Department of Public Safety & Corrections State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANG SECRETARY

January 9, 2024

MEMORANDUM

TO:

The Honorable Sammie Byrd

Sheriff of Madison 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 conducted at Madison Parish Correctional Center and Madison Parish Correctional Southern Facility on December 7, 2023.

Please note on page 2 in the living areas section concerns expressed by the inmate population about recreation and programming.

Madison Parish Correctional Center and Madison Parish Correctional Southern Facility continue to provide a secure, safe, and stable environment for DOC inmates in their custody. At this time DPS&C will return within 4 months to check on the status of corrective actions in regards to the Fire Marshal and Department of Health and Hospital reports.

Thank you for your support of the BJG process.

JML/mk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association Chris Stinson, Warden, Madison Parish Correctional Facility 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



BASIC JAIL GUIDELINES MONITORING REPORT

Annual

Ver. 11/28/2023 mwk

Facility Name:

Madison Parish Correctional Center / Madison Parish Southern

Facility

BJG Team Leader & Monitors:

Asst. Warden Tyrone, BJG Team Leader (NE) Region; Colonel

Roderick Malcolm, BJG Team Leader (NW) Region

Facility Warden & Email Address: Warden Chris Stinson / cstinson@securitymgmt.com

Facility Staff:

Asst. Warden Eric Scott & Major Tommy Farmer

BJG Inspection Date:

07 December 2023

Previous BJG Inspection Date:

17 August 2022

Operational Capacity:

898

Count on the Day of Visit:

829

List Concerns or Issues from the previous BJG Monitoring Inspection:

Count on the Day of Visit:

	# MALE	# FEMALE	TOTAL
Number of DOC Inmates	780	0	780
Number of Local Inmates	49	0	49
Number of Out of State Inmates	0	0	0
Number of Federal Inmates	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	829	0	829

Number of DOC Inmates that are:

Single Bunked	0
Double Bunked	749
Triple Bunked	0
Total	749

Number of DOC Inmates that are in Restricted Housing:

Single Bunked	0
Double Bunked	31
Triple Bunked	0
Total	31

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

Month/Year	Inmate/Inmate	Inmate/Inmate w/ Significate Injury	Inmate/Staff	Inmate/Staff w/ Significate Injury
December 2022	4	2	0	0
January 2023	10	1	0	0
February 2023	4	0	1	0
March 2023	11	0	1	0
April 2023	5	3	0	0
May 2023	4	0	0	0
June 2023	6	3	0	0
July 2023	7	0	0	0
August 2023	10	0	0	0
September 2023	11	0	1	0
October 2023	5	0	0	0
November 2023	8	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
December 2022	2	0	1	11	23
January 2023	12 -Suboxone Strip-2 pk, Paper soaked in unknown substance-8 8X11 sheets, Pills- 2 bars	0	0	0	0
February 2023	0	0	0	0	0
March 2023	11 - Mojo Paper- 5,Meth- 3 small packs, Green leafy substance-3	0	14 – 12 Shanks, 2 knives	12	17
April 2023	6	0	6	10	53
May 2023	4	0	12 - 9 shanks, 3 knives	9	20
June 2023	16 - Mojo Paper-8(4X8 Sheets), Suboxone Strip-6, XTC-=2 small bag,	0	4	3	12
July 2023	4	0	6	3	12
August 2023	9	0	2	1	0
September 2023	0	0	6	4	12
October 2023	0	0	7	2	3
November 2023	5	0	9	3	7

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY

Living Area

- Dorms The dorms were found to be clean with minimal inmate property. Bulletin boards are located in each dorm with weekly menu. The team members spoke several inmates in the dorm, some inmates complained about recreation and some had issues of wanting to be transferred.
- Cell Block The cell were clean with minimal inmate property being utilized. The Team Members spoke with DOC inmates some voice negative comments regarding being place in confinement for their actions and wanting be transferred.

Culinary/Dining: Meals are prepared at both the Madison Parish Correctional Center and Madison South Facility. The latest Retail Food Inspection reports were on (12/1/23). Culinary tools were found to be in good order with an inventory and check-out system in place.

