

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
STATE OF LOUISIANA

JEFF M. LANDRY
GOVERNOR



GARY E. WESTCOTT
SECRETARY

January 2, 2025

TO: The Honorable Julian Whittington
Sheriff of Bossier Parish
Gary E. Westcott
FROM: Gary E. Westcott
Secretary
RE: "Basic Jail Guidelines" Monitoring Report

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) annual inspection conducted at Bossier Parish Medium Security Facility on December 12, 2024. The facility continues to provide a secure, safe, and stable environment for DOC inmates in their custody.

Bossier Parish Medium Security Facility had 28 GED completions during the reporting period. This facility is to be commended for its exceptional Educational Program.

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

GEW/mk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Scott Crawford, Warden, Bossier Parish Medium Security Facility
Seth Smith, Chief of Operations
Michele Dauzat, Warden, DWCC
Roderick Malcolm, BJG Team Leader



BASIC JAIL GUIDELINES MONITORING REPORT

Annual

Ver. 11/28/2023 mwk

Facility Name: Bossier Parish Medium Security Facility
BJG Team Leader & Monitors: Asst. Warden Roderick Malcolm, BJG Team Leader, (NW Region)
Asst. Warden Tyrone Mays, BJG Team Leader, (NW Region)
Facility Warden & Email Address: Warden Scott Crawford,
Email: scrawford@bossiersheriff.com
Facility Staff: Asst. Warden Todd Roberts
BJG Inspection Date: December 12, 2024
Previous BJG Inspection Date: December 12, 2023
Operational Capacity: 664
Count on the Day of Visit: 639

List Concerns or Issues from the previous BJG Monitoring Inspection:

Count on the Day of Visit:

	# MALE	# FEMALE	TOTAL
Number of DOC Inmates	587	0	587
Number of Local Inmates	0	0	0
Number of Out of State Inmates	0	0	0
Number of Federal Inmates	52	0	52
Number of ICE Detainees	0	0	0
TOTAL	639	0	639

Number of DOC Inmates that are:

Single Bunked	299
Double Bunked	0
Triple Bunked	277
Total	576

Number of DOC Inmates that are in Restricted Housing:

Single Bunked	11
Double Bunked	0
Triple Bunked	0
Total	11

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

Month/Year	Inmate/Inmate	Inmate/Inmate w/ Significate Injury	Inmate/Staff	Inmate/Staff w/ Significate Injury
December 2023	7	0	0	0
January 2024	4	0	0	0
February 2024	2	0	0	0
March 2024	2	0	0	0
April 2024	3	0	0	0
May 2024	4	0	0	0
June 2024	7	0	0	0
July 2024	3	0	0	0
August 2024	1	0	0	0
September 2204	3	0	0	0
October 2024	3	0	0	0
November 2024	8	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
December 2023	0	0	0	0	1
January 2024	0	0	0	0	29
February 2024	0	0	0	0	48
March 2024	0	0	0	0	35
April 2024	1	0	0	0	14
May 2024	0	0	0	0	12
June 2024	0	0	0	0	51
July 2024	0	0	0	0	49
August 2024	0	0	0	0	16
September 2204	0	0	0	0	39
October 2024	0	0	0	0	11
November 2024	1	0	0	0	23

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY**Living Area: Compliant**

The living areas were found to be clean and orderly.

Dorms: Compliant

During the walk through inspection, the dorms were clean and they were both clutter and odor free. Inmates' property was stored neatly and their bed areas were organized according to policy.

Cell Block: Compliant

The cellblocks and individual cells were both clean and orderly. The inmates had their personal property stored neatly and cells were odor free.

Culinary/Dining: Compliant

The culinary/dining areas were clean. The inventories were correct and all utensils were accounted for. A Licensed Dietician (Jennifer Jackson) approved the cycle menu in use. Inmates working in the kitchen are pre-screened by the medical department prior to their job assignment. The inmates are served either in the common area or in their individual cells.

Bathrooms: Compliant

The dormitory and cellblock bathrooms were clean and operational. Lavatories/showers have temperature controlled hot/cold water. The log books show that temperatures are checked and in compliance.

Yard Areas: Compliant

Each exercise yard is connected to the adjoining cellblock. The yard areas are secure and free of debris. Staff continually monitors inmates outside on the yard.

Maintenance: Compliant

Overall maintenance of the facility is good. They have a good preventive maintenance program in place. Bossier Parish Maintenance Crew performs all maintenance and they provide all tools. Logbooks indicate that work orders are submitted and problems are addressed immediately.

REVIEW AND COMMENT ON THE FOLLOWING BASIC JAIL GUIDELINES: (Compliant or Not-Compliant)**I-A-001 Safety/Sanitation/Inspections (MANDATORY):**

The shift supervisor performs general inspections daily. A complete comprehensive inspection is conducted each week. Current FM (5/29/2024), DHH (12/6/2024), and DHH Retail Food (12/6/2024) inspections are in file. See attached reports for deficiencies and corrective action taken by the facility.

I-C-001 Emergency Plan (MANDATORY):

The facility has a current emergency plan that has been submitted for approval by the DPS&C and the FM. All staff members have been properly trained on the emergency plan. Staff members who were questioned regarding emergency policy/procedure and contingency plans were knowledgeable. File documentation reflects training as stated above is accurate.

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

This facility is in compliance with the Fire Marshal Requirements and current FM reports were in file.

