

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS  
STATE OF LOUISIANA

JEFF M. LANDRY  
GOVERNOR



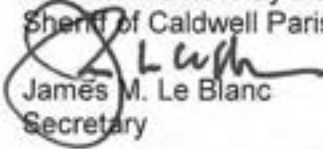
JAMES M. LE BLANC  
SECRETARY

July 8, 2024

58

**MEMORANDUM**

TO: The Honorable Clay Bennett  
Sheriff of Caldwell 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 Caldwell Correctional Center on June 13, 2024.

As noted in the inspection report, BJJ II-A-018 "Inmate Drug Testing" did not meet the requirement of drug testing 5 percent of the DPS&C inmate population on four occasions during this audit period. DPS&C is requesting full compliance with BJJ II-A-018 at the next monitoring visit.

The facility continues to provide a secure, safe, and stable environment for DOC offenders in their custody. At this time DPS&C will continue with annual monitoring visits.

Thank you for your support of the BJJ process.

JML/mk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association  
Kevin Wyles, Warden, Caldwell Correctional Center  
Seth Smith, Chief of Operations  
Michelle Dausat, Warden, DWCC  
Wayne Dausat, BJJ Team Leader



# BASIC JAIL GUIDELINES MONITORING REPORT

Annual

Ver. 11/28/2023 mwk

**Facility Name:** Caldwell Correctional Center  
**BJG Team Leader & Monitors:** George Dauzat, BJG Team Leader and DW James Arnold, Member  
**Facility Warden & Email Address:** Warden Kevin Wyles (kwyles3@cpso.us)  
**Facility Staff:** Jenny Fuller and Major Frederick  
**BJG Inspection Date:** June 13, 2024  
**Previous BJG Inspection Date:** June 15, 2023  
**Operational Capacity:** 600  
**Count on the Day of Visit:** 591

## List Concerns or Issues from the previous BJG Monitoring Inspection:

### Count on the Day of Visit

|                                | # MALE     | # FEMALE  | TOTAL      |
|--------------------------------|------------|-----------|------------|
| Number of DOC Inmates          | 522        | 22        | 544        |
| Number of Local Inmates        | 32         | 15        | 47         |
| Number of Out of State Inmates | 0          | 0         | 0          |
| Number of Federal Inmates      | 0          | 0         | 0          |
| Number of ICE Detainees        | 0          | 0         | 0          |
| <b>TOTAL</b>                   | <b>554</b> | <b>37</b> | <b>591</b> |

### Number of DOC Inmates that are:

|               |            |
|---------------|------------|
| Single Bunked | 0          |
| Double Bunked | 506        |
| Triple Bunked | 26         |
| <b>Total</b>  | <b>532</b> |

### Number of DOC Inmates that are in Restricted Housing:

|               |           |
|---------------|-----------|
| Single Bunked | 2         |
| Double Bunked | 10        |
| Triple Bunked | 0         |
| <b>Total</b>  | <b>12</b> |

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

| Month/Year | Inmate/Inmate | Inmate/Inmate w/<br>Significate Injury | Inmate/Staff | Inmate/Staff w/<br>Significate Injury |
|------------|---------------|----------------------------------------|--------------|---------------------------------------|
| June 2023  | 0             | 0                                      | 0            | 0                                     |
| July 2023  | 0             | 0                                      | 0            | 0                                     |
| Aug 2023   | 11            | 0                                      | 0            | 0                                     |
| Sept 2023  | 4             | 0                                      | 0            | 0                                     |
| Oct 2023   | 11            | 1                                      | 0            | 0                                     |
| Nov 2023   | 11            | 0                                      | 0            | 0                                     |
| Dec 2023   | 6             | 0                                      | 0            | 0                                     |
| Jan 2024   | 7             | 0                                      | 0            | 0                                     |
| Feb 2024   | 3             | 0                                      | 0            | 0                                     |
| March 2024 | 10            | 0                                      | 0            | 0                                     |
| Apr 2024   | 17            | 0                                      | 0            | 0                                     |
| May 2024   | 7             | 0                                      | 0            | 0                                     |

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

| Month/Year | Illicit<br>Substance | Alcohol | Weapon   | Cell Phone | Other                                                                            |
|------------|----------------------|---------|----------|------------|----------------------------------------------------------------------------------|
| June 2023  | 0                    | 0       | 0        | 0          | Pill, cig and tattoo gun                                                         |
| July 2023  | 0                    | 0       | 1 shank  | 0          | cig                                                                              |
| Aug 2023   | 3                    | 0       | 1 shank  | 0          | 3 pills, cig, 2 tattoo gun                                                       |
| Sept 2023  | 11                   | 0       | 0        | 0          | 15 mojo, mp4, 11 pills                                                           |
| Oct 2023   | 5                    | 0       | 1 shank  | 0          | 5 pills, tattoo gun                                                              |
| Nov 2023   | 5                    | 0       | 2 shanks | 0          | 5 pills                                                                          |
| Dec 2023   | 5                    | 0       | 0        | 0          | altered e-cig, cig, nail clippers, sd card, 5 pills                              |
| Jan 2024   | 2                    | 0       | 1 shank  | 0          | 2 pills                                                                          |
| Feb 2024   | 3                    | 0       | 0        | 0          | 3 pills                                                                          |
| March 2024 | 5                    | 0       | 0        | 0          | 5 pills                                                                          |
| April 2024 | 9                    | 0       | 0        | 0          | Quarter, tattoo ink, 9 pills                                                     |
| May 2024   | 0                    | 0       | 0        | 0          | 7 battery pack, 2 knuckle stiffener, razor, poker chip, sewing needle, water bag |

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

- **Dorms** - Dorms were clean and orderly. Offender's property was stored in assigned lockers.
- **Cell Block** - Cellblocks were clean and orderly. 12 DOC offenders were housed in the cellblock on the day of inspection.

**Culinary/Dining:** Culinary/Dining area was clean. Offenders receives a pre-assessment prior to their kitchen assignment. Temperature logs were being maintained on coolers and freezers. Tool/Utensil inventories were checked. A good check-out system in place with an accurate inventory. Sample Trays were present. DHH Retail Food inspection was conducted on 1/30/2024.

**Bathrooms:** Bathrooms were clean and in good working condition.

**Yard Areas:** Yard areas were clean and free of debris. Ample exercise space. Offenders on yard at time of audit.

**Maintenance:** Clean and orderly. Tools inventories accurate, with good check in and out system in place. SDS on hand.

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

- I-A-001 Safety/Sanitation/Inspections (MANDATORY):** Compliant - Weekly/Monthly inspections are conducted at the facility. Water temperature logs were present. Checklist reveals that all areas of the facility are being checked on accordance with the guidelines
- I-C-001 Emergency Plan (MANDATORY):** Compliant - Facility has an approved plan in place. Documentation of training for staff were on file.
- I-C-003 Fire Safety/Code Conformance (MANDATORY):** Compliant - Last Fire Marshall report was March 6, 2024, with deficiencies noted in South Building – yellow tagged for upgrades needed. Norred Fire Systems contracted to replace Fire Alarm System in South Building (April 3, 2024). It was verified that work began on June 17, 2024, with an expected date of completion of June 21, 2024.
- II-A-006 Staff Log (MANDATORY):** Compliant - Logs of pertinent information shift activity, daily events, security staff/supervisor rounds, etc. were reviewed and found to be in order.
- II-A-007 Counts (MANDATORY):**
- How many formal counts are conducted each shift? 6 Per Shift
  - How many counts are conducted each day? 12 in 24 hours period
  - Stickouts counts
    - How does the facility accomplish this? Visual Counts are conducted by staff, according to policy.
    - Does this process ensure accountability and safe/secure operation of the facility? Yes
- II-A-008 Inmate Population Management System:** Written policy and procedures are in place for offender case management. Offender files are transferred with offender to local and state facility.
- II-A-010 Admissions:** Appropriate forms are completed and are in place to support compliance with this guideline. Offender personal property is inventoried and stored along with a signed receipt.
- II-A-012 Classification System:**
- Does this facility have any trustees that work outside the secure perimeter? Yes
- If yes,
- What is their classification process to determine who is eligible for trustee status? Facility utilizes the same criteria as DPS&C.
  - Does their classification process meet DPS&C, Corrections Services' criteria? yes
- II-A-016 Photo Identification (MANDATORY):** Compliant- Offender receives a photo ID upon intake.

II-A-018

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

| Month/Year | # DOC Tested | Total DOC Pop | % Tested | # Positive |
|------------|--------------|---------------|----------|------------|
| June 2023  | 19           | 554           | 3.4%     | 0          |
| July 2023  | 30           | 553           | 5.4%     | 0          |
| Aug 2023   | 25           | 557           | 4.5%     | 0          |
| Sept 2023  | 30           | 566           | 5.3%     | 0          |
| Oct 2023   | 25           | 569           | 4.4%     | 0          |
| Nov 2023   | 30           | 575           | 5.2%     | 0          |
| Dec 2023   | 31           | 571           | 5.4%     | 1          |
| Jan 2024   | 30           | 572           | 5.2%     | 0          |
| Feb 2024   | 20           | 565           | 3.5%     | 0          |
| March 2024 | 30           | 559           | 5.7%     | 0          |
| Apr 2024   | 30           | 548           | 5.5%     | 0          |
| May 2024   | 30           | 558           | 5.4%     | 3          |

II-A-019

**Inmate Transfers:** Policy and procedures are in place and facility logs are maintained to reflect offender transfers.

II-A-020

**Cell Checks (MANDATORY):** Compliant- Policy and procedures are in place. Cell checks are conducted within the guidelines. A review of logs reflect compliance.

II-B-002-1

**Use of Restraints for Pregnant Inmates:** Facility has a policy in place and documentation reflects the use of restraints on female offenders.

II-C-001

**Procedures for Searches:** Policy and procedures are in place. Documentation of shakedowns of dorms and cellblocks are on file.

II-D-001

**Key, Tool, and Utensil Control (MANDATORY):** Compliant - Inventories on Keys, Tools and Utensils were found to be accurate. Good check out systems are in place.

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? Offenders request through classification, classification will review the offenders request to ensure all information is accurate and then forward to the Warden for his/her review. If all information is accurate it is 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- Cycle menus are reviewed and approved by a registered Dietitian. A tray/plate and utensil is provided for each hot meal.

IV-A-006

**Food Services Management (MANDATORY):** Compliant- Offenders are provided 3 hot meals per day. Ample time is permitted for each meal consumption and time lapse between meals is in compliance within the guidelines.

IV-B-001

**Plumbing Fixtures – Toilets & Washbasins (MANDATORY):** Compliant- All offenders have access to toilets/washbasins with temperature controlled hot/cold water.

IV-B-002

**Plumbing Fixtures – Showers (MANDATORY):** Compliant- All offenders are able to shower daily. Water temperature logs indicates full compliance with the guideline.

- IV-B-005 Personal Hygiene (MANDATORY):** Compliant- Indigent offenders are provided with personal hygiene items if they are not able to purchase such items.
- 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 offenders are seen regardless of their ability to pay facility co-pay.
- IV-C-003 Provision of Treatment (MANDATORY):** Compliant – Dr. Eldredge Carroll, Jr., MD (exp. 03/31/2025) and Dr. John Little, DDS (Exp. 12/31/2025)
- IV-C-005 24 Hour Care (MANDATORY):** Compliant- Facility utilizes Ochsner LSU Health Monroe. If offenders needs infirmary care he/she is transferred to DPS&C.
- IV-C-006-1 Pregnancy Management (MANDATORY):** Compliant- Policy and procedures are in place to accommodate pregnant offenders.
- IV-C-008 Annual TB Testing:** TB testing is conducted on all offenders annually at no cost to the offender.
- IV-C-009 Chronic Care Program (MANDATORY):** Compliant- Only offenders who are stable through the use of medication are housed at this facility. All other offenders are transferred to a DOC facility upon approval from DPS&C.
- IV-C-012 Access to Sick Call (MANDATORY):** Compliant- Sick call is conducted 5 times per week. Offenders have access to 24hr emergency care by the on call nurse.
- IV-C-013 Infirmity Care:** Provisions are made to provide 24hr care with the physician, dentist and mental health professional.
- IV-C-013-1 Medical Releases** (Medical Parole, Medical Treatment Furlough, and/or Compassionate Release): Policy and procedure is in place related to medical releases according to DPS&C guideline. Documentation of any such occurrence is maintained.
- IV-C-014 Suicide Prevention and Intervention (MANDATORY):** Compliant- Policy has been approved by the facility physician. Staff training on this topic is on file.
- IV-C-015 Inmate Deaths (MANDATORY):** Compliant- No offenders Deaths this rating period.
- IV-C-016 Notification:** Policy and procedure are in place related to notification of family and visitation with an offender admitted to an ICU or Trauma center according to DPS&C guideline.
- IV-D-001 Healthcare Quarterly Meetings (MANDATORY):** Compliant- Quarterly meeting are being conducted and documentation is on file.
- IV-D-004 Confidentiality of Health Information/Individual Health Record:** Completed and signed consent forms are in place in all offender's files.
- IV-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY):** Compliant- Policy is in place. Facility utilizes Narcan and staff is training is on file.
- IV-D-007 Internal Review/Quality Assurance (MANDATORY):** Compliant- Facility has a policy in place that has been approved by a Health Care Authority.
- IV-E-001 Alleged and Substantiated Sexual Assaults:** Compliant – None this rating period.

- V-A-004 Religious Programs:** Volunteers are utilized for religious programs.
- V-A-005 Exercise & Recreation Access (MANDATORY):** Compliant - Per logs that were reviewed inmates are allowed daily recreation with weather permitting.
- V-B-001 Programs and Services:**  
List all Certified Treatment Programs (Attach Form IS-B-8-b)  
  1. Partners in Parenting
  2. Understanding and Reducing Angry Feelings
  3. Thinking For A Change
  4. LA Risk Management Model Mas: Phase Two
  5. UCCI CBI Employment
List all other Inmate Programs  
  1. FDIC Money Smart for Young Adults
  2. Inside Out Dads
- V-B-002 Educational Programming:**  
**GED Program**
- |                           |    |
|---------------------------|----|
| Number of GED Slots       | 20 |
| Number of Participants    | 20 |
| YTD Number of Completions | 5  |
- V-B-003 Substance Abuse Programs:** AA/NA
- V-C-001 Releasing Inmates:** Personal property of offenders are returned along with obtaining a signed receipt. Medical ensures that offenders receives any required medication. Offenders releasing from the facility receives information on community resources
- V-C-002 Regional Reentry Programs** (Are inmates released with two valid forms of identification?): Yes
- V-C-004 Parole Board Procedures:** Written policy and procedures are in place. Documentation present showing facility Warden or designee are present for hearings.
- VI-B-002 Grievance Process (MANDATORY):** Compliant
- Does the grievance process include at least two levels of review? Yes
  - Who is the designee at each level of review? 1<sup>st</sup> Level Dep. Warden, 2<sup>nd</sup> Level Warden
  - What is the specified time period for response at each level? 10 days on both.
- VII-A-002 Weapons Training:** Certificate on file to show completion of initial and annual training.
- VII-B-010 Monthly Reporting:** Reports are submitted in a timely manner.
- VII-B-012 Proposed Expansions:** No plans for expansions.

**STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS** Staff morale at Caldwell Correctional Center was deemed to be good on the day of inspection, with staff dressed appropriately and knowledgeable of their job duties. Staff was also familiar with emergency procedures and eager to assist this auditor as needed.

**INMATE COMMENTS/MORALE/QUALITY OF LIFE** Offender morale and quality of life deemed to be good on the day of the inspection. Offenders that were interviewed during my walk-through did not voice any concerns. Offenders were aware of the sick call process and how to file a grievance.

**RECOMMENDATION** The administration and assigned staff strive to remain compliant with the Basic Jail Guidelines. Caldwell Parish Correctional Center failed to meet the minimum 5% requirement of monthly drug screens on four occasions during this audited period (June, Aug. and Oct. 2023, and Feb. 2024). This was addressed with Major Frederick. Based on my walk-through inspection and review of the BJG files, it is my recommendation that Caldwell Correctional Center remains on annual monitoring.



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-23-034642-2

Deficient/Cautionary Codes cited.

| Location Information                       |                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    |                                          |                    |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------|------------------------------------------|--------------------|
| Inspection Type                            | Compliance Building Inspection                                                                                                                                                                                                                                                                                                                                                          |                  | Inspection Date                    | 3/6/2024 4:22:35 PM                      |                    |
| Structure ID                               | 82101                                                                                                                                                                                                                                                                                                                                                                                   | No. of Buildings | 11                                 | Facility Code                            | J377               |
| Capacity                                   | 600                                                                                                                                                                                                                                                                                                                                                                                     | Year Built       | 1996                               | Construction Type                        | Type IIA / (111)   |
| Building/Trade Name                        |                                                                                                                                                                                                                                                                                                                                                                                         |                  | Address                            |                                          |                    |
| CALDWELL DETENTION CENTER                  |                                                                                                                                                                                                                                                                                                                                                                                         |                  | 701 HIGHWAY 845, GRAYSON, LA 71435 |                                          |                    |
| Owner Information                          |                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    |                                          |                    |
| Owner Type                                 | Name                                                                                                                                                                                                                                                                                                                                                                                    | Contact Phone    | Contact Email                      |                                          |                    |
| Municipal Project                          | CALDWELL PARISH LAW ENFORCEMENT DISTRICT.                                                                                                                                                                                                                                                                                                                                               |                  | KWYLES3@CPSO.US                    |                                          |                    |
| Address                                    |                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    |                                          |                    |
| 201 MAIN ST. COLUMBIA, LA 71418            |                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    |                                          |                    |
| Tenant Information                         |                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    |                                          |                    |
| Name                                       | Suite Number                                                                                                                                                                                                                                                                                                                                                                            | Floor Number     | Square Footage                     |                                          |                    |
|                                            |                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    |                                          |                    |
| Occupancy Details                          |                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    |                                          |                    |
| Occupancy Type                             | Details                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                    |                                          |                    |
| Institutional                              | INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION);<br>DETENTION/CORRECTION FACILITY TYPE: CONDITION 4                                                                                                                                                                                                                                                                       |                  |                                    |                                          |                    |
| Deficient and Cautionary Items             |                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    | Status                                   |                    |
| 1                                          | NFPA 101 (1994) 15-3.4.1.1; 7-6.1.4 all installed fire alarm for life safety shall be properly installed, tested, and maintained in accordance to NFPA standards. Currently, a new annual inspection has been performed on the north building to clear it's deficiency. The south building now has a yellow tag due the need for upgrades, which are in the process of being performed. |                  |                                    | DEFICIENT<br>(Correction Date: 4/8/2024) |                    |
| Inspector Information                      |                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    |                                          |                    |
| Name:                                      | Daniel Ray Smith                                                                                                                                                                                                                                                                                                                                                                        | Badge Number:    | 778                                | Inspector Signature:                     | <i>[Signature]</i> |
| Person to whom requirements were explained |                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    |                                          |                    |
| Name:                                      | Danielle Trichell                                                                                                                                                                                                                                                                                                                                                                       | Title:           | Lieutenant                         | Signature:                               | <i>[Signature]</i> |

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

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.



Jeff Landry  
GOVERNOR

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Chief Bryan J. Adams  
FIRE MARSHAL

### PLAN REVIEW REPORT

KEVIN WYLES CALDWELL CORRECTIONAL  
2150 E HARDTNER DR  
GRAYSON LA 71435

Project Number: FA-24-006972  
Review Type: Fire Alarm System  
Status: RELEASED  
Date Completed: 5/30/2024  
Code Edition: 2021

In accordance with L.R.S. 40:1574 et seq., satisfactory compliance with the requirements of the laws, rules, regulations and codes of the state that are entrusted to the State Fire Marshal to uphold must be achieved before any work is performed. As such, a permit shall not be issued or construction or installation of the scope of work identified herein shall not commence until the Status of this review is "Released" and the requirements of other state and local entities have been satisfied.

|                                                                           |  |                                |  |                                                                                                                                                            |  |                     |  |
|---------------------------------------------------------------------------|--|--------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|
| Project Description:                                                      |  |                                |  | WE WILL BE REPLACING AN EXISTING OBSOLETE FIRE ALARM PANEL. DEVICES TO BE REPLACE FOR COMPATABILITY. NOTIFICATION DEVICES TO REMAIN IN EXISTING LOCATIONS. |  |                     |  |
| Project Name:                                                             |  |                                |  | Address:                                                                                                                                                   |  |                     |  |
| CALDWELL CORRECTIONAL SOUTH FIRE ALARM UPGRADE                            |  |                                |  | 671 LA 845, GRAYSON, LA 71435                                                                                                                              |  |                     |  |
| Funding Type:                                                             |  | Within City Limits?            |  | Number of Stories:                                                                                                                                         |  | High Rise Building: |  |
| Municipal Owned                                                           |  | NO                             |  |                                                                                                                                                            |  |                     |  |
| Occupancy Separation Type:                                                |  | Total Occupancy Square Feet:   |  | Project on which Floor(s):                                                                                                                                 |  | Construction Type:  |  |
|                                                                           |  | 17000                          |  | 1                                                                                                                                                          |  | III-A / III (211)   |  |
| Additional Features (if applicable):                                      |  |                                |  | Fire Alarm System                                                                                                                                          |  |                     |  |
| Occupancy Type(s) and Square Feet                                         |  |                                |  |                                                                                                                                                            |  |                     |  |
| Occupancy Type:                                                           |  | Square Feet:                   |  | Details:                                                                                                                                                   |  |                     |  |
| Institutional                                                             |  | 17000                          |  | INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 4                                             |  |                     |  |
| Fire Alarm                                                                |  |                                |  |                                                                                                                                                            |  |                     |  |
| Is this System required by Code or by an Equivalency to Code?             |  |                                |  | Required by Code                                                                                                                                           |  |                     |  |
| Is the system a new installation or a modification to an existing system? |  |                                |  | M                                                                                                                                                          |  |                     |  |
| System Type:                                                              |  | Remote Station                 |  |                                                                                                                                                            |  |                     |  |
| Device Type:                                                              |  |                                |  | Number of Devices:                                                                                                                                         |  |                     |  |
| Strobe                                                                    |  |                                |  | 3                                                                                                                                                          |  |                     |  |
| Heat Detector                                                             |  |                                |  | 4                                                                                                                                                          |  |                     |  |
| Horn/Strobe                                                               |  |                                |  | 15                                                                                                                                                         |  |                     |  |
| Smoke Detector (Include Duct Detectors)                                   |  |                                |  | 52                                                                                                                                                         |  |                     |  |
| Relay Module                                                              |  |                                |  | 6                                                                                                                                                          |  |                     |  |
| Panel                                                                     |  |                                |  | 1                                                                                                                                                          |  |                     |  |
| Are plans being submitted by OSFM Licensed Qualifier?                     |  |                                |  | Y                                                                                                                                                          |  |                     |  |
| OSFM Firm License Number:                                                 |  | OSFM Qualifier License Number: |  | Engineer License Number:                                                                                                                                   |  |                     |  |
| F361                                                                      |  | E1844                          |  |                                                                                                                                                            |  |                     |  |

| Individuals Involved in this Project |            |                                       |
|--------------------------------------|------------|---------------------------------------|
| Name:                                | Role:      | Address:                              |
| KEVIN WYLES                          | Owner      | 2150 E HARDTNER DR, GRAYSON, LA 71435 |
| CLAYTON JOSEPH NORRED JR             | Contractor | 321 N. 2ND STREET, MONROE, LA 71201   |
| TREY NORRED                          | Contractor | 321 N. 2ND STREET, MONROE, LA 71201   |

Changes that are inconsistent with the reviewed documents are not authorized unless reviewed by this office for compliance with adopted codes, rules and laws. The changes must be submitted to this office by the Professional of Record where required by law, otherwise by the Owner, for review prior to construction and inspection. Minor changes may be submitted as supplemental information amended to this assigned project number. Changes that alter the scope of work, or that otherwise will require another full review of the project, will require a complete resubmittal of the entire scope of work with application, revised plans, and applicable review fee.

This review shall in no way permit or authorize any omissions or deviations from the specific requirements of the adopted codes, rules and regulations of the state. Construction permits must be issued or installation must commence within 180 days from the date of the "Released" Status for this submittal.

Occupancy of the project will not be permitted until a satisfactory inspection of the completed construction has been made by this office. Please allow at least two (2) weeks advanced notice to schedule inspections.

| Review Completed By                                                                          |                |
|----------------------------------------------------------------------------------------------|----------------|
| Signature:  |                |
| Name: Ellen McFarland                                                                        | Badge No.: 591 |

| Distribution List |           |      |
|-------------------|-----------|------|
| Name              | Firm Name | Role |

### Cautionary Codes

The items listed below are comments for informational purposes or identified requirements that will be verified upon final inspection by this office. These requirements need not be addressed back to the reviewer, however should be addressed prior to construction and inspection scheduling. Failure to comply with or otherwise address these items may affect final occupancy and use of the structure.

- 1 Scope of work: INSTALLATION OF A NEW FIRE ALARM SYSTEM AS INDICATED IN THE REVIEW DOCUMENTS.  
  
101:4.6.10.1 Buildings or portions of buildings shall be permitted to be occupied during construction, repair, alterations, or additions only if all means of egress and all fire protection features are in place and continuously maintained for the portion(s) occupied.  
  
This review applies to new work indicated in the drawings and does not apply to existing non-conforming conditions if any.
- 2 RS 40:1574 and/or RS 40:1730.39.A Additional drawings and/or specifications are required:  
  
A FLOOR PLAN IS REQUIRED SHOWING INITIATING DEVICE COMPLIANCE IN ACCORDANCE WITH 101:22.3.4.4 FOR DETECTION THROUGHOUT ALL RESIDENT SLEEPING AREAS, DAY ROOMS, ACTIVITY AREAS AND CONTIGUOUS SPACES. UPLOAD PRIOR TO INSPECTION.
- 3 As per 28 CFR Part 36.102(e) of the September 15, 2011 Federal Register: Exemptions and exclusions. (Accessibility codes shall) not apply to any public entity.  
  
It appears that the facility is operated by a public entity, therefore a review for compliance with the ADA-ABA Accessibility Guidelines has not been performed on this submittal. Please upload a written request for full ADA-ABA Accessibility Guidelines compliance review, if the exemption does NOT apply. A separate plan review application and fee will NOT be necessary, but a floor plan showing notification devices will be required.
- 4 The signaling system is a Remote Supervising Station system and shall conform with the provisions of NFPA 72:26.5.  
  
- NFPA 72:26.5.5.1 There shall not be less than two (2) persons on duty at all times at the remote monitoring station.
- 5 NFPA 72:10.3.1 Equipment shall be listed for the purpose for which it is installed:  
  
VERIFY SMOKE DETECTOR COMPATIBILITY PRIOR TO INSPECTION.
- 6 NFPA 72:12.2.3 The installation of all wiring, cable, and equipment shall be in accordance with NFPA 70, National Electrical Code, and specifically with Article 760. Optical fiber cables shall meet the requirements of NFPA 70 Article 770, and shall be protected against physical damage in accordance with Article 760. Also see the manufacturer's published instructions and Article 728.
- 7 NFPA 72:10.4.5 In areas that are NOT continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s), notification appliance circuit power extenders, and supervising station transmitting equipment to provide notification of fire at that location.
- 8 NFPA 72:10.6.5 Connections to the light and power service shall be on a dedicated branch circuit(s). The circuit(s) and connections shall be mechanically protected. Circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified in accordance with its purpose as described by NFPA 72:10.6.5.2. The location of the circuit disconnecting means shall be permanently identified at the fire alarm control unit.
- 9 NFPA 72:10.15.5 Locate control panel(s) where trouble signals are likely to be heard.
- 10 NFPA 72:7.5.3 The owner's manual, the installation instructions and as-built record drawings shall be given to the owner upon final acceptance of the system.

**NORRED FIRE SYSTEMS L.L.C.**

321 N 2nd Street  
Monroe, LA 71201 US  
(318) 387-1134

# INVOICE

INVOICE # 12464249  
DATE 04/03/2024  
DUE DATE 04/03/2024  
TERMS Due on receipt

**BILL TO**  
CALDWELL CORRECTIONAL  
CENTER  
PO BOX 60  
COLUMBIA, LA 71418

**SHIP TO**  
CALDWELL  
CORRECTIONAL CENTER  
671 LOUISIANA 845  
GRAYSON, LA 71435

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

**P.O. NUMBER**  
173138

**SALES REP**  
TN

| ACTIVITY             | DESCRIPTION                                                                                                                                                                                | AMOUNT    |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
|                      | THE TOTAL AMOUNT TO REPLACE THE FIRE ALARM IN THE SOUTH BUILDING IS \$39,000. THIS INVOICE IS FOR A 50% DOWN PAYMENT TO GET MATERIALS ORDERED. AMOUNT DUE UPON COMPLETION WILL BE \$19,500 |           |
| FA-INSTALL           | 50% DOWN PAYMENT TO REPLACE THE FIRE ALARM IN THE SOUTH BUILDING, 1 @ \$19,500.00                                                                                                          | 19,500.00 |
| TECHNICIAN<br>- TREY | TREY NORRED - E1848                                                                                                                                                                        | 0.00      |

Invoices are due upon receipt.

**BALANCE DUE**

**\$19,500.00**

Invoices not paid after 30 days  
are subject to finance charges.

Late fee of \$25 and interest charge of 1.5% per month will  
be charged on any unpaid balance after 30 days.

Firm license: F361

We appreciate you supporting a locally owned company.

**NORRED FIRE SYSTEMS L.L.C.**

321 N 2nd Street  
Monroe, LA 71201 US  
(318) 387-1134

# INVOICE

**INVOICE # 12464035****DATE 03/01/2024****DUE DATE 03/01/2024****TERMS Due on receipt**

**BILL TO**  
CALDWELL CORRECTIONAL  
CENTER  
PO BOX 60  
COLUMBIA, LA 71418

**SHIP TO**  
CALDWELL  
CORRECTIONAL CENTER  
671 LOUISIANA 845  
GRAYSON, LA 71435

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

**SALES REP****BM/SL**

| ACTIVITY                        | DESCRIPTION                                                                                                                                                                                                                                                                                  | AMOUNT |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|                                 | THIS INVOICE IS FOR A SERVICE CALL THAT WAS PERFORMED ON 3-1-24. UPON ARRIVAL, TECHS TROUBLESHOT SOUTH PANEL & FOUND OPEN ZONE 5. TECHS FOUND A BAD SMOKE DETECTOR, & A DEVICE THAT WAS WIRED WRONG BY MAINTENANCE PERSONEL. TECHS FOUND A FORN STROBE IN (DORM D) THAT HAD CORROSION ON IT. |        |
| FIRE ALARM LABOR                | FIRE ALARM LABOR, 3 @ \$150.00                                                                                                                                                                                                                                                               | 450.00 |
| FIRE ALARM LABOR FOR APPRENTICE | FIRE ALARM LABOR FOR APPRENTICE, 3 @ \$75.00                                                                                                                                                                                                                                                 | 225.00 |
| TECHNICIAN - SETH               | SETH LINCECUM - E28151                                                                                                                                                                                                                                                                       | 0.00   |
| TECHNICIAN - BILL               | BILL MORRISON - 23755                                                                                                                                                                                                                                                                        | 0.00   |
| YELLOW TAGGED                   | SOUTH PANEL HAS BEEN YELLOW TAGGED BY TECHNICIAN. REPAIRS NEED TO BE MADE WITHIN 60 DAYS OF DATE OF SERVICE.                                                                                                                                                                                 | 0.00   |

Invoices are due upon receipt.

**BALANCE DUE**

**\$675.00**

Invoices not paid after 30 days  
are subject to finance charges.

Late fee of \$25 and interest charge of 1.5% per month will  
be charged on any unpaid balance after 30 days.

Firm license: F361

We appreciate you supporting a locally owned company.



STATE OF LOUISIANA  
DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH

Detention or Incarceration  
Notice of Violations

Routine/Renewal

|                                                           |                                                 |                  |
|-----------------------------------------------------------|-------------------------------------------------|------------------|
| Permit Number<br>11-01-224                                | Permit Name<br>Caldwell Correctional Center-224 |                  |
| Name of Establishment<br>Caldwell Correctional Center-224 | Owner Name<br>CALDWELL PARISH SHERIFF'S DEPT    |                  |
| Address<br>671 Highway 845 Clarks, LA 71415               | Date<br>01/30/2024                              | Time<br>09:45 AM |

LAC TITLE 51 PART XVIII

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

| Category               | Code Reference | Description of Violations                                                                                     |
|------------------------|----------------|---------------------------------------------------------------------------------------------------------------|
| Building Requirement   | 101            | 3 - The walls are in disrepair. G- Dorm walls have black residue vent on wall by shower needs cleaning        |
| Handwashing Lavatories | 101            | 16 - The hand lavatory is in disrepair. Hand sink not working in J- Dorm leak at hand sink in G-Dorm [Repeat] |

Comments:

Inspection on paper and signed

Number Licensed For

Number in Attendance  
600

License Anniversary  
07/31/2023

|                                       |                         |                          |                |
|---------------------------------------|-------------------------|--------------------------|----------------|
| Sanitarian Name/Print<br>Dolph Darden | Phone #<br>318-361-7260 | Sanitarian Signature<br> | R.S. #<br>3093 |
|---------------------------------------|-------------------------|--------------------------|----------------|

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

Correct Critical Violations by

Correct Non-Critical Violations by

Signature of Recipient

Name/Title  
D Callender/Assistant Warden



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

**Retail Food  
Notice of Violations**

Routine/Renewal

|                                                                  |                                                                              |                  |
|------------------------------------------------------------------|------------------------------------------------------------------------------|------------------|
| Permit Number<br>11-0092926-1                                    | Permit Name<br>CALDWELL PARISH CORRECTION CENTER SOUTH FULL SCALE RESTAURANT |                  |
| Name of Establishment<br>CALDWELL PARISH CORRECTION CENTER SOUTH | Owner Name<br>CALDWELL PARISH SHERIFF'S DEPT                                 |                  |
| Address<br>701 HIGHWAY 845 GRAYSON, LA 71435                     | Date<br>01/30/2024                                                           | Time<br>09:15 AM |

**LAC TITLE 51 PART XXIII**

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

| Category                               | Code Reference | Description of Violations                                                                                                                           |
|----------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| LABELING                               | 1107           | 49 - 1107 - Bulk containers are not properly labeled. flour and sugar [Repeat]                                                                      |
| FOOD PROTECTION                        | 1903           | 59 - 1903 - Bulk food is not protected from contamination. opened backs of flour in dry storage                                                     |
| UTENSILS/EQUIPMENT/SINGLE SERVICE      | 2113           | 69 - 2113 - Non-food contact surfaces are not constructed of a corrosion-resistant, non-absorbent, smooth material shelves have carboard soaked oil |
| STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING | 3703           | 106 - 3703.4 - Walls/ceilings or attached equipment are not in good repair. damaged ceiling tiles in kitchen [Repeat]                               |

**Comments:**

Inspection on paper and signed

**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<br>Delph Darden | Phone #<br>318-361-7260 | Sanitarian Signature<br><i>Delph Darden</i> | R.S. #<br>3093 |
|---------------------------------------|-------------------------|---------------------------------------------|----------------|

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

Correct Critical Violations by

Correct Non-Critical Violations by

Signature of Recipient

Name/Title

Lt. Mel Bruton/kitchen supervisor

ANNUAL

Print Date 07/17/2023

Expires on 06/30/2024

Type of Operation: Retail Food

Louisiana Department of Health / Office of Public Health

628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

2023

PERMIT TO OPERATE

2024

Description:

Permanent Food Service Establishment

PERMIT NUMBER:

11-0092926-1

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

CALDWELL PARISH SHERIFF'S DEPT  
671 HWY 845  
GRAYSON LA 71435

CALDWELL PARISH CORRECTION  
CENTER SOUTH FULL SCALE  
RESTAURANT  
701 HIGHWAY 845  
GRAYSON LA 71435

JOSEPH KANTER, M.D.

STATE HEALTH OFFICER

LHS-16B (R 9/22)

STATE OF LOUISIANA

Louisiana Department of Health / Office of Public Health

628 N. 4TH STREET • 3RD FLOOR • BATON ROUGE, LOUISIANA 70802

2023

PERMIT TO OPERATE

2024

Description:

PERMIT NUMBER:

11-0092926-1

ANNUAL

Print Date 07/17/2023

Type of Operation: Retail Food  
Expires on 06/30/2024

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

CALDWELL PARISH SHERIFF'S DEPT  
671 HWY 845  
GRAYSON LA 71435

CALDWELL PARISH CORRECTION  
CENTER SOUTH FULL SCALE  
RESTAURANT  
701 HIGHWAY 845  
GRAYSON LA 71435

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.

WORK ORDER FORM

Facility: CCC

Date: 4/11/24

Time: 0800

Sgt. Brandon  
REPORTING OFFICER AND SHIFT

J DORN  
LOCATION OF INCIDENT

Nature of problem:

J DORN LEAKY SINK

Action Taken By Maintenance

Date Order Received: 4/11/24 Time Received: 0900

Date Order Completed: 4/11/24 Time Completed: 0830

COUSINS  
Maintenance Personnel

Sgt. Brandon  
Assisting Officer

Action Taken:

SINK DRAIN / P-TRAP REPAIRED

( ) Parts on Order Officer Notified For Parts: \_\_\_\_\_

Date of notification: 4/11/24 Time of notification: \_\_\_\_\_

( ) Work Order Completed Work Performed By: COUSINS

## WORK ORDER FORM

Facility: CCC

Date: 4/11/24

Time: 08:00

Sgt. Brandon  
REPORTING OFFICER AND SHIFT

G + J down  
LOCATION OF INCIDENT

Nature of problem:

2. - G DORM SINK WENT SHUT OFF

\_\_\_\_\_ 5 100

### Action Taken By Maintenance

Date Order Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Received: 08 00

Date Order Completed: 4/11/24

Time Completed: 0530

Cousins

### Maintenance Personnel

Sgt. Brandon  
Assisting Officer

Assisting Officer

Action Taken:

G DORM - FURKET STEN REPLACED

( ) Parts on Order

Officer Notified For Parts: \_\_\_\_\_

Date of notification: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of notification: \_\_\_\_\_

( ) Work Order Completed

Work Performed By: CASINS

WORK ORDER FORM

Facility: CCC

Date: 4/11/24

Time: 0800

Lt. Tate Ran

REPORTING OFFICER AND SHIFT

KITCHEN

LOCATION OF INCIDENT

Nature of problem:

REACH-IN COOLER FAULT

- REPLACED CONTROLLER

- STILL IN FAULT

- NEW THERMISTE ORDERED

Action Taken By Maintenance

Date Order Received: 4/11/24

Time Received: 0800

Date Order Completed: 1/1

Time Completed: \_\_\_\_\_

COUSINS / TYRNEY

Maintenance Personnel

GASKILL

Assisting Officer

Action Taken:

THERMISTE PROBE ORDERED

( ☒ ) Parts on Order

Officer Notified For Parts: WAGNER WILKS

Date of notification: 4/12/24

Time of notification: 0800

( ☐ ) Work Order Completed

Work Performed By: COUSINS / TYRNEY

WORK ORDER FORM

Facility: CCC

Date: 4/11/24

Time: 0800

Lt. Tate

REPORTING OFFICER AND SHIFT

A.B.C.D.T. Dorms

LOCATION OF INCIDENT

Nature of problem:

PRIVACY WALL IN BATHROOMS NEED  
REPAINTING

Action Taken By Maintenance

Date Order Received: 4/11/24

Time Received: 0800

Date Order Completed: 4/11/24

Time Completed: 1400

COUSINS / LONGNECKER

Maintenance Personnel

Assisting Officer

Action Taken:

PRIVACY WALLS IN BATHROOMS REPAINTED

( ) Parts on Order

Officer Notified For Parts:

Date of notification: 4/11/24

Time of notification: 0800

( ☒ ) Work Order Completed

Work Performed By: COUSINS / LONGNECKER

**CALDWELL CORRECTION CENTER**  
**WORK ORDER FORM**

Date: 1-31-24 Time: 12:00

Facility: North Side South Side Dorm

Location of Incident: Kitchen

Lt. Bratton A team shift  
Reporting Officer and Shift:

Nature of Problem: containers not labeled  
opened bulk food not in containers  
oil soaked card board - damaged  
tiles

-----  
Action Taken By Maintenance

Date Order Received: 01/30/24 2017 Time Received: 12:00

Date Order Complete: 01/31/24 2017 Time Completed: 09:00

Glen Cousins Lt. Bratton  
Maintenance Personnel Assisting Officer

Action Taken: Labeled containers - put bulk food  
in proper containers - Removed card-  
board - Replaced damaged tiles

} Parts on Order Officer Notified For Parts \_\_\_\_\_

Date of Notification: 1/30/24 2017 Time of Notification: 12:00

✓ } Work Order Completed Work Performed By: Glen Cousins

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

Facility: Caldwell Correctional Center

Date: 4/23/2024

Name of Program: 510 - FDIC Money Smart for Young Adults

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 and classification system?  
☒ Yes ☐ No

Has program curriculum changed during preceding 12 months? ☐ Yes ☒ No

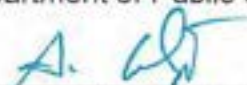
Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

|                                                 |                                         |                             |
|-------------------------------------------------|-----------------------------------------|-----------------------------|
| All offenders who apply.                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted.                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided.           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.

  
Monitoring Team Member or BJJG Team Member/Leader

6/13/24

Date

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

Facility: Caldwell Correctional Center

Date: 4/23/2024

Name of Program: 335 - UCCI CBI Employment

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 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.

  
Monitoring Team Member or BJG Team Member/Leader

6/13/24  
Date

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

Facility: Caldwell Correctional Center

Date: 4/23/2024

Name of Program: 330 - LA RISK MANAGEMENT MODEL MAS: PHASE TWO

Date of Program Implementation: 2015

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.                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted.                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided.           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.

  
\_\_\_\_\_  
Monitoring Team Member or BJJ Team Member/Leader

6/13/24

Date

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

Facility: Caldwell Correctional Center

Date: 4/23/2024

Name of Program: 329 - LA RISK MANAGEMENT MODEL MAS: PHASE TWO

Date of Program Implementation: 2015

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.                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted.                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided.           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.

  
Monitoring Team Member or BJG Team Member/Leader

6/13/24

Date

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

Facility: Caldwell Correctional Center

Date: 4/23/2024

Name of Program: 322 - THINKING FOR A CHANGE

Date of Program Implementation: 2015

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

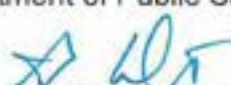
Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

|                                                 |                                         |                             |
|-------------------------------------------------|-----------------------------------------|-----------------------------|
| All offenders who apply.                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted.                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided.           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.

  
Monitoring Team Member or BJG Team Member/Leader

6/13/24  
Date

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

Facility: Caldwell Correctional Center

Date: 4/23/2024

Name of Program: 311 - Inside Out Dads

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 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.                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted.                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided.           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.

  
Monitoring Team Member or BJG Team Member/Leader

6/13/24

Date

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

Facility: Caldwell Correctional Center

Date: 4/23/2024

Name of Program: 305 - PARTNERS IN PARENTING

Date of Program Implementation: 2015

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.                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted.                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided.           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.



6/13/24

Monitoring Team Member or BJJG Team Member/Leader

Date

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

Facility: Caldwell Correctional Center

Date: 4/23/2024

Name of Program: 307 - Understanding and Reducing Angry Feelings

Date of Program Implementation: 2015

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

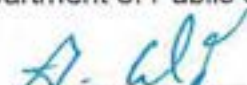
Is there an objective method used to assess completion? ☒ Yes ☐ No

Detailed records are maintained on the following:

|                                                 |                                         |                             |
|-------------------------------------------------|-----------------------------------------|-----------------------------|
| All offenders who apply.                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of offenders accepted.                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number and type of services provided.           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offender's completion/termination from program. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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.

  
Monitoring Team Member or BJG Team Member/Leader

6/12/24

Date

# CALDWELL TRANSITION SPECIALIST 2<sup>nd</sup> QUARTER 2024 SCHEDULE

VALID FROM April 2024 – June 2024 (Rev 03/27/2023)

| Time           | Monday                                                                                                                     | Tuesday                                                                                      | Wednesday                                                                    | Thursday                                                                                        | Friday                                                                                                                |
|----------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 7:30a – 8:30a  | <i>In Office::</i><br>Emails<br>Class Prep<br>Run Reports<br>Update Callouts<br>(Facility Activity)                        | <i>In &amp; Out of Office:</i><br>Setup for Callouts<br>(Facility Activity)                  | <i>In &amp; Out of Office:</i><br>Setup for Callouts<br>(Facility Activity)  | <i>In &amp; Out of Office:</i><br>Setup for Callouts<br>(Facility Activity))                    | <i>Telecommute</i><br>Facility Requests<br>Emails                                                                     |
| 8:30a – 11:00a | <b>CLASS:</b><br><b>T4C</b>                                                                                                | <i>In &amp; Out of Office</i><br><b>Orientation:</b><br>Tigers & Reap<br>(Facility Activity) | <b>CLASS:</b><br><b>T4C</b>                                                  | <i>In &amp; Out of Office</i><br><b>Orientation:</b><br>Tigers & Reap<br>(Facility Activity)    | <i>Telecommute:</i><br>Rec. Maint.<br>Research Requests<br>Lesson Planning                                            |
| 11:00a-12:00p  | <i>In &amp; Out of Office</i><br><b>Community Ref:</b><br>Special Releases<br>Needs Meetings Zoom<br>Meetings On-Site CIG. | <i>In &amp; Out of Office:</i><br>Follow up on Onsite<br>Requests                            | <i>In Office:</i><br>Filing<br>(Facility Activity)                           | <i>In &amp; Out of Office:</i><br>Follow up on Onsite<br>Requests                               | <i>Telecommute:</i><br>Run Reports<br>Update Tracker<br>Update PR Recs<br>Data entry                                  |
| 12:00p – 1:00p | <i>In &amp; Out of Office:</i><br>Follow up on Onsite<br>Requests                                                          | <i>In &amp; Out of Office</i><br><b>Orientation:</b><br>Tigers & Reap<br>(Facility Activity) | <i>In &amp; Out of Office</i><br><b>Zoom Meeting:</b><br>Community referrals | <i>In &amp; Out of Office</i><br><b>Orientation:</b><br>Tigers & Reap<br>(Facility Activity)    | <i>Telecommute:</i><br>Data entry<br>Process Forms<br>Update Notes<br>Upcoming Releases<br>Schd. Housing<br>Referrals |
| 1:00p – 3:30p  |                                                                                                                            |                                                                                              |                                                                              |                                                                                                 |                                                                                                                       |
| 3:30p – 4:00p  | <i>In &amp; Out of Office:</i> Class<br>Prep<br>(Facility Activity)                                                        | <i>In Office:</i><br>Filing<br>(Facility Activity)                                           | <i>In &amp; Out of Office:</i><br>Filing<br>(Facility Activity)              | <i>In &amp; Out of Office:</i><br>Clean<br>Filing<br>Organizing<br>Pack Materials for<br>Friday | <i>Telecommute:</i><br>Update Logs                                                                                    |

## TRANSITION SPC. PROGRAMS

THINKING FOR A CHANGE

DURATION: 10 WEEKS

Meets Mon. from 8a-11a & Wed. from 8a-11a

04/03/2024-06/19/2024

## PARISH INSTRUCTOR PROGRAMS

RISK MANAGMENT

DURATION: 10 WEEKS

Meets Wed. from 6p-8:30p

04/03/2024-06/19/2024

PARENTING

DURATION: 8 WEEKS

Meets Thurs. from 6p-8:30p

04/25/2024-06/20/2024

TBD (FEMALES)

DURATION: 8 WEEKS

Meets Thurs. from 6p-8:30p

04/26/2024-06/21/2024

## NON - PROGRAM

### 1. NEW INTAKES & EXITS

DURATION: Continuous

Meets Tuesdays 8:30a – 11:00a & 1:00p -3:30p

Meets Thursdays 8:30a – 11:00a & 1:00p -3:30p

### 2. COMMUNITY MEETINGS & REFERRALS

DURATION: Continuous

Wednesday: 1:00p – 3:00p

# CALDWELL TRANSITION SPECIALIST 1<sup>st</sup> QUARTER 2024 PROGRAM SCHEDULE

VALID FROM January 2024 – March 2024 (Rev 01/05/2023)

| Time           | Monday                                                                                                                  | Tuesday                                                                                      | Wednesday                                                                     | Thursday                                                                                             | Friday                                                                                                                      |
|----------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 7:30a – 8:30a  | <i>In Office::<br/>Emails<br/>Class Prep<br/>Run Reports<br/>Update Callouts<br/>(Facility Activity)</i>                | <i>In &amp; Out of Office:<br/>Setup for Callouts<br/>(Facility Activity)</i>                | <i>In &amp; Out of Office:<br/>Setup for Callouts<br/>(Facility Activity)</i> | <i>In &amp; Out of Office:<br/>Setup for Callouts<br/>(Facility Activity)</i>                        | <i>Telecommute<br/>Facility Requests<br/>Emails</i>                                                                         |
| 8:30a – 11:00a |                                                                                                                         | <i>In &amp; Out of Office<br/>Orientation:<br/>Tigers &amp; Reap<br/>(Facility Activity)</i> | <b>CLASS:<br/>Risk Mgmt</b>                                                   | <i>In &amp; Out of Office<br/>Orientation:<br/>Tigers &amp; Reap<br/>(Facility Activity)</i>         | <i>Telecommute:<br/>Rec. Maint.<br/>Research Requests<br/>Lesson Planning</i>                                               |
| 11:00a-12:00p  | <i>In &amp; Out of Office<br/>Community Ref:<br/>Special Releases<br/>Needs Meetings Zoom<br/>Meetings On-Site CIG.</i> | <i>In &amp; Out of Office:<br/>Follow up on OnSite<br/>Requests</i>                          | <i>In Office:<br/>Filing<br/>(Facility Activity)</i>                          | <i>In &amp; Out of Office:<br/>Follow up on OnSite<br/>Requests</i>                                  | <i>Telecommute:<br/>Run Reports<br/>Update Tracker<br/>Update PR Recs<br/>Data entry</i>                                    |
| 12:00p – 1:00p | <i>In &amp; Out of Office:<br/>Setup for Callouts<br/>(Facility Activity)</i>                                           | <i>In &amp; Out of Office<br/>Orientation:<br/>Tigers &amp; Reap<br/>(Facility Activity)</i> | <i>In &amp; Out of Office:<br/>Copies</i>                                     | <i>In &amp; Out of Office<br/>Orientation:<br/>Tigers &amp; Reap<br/>(Facility Activity)</i>         | <i>Telecommute:<br/>Data entry<br/>Process Forms<br/>Update Notes<br/>Upcoming Releases<br/>Schd. Housing<br/>Referrals</i> |
| 1:00p – 3:30p  | <b>CLASS:<br/>Risk Mgmt.</b>                                                                                            | <b>CLASS:<br/>URAF</b>                                                                       |                                                                               |                                                                                                      |                                                                                                                             |
| 3:30p – 4:00p  | <i>In &amp; Out of Office: Class<br/>Prep<br/>(Facility Activity)</i>                                                   | <i>In Office:<br/>Filing<br/>(Facility Activity)</i>                                         | <i>In &amp; Out of Office:<br/>Filing<br/>(Facility Activity)</i>             | <i>In &amp; Out of Office:<br/>Clean<br/>Filing<br/>Organizing<br/>Pack Materials for<br/>Friday</i> | <i>Telecommute:<br/>Update Logs</i>                                                                                         |

## PROGRAMS

Risk Mgmt

DURATION: 10 WEEKS

Meets Mon. from 1p-3p & Wed. from 8a-10a

01/08/2024-03/18/2024

URAF

DURATION: 8WEEKS

Meets Tuesd from 1p-3p

01/23/2024-03/19/2024

## PARISH INSTRUCTOR PROGRAMS

FDIC

DURATION: 8 WEEKS

Meets Wed. from 6p-8:30p

01/23/2024-03/19/2024

URAF

DURATION: 8 WEEKS

Meets Thurs. from 6p-8:30p

04/25/2024-06/20/2024

01/23/2024-03/19/2024

RISK MANAGMENT(FEMALES)

DURATION: 10 WEEKS

Meets Thurs. from 6p-8:30p

01/08/2024-03/18/2024

## NON – PROGRAM

### 1. NEW INTAKES & EXITS

DURATION: Continuous

Meets Tuesdays 8:30a – 11:00a & 1:00p -3:30p

Meets Thursdays 8:30a – 11:00a & 1:00p -3:30p

### 2. COMMUNITY MEETINGS & REFERRALS

DURATION: Continuous

Monday: 10:30a – 12:30p