Bathrooms: The bathrooms in the dorms and cell were found to be clean and in good working order.

Yard Areas: The yard areas for recreation purpose are clean and free of debris. The Team Members spoke with offenders about recreation time. Some inmates stated that they rarely go out for recreation regularly. The team reviewed recreation logs, it reflects that inmates are offered recreation as scheduled, unless there is inclement weather.

Maintenance: The maintenance department areas were inspected and found to have accurate inventories and check-out system in place to promote accountability of all tools.

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

- I-A-001 Safety/Sanitation/Inspections (MANDATORY): Compliant Kitchen inspections are on are file as well as water temperature logs. Monthly inspections are conducted at the facility. The last DHH inspection was on (12/1/23). All deficiencies noted have been corrected. The last FM inspection was on (12/6/23). All deficiencies noted have been corrected.
- I-C-001 Emergency Plan (MANDATORY): Compliant The facility has an approved emergency plan in place. Documentation reflects that all staff has been trained on emergency procedures.
- I-C-003 Fire Safety/Code Conformance (MANDATORY): Compliant Last FM inspection was (12/6/23) with all deficiencies corrected.
- **II-A-006 Staff Log (MANDATORY):** Compliant Documentation in logs by staff shows pertinent information daily events, security rounds, and all other important activity throughout shifts tour of duty.

II-A-007 Counts (MANDATORY):

- How many formal counts are conducted each shift? Day (3) Night (9)
- How many counts are conducted each day? (12)
- Stickouts counts
 - ➤ How does the facility accomplish this? Officers' conducts rounds to visually count each inmate assigned to each housing unit.
 - Does this process ensure accountability and safe/secure operation of the facility?
 Yes
- **II-A-008** Inmate Population Management System: Compliant If an inmate is transferred to another facility, all records are transferred with the inmate.
- II-A-010 Admissions: Compliant Inmate personal property is inventoried and stored along with a signed inmate receipt. Current policy and procedure are in place.

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 being screened for trustee status must meet the same criteria as utilized by DPS&C.
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

II-A-016 Photo Identification (MANDATORY): Compliant – Inmate receive a photo ID upon intake process at the facility.

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

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
December 2022	113	744	20%	1
January 2023	107	754	14%	0
February 2023	97	762	13%	7
March 2023	85	780	11%	1
April 2023	79	789	10%	0
May 2023	105	779	13%	3
June 2023	98	738	13%	3
July 2023	143	775	18%	2
August 2023	126	782	16%	3
September 2023	46	778	6%	2
October 2023	42	782	5%	2
November 2023	116	784	15%	1

- **II-A-019 Inmate Transfers: Compliant** Policy and procedure are in place and logs are maintained reflect inmate transfers.
- II-A-020 Cell Checks (MANDATORY): Compliant Documentation on file reflects that cell checks are within guidelines. Policy and procedure are in file.
- II-B-002-1 Use of Restraints for Pregnant Inmates: N/A
- **II-C-001 Procedures for Searches:** Compliant Policy and procedure are in place. Documentation reflects shakedowns throughout different areas of the facility.
- II-D-001 Key, Tool, and Utensil Control (MANDATORY): Compliant A review of keys, tools, and utensils were found to have accurate accountability in place with inventories and check-out systems.

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

- Does the facility's inmate orientation include the application process for applying for restoration of good time? Yes
- What is their restoration of good time application process for the inmate population?
 Inmate request through classification, classification will review inmate request to make sure all information is accurate and then forward to the Warden for his review and approval. The Warden will then forward to DOC for processing.
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? Yes