II-A-006 Staff Log (MANDATORY):

Staff logs of pertinent information (i.e., shift activity, daily events, deputy/supervisor rounds, etc.) were reviewed and found in order. Logs are maintained in the file in accordance with this guideline.

II-A-007 Counts (MANDATORY): Compliant

- How many formal counts are conducted each shift?
Five (5) formal are conducted per day. Three (3) formal counts are conducted on the day shift and two (2) on the night shift.
- How many counts are conducted each day?
Five (5) counts are conducted each day.
 - How does the facility accomplish this? Visual head count is conducted by staff in the area where the inmate is assigned to work.
 - Does this process ensure accountability and safe/secure operation of the facility?
Yes

II-A-008 Inmate Population Management System: Compliant

The facility does an excellent overall job with the management of their inmate population and remains in compliance. Random review of inmate files indicates that proper forms containing all required information are in files. Excellent logs are kept on all inmates.

II-A-010 Admissions: Compliant

Current policies and procedures are in place. Admissions forms are thorough and completed properly.

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?
They use the same criteria as DOC.
- Does their classification process meet DPS&C, Corrections Services' criteria? **Yes**

II-A-016

Photo Identification (MANDATORY):

All inmates receive a Photo Identification wristband upon reception. Documentation is in file.

II-A-018

Inmate Drug Testing (MANDATORY): (List monthly since the previous BJC monitoring visit.)

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
December 2023	64	577	12%	0
January 2024	64	580	12%	0
February 2024	64	572	12%	0
March 2024	64	582	11%	0
April 2024	64	577	12%	0
May 2024	64	570	11%	0
June 2024	67	527	13%	0
July 2024	64	543	12%	0
August 2024	66	555	12%	0
September 2204	64	551	12%	3
October 2024	64	578	11%	0
November 2024	64	588	11%	0

II-A-019

Inmate Transfers:

All DOC transfers are reported to the OAS in accordance with this guideline. Files in place.

II-A-020

Cell Checks (MANDATORY):

Per policy, staff checks all cells at least every four (4) hours. Documentation is maintained.

II-B-002-1

Use of Restraints for Pregnant Inmates: Non-Applicable

This facility does not house any female inmates. Signed policy in file.

II-C-001

Procedures for Searches: Compliant

During the inspection, documentation was reviewed showing that the logs were maintained on all searches and detection of contraband. Visual body cavity searches are conducted on inmates upon intake, and anytime an inmate returns from an outside trip/travel.

II-D-001

Key, Tool, and Utensil Control (MANDATORY):

Staff members were questioned regarding accountability, policy, and procedures. They were found to be very knowledgeable. Keys and utensils are being accurately accounted for. No tools are kept with this facility since all maintenance concerns are performed by Bossier Parish Maintenance Crew who provide all necessary tools.

- III-A-001 Rules and Discipline (MANDATORY):**
- 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 will submit a request for restoration of good time. Warden Robert Chavis will review and approve. The Warden will forward it 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):**
Documentation in file; Licensed Dietitian, Jennifer Jackson, approved all cycle menus.
Lic #: 2522 Exp Date: 6/30/2025
- IV-A-006 Food Services Management (MANDATORY):**
Facility has a policy in place for food service. Meal times are in accordance with policy and never vary as a form of discipline. All inmates receive at least two (2) hot meals per day.
- IV-B-001 Plumbing Fixtures – Toilets & Washbasins (MANDATORY):**
All inmates have access to toilets and washbasins with temperature controlled hot/cold water at all times.
- IV-B-002 Plumbing Fixtures – Showers (MANDATORY):**
All inmates are able to shower every day. Water temperature logs indicate full compliance with water temperature requirements. Inmates have access to showers 24 hours per day.
- IV-B-005 Personal Hygiene (MANDATORY):**
Documentation reflects that indigent inmates are provided with personal hygiene items as needed at no cost to them.
- IV-C-001 Access to Care/Clinical Services (MANDATORY)** (Does the facility charge a co-payment? If so, approved by DPS&C?): **Compliant**
Co-payments are currently established as follows: \$10.00 for sick call, \$15.00 for Dental, Rx co-pay is \$5.00. These fees have been approved by DPS&C. Facility is in compliance with this guideline and documentation is in file.
Inmates are provided adequate medical attention regardless of their ability to pay established medical co-payments. Inmates sign a receipt notification of co-pay.
Kimberly Simmons is the facility's PN. (Lic #: RN122656; Exp. Date: 1/31/2025.
Elizabeth Chandler is the facility's LPN. (Lic #: 30000392; Exp. Date: 1/31/2025.
Alicia Lanier is the facility's RN (Lic # 139942; Exp. Date: 1/31/2026
Dr. Vincent Lococo is the physician used by this facility. (Lic #: MD021984; Exp. Date: 12/31/2024
- IV-C-003 Provision of Treatment (MANDATORY):**
Appropriate licensed staff have current license and agreement letters in file to provide services to the inmate population.
- IV-C-005 24 Hour Care (MANDATORY):**
Written policy and procedures are in place. Medical personnel are on call and available 24 hours per day. In the event of a medical emergency, inmates are transported to Ochsner/LSU-Shreveport or Willis Knighton.
- IV-C-006-1 Pregnancy Management (MANDATORY): Non-Applicable**
This facility does not house female inmates.

