by the
(May)	8/22/23
Monitoring Team Member or BJG Team Member/Leader	Date