UNITED STATES DISTRICT COURT

MIDDLE DISTRICT OF LOUISIANA

IN RE: JAIL POPULATION

NEW CALDWELL PARISH CORRECTIONS CENTER

CONSENT DECREE

IT IS HEREBY AGREED AND STIPULATED that the maximum number of inmates which shall be housed in the new Caldwell Parish Corrections Center shall be as follows:

Dormitory A	-	48 inmates
Dormitory B	-	48 inmates
Dormitory C	-	49 inmates
Dormitory D	-	49 inmates
Trustee Dorm		39 inmates
Lockdown 1	-	2 inmates
Lockdown 2	-	2 inmates
Lockdown 3	-	2 inmates
Total	-	239 inmates

IT IS FURTHER AGREED that one officer per shift will be assigned to each of the following: Dormitory A, Dormitory B, Dormitory C, Dormitory D, and the Trustee Dormitory. Each of the two Control Centers at the facility will likewise be staffed by at least one officer per shift. There will also be one officer per shift who will be on duty to act as a rover. The total staffing level will thus be eight (8) officers on duty per shift. This minimum total staffing level will be maintained 24 hours each day.

IT IS FURTHER AGREED that the State Fire Marshal and State Health Office shall have the right to proceed in the appropriate State Court to enforce the rules and regulations of their respective Offices.

WHEREFORE, the persons below join in this Consent Decree on the dates indicated.

This 4 day of FEBRUARY, 1997.

Sheriff Charles B. Thompson

This 4 day of February, 1997.

Attorney for Sheriff Charles B. Thompson

This 13 day of February, 1997.

Fire Marshal

This 13th day of February, 1997.

Attorney for the Fire Marshal

This 21st day of February, 1997.

Health Officer

This 21st day of FEBRUARY, 1997.

Attorney for the Health Officer

IT IS ORDERED that the foregoing stipulation be and it is hereby approved as the order of this Court, and that it will be subject to the terms and conditions of the Court's Order of September 26, 1996.