- IV-C-008 Annual TB Testing: Compliant**
TB testing is conducted on all inmates upon intake as well as annually at no cost to the inmate. File documentation reflects total compliance with this guideline.
- IV-C-009 Chronic Care Program (MANDATORY):**
Clinics are provided to monitor inmate's medical illnesses for treatment and maintenance meds.
- IV-C-012 Access to Sick Call (MANDATORY):**
Inmates can submit Sick Call requests four (5) days per week. Medical staff will see them the same day. Dr. Lococo sees the patients on site on Monday and Thursday. Medical Emergency is seen immediately by medical staff. During weekends and after hours, an on-call nurse addresses any life-threatening medical emergencies and if necessary refers inmates to Ochsner/LSU-Shreveport or Willis Knighton.
- IV-C-013 Infirmary Care: Non- Applicable**
This facility provides adequate medical attention for all inmates regardless of their ability to pay. Medical care is available on site 24 hours per day and there are established procedures in place should an inmate require immediate outside hospital care.
- 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. There was one inmate who was recommended medical releases during this monitoring period. Inmate George Adams # 81697
- IV-C-014 Suicide Prevention and Intervention (MANDATORY):**
The facility has a good suicide prevention and intervention program in place. Dr. Vincent Lococo (MD) approved the suicide prevention and intervention policy that is effectively in place. Documentation in file reflected that training is conducted annually.
- IV-C-015 Inmate Deaths (MANDATORY):**
Current policy in place. Staff are aware of reporting requirements. There were no inmate deaths during this reporting period.
- IV-C-016 Notification:**
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. Documentation of any such occurrence is maintained.
- IV-D-001 Healthcare Quarterly Meetings (MANDATORY):**
Quarterly meetings are conducted and documentation is in file.
- IV-D-004 Confidentiality of Health Information/Individual Health Record:**
Access to inmate's medical information or files is controlled and restricted to those who have legal authority. Medical records are maintained in a separate file and are forwarded along with the inmates upon transfer to DPS&C or another facility
- IV-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY):**
Policy and procedure are in place. Any inmate suspected of intoxication is immediately seen by medical staff to assess if symptoms are medically induced or drug induced. Both deputies and medical staff have necessary training and documentation is in file.
- IV-D-007 Internal Review/Quality Assurance (MANDATORY):**
Facility has a policy in place that has been approved by the Health Care Authority.

- IV-E-001 Alleged and Substantiated Sexual Assaults:**
Written policy and procedures are in place. Staff has received training on PREA. Inmates receive PREA training during their orientation to the facility. PREA investigations are conducted according to DPS&C policy. There have not been any substantiated PREA allegations associated with DOC inmates during this rating period.
- V-A-004 Religious Programs:**
Documentation of Religious Services is in file.
- V-A-005 Exercise & Recreation Access (MANDATORY):**
Inmates have access to ample exercise space and recreational opportunities; weather permitting, three (3) times a week for one (1) hour inmates are given access to recreation. Logbooks indicate compliance.
- V-B-001 Programs and Services:**
- List all Certified Treatment Programs (Attach Form IS-B-8-b)**
GED/HiSet
Domestic Violence Intervention Program
Steve Hoyle Intensive Substance Abuse Program (SHISAP)
Parenting Inside Out
- List all other Inmate Programs:**
Religious Services
AA/NA
Alcohol Chemical Treatment Series (ACTS)
- V-B-002 Educational Programming:**
GED Program:
- | | |
|---------------------------|-----|
| Number of GED Slots | 45 |
| Number of Participants | 321 |
| YTD Number of Completions | 28 |
- V-B-003 Substance Abuse Programs:**
The facility offers numerous programs for inmate population.
- V-C-001 Releasing Inmates: Compliant**
Inmates receive all needed medications, community resource information, and property upon release. Release packets are maintained in file. All inmates sign a receipt for property and medications.
- V-C-002 Regional Reentry Programs** (Are inmates released with two valid forms of identification?).
Discharge packets include all necessary documents. Inmates released with two (2) forms of identification.
- V-C-004 Parole Board Procedures:**
The Warden or designated Representative from the facility is present at all hearings.

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

- Does the grievance process include at least two levels of review?
Yes.
- Who are the designees at each level of review?
1st Level Asst. Warden Todd Roberts
2nd Level Warden Scott Crawford
What is the specified time period for response at each level?
- What is the specified time period for response at each level?
1st Level – 40 Days
2nd Level – 45 Days

VII-A-002**Weapons Training: Compliant**

All deputies are POST Certified and receive appropriate training regarding the use, handling, and retention of weapons. Qualifications are required annually and documentation is maintained in file.

VII-B-010**Monthly Reporting: Compliant**

This facility regularly submits complete and accurate monthly reports on time.

VII-B-012**Proposed Expansions: Compliant**

No proposed expansions at this time.

OTHER:

Steve Hoyle is the Louisiana Department of Corrections Intensive Abuse Program. It is located at Bossier Parish Security Facility in Plain Dealing and Bayou Dorcheat Correctional Center in Webster Parish.

- The program at Bossier Parish has 400 male beds separated from the rest of the population focused on substance abuse treatment.
- These 400 substance abuse beds are divided into four treatment slots 12, 9, 6, & 3 month programs. The program is staffed by state employees. The grant funds for programming include the Residential Substance Abuse Treatment (RSAT), Government Efficiency Management Support (GEMS), and Opioid Medication Assisted Therapy grant.