- IV-A-003 Food/Dietary Allowances (MANDATORY): Complaint Facility has cycle menus reviewed annually and approved by Registered Dietician Jennifer Jackson Lic #833514 Exp. 8/31/26.
- **IV-A-006** Food Services Management (MANDATORY): Compliant Policy and procedure in place. Ample time is permitted for meal consumptions and the timeframe between meals is compliant with guidelines. Inmates receive three hot meals per day.
- IV-B-001 Plumbing Fixtures Toilets & Washbasins (MANDATORY): Compliant All inmates' have access to toilets and washbasins with temperature controlled hot/cold water at all times.
- IV-B-002 Plumbing Fixtures Showers (MANDATORY): Compliant All inmates are able to shower every day. Water temperature logs indicate full compliance with water temperature requirements.
- IV-B-005 Personal Hygiene (MANDATORY): Compliant Documentation reflects indigent inmates' have access to personal hygiene items as needed.
- **IV-C-001** Access to Care/Clinical Services (MANDATORY) (Does the facility charge a co-payment? If so, approved by DPS&C?): Compliant Co-pay is approved by DPS&C. All inmates are seen regardless of their ability to pay facility co-pay. Inmates are advised on how to access medical services.
- IV-C-003 Provision of Treatment (MANDATORY): Compliant On site health care available Nurse Shawna W. Anders Lic # 230726 Exp. 1/31/24 & Thomas Nueman, MD Lic# 010913 Exp. 3/31/24, serves as their Health Care Authority.
- **IV-C-005 24 Hour Care (MANDATORY):** Compliant Documentation reflects indigent inmates have access to personal hygiene items as needed.
- IV-C-006-1 Pregnancy Management (MANDATORY): N/A
- IV-C-008 Annual TB Testing: Compliant TB testing is conducted on all inmates at no cost to the inmates.
- IV-C-009 Chronic Care Program (MANDATORY): Compliant Health records show that inmates with chronic issues receive continue care. Policy in place for chronic care. All other inmates are transferred to a DOC facility upon approval from DOC.
- IV-C-012 Access to Sick Call (MANDATORY): Compliant Sick call is accessible to all inmates Monday through Friday. Inmates have access to 24 hour emergency care by the on-call nurse.
- **IV-C-013** Infirmary Care: Compliant Facility has an on call Nurse Schedule on file due to Nurses schedule for working 12 hour day shifts and on call on night shifts. Medical transfer request are forwarded to DPS&C.
- 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. Facility has not had any medical Release due to Medical Parole at this time.

IV-C-014 Suicide Prevention and Intervention (MANDATORY): Compliant - Policy and procedure are in place and approved by the facility physician. Documentation is on file to support staff training on prevention and intervention. IV-C-015 Inmate Deaths (MANDATORY): Compliant – There has been one inmate death during this reporting period. Joseph Brooks #113636 on 5/1/2023. IV-C-016 Notification: Compliant - Policy and procedures are in place related to notification of family and visitation with an inmate admitted to the ICU or trauma center according to DPS&C guidelines. IV-D-001 Healthcare Quarterly Meetings (MANDATORY): Compliant - Quarterly meetings are conducted and documentation is on file. Confidentiality of Health Information/Individual Health Record: Compliant - Completed IV-D-004 documentation of completed consent forms are in place in the file. IV-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY): Compliant – Policy and procedures are in place. Documentation training of staff of Narcan is on file. IV-D-007 Internal Review/Quality Assurance (MANDATORY): Compliant - Facility has a policy in place that has been approved by HCA, signed copy on file. IV-E-001 Alleged and Substantiated Sexual Assaults: Compliant - Facility has policy and procedure in place. Major Tommy Farmer serves as PREA investigator for the facility. Inmates are aware of how to report their allegations. V-A-004 Religious Programs: Compliant - Inmates are provided opportunities for religious programming. V-A-005 Exercise & Recreation Access (MANDATORY): Compliant - Inmates are offered recreation daily, if the weather permitting. V-B-001 **Programs and Services:** List all Certified Treatment Programs (Attach Form IS-B-8-b) Blue Walters Substance Abuse Treatment Program Celebrate Recovery List all other Inmate Programs Religious Services V-B-002 **Educational Programming: GED Program** 0 Number of GED Slots 0 Number of Participants