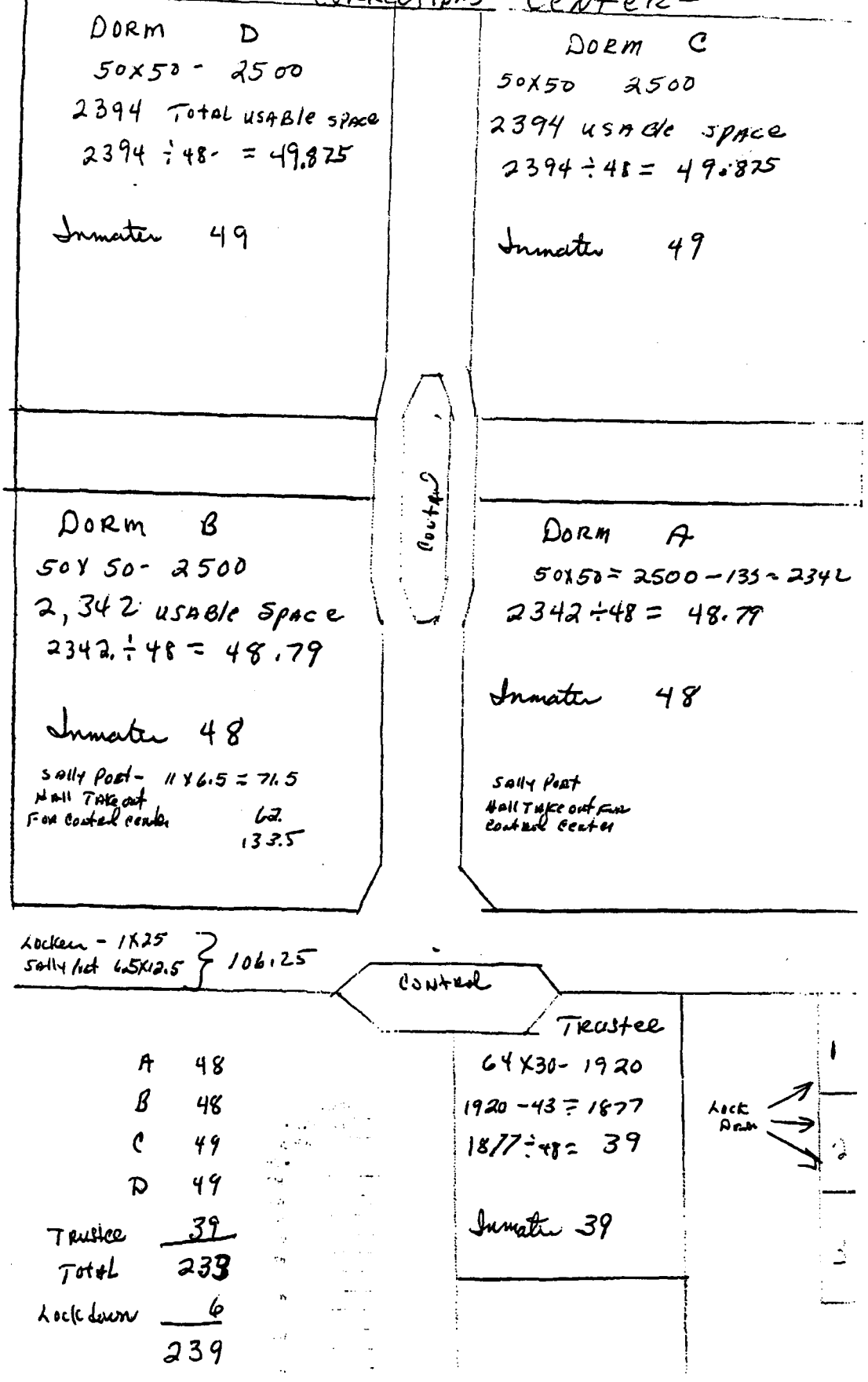
Baton Rouge, Louisiana, this 26 day of Feb., 1997.

UNITED STATES DISTRICT JUDGE

ALAN USRY

FAX 504-833-4648

Caldwell Corrections Center



APPLICATION FOR PERMIT TO OPERATE
Retail Food Program

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
SANITARIAN SERVICES
P.O. BOX 60630
NEW ORLEANS, LOUISIANA 70160

CHECK ONE: [X] New [ ] Update

I. PERMIT UNIT USE ONLY

PERMIT NUMBER: Parish	Establishment Number	E Code	Other E Codes	TYPE OF PERMIT: [X] Annual	[ ] Temporary	[ ] Seasonal
1		2 5 5				

NAME OF BUSINESS: [illegible]

PHYSICAL ADDRESS: 691 Hwy 385

CITY: [illegible] STATE: [illegible] ZIP: 7445

PHONE (337) 639-5600

BUSINESS/CORPORATION NAME: [illegible]

MAILING ADDRESS: 691 Hwy 385

CITY: Iowa STATE: La ZIP: 70647

PHONE (337) 639-5610

FEE Total No. Permits: 1 Total Fee $: 60.00 (Check or Money Order Payable to DHH, NO CASH)

THIS BUSINESS FEE EXEMPT TAX EXEMPT I.D. NO. (MUST BE FURNISHED IF FEE EXEMPT)

II. BUSINESS ORGANIZATION (CHECK ONE) PROVIDE INFORMATION AS APPLICABLE (TO BE COMPLETED BY APPLICANT) (PRINT OR TYPE)

(ATTACH ADDITIONAL PAGES IF NEEDED)

PROPRIETORSHIP [ ]
OWNER'S FULL NAME

ADDRESS

CITY STATE ZIP

PARTNERSHIP [ ]
LIST OF PARTNERS % OWNERSHIP

ADDRESS OF PARTNERSHIP

CORPORATION [X]
AGENT FOR SERVICE OF PROCESS: [illegible]

ADDRESS OF AGENT: PO Box 60

CITY: [illegible] STATE: La 7041[illegible]

DOMICILE OF CORPORATION: C.P.C. Clerk, Jr.