The focus of the Steve Hoyle Intensive Substance Abuse Program (SHISAP) includes therapy for addictions and the underlying causes. SHISAP utilizes the Risk Needs Assessment model and addresses the specific criminogenic needs of each inmate during treatment. The staff believes each substance abuse inmate in the State of Louisiana should have the opportunity for recovery and rehabilitation. The aim is to teach inmates how to live and manage their lives within their community and their families. Treatment groups and psycho-educational classes at a minimum include: Living in Balance, Risk Management Program, Mind Altering Substance-Identifying, Phase 1 and Mind Altering Substance-Understanding, Phase 2; Moral Recognition Therapy (MRT); AA/NA meetings; Victim Awareness, Parenting; Anger Management; Job Readiness; and Parenting Inside Out. In addition, they have multiple individual classes and groups based on individual needs derived from the clinical intake and treatment assessments. While in treatment at SHISAP inmates also have the opportunity to obtain their HISET.

SHISAP is primarily comprised of inmates who are sentenced to the Department of Corrections and recommended by the courts to participate in substance abuse treatment. Depending on the above mentioned criminogenic needs, sentence length, and release date, these inmates are placed in the 6-month or 9-month program. Additionally, SHISAP has other treatment tracts including programming for inmates recommended by probation and parole, parole board, and judge specific recommendations or sentencing. SHISAP also coordinates with probation and parole offices throughout the state to provide treatment for inmates sentenced to 90 days due to technical violations.



Jeff Landry
GOVERNOR

Office of State Fire Marshal

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



Chief Bryan J. Adams
FIRE MARSHAL

Inspection Report

Report # CB-23-034381-2

No Deficient/Cautionary Codes cited.

Location Information			
Inspection Type	Compliance Building Inspection		Inspection Date
Structure ID	140730	No. of Buildings	11
Capacity	664	Year Built	2003
Building/Trade Name	BOSSIER MEDIUM SECURITY FACILITY		
Address		2984 OLD PLAIN DEALING HIGHWAY, PLAIN DEALING, LA 71064	
Facility Code			
Construction Type		Type IIA / (111)	
Owner Information			
Owner Type	Name	Contact Phone	Contact Email
Municipal Project	BOSSIER PARISH POLICE JURY	(318) 326-5927	SCRAWFORD@BOSSIERSSHERIFF.COM
Address			
204 BURT BOULEVARD, BENTON, LA 71006			
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			
No apparent deficiencies at time of inspection. In compliance. Inmate count 623.			
Inspector Information			
Name: Chance Downs	Badge Number: 724	Inspector Signature:	
Person to whom requirements were explained			
Name: Scott Crawford	Title: Captain	Signature:	

For questions regarding the contents of this report, please call: (225) 587 5856

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.



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

**Detention or Incarceration
Notice of Violations**

Routine Renewal

Permit Number 08-06-224	Permit Name: Bossier Medium Security Facility-224	
Name of Establishment Bossier Medium Security Facility-224	Owner Name BOSSIER SHERIFF CORRECTIONAL FACILITY	
Address 2984 Old Plam Denling HWY Plam Denling, LA 71064	Date 12/06/2024	Time 08:30 AM

LAC TITLE 51 PART XVIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.

Category	Code Reference	Description of Violations
Handwashing Lavatories	101	12 - *There is no hot water at the hand lavatory. 1. Holding-1 2. Holding-2 3. D-2 hand sink 4. 1-1 hand sink
Handwashing Lavatories	101	13 - *There is no cold water at the hand lavatory. 1. D-2 hand sink 2. 1-13 hand sink 2. 1-21

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
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair. 1. low cold pressure in holding 2 2. D-2 low hot water sink #4 3. low cold water pressure in 1-18 4. C-4 low cold water on sink #1 [Repeat]
Approved Plumbing	101	39 - The hand washing fixtures are not properly installed. 1. D-2 hand sink #3 has swapped hot/cold buttons
Approved Plumbing	101	41 - Drinking fountain is in disrepair. D-2 drinking fountain has too much pressure

Comments:

scrawford@bossiersheriff.com; troberts@bossiersheriff.com

The Follow-up inspection date was extended as authorized by the sanitarian supervisor.

Not able to obtain PIC signature due to field tablet malfunction.

Shower #3 right side not working in C-4

Number Licensed For
664

Number in Attendance

Sanitarian Name/Print
Lugan Bowen

Phone #
318-741-7493

Sanitarian Signature

R.S. #
T1366

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

Correct Critical Violations by 12/27/2024

Correct Non-Critical Violations by

Signature of Recipient

Name/Title

Todd Roberts / Assistant Warden

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED Dorm D-2

WORK REQUESTED

Sinks near window, hot and cold not working. Too Much cold water pressure on drinking fountain. Shower area: #3 Hand sink hot and cold Switched?. #4 shower no hot H2O.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN		
DATE/TIME COMPLETED	WORK PERFORMED BY	
EXPENSE		
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED	
PART III <i>(filled out by facility manager)</i> <i>The work was performed as desired.</i> _____ Facility Manager Signature		

TJ ATE ONLY
112131415

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED Dorm D-2

WORK REQUESTED

Sinks near window, hot and cold not working. Too Much cold water pressure on drinking fountain. Shower area: #3 Hand sink hot and cold Switched?. #4 shower no hot H2O.