YTD Number of Completions

- V-B-003 Substance Abuse Programs: Compliant Facility has policy and procedure in place. Facility has Blue Walters Substance Abuse Treatment Program in place.
- V-C-001 Releasing Inmates: Compliant Facility returns inmate's personal property with obtaining a signed receipt. The medical department ensures inmates receive any medication that is required upon release. Inmates released from the facility receive information on community service.
- V-C-002 Regional Reentry Programs (Are inmates released with two valid forms of identification?): Yes
- V-C-004 Parole Board Procedures: Compliant Documentation on file reflects Warden or designee are present during Parole Board hearing.
- VI-B-002 Grievance Process (MANDATORY):
 - Does the grievance process include at least two levels of review? Yes
 - Who is the designee at each level of review? 1st Level Asst. Warden (E. Scott), 2nd Level Warden (C. Stinson)
 - What is the specified time period for response at each level? 1st Level 15 days, 2nd Level 10 days
- VII-A-002 Weapons Training: Compliant Documentation of completed training on file.
- VII-B-010 Monthly Reporting: Compliant Monthly reports are submitted on time each month.
- VII-B-012 Proposed Expansions: Compliant No plans for expansions.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

The staff morale at Madison Parish Correctional Center / Madison Correctional Southern Facility was deemed good. Staff was dressed appropriately and each staff member had an identification on their person. Staff members were available and able to answer any questions pertaining to their job duties in their assigned areas.

INMATE COMMENTS/MORALE/QUALITY OF LIFE:

Inmates' morale and quality of life was deemed good. The inmates interviewed during the walk-through voiced some concerns about living conditions and not having any programming available due to the amount of time they have been sentence. These inmates were requesting to be transferred to DPC&C. Inmates stated that they were aware of how to process sick call and file a grievance.

RECOMMENDATION:

Warden Stinson and his staff continually strive to remain compliant with the Basic Jail Guidelines. Warden Stinson and staff are committed to maintaining safe, secure, and stable environment for the inmates in their custody. At this time, it is recommended that they remain on Annual Monitoring.



Office of State Fire Marshal

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

Inspection Report

Report # CB-23-047044-1

Deficient/Cautionary Codes cited



Daniel H. Wallis FIRE MARSHAL

OOVERWOR			Deficient/Ca	utionary	Code	s cited.		TINE WARSHAL
			Locat	tion Inform	ation			
Inspection Type	Compliance	Building	Inspection		I	nspection Da	te	12/6/2023 4:51:06 PM
Structure ID	16973 No. of Buildings 27 Facility Code J1		J137					
Capacity	BLDG 1 - 140 Year Buil BLDG 3 - 334 BLDG 4 - 565		Year Built	1991	Construction Type Ty		Type IIB / (000)	
Building/Trade Na	ıme			Addres	s			
MADISON CORRE	CTIONAL CE	NTER		158 TR	EATME	NT PLANT R	OAD, TAI	LULAH, LA 71284
			Own	er Informa	ition	-		
Owner Type		Name		1000-100	Conta	ct Phone	Contac	t Email
Private Project	SECURITY MANAGEMENT LLC (3'			(318)	434-0383	CSTINS T	SON@SECURITYMGMT.N	
Address 192 BASTILLE LAI	NE, RUSTON,	LA 7127)					
			Tena	ant Informa	ation			
Name			Sı	uite Number	r	Floor Numb	er	Square Footage
			Occi	upancy De	tails			
Occupancy Type		Details						
Assembly - Group	A	OCCUP	ANCY RATING:	50 TO 299 C	CCUP	ANTS; ASSE	MBLY TY	PES:
Institutional			JTIONAL BUILDI TION/CORRECT					RRECTION);
	TAIL TO A STATE OF THE STATE OF	Defi	cient and Cautio	nary Items				Status
			ner shall have fire		iced by	Louisiana lice	ensed	DEFICIENT (Correction Date:

	Deficient and Cautionary Items	Status
1	NFPA 101 (1988) 14.3.4.1.1 Owner shall have fire alarm serviced by Louisiana licensed contractor. Currently System shows a trouble notification.	DEFICIENT (Correction Date; 1/29/2024)
2	All belongings must be stored in the provided fire retarded boxes/bags. Except two pairs of shoes, single towel on bed frame drying, and one laundry bag. If all items don't fit in box remove them from the housing areas. Combustible Personal Property. Books, clothing, and other combustible personal property allowed in sleeping rooms shall be stored in closable metal lockers or an approved fire-resistant container. The beds currently are piled with laundry sacks towels blankets. The mattress covers have been removed and inmates are sleeping on the material the mattresses are stuffed with. This was the case for all the dorms.	DEFICIENT (Correction Date: 1/29/2024)
3	NFPA 101 (1988) OWNER SHALL ENSURE ELECTRICAL SERVICE EQUIPMENT IS MAINTAINED IN ACCORDANCE WITH THE NATIONAL ELECTRIC CODE. CURRENTLY THERE IS AN OPEN JUNCTION BOX IN THE RISER ROOM. THERE IS MISSING OUTLET COVERS: 1) DORM B 2) DORM A AND THE DORM A BREEZEWAY	DEFICIENT (Correction Date: 1/29/2024)
4	LSC 1988, 14-5.1, Owner shall ensure electrical service equipment is installed and maintained in accordance with the national electrical code. Currently the following items need addressed. Unit 4 all dorms have missing outlet covers and burned/broken outlet, Lockdown cell H in unit 4 has wires hanging that inmates have been arcing off of the metal light.	DEFICIENT (Correction Date: 1/29/2024)



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Inspection Report

Report # CB-23-047044-1

Deficient/Cautionary Codes cited.



Daniel H. Wallis FIRE MARSHAL

	NFPA 101 (1988) OWNER SHALL REMOVE PADLOCKS FROM DOORS. CURRENTLY, THERE DEFICIENT ARE PADLOCKS ON VARIOUS DOORS AROUND THE FACILITY. SEVERAL OF THOSE (Correction Date: LOCATIONS INCLUDE: BUILDING 1 LT OFFICE, BUILDING 3 KITCHEN, MEDICAL AREA, AND 1/29/2024) CLASSIFICATION.						
	23.3.7.8 Doors in smoke barriers shall meet all of the following criteria Swinging doors shall be self-latching, or the opening resistance of the door shall be not less than 5 lbf (22 N). Currently the laundry door in unit 3 does not have an automatic closure and is out of alignment, Repair or replace this door so it will self dose and latch without any assistance. These doors must remain closed at all times, a DOOR NEEDS TO BE ADDED TO THE INMATE LOCKDOWN SHOWER ROOM BECAUSE IT IS ALSO A STORAGE ROOM.						
 f c P	NFPA 54- 11.4 AND 11.511.4 Automatic Ignition. Appliances supplied with means for automatic ignition shall be checked for proper operation. If necessary, proper adjustments shall be made. C Protective Devices. All protective devices furnished with the appliance, such as a limit control, fan control to blower, temperature and pressure relief valve, low-water cutoff device, or manual operating features, shall be checked for proper operation. CURRENTLY THE OVEN 'S SAFETY MECHANISMS WERE BYPASSED TO HAVE THE OVEN DOORS OPEN TO HEAT THE KITCHEN, THE FLAME COVERS FOR THE OVEN WERE REMOVED. THE GRIDDLE HAS MECHANICL PROBLEMS THAT WILL NOT ALLOW IT TO LIGHT AND HAS BEEN LIT BY EXPOSING THE BURNERS AND LIGHTING WITH PAPER.						
		Comments					
NON-CITE STRPS. T	DTAL:544 3 INMATES D ITEMS: THERE WE HESE ITEMS WERE C	ORRECTED ADMINISTRAVELY	NPROPER USE OF EXTENSON CO TWO SMOKE DETECTORS INTHE N				
	······································	Inspector Inforn	nation				
Namo: G	lenn KRAMEL	Badge Number: 765	Inspector Signature: h. #. ful				
		Person to whom requiremen	ts were explained				
Name: EF	RIC STOTT	Title: ASSISTANT WARDEN	Signature:				

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



Office of State Fire Marshal

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Inspection Report

Report # CB-23-047044-1

Deficient/Cautionary Codes cited.



R. S. 40; 1621

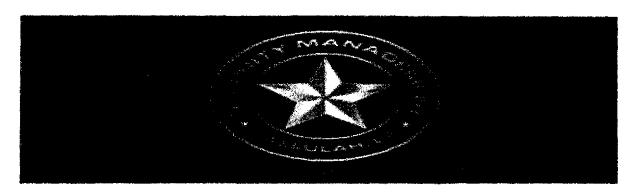
Whoever falls to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1569 excepted, shall be fined not more than five hundred dollars or imprisoned, for more than six 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.

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

- 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.
 - 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.
 - 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.
 - 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.



Louisiana Transition Center / Madison Corrections

1005 West Green Street Tallulah La 71282 158 Treatment Plant Road Tallulah, La 71282

Men's Tel. (318)574-0584 Fax (318) 574-4652 Women's Tel. (318) 574-5740 Fax (318) 574-9997

Chris Stinson Warden Eric Stott Deputy Warden John Murray & Tommy Farmer Majors

Corrective Action Letter for Fire Marshall Inspection on 12-5-23

- 1. Fire alarm company tested all alarms. Deficiency corrected on 12-6-23.
- 2. We are currently working on a plan of action to replace the mattresses that are in disrepair.
- 3. We are currently working to replace all missing outlet covers in the facility.
- 4. We are currently working to fix all light fixtures.
- 5. We are currently working to remove all padlocks from doors in the facility.
- 6. We are currently working to add a door to the inmate lockdown shower room.
- 7. We ae currently working on a plan of action to repair or replace the stove/oven in building #4 kitchen.



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

Routine Renewal

Permit Number 33-0000089	Pennit Name Madison Correctional-	Permit Name Madison Correctional-224 (Building 3)			
Name of Establishment Madison Correctional-224 (Building 3)		Owner Name SECURITY MANAGEMENT LLC		and province of the	
Address 158 Treatment Plant RD Tailulah, LA 71282		Date 12/01/2023	Time 02:25 PM		

LAC TITLE 51 PART XVIII

Category	Code Reference	Description of Violations
Handwashing Lavatories	101	12 - *There is no hot water at the hand lavatory. A DORM-1 FAUCET
Handwashing Lavatories	101	13 - *There is no cold water at the hand lavatory. A DORM-1 FAUCET
Toilet Facilities	101	18 - *The toilets are in disrepair. B DORM-1 TOILET [Repeat]

NON-CRITICAL ITEMS; by this office.	These items should	d be corrected by the next regular inspection or according to the compliance schedule (see below) established
Category	Code Reference	Description of Violations
Matresses and Pillows	103	49 - The mattresses are cracked and in poor condition.
Matresses and Pillows	103	53 - Several mattresses are not of impervious material.

Comments:

COPY OF REPORT EMAILED TO TFARMER@SECURITYMGMT.NET
THE FOLLOW-UP INSPECTION DATE WAS EXTENDED AS AUTHORIZED BY SANITARIAN SUPERVISOR

Number Licensed For		Number in Attendance 291	License Anniversary 05/31/2023	
Sanıtarıan Name Print Jason Pylant	Phone # 318-728-4441	Sanitarian Signature	R.S. # 1671	
The above mentioned violations	were called to my attention and v	vere explained to me in detail. I hereby agree to		
Correct Critical Violations by 12/06/2023		Correct Non-Critical Violations	by	

Signature of Recipient

Name Title E STOTT: WARDEN





Retail Food Notice of Violations

Permit Number 33-0000090	Permit Name MADISON CORRECTIONAL (BUILDING 3)-KITCHEN			
Name of Establishment MADISON CORRECTIONAL (BUILDING 3)		Owner Name SECURITY MANAGEMENT LLC		34,78
Address 158 TREATMENT PLANT RD TALLULAH, LA 71282		Date 12/01/2023	Time 02:20 PM	

LAC TITLE 51 PART XXIII

Category	Code Reference	Description of Violations
FOOD - TIME/TEMPERATURE VIOLATIONS	1309	14 - 1309 - Food stored for cold-holding and service was not held at a temperature of 41 °F or below. [COS
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. [Repeat]

Category	Code Reference	Description of Violations
UTENSILS EQUIPMENT/SINGLE SERVICE	2113	69 - 2113 - Non-food contact surfaces are not constructed of a corrosion- resistant, non -absorbent, smooth material WOOD BOX FOR SANITIZER [COS]
UTENSILS EQUIPMENT/SINGLE SERVICE	2517	83 - 2517.2 - Clean equipment utensils are not stored as to eliminate exposure to splash, dust, or contamination [COS]
STRUCTURAL/DESIGN MAINTENANCE/PLUMBING	3701	105 - 3701.6 - Floor is not maintained in good repair.

Comments:

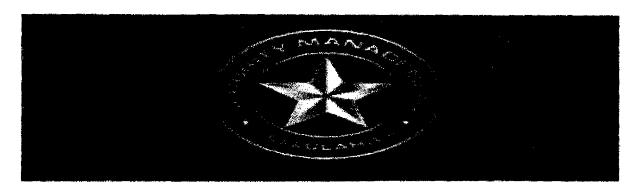
COPY OF REPORT EMAILED TO TFARMER@SECURITYMGMT.NET THE FOLLOW-UP INSPECTION DATE WAS EXTENDED AS AUTHORIZED BY SANITARIAN SUPERVISOR

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 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.

Santarian Name Print	Phone #	Sanıtarıan Signature	R.S. #
Jason Pylant	318-728-4441	73	1671

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to 10 " TTC 14 1 45 00 7000 150 m 50 400 8 10 4



Louisiana Transition Center / Madison Corrections

1005 West Green Street Tallulah La 71282 158 Treatment Plant Road Tallulah, La 71282

Men's Tel. (318)574-0584 Fax (318) 574-4652 Women's Tel. (318) 574-5740 Fax (318) 574-9997

Chris Stinson Warden Eric Stott Deputy Warden John Murray & Tommy Farmer Majors

Corrective Action Letter

The following deficiencies were corrected on 12-4-2023

Retail Food

- 1. Quaternary ammonium solution concentration for ware washing now reads 200 p.p.m. at 75 degrees Fahrenheit.
- 2. We are currently working on a plan of action for the disrepair of the floor in the kitchen.

Facility

- 1. Hot water in Dorm A (1 faucet) Repaired
- 2. Cold water in Dorm A (1 faucet) Repaired
- 3. Toilet in Dorm B Repaired
- 4. We are currently working on a plan of action to replace the mattresses that are in disrepair.

Form IS-B-8-b 05 November 2010

CERTIFIED TREATMENT AND REHABILITATION PROGRAM CERTIFICATION OF CONTINUED COMPLIANCE

Facility: Madison Parish Corr. Center / Southern Facility	
Date: 12/7/2023	
Name of Program: Blue Walters Substance Abuse Treatment Program	
Date of Program Implementation: 8/19/2020	
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	and classification
Has program curriculum changed during preceding 12 months? ☐ Yes ☒ N	lo
Is there an objective method used to assess completion? 🗵 Yes 🗌 No	
Detailed records are maintained on the following:	
Number of inmates accepted.	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 its Department of Public Safety and Corrections.	certification by the
Mary .	12/7/23
Monitoring Team Member or BJG Team Member/Leader	Date

Form IS-B-8-b 05 November 2010

CERTIFIED TREATMENT AND REHABILITATION PROGRAM CERTIFICATION OF CONTINUED COMPLIANCE

Facility:	
Date: 12/7/2023	
Name of Program: Celebrate Recovery	_
Date of Program Implementation: 8/19/2020	
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 at system? ⊠ Yes □ No	nd classification
Has program curriculum changed during preceding 12 months? ☐ Yes ☒ No	/
Is there an objective method used to assess completion? X Yes D 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 No.)
Is there a formal graduation ceremony for those who complete the program?	es 🗌 No
The CTRP referenced above continues to meet necessary criteria to maintain its continues to meet necessary criteria to maintain its continues to meet necessary criteria to maintain its continues.	ertification by the
May 12	2/7/23
Monitoring Team Member or BJG Team Member/Leader Date	е