III. Application is hereby made for a Permit to Operate. Applicant agrees to comply with the provisions of the State Sanitary Code and all other applicable laws and regulations. It is further agreed that this establishment shall be available for inspection by the State Health Officer at all times.

[illegible] — SIGNATURE OF OWNER/CORPORATE OFFICER/AGENT

[illegible] — TITLE

[illegible] — SANITARIAN

FRANK E. CARROLL — PRINT NAME

1-17-97 — DATE OF APPLICATION

REG. NO. 0 8 4 1

COPY 1 UNIT OR PARISH FILE (WHITE) COPY 2 TO PERMIT UNIT W/REMITTANCE (YELLOW) COPY 3 TEMPORARY PERMIT (PINK)

LHS-31(R 1/94)

TEMPORARY PERMIT NO. _____ EXPIRING ON: _____ DATE

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH

☐ ROUTINE INSPECTION
☐ REINSPECTION

ESTABLISHMENT NAME	Caldwell Parish Corr. Center
OWNER'S NAME	Caldwell Parish Sheriff's Dept
DATE	1-17-97
ADDRESS	671 Hwy 845 Clarks La.
ZIP CODE	71415
PHONE NO.	649-5600
TYPE OF ESTABLISHMENT	YJ
PARISH	Caldwell
PERMIT NO.	N - pre permit
CURRENT PERMIT	YES / NO

Based on an inspection this day, the items marked below identify the violations in operations or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the regulatory authority. Failure to comply with any written notice may result in enforcement action against your establishment.

ITEM NO.	ITEM	WEIGHT
FOOD		
*01	SOURCE: SOUND CONDITION, NO SPOILAGE	5
02	ORIGINAL CONTAINER, PROPERLY LABELED, CONSUMER ALERTS DISPLAYED.	1
FOOD PROTECTION 36°		
03	POTENTIALLY HAZARDOUS FOOD MEETS TEMPERATURE REQUIREMENTS DURING STORAGE, PREPARATION, DISPLAY, SERVICE, TRANSPORTATION	5
04	FACILITIES TO MAINTAIN PRODUCT TEMPERATURE	4
05	THERMOMETERS PROVIDED AND CONSPICUOUS	1
06	POTENTIALLY HAZARDOUS FOOD PROPERLY THAWED	2
07	UNWRAPPED AND POTENTIALLY HAZARDOUS FOOD NOT RESERVED	4
08	FOOD PROTECTION DURING STORAGE, PREPARATION, DISPLAY, SERVICE, TRANSPORTATION	2
09	HANDLING OF FOOD (ICE) MINIMIZED	2
10	IN USE, FOOD (ICE) DISPENSING UTENSILS PROPERLY STORED	1
PERSONNEL		
*11	PERSONNEL WITH INFECTIONS RESTRICTED	5
*12	HANDS WASHED AND CLEAN, GOOD HYGIENIC PRACTICES	5
13	CLEAN CLOTHES, HAIR RESTRAINTS	1
FOOD EQUIPMENT AND UTENSILS		
14	FOOD (ICE) CONTACT SURFACES: DESIGNED CONSTRUCTED, MAINTAINED, INSTALLED, LOCATED	2
15	NON-FOOD CONTACT SURFACES: DESIGNED, CONSTRUCTED, MAINTAINED, INSTALLED, LOCATED	1
16	DISHWASHING FACILITIES: DESIGNED, CONSTRUCTED, MAINTAINED, INSTALLED, LOCATED, OPERATED	2
17	ACCURATE THERMOMETERS, CHEMICAL TEST KITS PROVIDED, GAUGE COCK (1/4" IPS VALVE)	1
18	PRE-FLUSHED, SCRAPED, SOAKED	1
19	WASH, RINSE WATER: CLEAN, PROPER TEMPERATURE	2
*20	SANITIZATION RINSE: CLEAN, TEMPERATURE, CONCENTRATION, EXPOSURE TIME, EQUIPMENT, UTENSILS SANITIZED	4
21	WIPING CLOTHS: CLEAN, STORED, RESTRICTED	1
22	FOOD CONTACT SURFACES OF EQUIPMENT AND UTENSILS CLEAN, FREE OF ABRASIVES, DETERGENTS	2
23	NON-FOOD CONTACT SURFACES OF EQUIPMENT AND UTENSILS CLEAN	1
24	STORAGE, HANDLING OF CLEAN EQUIPMENT/ UTENSILS	1
25	SINGLE-SERVICE ARTICLES, STORAGE, DISPENSING, USED	1
26	NO RE-USE OF SINGLE SERVICE ARTICLES	2
WATER Clarks W.S.		
*27	WATER SOURCE, SAFE: HOT AND COLD UNDER PRESSURE	5
SEWAGE Clarks S.S.		
*28	SEWAGE AND WASTE WATER DISPOSAL	4
PLUMBING		
29	INSTALLED, MAINTAINED	1
*30	CROSS-CONNECTION, BACK SIPHONAGE, BACK-FLOW	5
TOILET & HANDWASHING FACILITIES		
*31	NUMBER, CONVENIENT, ACCESSIBLE DESIGNED, INSTALLED	4
32	Kitchen restroom — TOILET ROOMS ENCLOSED, SELF-CLOSING DOORS, FIXTURES, GOOD REPAIR, CLEAN: HAND CLEANSER, SANITARY TOWELS / TISSUE / HAND DRYING DEVICES PROVIDED, PROPER WASTE RECEPTACLES	(2)
GARBAGE AND REFUSE DISPOSAL		
33	CONTAINERS OR RECEPTACLES, COVERED: ADEQUATE NUMBER, INSECT/ RODENT PROOF, FREQUENCY, CLEAN	2
34	Dumpster — OUTSIDE STORAGE AREA ENCLOSURES PROPERLY CONSTRUCTED, CLEAN: CONTROLLED INCINERATION	1
INSECT, RODENT, ANIMAL CONTROL		
*35	PRESENCE OF INSECTS/RODENTS - OUTER OPENINGS PROTECTED. NO BIRDS, TURTLES, OTHER ANIMALS	4
FLOORS, WALLS AND CEILINGS		
36	FLOORS: CONSTRUCTED, DRAINED CLEAN, GOOD REPAIR, COVERING INSTALLATION, DUSTLESS CLEANING METHODS	1
37	WALLS, CEILING, ATTACHED EQUIPMENT CONSTRUCTED, GOOD REPAIR, CLEAN SURFACES, DUSTLESS CLEANING METHODS	1
LIGHTING		
38	LIGHTING PROVIDED AS REQUIRED, FIXTURES SHIELDED	1
VENTILATION		
39	ROOMS AND EQUIPMENT VENTED AS REQUIRED	1
DRESSING ROOMS		
40	ROOMS CLEAN, LOCKERS PROVIDED, FACILITIES CLEAN, LOCATED, USED	1
OTHER OPERATIONS		
*41	NECESSARY TOXIC ITEMS PROPERLY STORED, LABELED, USED	5
42	PREMISES MAINTAINED, FREE OF LITTER, UNNECESSARY ARTICLES, CLEANING MAINTENANCE, EQUIPMENT PROPERLY STORED, AUTHORIZED PERSONNEL	1
43	COMPLETE SEPARATION FROM LIVING/ SLEEPING QUARTERS, LAUNDRY	1
44	CLEAN, SOILED LINEN PROPERLY STORED	1
*45	VALID PERMIT TO OPERATE	

*CRITICAL ITEMS REQUIRING IMMEDIATE ACTION

(Use reverse side for comments)

RECEIVED BY (Name and Title): [signature] Carroll

TIME OF INSPECTION:

INSPECTION BY: [signature] 8411

STATE OF LOUISIANA
OFFICE OF STATE FIRE MARSHAL

A/S System

INSPECTION REPORT

This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

PLEASE PRINT

TRUCTURE ID.	OCCUPANCY	EXT.	PARISH	BLDGS.	STORIES	INSP.	BADGE	SCHED. INSP. DATE	INSP. TYPE	ACT. INSP. DATE	BEGIN TIME
	14	010	11	1	1	1	73		FE	1/21/97	

ONST. TYPE	FACILITY CODE	PROJECT ID.	PROJ. TYPE	PARTL.	COMP.	NONE		CAPACITY
222		F0126808		SMOKE DET	☑	☐	GAS CERT:	
ROSS REFERENCE		YEAR BUILT	SQ. FOOTAGE	AUTO SPRK	☑	☐	ELECT CERT:	BLDG. POWER
		1997	25-000	FIRE ALAM	☐	☐	FIRE DRILL:	GAS ☑ ELECT. ☐

TRADE	OWNER
AME: Caldwell Pk. Detention Phase II	NAME: Caldwell Pk. Law Enfc Dist
DDRESS: Hwy 845	ADDRESS: P.O. Box 60
ITY: Clarks, La. STATE	CITY: Columbia, La. STATE
PHONE: ( )	ZIP: 71418 PHONE: (318 649-2345

CODE SECTION	REQUIREMENTS (LIST CODE VIOLATIONS) Specials	CORRECTION DATE
comments	B 94 N; A 54; F 54; UC 4	
	No apparent violations at the time of this inspection	

I hereby certify that this is a true report as a result of my inspection.

T NAME OF INSPECTOR	BADGE
Stuart Storey	73

ature and Title of person to whom requirements were explained.

OFFICE USE

CC:

ACTION: ☐ AT1 ☐ AT2 ☐ ATC ☐ ATF ☐ LL ☐ LLN

☐ LLT ☐ CC ☐ DE ☐ FC ☐ RL ☐ OTHER

SIGNATURE OF INSPECTOR | TIME OUT

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, of 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 not 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 the court.

SEE REVERSE SIDE OF ORDER FOR RIGHTS OF APPEAL.

OWNER'S COPY

OSFM 7055 (R 9/91)

DHS-46 (R 5/86)

LOUISIANA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES

INSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Caldwell DATE 1-28-97
INSTITUTION Caldwell Parish Correctional Center MAX. CAPACITY 233
ADDRESS 671 Hwy 845
No. MEN _____ No. WOMEN _____ No. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair . . . . . [ ]	
2. Insect and rodent protection: Tight-fitting doors . . . . . [ ] Windows; good repair, insect proof. [ ] Approved control methods . . . . . [ ]	
3. Handwashing lavatories: Hot and cold water as required . . [ ]	
4. Toilet facilities as required . . . [ ]	
5. Approved bathing facilities . . . . [ ]	
6. Safe drinking water; each cell, cell block or dormitory . . . . . [ ]	
7. Lighting as required . . . . . [ ]	
8. Forced ventilation . . . . . [ ]	
9. Gas heaters vented . . . . . [ ]	
10. Approved plumbing . . . . . [ ]	
11. Approved waste disposal . . . . . [ ]	
12. Mattresses and pillows: Good condition and clean . . . . . [ ]	
13. Isolation cell for Communicable diseases as required . . . . . [ ]	
14. Food source . . . . . [ ]	
15. Floor space: Min. 48 sq. ft. or approved/Court Order . . . . . [ ]	
16. Visitor waiting room: Sanitary facilities available . . . [ ]	

Inmate	Capacity	Time Absent
Dorm A	48	0
Dorm B	48	0
Dorm C	49	0
Dorm D	49	0
Trusties	39	0
Isolation 1	2	0
Isolation 2	2	0
Isolation 3	2	0

No Violations Noted.
(Pre opening re-inspection)

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL Frank E. Conrad SANITARIAN [signature] 1-28-97