AUTHORIZATION	
	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN	
Cleaned sand out of solenoid. Adjusted all fountains and sinks.	
DATE/TIME COMPLETED 12/09/24	WORK PERFORMED BY ERNIE
EXPENSE	
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED
	1 Hr
PART III <i>(filled out by facility manager)</i> <i>The work was performed as desired.</i> _____ Facility Manager Signature	

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED Holding Tank 1

WORK REQUESTED

Low cold water pressure in sink. No hot water.

AUTHORIZATION

FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN			
DATE/TIME COMPLETED	WORK PERFORMED BY		
EXPENSE			
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>			MAN-HOURS USED
PART III (filled out by facility manager) <i>The work was performed as desired.</i> _____ <i>Facility Manager Signature</i>			

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED Holding Tank 1

WORK REQUESTED Low cold water pressure in sink. No hot water.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN Replaced ball valves and controllers.	
DATE/TIME COMPLETED 12/10/24	WORK PERFORMED BY ERNIE/DAVID/JOEY
EXPENSE	
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED 3 Hrs
PART III <i>(filled out by facility manager)</i> <i>The work was performed as desired.</i> _____ <i>Facility Manager Signature</i>	

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED Holding Tank 2

WORK REQUESTED
Low cold water pressure. No hot water.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN		
DATE/TIME COMPLETED	WORK PERFORMED BY	
EXPENSE		
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED	
PART III <i>(filled out by facility manager)</i> <i>The work was performed as desired.</i> _____ Facility Manager Signature		

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED Holding Tank 2

WORK REQUESTED
Low cold water pressure. No hot water.

AUTHORIZATION	
FACILITY MAINTENANCE SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN Replaced ball valves and controllers.	
DATE/TIME COMPLETED 12/10/24	WORK PERFORMED BY ERNIE/DAVID/JOEY
EXPENSE	
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED 3 Hrs
PART III <i>(filled out by facility manager)</i> <i>The work was performed as desired.</i> _____ <i>Facility Manager Signature</i>	

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Isolation #13

WORK REQUESTED
NO cold water.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN	
EXPENSE	
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED
PART III <i>(filled out by facility manager)</i> <i>The work was performed as desired.</i> _____ Facility Manager Signature	

(2)

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Isolation #13

WORK REQUESTED
NO cold water.

AUTHORIZATION	
FACILITY MANAGER'S SIGNATURE	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
Cleaned and adjusted.	
DATE/TIME COMPLETED	WORK PERFORMED BY
12/09/24	ERNIE
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED
	30 Min

PART III (filled out by facility manager)

The work was performed as desired.

Facility Manager Signature

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Isolation #21

WORK REQUESTED
NO cold water.

AUTHORIZATION	
~~FACILITY MANAGER SIGNATURE~~	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN		
DATE/TIME COMPLETED	WORK PERFORMED BY	
EXPENSE		
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED	
PART III (filled out by facility manager) <i>The work was performed as desired.</i> _____ Facility Manager Signature		

(2)

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Isolation #21

WORK REQUESTED
NO cold water.

AUTHORIZATION	
~~DATE/TIME OF REQUEST~~	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
Adjusted.	
DATE/TIME COMPLETED 12/09/24	WORK PERFORMED BY ERNIE
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED 30 Min
PART III (filled out by facility manager) <i>The work was performed as desired.</i> _____ Facility Manager Signature	

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Dorm C-4

WORK REQUESTED
Sink # 1 Low cold water pressure. No hot water.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN	
DATE/TIME COMPLETED	WORK PERFORMED BY
EXPENSE	
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED
PART III <i>(filled out by facility manager)</i> <i>The work was performed as desired.</i> _____ Facility Manager Signature	

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Dorm C-4

WORK REQUESTED
Sink # 1 Low cold water pressure. No hot water.

AUTHORIZATION	
SHERIFF'S SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN	
Adjusted corrected.	
DATE/TIME COMPLETED 12/09/24	WORK PERFORMED BY ERNIE/NELSON/JOEY
EXPENSE	
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED
	30 Min
PART III <i>(filled out by facility manager)</i> <i>The work was performed as desired.</i> Facility Manager Signature	

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Isolation #18

WORK REQUESTED
Low cold water pressure.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN	
DATE/TIME COMPLETED	WORK PERFORMED BY
EXPENSE	
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED
PART III <i>(filled out by facility manager)</i> <i>The work was performed as desired.</i> _____ <i>Facility Manager Signature</i>	

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Dorm C-4

WORK REQUESTED
Shower #3 Rt. Side not working.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN		
DATE/TIME COMPLETED	WORK PERFORMED BY	
EXPENSE		
MATERIAL LIST (all material charged to purchase request obtained by facility manager)		MAN-HOURS USED
PART III (filled out by facility manager) <i>The work was performed as desired.</i> _____ Facility Manager Signature		

* comments

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Dorm C-4

WORK REQUESTED
Shower #3 Rt. Side not working.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Mgr., as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN	
Wires were shorted. Replaced wires.	
DATE/TIME COMPLETED 12/09/24	WORK PERFORMED BY JOEY/NELSON/DAVID/ERNIE
EXPENSE	
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED
	7 Hr

PART III *(filled out by facility manager)*

The work was performed as desired.

Facility Manager Signature

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Isolation #3

WORK REQUESTED
NO Hot water in sink.

AUTHORIZATION	
FACILITY MAINTENANCE SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN	
EXPENSE	
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED
PART III <i>(filled out by facility manager)</i> <i>The work was performed as desired.</i> _____ Facility Manager Signature	

FACILITIES WORK REQUEST

PART I *(filled out by requestor)*

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
1518 Hrs	Lt. Todd Roberts	MED - Isolation #3

WORK REQUESTED NO Hot water in sink.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE <i>(obtained by Fac. Maint. as required)</i>

PART II *(filled out by facilities maintenance personnel)*

ACTION TAKEN	
Cleaned and adjusted.	
DATE/TIME COMPLETED	WORK PERFORMED BY
12/09/24	ERNIE
EXPENSE	
MATERIAL LIST <i>(all material charged to purchase request obtained by facility manager)</i>	MAN-HOURS USED
	30 Min

PART III *(filled out by facility manager)*

The work was performed as desired.

Facility Manager Signature



STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

Retail Food
Notice of Violations

Routine Renewal

Permit Number 08-0045906-1	Permit Name BOSSIER MEDIUM SECURITY FACILITY KITCHEN		
Name of Establishment BOSSIER MEDIUM SECURITY FACILITY		Owner Name BOSSIER SHERIFF CORRECTIONAL FACILITY	
Address 2984 OLD PLAIN DEALING RD PLAIN DEALING, LA 71064		Date 12/06/2024	Time 02:35 PM

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspensions.

Category	Code Reference	Description of Violations
1 FOOD - CONDITION, SOURCE, LABELING	1507	5 - 1507 - Ready to eat, potentially hazardous food prepared on premises and held for more than 24 hours is not date marked. [Corrected] [Repeat]
2 FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2501	28 - 2501 - Food contact surfaces and utensils are not clean to sight and touch, ice machine
3 FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2513	30 - 2513 - Chlorine sanitizer concentration for warewashing is not between 50-100 p.p.m. at 75°F.
4 TOXIC CHEMICALS	3903	34 - 3903 - Chemicals are stored with/above food, equipment, utensils, linens, single-service or single use articles. [Corrected]
5 WATER/SEWAGE	3105	40 - 3105 - There is a direct connection between the drainage system and a drain line originating from food handling equipment, 3-comp sink (cos), ice machine

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
6 TOILETS/HAND WASH FACILITIES	3109	94 - 3109.5 - Soap and/or paper towels are not provided for use at the hand wash lavatory. [Corrected]
7 TOILETS/HAND WASH FACILITIES	3109	94 - 3109.2 - Hand wash lavatory is not equipped with at least 85°F water.
8 STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3101	102 - 3101 - Plumbing is not maintained, hand sink won't shut off, ice machine leaking [Repeat]
9 STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	100 - 3703.3 - Walls/ceilings or attached equipment are not clean, ceiling vents

Comments:

scrawford@bossiersheriff.com; truberts@bossiersheriff.com

The Follow-up inspection date was extended as authorized by the sanitarian supervisor.

Not able to obtain PIC signature due to field tablet malfunction.

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
Logan Bowen

Phone #
318-741-7493

Sanitarian Signature



R.S. #
T1366

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

Correct Critical Violations by 12/27/2024

Correct Non-Critical Violations by

Signature of Recipient

Name/Title

Todd Roberts / Assistant Warden

Work orders must be emailed to: pdmaintenance@bossiersheriff.com

PLEASE PUT THE WORDS "WORK ORDER" IN THE SUBJECT LINE.

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
12/6/24	Darrell	Medium Kitchen

WORK REQUESTED

ice machine drain and inside motor area needs cleaning

AUTHORIZATION

FACILITY MAINTENANCE REQUESTOR	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
DATE/TIME COMPLETED	WORK PERFORMED BY
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED
PART III (filled out by facility manager)	
The work was performed as desired.	
Facility Manager Signature	

#2

Work orders must be emailed to: pdmaintenance@bossiersheriff.com

PLEASE PUT THE WORDS "WORK ORDER" IN THE SUBJECT LINE

FACILITIES WORK REQUEST**PART I** (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
12/6/24	Darrell	Medium Kitchen

WORK REQUESTED

Ice machine drain and inside motor area needs cleaning.

AUTHORIZATION	
FACILITY MAINTENANCE SIGNATURE	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
Cleaned unit, cleaned inside, cleaned underneath.	
DATE/TIME COMPLETED	WORK PERFORMED BY
12/09/24	JOEY/NELSON
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED
	1 Hr
PART III (filled out by facility manager) <i>The work was performed as desired.</i> _____ Facility Manager Signature	

3

Work orders must be emailed to: pdmaintenance@bossiersheriff.com

PLEASE PUT THE WORDS "WORK ORDER" IN THE SUBJECT LINE

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
12/6/24	Darrell	Medium Kitchen

WORK REQUESTED

dishmachine wasn't pulling enough sanitizer and my test strips are expired. I called autochlor they are coming Monday.

AUTHORIZATION	
<i>(Signature of Requestor)</i>	SHERIFF'S SIGNATURE (obtained by Fac. Mgmt. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
DATE/TIME COMPLETED	WORK PERFORMED BY
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED
PART III (filled out by facility manager) <i>The work was performed as desired.</i> _____ Facility Manager Signature	

3

Work orders must be emailed to: pdmaintenance@bossiersheriff.com

PLEASE PUT THE WORDS "WORK ORDER" IN THE SUBJECT LINE

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
12/6/24	Darrell	Medium Kitchen

WORK REQUESTED

Dishmachine wasn't pulling enough sanitizer and my test strips are expired. I called autochlor they are coming Monday.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE (obtained by Fac. Mgmt. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
Company came out to service.	
DATE/TIME COMPLETED	WORK PERFORMED BY
12/09/24	JOEY/NELSON
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED
	30 Min

PART III (filled out by facility manager)

The work was performed as desired.

Facility Manager Signature

Warewashing Service Report

CUSTOMER NO.
1, 7, 0, 9, 3

TIME-IN TIME-OUT
800 940

MONTH DAY YEAR
1, 2 0, 9 2, 4

- ☐ Preventative Maintenance
☐ Emergency Service
☐ Installation Setup

CUSTOMER NAME
Bossier Medium Security

ADDRESS
2984 Old Plain Dealing Rd

CITY, STATE, ZIP
Plain Dealing LA 70644

TO:

WATER SOFTENER ☐ Yes ☐ No WATER HARDNESS GRMS DISHWASHER MAKE AC-44 MODEL NO. V06439 CHEMICAL DISPENSING SYSTEM OTHER

50 POINT FULL SERVICE INSPECTION

RESULTS	OK	OPERATING PROCEDURES	OK	REF. NO.	SERVICES PERFORMED / RECOMMENDATIONS
1 GLASSES	✓	31 RACKING			AC-44 Dishmachine - The tray rail was out of adjustment. Fixed paddles where machine would shut off. The tube on the Rinse Aid and Sanitizer I changed and changed out carbon with full one and primed chemical. Replaced face plate on detergent cleaned out final spray jets. Filled machine ran and sanitizer was testing 50 to 100 ppm.
2 PLATWARE	✓	32 PRE-SCRAPPING			
3 DISHES	✓	33 PRE-SOAKING			
4 POTS/PANS	✓	34 DE-LIMING			
5 FLOORS	✓	35 CURTAIN CLEANING			
6 SANITATION	✓	36 TANK WATER CHANGING			
MACHINE OPERATION		37 SCRAP TRAY CLEANING			
7 RILL VALVES	✓	38 EQUIPMENT CLEANING			
8 PRE-RINSE HOSE	✓	EMPLOYEE TRAINING			
9 PRE-WASH ARMS	✓	39 SANITIZER CHECK PROCEDURES			
10 WASH ARMS	✓	40 PRE-SOAKING			Three comp sink replaced dispenser on the sink soap and rst the sanitizer and was testing 200ppm on the drain installed drain 2 inches above ground.
11 RINSE ARMS	✓	41 PRE-SCRAPPING			
12 FINAL RINSE	✓	42 RACKING PROCEDURES			
13 RINSE VALVE	✓	43 PLATWARE CARE			
14 OVERFLOW	✓	44 CHANGING MACH. WATER			
15 WATER LEVEL	✓	45 DE-LIMING DISHWASHER			
16 DRAINS/GREASE TRAP	✓	46 FLOOR CLEANING			
17 PUMPS	✓	47 ENERGY CONSERVATION			
18 PUMP SCREEN	✓	48 ROUND SCREEN MAINTENANCE			
19 GAUGES	✓	49 EQUIP. CLEANING			
20 CONVEYOR BELT/PEG-PAWLS	NA	50 CONTAINER REPLACEMENT			
21 CURTAINS	✓	ADDITIONAL PRODUCT NEEDS			
22 RACKS	✓	☐ Pre-soak ☐ Disinfectant ☐ Pot & Pan ☐ Sanitizer ☐ Degreaser ☐ Floor Cleaner ☐ Oven Cleaner ☐ Glass Cleaner ☐ Hand Soap ☐ Bio Flow ☐ Scale Remover ☐ Dish Racks ☐ S. S. Polish ☐ Pre-Rinse ☐ Bar Supplies ☐ Air Freshener			
23 PRE-WASH TEMP. °F					
24 WASH TEMP. 140 °F					
25 RINSE TANK TEMP. 150 °F					
26 FINAL RINSE TEMP. 170 °F					
27 FINAL RINSE PRESSURE PSI 18					
28 BY-PASS-GAL/MIN.					
29 DETERGENT CONC. 28					
30 SANITIZER CONC. PPM 50					

CUSTOMER COMMENTS

Your comments & suggestions are very important to us. This space is especially provided for your remarks:

Prepared by: Grady
Telephone: 1800-299-9420

THANK YOU FOR USING AUTO-CHLOR SYSTEM

Customer Signature: *Y Daniel W. Linn*

Work orders must be emailed to: pdmaintenance@bossiersheriff.com

PLEASE PUT THE WORDS "WORK ORDER" IN THE SUBJECT LINE

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
12/6/24	Darrell	Medium Kitchen

WORK REQUESTED

pipe from dishwasher to drain needs to be raised

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
DATE/TIME COMPLETED	WORK PERFORMED BY
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED
PART III (filled out by facility manager) <i>The work was performed as desired.</i> _____ Facility Manager Signature	

#5

Work orders must be emailed to: pdmaintenance@bossiersheriff.com

PLEASE PUT THE WORDS "WORK ORDER" IN THE SUBJECT LINE

FACILITIES WORK REQUEST**PART I** (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
12/6/24	Darrell	Medium Kitchen

WORK REQUESTED

Pipe from dishwasher to drain needs to be raised.

AUTHORIZATION	
FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE (obtained by Fac. Mgmt. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
Strapped drain lines. Repaired.	
DATE/TIME COMPLETED	WORK PERFORMED BY
12/09/24	JOEY/NELSON
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED
	1 Hr

PART III (filled out by facility manager)

The work was performed as desired.

Facility Manager Signature

7/8

Work orders must be emailed to: pdmaintenance@bossiersheriff.com

PLEASE PUT THE WORDS "WORK ORDER" IN THE SUBJECT LINE

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
12/6/24	Darrell	Medium Kitchen

WORK REQUESTED

health inspector said bathroom sink in kitchen hot water wasn't getting hot enough

AUTHORIZATION

FACILITY MAINTENANCE SIGNATURE	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
DATE/TIME COMPLETED	WORK PERFORMED BY
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED
PART III (filled out by facility manager) The work was performed as desired. _____ Facility Manager Signature	

4 7 8

Work orders must be emailed to: pdmaintenance@bossiersheriff.com

PLEASE PUT THE WORDS "WORK ORDER" IN THE SUBJECT LINE

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
12/6/24	Darrell	Medium Kitchen

WORK REQUESTED

Health inspector said bathroom sink in kitchen hot water wasn't getting hot enough.

AUTHORIZATION

FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE (obtained by fac. Mgmt. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
Repaired. Swapt cold and hot valves.	
DATE/TIME COMPLETED	WORK PERFORMED BY
12/09/24	JOEY/NELSON
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED
	1 Hr
PART III (filled out by facility manager)	
The work was performed as desired.	
Facility Manager Signature	



Work orders must be emailed to: pdmaintenance@bossiersheriff.com

PLEASE PUT THE WORDS "WORK ORDER" IN THE SUBJECT LINE

FACILITIES WORK REQUEST

PART I (filled out by requestor)

DATE/TIME	REQUESTOR	FACILITY AND LOCATION OF WORK
12/9/24	Darrell	Medium Kitchen

WORK REQUESTED

hood vents in the kitchen need cleaning for health inspection

AUTHORIZATION

FACILITY MANAGER SIGNATURE	SHERIFF'S SIGNATURE (obtained by Fac. Maint. as required)

PART II (filled out by facilities maintenance personnel)

ACTION TAKEN	
had workers clean and scrub all the vents and the ceiling around them	
DATE/TIME COMPLETED	WORK PERFORMED BY
EXPENSE	
MATERIAL LIST (all material charged to purchase request obtained by facility manager)	MAN-HOURS USED
PART III (filled out by facility manager)	
The work was performed as desired.	
_____ Facility Manager Signature	

Form B-04-003-B
05 November 2010

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Bossier Medium Security Facility

Date: December 12, 2024

Name of Program: HiSet

Date of Program Implementation: 2012

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 and classification system? ☒ Yes ☐ No

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 offenders who apply.	☒ Yes	☐ No
Number of offenders accepted.	☒ Yes	☐ No
Number and type of services provided.	☒ Yes	☐ No
Offender's completion/termination from program.	☒ Yes	☐ 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 certification by the Department of Public Safety and Corrections.


Roderick Malcolm, Asst. Warden
NW Region BJG Team Leader

12 December 2024
Date:

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Bossier Medium Security Facility

Date: December 12, 2024

Name of Program: Domestic Violence Intervention

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 and classification system? ☒ Yes ☐ No

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 offenders who apply.	☒ Yes	☐ No
Number of offenders accepted.	☒ Yes	☐ No
Number and type of services provided.	☒ Yes	☐ No
Offender's completion/termination from program.	☒ Yes	☐ 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 certification by the Department of Public Safety and Corrections.

Roderick Malcolm / AW
Roderick Malcolm, Asst. Warden
NW Region BJG Team Leader

12 December 2024
Date:

Form B-04-003-B
05 November 2010

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Bossier Medium Security Facility

Date: December 12, 2024

Name of Program: Parenting Inside Out

Date of Program Implementation: 2024

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 and classification system? ☒ Yes ☐ No

Has Program Curriculum changed during preceding 12 months? ☐ Yes ☒ No

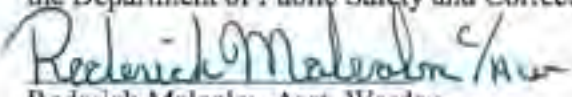
Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

All offenders who apply.	☒ Yes	☐ No
Number of offenders accepted.	☒ Yes	☐ No
Number and type of services provided.	☒ Yes	☐ No
Offender's completion/termination from program.	☒ Yes	☐ 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 certification by the Department of Public Safety and Corrections.


Roderick Malcolm, Asst. Warden
NW Region BJG Team Leader

Date: 12 December 2024

**CERTIFIED TREATMENT AND REHABILITATION PROGRAM
CERTIFICATION OF CONTINUED COMPLIANCE**

Facility: Bossier Medium Security Facility

Date: December 12, 2024

Name of Program: Steve Hoyle Intensive Substance Abuse Program — All Phases

Date of Program Implementation: 2012

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 and classification system? ☒ Yes ☐ No

Has Program Curriculum changed during preceding 12 months? ☐ Yes ☒ No

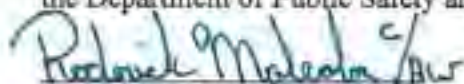
Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

All offenders who apply.	☒ Yes	☐ No
Number of offenders accepted.	☒ Yes	☐ No
Number and type of services provided.	☒ Yes	☐ No
Offender's completion/termination from program.	☒ Yes	☐ 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 certification by the Department of Public Safety and Corrections.


Roderick Malcolm, Asst. Warden
NW Region BJG Team Leader

12 December 2024
Date: