

**State of Louisiana**  
**Department of Public Safety and Corrections**

**MEMORANDUM**

TO: Angela Tauzin, BJG Administrator  
FROM: Billy Breland, Facilities Services Director  
DATE: September 7, 2010  
RE: Orleans Parish BJG Report



Attached please find the results of the report after a re-visit to Orleans Parish in July 2010.

The report includes footnoted areas which call for plans of action, and recommendations that will allow for the continued partnership and improved conditions of confinement.

**RECEIVED**  
SEP 7 2010  
SECRETARY'S OFFICE

## BJG MONITORING REPORT

The recertification (recertification, monthly, quarterly, semi-annual or annual) inspection of the Orleans Parish Prison (facility) was conducted on JULY 9 & 16 2010 (date) by the following audit team members:

NAME	TITLE
<u>Billy Breland</u>	<u>Facilities Services Director</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

The team met with the following facility staff during the inspection:

NAME	TITLE
<u>William Short</u>	<u>Chief Deputy</u>
<u>Gary Bordelon</u>	<u>Chief</u>
<u> </u>	<u> </u>
<u>Earl Weaver</u>	<u>Chief</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Date of Last BJG monitoring Inspection 7/27/09  
This was a followup from the previous report attached

Rate the facility's last inspection and include any concerns or issues.

Additional comments:

Operational Capacity	<u>3550</u>		
Count on Day of Audit	<u>3181</u>		
	<b>Male</b>	<b>Female</b>	<b>Total</b>
Number DOC Offenders	<u>895</u>	<u>34</u>	<u>929</u>
Number of Local Offenders	<u>1965</u>	<u>202</u>	<u>2167</u>
Number of Out of State Offenders	<u> </u>	<u> </u>	<u> </u>
Number of Federal Offenders	<u>85</u>	<u> </u>	<u>85</u>
<b>Total Offenders</b>	<u>2945</u>	<u>236</u>	<u>3181</u>

### PART I. ADMINISTRATION - BJG I-001 - I-016

Review and comment on the facility's staffing plan. STAFFING IS SUFFICIENT TO MEET BASIC SECURITY NEEDS ADDITIONAL STAFFING MAY BE NEEDED IN ORDER TO MAINTAIN A HIGHER LEVEL OF DAILY UPKEEP, MAINTENANCE AND HOUSEKEEPING

Review and comment on the condition of the files including: Quality of the files - was the documentation appropriate, etc. BJG! FILES CONTINUE TO BE IN GOOD ORDER IT IS RECOMMENDED THAT ONE FILE BE MAINTAINED THAT REPRESENTS THE AGENCY'S POLICIES AND PROCEDURES WITH A SAMPLING OF COMPLIANCE PRACTICE DOCUMENTATION REPRESENTING EACH OF THE UNITS

Include a narrative on each non-compliant guideline with plan of action to become compliant. BJG2 A-002 THE ORGANIZATION CHART SHOULD INCLUDE THE NUMBER OF POSITIONS FOR SPECIFIC FUNCTIONS THAT PROVIDE SERVICES TO THE OFFENDER POPULATION,

**MEDICAL/MENTAL HEALTH/EDUCATION AND CLASSIFICATION**

Additional comments: MUNICIPALS ARE HELD UP \$100,000 BOND

**PART II. PHYSICAL PLANT - BJC II-001 - II-009**

**Fire Marshal Report**

Date of Current Report 7/15 & 7/20/2010

Maximum Capacity 3550

Include fire marshal deficiencies & corrective action taken. WORKED SEVERAL MONTHS WITH THE STATE FIRE MARSHAL'S OFFICE AND THE OPP STAFF CORDINATING A COMPLETE INSPECTION OF THE HOUSING UNITS WITH CAPACITIES NOTED ON REPORTS. ALL REPORTS ARE ATTACHED. THE MAIN FINDINGS WERE FIRE ALARM SYSTEMS NEED TO BE INPECTED-TOWELS AND BLANKETS USED FOR PRIVACY CURTAIN NEED TO BE REMOVED/MATTRESSES THAT ARE TORN OR CRACK NEED REPLACING-PERSONAL PROPERTY IN SLEEPING QUARTERS NEEDS TO BE STORED IN CLOSABLE METAL LOCKER OR AN APPROVED FIRE RESISTANT CONTAINER NONE OF THE ITEMS NOTED CONSIST OF ANYTHING NOT ACHIEVABLE. CORRECTIVE DATE ON REPORT IS 9/2/10  
RECOMMEND A PLAN OF ACTION WITH COMPLETION TIME LINE BE PROVIDED

**Health Inspection Report**

Date of Current Report 6/15 & 16/2010

Maximum Capacity 3550

Include health inspection deficiencies & corrective action taken. COORDINATED WITH THE HEALTH INSPECTORS AND OPP PERSONEL FOR COMPLETE UPDATED ISPECTION OF ALL HOUSING AREAS. CONVERSTIONS WITH INSPECTORS AND OPP REGARDING CAPACITIES HD DEPARTMENT CAPACITES WILL MATCH WHAT WAS SET BY THE SFO. ALL REPORTS ARE ATTACHED. NONE OF THE ITEMS NOTED CONSIST OF ANYTHING NOT ACHEIVABLE. IT IS NOTED THE THE BUILDING WITH THE MOST ISSUES IS HOUSE OF DETENTION THAT HAS A CAPACITY OF 841 RECOMMEND A PLAN OF ACTION WITH COMPLETION TIME LINE BE PROVIDED.

Review and comment on perimeter security and lighting after dark. ADDITIONAL LIGHTING IS RECOMMENDED ON EXTERIOR OF HOD AND ALL LIGHTS NOT OPERATABLE BE REPAIRED.

Include a narrative on each non-compliant guideline with plan of action to become compliant.

Additional comments:

**PART III. INSTITUTIONAL OPERATIONS - BJC III-001-III-017**

Does the facility provide a photo i.d. card for each DPS&C offender? YES ON ARM BANDS

Review and comment on the facility's tool and key control. TOOL AND KEY CONTROL WERE IN ORDER AND IN COMPLIANCE WITH THEIR POLICIES AND PROCEDURES.

Review and comment of the facility's PREA policy. POLICY IS IN PLACE

Review and comment on the facility's drug testing procedures. POLICY IN PLACE

Include a narrative on each non-compliant guideline with plan of action to become compliant.

Additional comments:

**PART IV. INSTITUTIONAL SERVICES - BJC IV-001 - IV-025**

Review and comment on the facility's Medical/Mental Health Services, including chart review for health screening performed at intake. CHART REVIEWS ARE CONDUCTED. HEALTH SCREENINGS ARE CONDUCTED AT INTAKE AND OFFENDERS ARE REFERED TO CLINICS WHEN DEEMED MEDICALLY NECESSARY.

Review and comment on the facility's TB policy, including chart review for testing/medical evaluation at intake and annually. OPP POLICY INFECTION CONTROL PROGRAM OUTLINES TUBERCULOSIS SCREENING AND ASSESSMENT. SCREENING IS CONDUCTED AT INTAKE AND TB TESTING( MANTOU METHOD IS SCHEDULED ON DAY 7 OF INCARCERATION AS WELL AS ANNUAL TESTING OF ALL OFFENDERS. CHARTS INDICATED THAT THEY ARE REVIEWED AND DOCUMENTED.

Comment on the facility's sick call policy and practice. SICK CALL IS CONDUCTED 5 DAYS PER WEEK

Does the facility obtain blood DNA from the DOC offenders? YES

Include a narrative on each non-compliant guideline with plan of action to become compliant.

Additional comments:

**PART V. OFFENDER PROGRAMS - BJC V-001 - V-010**

**GED Program**

Number of GED Slots	190 ✓
Number of Participants	170
YTD Number of Completions	10 ✓ <del>100</del>
<b>Literacy Program</b>	
Number of Literacy Slots	0
Number of Participants	0
YTD Number of Completions	0

List all other programs and number of slots offered at the facility such as religious services, education, substance abuse, etc. THERE IS A GED PROGRAM AVAILABLE. A FULL TIME CHAPLAIN IS AVAILABLE TO THE POPULATION. THERE ARE ALSO NA AND AA PROGRAMS AVAILABLE

Any planned or proposed expansions? ATTACHED IS A SCHEDULE OF ALL CONSTRUCTION PROJECTS AND PROPOSED COMPLETION DATES- CONSTRUCTION OF THE INTAKE PROCESSING CENTER IS COMPLETE - NEW KITCHEN AND WAREHOUSE IS UNDER CONSTRUCTION

**(Please note: All planned or proposed expansions must be submitted to the Secretary of the DPS&C and the Executive Director of the LSA for approval.)**

Include a narrative on each non-compliant guideline with plan of action to become compliant.

Additional comments:

**PART VI. MAIL AND CORRESPONDENCE - BJC VI-001 - VI-002**

Include a narrative on each non compliant guideline with plan of action to become compliant. MUCH OF THE LIBRARY SPACE WAS DESTROYED DURING KATRINA. OPSO RECEIVES MAGAZINES, PAPERBACK BOOKS AND OTHER READING MATERIAL FROM THE LIGHTHOUSE FOR

THE BLIND, THE NEW ORLEANS PUBLIC LIBRARIES, BOOKS 2 PRISONERS AND MANY PRIVATE ,INCLUDING MANY EMPLOYEES. MOST BOOKS ARE CENTRALLY ROUTED ROUTED TO THE FACILITIES. MOST FACILITIES ACCEPT BOTH BOOKS AND MAGAZINES

Additional comments:

#### PART VII. RE-ENTRY - BJJ VII-001 - VII-002

Include a narrative on any re-entry initiatives i.e., continued medical/health care, continued substance abuse, government issued identification, residential plans, etc. RE-ENTRY POLICY IS BEING REVIEWED BY SHERRIFF FOR APPROVAL

Additional comments:

#### COMMENTS ON QUALITY OF LIFE

The team evaluated the conditions of confinement at the facility during the inspection and found the overall quality of life to be: THE OVERALL ASSESMENT OF THE QUALITY OF LIFE WOULD INDICATE THERE IS ROOM FOR IMPROVEMENT IN THE PHYSICAL PLANTS (MAINTENANCE AND HOUSEKEEPING OF OPP AND HOD WHILE KEEPING IN MIND THE LONG RANGE PLANS FOR ADDITIONAL HOUSING FACILITIES WITHIN THE NEXT FIVE YEARS THE ADINISTRATIONS GOALS TO IMPROVE ON THE SITUATION.

THE FACILITIES MEDICAL DEPARTMENT RECEIVED ACCREDITATION BY NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE ON MARCH 16, 2010. Copy of letter attached

Include comments regarding the quality of life based upon the checklist. based on the check list, the facility continues to seek funding to improve upon the working conditions for the staff and offender population within the budgetary constraints that affect the department.

Additional comments:

#### RECOMMENDATION

Based on the team's inspection and review of the files indicate your recommendation. If you feel a return visit is necessary, please suggest a time table for the visit.

#### CONSIDERATIONS FOR CERTIFICATION SHOULD INCLUDE

CAPPING THE DOC OFFENDER POPULATION AT 1,000 OR LESS  
FIRE MARSHALL AND HEALTH DEPARTMENT ISSUES SHOUL BE ADDRESSED IN A TIMELY MANNER  
DOC OFFENDERS SHOULD NOT BE HOUSED IN OVERCROWDE AREAS OF THE FACILITIES  
THE ADMINISTRATION SHOULD REVIEW AND IMPROVE GENERAL MAINTENANCE AND HOUSEKEEPING AT OPP AND HOD

#### SUMMARY:

RECOMMEND THE FACILITY BE CERTIFIED WITH AGREEMENT OF THE ABOVE RECOMMENDATIONS WITH ~~BI-ANNUAL~~ MONITORING VISTS  
*Semi-Annual*

Attatched are the following:

Annual statement

Educational Fact Sheet

Fire Marshall Reports

Health Department Reports

Medical Certification Letter

Construction Schedule

Monitoring Visit Report dated 4/13/10 - Visit Conducted on 07-27-09

**Office of the Sheriff**  
*Parish of Orleans - State of Louisiana*  
**Marlin N. Gusman**



**Date:** January 08, 2009  
**To:** Billy Breland (BJG Regional Team Leader)  
**From:** Chief Gary Bordelon  
**Subject:** Basic Jail Guidelines Annual Statement (2009)

**LSA / DPS&C Jail Operations Committee:**

The New Orleans Jail Facilities are presently in compliance with all standards with the Basic Jail Guidelines. We are presently confirming our annual statement as stipulated by agreement with the Louisiana Sheriffs' Association / Department of Public Safety and Corrections, on the 08 day of January 2009.

Respectfully submitted,

  
Chief Gary Bordelon

Orleans Parish Sheriffs' Office  
2800 Gravier Street  
New Orleans, Louisiana, 70119  
(504) 827-8516 - Office  
(504) 827-6717 - Fax

Conchetta - Total Capacity  
408✓

DATE: 7-16-10  
TO: BJG Regional Team Leader  
FROM: Name & Title  
Facility  
RE: BJG Annual Statement

The Name of Facility is in continued compliance with the Basic Jail Guidelines as set forth by the Louisiana Sheriffs' Association and the Louisiana Department of Public Safety and Corrections.

Attached is a copy of our most recent Fire Marshal and Health Officer inspection reports which reflect our operational capacity of

Proposed or Projected Expansions (Yes or No)  
Number of Beds for Proposed or Projected Expansion  
Estimated Completion Date of Expansion

was provided to  
Billy Breland 7-9-10

GED Program (Yes or No)

Number of Slots Offered 15 slots

Number of Graduates in 2009 (2 GED) program started Oct. 2009

Currently our facility offers the following programs for offenders:

OFFENDER PROGRAMS

NA- 15 (2 GED)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attachments



# STATE OF LOUISIANA

**OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT**  
This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

PLEASE PRINT

<b>OFFICE:</b> New Orleans District				<b>COMMENT:</b>				<b>EVENT NUMBER:</b>				
STRUCTURE ID: 18180	OCCUPANCY: 14	EXT: NO	PARISH: 26-Orleans	BLDG: 1	STORIES: 3	# INSPECTIONS: 3	BADGE: 206	SCHED INSP DATE: 7-15-2010	INSP TYPE: AN	ACT INSP DATE: 7-15-2010	BEGIN TIME: 10:00am	
CONST. TYPE: 2111	FACILITY CODE: J18	PROJECT ID:	PROJ. TYPE:	SHORT DET:	PARTL:	COMP:	RQ:	NRO:	NONE:	CAPACITY: 408	END TIME: 11:00am	
CROSS REFERENCE:	YEAR BLT / CODE BD: 1985	AQ. FOOTAGE: 22,475	SMOKE DET:	AUTO SPRAY:	FIRE ALARM:					ELDO POWER:		
<b>STRUCTURE NAME</b> Tulane ave Facility/ Conchetta						<b>STRUCTURE OWNER</b> ORLEANS PARISH SHERIFF'S OFFICE						
ADDRESS: 2620 tulane						ADDRESS: 2800 GRAVIER ST						
CITY: NEW ORLEANS						CITY: NEW ORLEANS						
STATE: LA						STATE: LA						
ZIP: 70119						ZIP: 70119						
PHONE: 504-822-8000						PHONE: 504-827-8585						
<b>TENANT</b>												
NAME:				SUITE NO / FLOOR NUMBER:		YEAR BLT / CODE BD:		CAPACITY:		NUMBER OF FLOORS:		
<b>LICENSING INFORMATION</b>												
STATE ID NO:		TYPE OF LIC: N/A		LICENSE NO:		EXP. DATE:		SPONSOR:		RECENT DATE:		
I hereby certify that this is a true report as a result of my inspection												
PRINT NAME OF INSPECTOR: Jerry J Melanson						PRINT NAME OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED: COLONEL JERRY HOFFMAN						
RADIO: 206												
<b>CODE SECTION</b> Equiv / Appeals: Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> N/A <input type="checkbox"/> <b>REQUIREMENTS (LIST DEFICIENCIES) Total Number of Pages 2</b> <b>CORRECTION DATE</b>												
NFPA 101										Shall Remove 2nd Door From Pod Areas		8-15-2010
NFPA 72										Shall Provide Service & Maintance To Fire alarm		8-15-2010
NFPA 101										Shall Remove All Storage From Stairwells		8-15-2010
NFPA 101										Shall Replace Self Closer on Janitor Closet Door		8-15-2010
NFPA 101										Shall Remove All Excessive Storage From Cell Area		8-15-2010
No Other Deficiencies at Time of Inspection												
30 Day Temporary Occupancy Granted At Time of Inspection												
Inmate Count:363												

<b>OFFICE USE</b>		<b>ACTION</b>	
CC:		<input type="checkbox"/> AT1	<input type="checkbox"/> AT2
SIGNATURE OF INSPECTOR:		<input type="checkbox"/> AT3	<input type="checkbox"/> AT4
		<input type="checkbox"/> LL	<input type="checkbox"/> LLN
		<input type="checkbox"/> LLT	<input type="checkbox"/> CC
		<input type="checkbox"/> DE	<input type="checkbox"/> FC
		<input type="checkbox"/> RL	<input type="checkbox"/> OTHER
SIGNATURE AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED			
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 of Title 40 of the Louisiana Revised Statutes of 1950, 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.			



LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH

INSPECTION REPORT  
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 6/21/10  
INSTITUTION Cochetter Motel MAX. CAPACITY \_\_\_\_\_  
ADDRESS 2620 Tulane  
NO. MEN 377 NO. WOMEN \_\_\_\_\_ NO. JUVENILES \_\_\_\_\_ TOTAL \_\_\_\_\_

IF ITEM IS UNSATISFACTORY MARK WITH AN (X)	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair.....	<p>① Walls in shower in disrepair. 3-1 Ceiling Tiles leaking. Stain ceiling in several dorm showers. Showers walls have peeling paint. (10) Constant water pressure is not maintained in showers, hand sinks and toilets. Handsinks are clogged up. Toilet leaking from the bottom in Tier 3-3 in cell (4). (12) Mattress in disrepair (10) Slow drainage on handsink in several dorms. <del>(14) Water Coolers are not properly washed, rinsed and sanitized V/C</del></p>
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.....	

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.

CITY OFFICIAL Apt. C. Hahn SANITARIAN Kevin Hagen 11885

Temp. emergency jail (Tents)  
Capacity 682 ✓

DATE: 7-16-10

TO: BJJ Regional Team Leader

FROM: Name & Title  
Facility

RE: BJJ Annual Statement

The Name of Facility is in continued compliance with the Basic Jail Guidelines as set forth by the Louisiana Sheriffs' Association and the Louisiana Department of Public Safety and Corrections.

Attached is a copy of our most recent Fire Marshal and Health Officer inspection reports which reflect our operational capacity of

Proposed or Projected Expansions (Yes or No)

Number of Beds for Proposed or Projected Expansion

Estimated Completion Date of Expansion

was provided to  
Billy Ireland 7-9-10

GED Program (Yes or No)

Number of Slots Offered

Number of Graduates in 2009

Currently our facility offers the following programs for offenders:

OFFENDER PROGRAMS

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This Temporary Jail Has  
Attachments  
No DOC Inmates.



## STATE OF LOUISIANA

## OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT,

This inspection is intended for your safety and the safety of the citizens of Louisiana.

SAFETY INSPECTION REPORT  
Your cooperation is greatly appreciated.

PLEASE PRINT

OFFICE: New Orleans District				COMMENT:				EVENT NUMBER:			
STRUCTURE ID 160302	OCCUPANCY 14	EXT. NO	PARISH 34-Orleans	BUDG 8	STORIES 1	# INSPECTIONS 8	BADGE 523	SCHED. INSP. DATE 07/20/10	INSP. TYPE AN	ACT. INSP. DATE 07/20/10	INSP. TIME 8:30 AM
CONST. TYPE 5000	FACILITY CODE J-505	PROJECT ID	PROJ. TYPE	PARTL. <input type="checkbox"/>	COMP. <input checked="" type="checkbox"/>	BQ <input type="checkbox"/>	NRQ <input type="checkbox"/>	NONE <input type="checkbox"/>	CAPACITY 682	END TIME 10:00 AM	
CROSS REFERENCE	YEAR BILT / CODED 2006/2003	SQ. FOOTAGE	SMOKE DET. <input type="checkbox"/>	AUTO SPRK. <input type="checkbox"/>	FIRE ALARM <input type="checkbox"/>				BLDG. POWER GAS <input checked="" type="checkbox"/> ELECT <input checked="" type="checkbox"/>		
STRUCTURE NAME FEMA TEMPORARY JAIL (TENTS)						STRUCTURE OWNER ORLEANS PARISH SHERIFF'S OFFICE					
ADDRESS 2750 PERDIDO ST.						ADDRESS					
CITY NEW ORLEANS						CITY					
STATE LA						STATE					
ZIP 70112						PHONE					
NAME						TENANT					
SUITE NO. / FLOOR NUMBER						YEAR BILT / CODED					
CAPACITY						NUMBER OF FLOORS					
SQ. FOOTAGE											
LICENSING INFORMATION											
STATE ID NO.		TYPE OF LIC N/A		LICENSE NO.		EXP. DATE		SPONSOR		RECEIPT DATE	
NO. OF CLIENTS DURING THE											
I hereby certify that this is a true report as a result of my inspection											
PRINT NAME OF INSPECTOR JERRY MELANSON, BOBBY PELLEGRIN				BADGE 206, 523		PRINT NAME OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED					
CODE SECTION		EQUIV. / APPEALS: Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> N/A <input type="checkbox"/>									
		REQUIREMENTS (LIST DEFICIENCIES) Total Number of Pages									
		ANNUAL INSPECTION CONDUCTED									
NFPA 101		23.7.4.3* NEWLY INTRODUCED MATTRESSES WITHIN DETENTION AND CORRECTIONAL OCCUPANCIES SHALL BE TESTED IN ACCORDANCE WITH THE PROVISIONS OF 10.3.2(3) AND 10.3.4. (SHALL REPLACE WORN AND TORN MATTRESSES THAT WERE OBSERVED THROUGHOUT FACILITY)									
NFPA 72		SHALL PROVIDE SERVICE AND MAINTENANCE TO FIRE ALARM. (FIRE ALARM RED TAGGED AT TIME OF INSPECTION.)									
NOTE:		FIRE WATCH IN PLACE AT TIME OF INSPECTION.									
NFPA 13		SHALL PROVIDE SERVICE AND MAINTENANCE TO SPRINKLER SYSTEM. (SPRINKLER LAST INSPECTED 04/08.)									
NFPA 101		27.3.2 BOOKS, CLOTHING AND OTHER COMBUSTIBLE PERSONAL PROPERTY ALLOWED IN SLEEPING ROOMS SHALL BE STORED IN CLOSABLE METAL LOCKERS OR AN APPROVED FIRE RESISTIVE CONTAINER. (AT TIME OF INSPECTION INMATE PERSONAL PROPERTY WAS NOT BEING STORED PROPERLY PER THIS SECTION.) ALL PERSONAL PROPERTY AND COMBUSTIBLE MATERIAL SHALL BE PROPERLY STORED OR REMOVED FROM CELL AREAS.									
LRS: 40:1583		SHALL NOT LOCK, BLOCK OR OBSCURE ANY MEANS OF EGRESS OTHER THAN ALLOWED BY DETENTION CODE. SHALL HAVE HANDCUFFS REMOVED FROM DOORS IMMEDIATELY.									
NFPA 101		23.7.4.5 WASTEBASKETS AND OTHER WASTE CONTAINERS SHALL BE OF NON COMBUSTIBLE OR OTHER APPROVED MATERIALS. WASTE CONTAINERS SHALL BE PROVIDED WITH A NON COMBUSTIBLE LID OR OTHER APPROVED MATERIAL. (AT TIME OF INSPECTION LARGE WASTE CONTAINERS OF COMBUSTIBLE MATERIAL WERE LOCATED TOO CLOSE TO TENTS.)									

OFFICE USE		ACTION	
CC:		<input type="checkbox"/> AT1 <input type="checkbox"/> ATT <input type="checkbox"/> ATC <input type="checkbox"/> ATF <input type="checkbox"/> LL <input type="checkbox"/> LLM	
SIGNATURE OF INSPECTOR		<input type="checkbox"/> LLT <input type="checkbox"/> OC <input type="checkbox"/> DB <input type="checkbox"/> FC <input type="checkbox"/> RL <input type="checkbox"/> OTHER	
SIGNATURE AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED			
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 of Title 40 of the Louisiana Revised Statutes of 1950, 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.			

**STATE OF LOUISIANA**

**OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT**  
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PLEASE PRINT

NFPA 101	23.7.4.1 DRAPERIES AND CURTAINS, INCLUDING PRIVACY CURTAINS IN DETENTIONAL AND CORRECTIONAL OCCUPANCIES SHALL BE IN ACCORDANCE WITH 10.3.1. (AT TIME OF INSPECTION TOWELS AND BLANKETS WERE OBSERVED BEING USED AS PRIVACY CURTAINS. THESE MATERIALS DO NOT MEET THE FLAME PROPAGATION PERFORMANCE SET FORTH IN NFPA 701.) FACILITY SHALL NOT ALLOW INMATES TO USE TOWELS AND OR BLANKETS AS PRIVACY CURTAINS.	09/02/10
NFPA 10	SHALL PROVIDE ANNUAL SERVICE TO ALL PORTABLE FIRE EXTINGUISHERS. (AT TIME OF INSPECTION SOME OF THE PORTABLE FIRE EXTINGUISHERS WERE EMPTY AND FIRE EXTINGUISHER IN RISER ROOM WAS LAST INSPECTED 01/09)	
	TOTAL INMATES AT TIME OF INSPECTION- 648	
	ACCEPTABLE FOR OCCUPANCY.	

INITIALS OF INSPECTOR

DATE

INITIALS OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

2

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 of Title 40 of the Louisiana Revised Statutes of 1950, 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

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTHINSPECTION REPORT  
DETENTION OR INCARCERATION FACILITYPARISH OrleansDATE 6/17/10INSTITUTION Tent Camp

MAX. CAPACITY \_\_\_\_\_

ADDRESS 2800 GravierNO. MEN 665

NO. WOMEN \_\_\_\_\_

NO. JUVENILES \_\_\_\_\_

TOTAL 665

IF ITEM IS UNSATISFACTORY MARK WITH AN (X)

COMMENTS:

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

- (1) A/C vent is are dusty  
in several tents. shower floors  
are not clean throughout.
- (2) Stagnant water showers causing  
mosquitos in shower.
- (10) Water fountains in disrepair.  
Toilets in disrepair throughout  
Hf tent (6) there is cross-  
connection between shower and mop sink
- (3) Handsinks in disrepair
- (12) Mattresses in disrepair.
- Consistent  
(10) ~~inconsistent~~ water pressure  
at handsinks and showers,  
mop sinks are leaking
- (14) Water coolers are not  
properly wash, rinse, and sanitize

## 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 C. J. J. J.SANITARIAN Kevin Hagan

11/15/15

Broad Work Release  
Capacity 182 ✓

DATE: 7-16-10  
TO: BJB Regional Team Leader  
FROM: Name & Title  
Facility  
RE: BJB Annual Statement

The Name of Facility is in continued compliance with the Basic Jail Guidelines as set forth by the Louisiana Sheriffs' Association and the Louisiana Department of Public Safety and Corrections.

Attached is a copy of our most recent Fire Marshal and Health Officer inspection reports which reflect our operational capacity of

Proposed or Projected Expansions (Yes or No) *was provided to Billy Breland on 7-9-10*  
Number of Beds for Proposed or Projected Expansion  
Estimated Completion Date of Expansion

GED Program (Yes) or No  
Number of Slots Offered *15 slots (opened October 2009)* 2 GED's  
Number of Graduates in 2009 (2)

Currently our facility offers the following programs for offenders:

OFFENDER PROGRAMS

AA - 20 Slots (Thursday 7PM - 8PM)

NA - Started in 2010 (35 slots) Friday 7PM - 8PM

Attachments



**STATE OF LOUISIANA**

# OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT

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

**PLEASE PRINT**

[illegible]

<p><b>OFFICE USE</b></p> <p>CC: _____</p> <p>SIGNATURE OF INSPECTOR _____</p>	<p>ACTION <input type="checkbox"/> AT1 <input type="checkbox"/> AT2 <input type="checkbox"/> ATC <input type="checkbox"/> ATD <input type="checkbox"/> LL <input type="checkbox"/> LLN</p> <p><input type="checkbox"/> LLT <input type="checkbox"/> CC <input type="checkbox"/> DE <input type="checkbox"/> FC <input type="checkbox"/> RL <input type="checkbox"/> OTHER _____</p> <p>SIGNATURE AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED _____</p>
<p><b>R S 40 1601</b> Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part 16, Chapter 7 of Title 40 of the Louisiana Revised Statutes of 1950, be punished as such at the discretion of the court.</p>	

Templema V - Total Capacity  
316 318 L

DATE: 7-16-10  
TO: BJB Regional Team Leader  
FROM: Name & Title  
Facility  
RE: BJB Annual Statement

The Name of Facility is in continued compliance with the Basic Jail Guidelines as set forth by the Louisiana Sheriffs' Association and the Louisiana Department of Public Safety and Corrections.

Attached is a copy of our most recent Fire Marshal and Health Officer inspection reports which reflect our operational capacity of

Proposed or Projected Expansions (Yes or No)  
Number of Beds for Proposed or Projected Expansion  
Estimated Completion Date of Expansion

was provided to  
Billy Breland 7-9-10

GED Program (Yes or No)

Number of Slots Offered 30 Slots

Number of Graduates in 2009 (0 inmates was transferred out to DOC)

Currently our facility offers the following programs for offenders:

OFFENDER PROGRAMS

30 Slots 0 Graduates

Attachments





# STATE OF LOUISIANA

**OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT**  
 This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

PLEASE PRINT

OFFICE: New Orleans District				COMMENT:				EVENT NUMBER:			
STRUCTURE ID	OCCUPANCY	EXT.	PARTIAL	BLOCS	STORIES	INSPECTIONS	ADAGE	SCHED INSP DATE	INSP TYPE	ACT INSP DATE	BEGIN TIME
1222	14	NO	NO	1	3	3	206		AN	7-15-2010	1:30pm
CONST TYPE	FACILITY CODE	PROJECT ID	PAGE TYPE	PARTL	COMP	RQ	NRQ	NONE			
1222											
CROSS REFERENCE	YEAR BLT / CODED	SO FOOTAGE	SHOKE DBT	AUTO SPRK	FIRE ALARM						
	2002	46,970									
STRUCTURE NAME						STRUCTURE OWNER					
ORLEANS PARISH PRISON/ TEMPLEMAN V						ORLEANS PARISH SHERIFF OFFICE					
ADDRESS						ADDRESS					
3100 PERIDO ST						2800 GRAVIER ST					
CITY						CITY					
NEW ORLEANS						NEW ORLEANS					
STATE						STATE					
LA						LA					
ZIP						ZIP					
70119						70119					
PHONE						PHONE					
504-827-8585						504-827-8000					
NAME						NAME					
TENANT						TENANT					
SUITE NO / FLOOR NUMBER						YEAR BLT / CODED					
CAPACITY						NUMBER OF FLOORS					
SQ FOOTAGE											
LICENSING INFORMATION											
STATES ID NO		TYPE OF LIC		LICENSE NO		EXP. DATE		SPONSOR		RECENT DATE	
		N/A									
I hereby certify that this is a true report as a result of my inspection											
PRINT NAME OF INSPECTOR						PRINT NAME OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED					
Jerry j Melanson.						COLONEL JERRY HOFFMAN					
DADGE											
206											
Equiv. / Appeals: Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> N/A <input type="checkbox"/>											
REQUIREMENTS (LIST DEFICIENCIES) Total Number of Pages											
CODE SECTION		Shall Provide Service & Maintenance To Fire Alarm System								CORRECTION DATE	
NFPA 72										8-15-2010	
LS-101		Shall Remove All Excess Storage & Towels In Cell Area								8-15-2010	
LS-101		Shall Remove All Tents From Around Bunks								8-15-2010	
No Other Deficiencies At Time Of Inspection											
Acceptable For Occupancy											
Inmate Count: 263											

OFFICE USE		ACTION	
CC:		ATI	ATJ
SIGNATURE OF INSPECTOR		ATC	ATY
		LL	LLN
		CC	DE
		TC	RL
		OTHER	
SIGNATURE AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED			

R.S. 40:1631 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. 40:1632 excepted, shall be fined not more than five hundred dollars or imprisoned, for not more than six months or both. Violation of an order constitutes a separate offense and may be punished as such at the discretion of the court.

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH

INSPECTION REPORT  
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 6/17/10  
INSTITUTION Templeman IV MAX. CAPACITY \_\_\_\_\_  
ADDRESS 3100 Perdido  
NO. MEN 260 NO. WOMEN \_\_\_\_\_ NO. JUVENILES 23 TOTAL 283

IF ITEM IS UNSATISFACTORY MARK WITH AN (X)	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair.....	(1) Showers are not clean. Floor Tiles in disrepair. Peeling paint in shower.
2. Insect and rodent protection: <u>X</u> Tight-fitting doors.....	
Windows; good repair, insect proof.....	
Approved control methods.....	
3. Handwashing lavatories: Hot and cold water as required.....	(3) Hot and cold water not in good repair at hand sinks.
4. Toilet facilities as required.....	
5. Approved bathing facilities.....	(4) Water cooler stored in showers. <del>Also Ice is stored in</del>
6. Safe drinking water; each cell, cell block or dormitory.....	
7. Lighting as required.....	(2) Insects present in cells.
8. Forced ventilation.....	
9. Gas heaters vented.....	(9) No Forced ventilation throughout the prison.
10. Approved plumbing.....	
11. Approved waste disposal.....	(10) A consistent water pressure is not present at hand sink, showers and utility sink. Showers are used as a utility sink. Toilets are leaking from under 2.
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.....	

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 Capt Bailey SANITARIAN Kenneth Hagan 10885  
E D 1322 '0N WMC:0 A1A7 '11'00

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTHINSPECTION REPORT  
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 6/17/10  
 INSTITUTION Templeman II (Parish) MAX. CAPACITY \_\_\_\_\_  
 ADDRESS 3100 Perdido  
 NO. MEN 260 NO. WOMEN \_\_\_\_\_ NO. JUVENILES 23 TOTAL 283

IF ITEM IS UNSATISFACTORY MARK WITH AN (X)	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... [ ]	(10) Utility sink in disrepair.
2. Insect and rodent protection: Tight-fitting doors..... [ ] Windows; good repair, insect proof..... [ ] Approved control methods..... [ ]	(14) Food is not cook properly still uncooked.
3. Handwashing lavatories: Hot and cold water as required..... [ ]	(17) Several mattresses are in disrepair.
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..... [ ]	

## 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 Capt. Stanley SANITARIAN Kerian Jagan 11885  
 No. 2231 P. 4

HOD-Total Capacity  
841 ✓

DATE: 7-16-10  
TO: BJB Regional Team Leader  
FROM: Name & Title  
Facility  
RE: BJB Annual Statement

The Name of Facility is in continued compliance with the Basic Jail Guidelines as set forth by the Louisiana Sheriffs' Association and the Louisiana Department of Public Safety and Corrections.

Attached is a copy of our most recent Fire Marshal and Health Officer inspection reports which reflect our operational capacity of

Proposed or Projected Expansions (Yes or No)  
Number of Beds for Proposed or Projected Expansion  
Estimated Completion Date of Expansion

GED Program (Yes or No)  
Number of Slots Offered 20 slots  
Number of Graduates in 2009 (were transferred to DOC)

Currently our facility offers the following programs for offenders:

OFFENDER PROGRAMS

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Attachments



# STATE OF LOUISIANA

## OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT

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

PLEASE PRINT

OFFICE: New Orleans District				COMMENT:				EVENT NUMBER:			
STRUCTURE ID 10008178	OCCUPANCY 14	EXT NO	PARK NO-Driveway	RELDS 1	STORIES 10	# INSPECTIONS 10	BALCO 523	SCHED. RPT. DATE 07/20/10	DEPT. TYPE AN	ACT. RPT. DATE 07/20/10	BEGIN TIME 10:00 AM
CONST. TYPE 3211	FACILITY CODE J-0000017	PROJECT ID	PROJ. TYPE	PARTL	COMP	RO	NRQ	NONE	CAPACITY 841	EXP. TIME 12:00 PM	
CROSS REFERENCE	YEAR BLT / CODE ED 1967	SQ. FOOTAGE	SMOKES DET <input type="checkbox"/>	AUTO SPRK <input type="checkbox"/>	FIRE ALARM <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUILD. POWER GAS <input checked="" type="checkbox"/> ELECT <input checked="" type="checkbox"/>		
STRUCTURE NAME HOUSE OF DETENTION						STRUCTURE OWNER ORLEANS PARISH SHERIFF'S OFFICE					
ADDRESS 2735 PERDIDO ST.						ADDRESS 2800 GRAVIER ST.					
CITY NEW ORLEANS				STATE LA		CITY NEW ORLEANS				STATE LA	
ZIP 70119				PHONE 504-822-8000		ZIP 70119				PHONE 504-827-8585	
NAME						TENANT					
SUITE NO. / FLOOR NUMBER						YEAR BLT / CODE ED		CAPACITY		NUMBER OF FLOORS	
SQ. FOOTAGE											
LICENSING INFORMATION											
STATE ID NO		TYPE OF LIC N/A		LICENSE NO		EXP. DATE		SPONSOR		RECENT DATE	
REZ. TEMP		NO. OF CLIENTS DURING RPT.									
I hereby certify that this is a true report as a result of my inspection.											
PRINT NAME OF INSPECTOR JERRY MELANSON, BOBBY PELLEGRIN						BADGE 206, 523		PRINT NAME OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED			
CODE SECTION		Equiv. / Appeals: Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> N/A <input type="checkbox"/> REQUIREMENTS (LIST DEFICIENCIES) Total Number of Pages _____								CORRECTION DATE	
ANNUAL INSPECTION CONDUCTED											
NFPA 101		23.7.4.3* NEWLY INTRODUCED MATTRESSES WITHIN DETENTION AND CORRECTIONAL OCCUPANCIES SHALL BE TESTED IN ACCORDANCE WITH THE PROVISIONS OF 10.3.2(3) AND 10.3.4. (SHALL REPLACE WORN AND TORN MATTRESSES THAT WERE OBSERVED THROUGHOUT FACILITY)								09/02/10	
NFPA 72		SHALL PROVIDE SERVICE AND MAINTENANCE TO FIRE ALARM.								09/02/10	
NOTE:		FIRE WATCH IN PLACE AT TIME OF INSPECTION.									
NFPA 13		SHALL PROVIDE SERVICE AND MAINTENANCE TO SPRINKLER SYSTEM. (SPRINKLER LAST INSPECTED 04/08.)								09/02/10	
NFPA 101		27.3.2 BOOKS, CLOTHING AND OTHER COMBUSTIBLE PERSONAL PROPERTY ALLOWED IN SLEEPING ROOMS SHALL BE STORED IN CLOSABLE METAL LOCKERS OR AN APPROVED FIRE RESISTIVE CONTAINER. (AT TIME OF INSPECTION INMATE PERSONAL PROPERTY WAS NOT BEING STORED PROPERLY PER THIS SECTION.) ALL PERSONAL PROPERTY AND COMBUSTIBLE MATERIAL SHALL BE PROPERLY STORED OR REMOVED FROM CELL AREAS.								09/02/10	
NFPA 101		23.7.4.5 WASTEBASKETS AND OTHER WASTE CONTAINERS SHALL BE OF NON COMBUSTIBLE OR OTHER APPROVED MATERIALS. WASTE CONTAINERS SHALL BE PROVIDED WITH A NON COMBUSTIBLE LID OR OTHER APPROVED MATERIAL. (AT TIME OF INSPECTION LARGE AMOUNTS OF TRASH WERE LOCATED THROUGHOUT FACILITY NEAR ELEVATORS.)								09/02/10	
NFPA 101		23.7.4.1 DRAPERIES AND CURTAINS, INCLUDING PRIVACY CURTAINS IN DETENTIONAL AND CORRECTIONAL OCCUPANCIES SHALL BE IN ACCORDANCE								09/02/10	

OFFICE USE		ACTION: <input type="checkbox"/> ATI <input type="checkbox"/> AT2 <input type="checkbox"/> ATC <input type="checkbox"/> ATP <input type="checkbox"/> LL <input type="checkbox"/> LUN	
CC:		<input type="checkbox"/> LLT <input type="checkbox"/> CC <input type="checkbox"/> DS <input type="checkbox"/> FC <input type="checkbox"/> RL <input type="checkbox"/> OTHER	
SIGNATURE OF INSPECTOR		SIGNATURE AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED	
R.S. 40:1631		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. 40:1549 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.	

**STATE OF LOUISIANA****OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT**

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

PLEASE PRINT

	WITH 10.3.1. (AT TIME OF INSPECTION TOWELS AND BLANKETS WERE OBSERVED BEING USED AS PRIVACY CURTAINS. THESE MATERIALS DO NOT MEET THE FLAME PROPAGATION PERFORMANCE SET FORTH IN NFPA 701.) FACILITY SHALL NOT ALLOW INMATES TO USE TOWELS AND OR BLANKETS AS PRIVACY CURTAINS.	
NFPA 10	SHALL PROVIDE ANNUAL SERVICE TO ALL PORTABLE FIRE EXTINGUISHERS. (AT TIME OF INSPECTION SOME OF THE PORTABLE FIRE EXTINGUISHERS WERE EMPTY.)	09/02/10
NFPA 101	7.2.1.8.1* A DOOR NORMALLY REQUIRED TO BE KEPT CLOSED SHALL NOT BE SECURED IN THE OPEN POSITION AT ANY TIME AND SHALL BE SELF CLOSING. (AT TIME OF INSPECTION DOORS WERE BEING HELD OPEN BY DOOR STOPPERS, BOOKS, AND OTHER ITEMS. IN ADDITION SOME OF THE SELF CLOSING DEVICES WERE NOT IN OPERATION AND IN NEED OF REPAIR.)	09/02/10
	TOTAL INMATES PRESENT AT TIME OF INSPECTION- 812	
	ACCEPTABLE FOR OCCUPANCY.	

INITIALS OF INSPECTOR

SM

DATE

7/21/10

INITIALS OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

PAP

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 of Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1569 exempted, 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

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTHINSPECTION REPORT  
DETENTION OR INCARCERATION FACILITY

PARISH ORLEANS DATE 6/15-16/10  
 INSTITUTION House of Detention MAX. CAPACITY \_\_\_\_\_  
 ADDRESS 2735 PERDIDO ST., NEW ORLEANS, LA 70119  
 NO. MEN 831 NO. WOMEN \_\_\_\_\_ NO. JUVENILES 0 TOTAL \_\_\_\_\_

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair.....	① HOLES NOTED IN WALLS UNDER WINDOWS ON SEVERAL FLOORS. • DUST BUILD-UP ON VENTILATION FANS
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.....	• CELL WALLS AND FLOORS ARE NOT MAINTAINED CLEAN. • PEELING PAINT NOTED IN SHOWER CELLS AND IN SEVERAL CELLS. • MISSING FLOOR TILES NOTED IN SHOWER CELL ON 10TH FLOOR, AND IN SEVERAL CELLS.
4. Toilet facilities as required.....	• BROKEN GLASS WINDOW NOTED 3RD FLOOR CELL SOUTH
5. Approved bathing facilities.....	② WINDOWS ARE NOT SCREENED TO PROTECT AGAINST INSECTS AND RODENTS ROACHES NOTED
6. Safe drinking water; each cell, cell block or dormitory.....	③ SEVERAL HAND SINKS ARE NOT IN GOOD REPAIR.
7. Lighting as required.....	④ TOILETS IN SEVERAL CELLS WERE NOT FLUSHING PROPERLY TOILET ON THE YARD IS NOT IN GOOD REPAIR.
8. Forced ventilation.....	⑤ WATER COOLERS ARE USED IN EACH CELL BLOCKS. THE COOLERS ARE NOT IN GOOD REPAIR. NOR ARE THEY WASHED RINSED AND SANITIZED FREQUENTLY.
9. Gas heaters vented.....	⑥ TWENTY FOOT CANDLE INTENSITY IS NOT PROVIDED IN SHOWER CELLS AND SEVERAL HALLWAYS WHERE MOP SINKS ARE LOCATED
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.....	

## 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

SANITARIAN

Kevin Hagan

11885

MAJOR 1 100 2222 100 100 100

LENETTE 100 100 100 100 100 100

Need a # Number

P2

LHS-46 (R 5/90)

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTHINSPECTION REPORT  
DETENTION OR INCARCERATION FACILITY

PARISH ORLEANS DATE 6/15-16/10  
 INSTITUTION HOUSE OF DETENTION MAX. CAPACITY \_\_\_\_\_  
 ADDRESS 2735 PERDIDO ST. NEW ORLEANS, LA 70119  
 NO. MEN 831 NO. WOMEN \_\_\_\_\_ NO. JUVENILES 0 TOTAL \_\_\_\_\_

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... [X]	(8) Heating system in disrepair throughout.
2. Insect and rodent protection: Tight-fitting doors..... [X] Windows; good repair, insect proof..... [X] Approved control methods..... [ ]	(10) Mop sink is not equipped hot and cold water. <sup>KPH</sup> Mops. Floor drains are in disrepair. Mop sinks drainage in disrepair. Several toilet units are leaking. Showers are in disrepair. Water pressure is not consistent throughout.
3. Handwashing lavatories: Hot and cold water as required..... [X]	
4. Toilet facilities as required..... [X]	
5. Approved bathing facilities..... [ ]	
6. Safe drinking water, each cell, cell block or dormitory..... [X]	
7. Lighting as required..... [X]	(12) Several mattresses are in disrepair.
8. Forced ventilation..... [ ]	
9. Gas heaters vented..... [X]	
10. Approved plumbing..... [X]	(14) Ice bags stored in showers.
11. Approved waste disposal..... [ ]	
12. Mattresses and pillows: Good condition and clean..... [X]	Feed up utensils are not properly wash, rinse, and sanitized.
13. Isolation cell for Communicable diseases as required..... [ ]	
14. Food source..... [X]	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... [ ]	
16. Visitor waiting room: Sanitary facilities available..... [ ]	

## 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

SANITARIAN

Kevin Hagan

1885

MAJOR 11

JAN 22 2010

LENETTE CUNNINGHAM

WH06:0 01A7 71 100



South W<sup>r</sup> to Street - Total  
Capacity  
288 ✓

DATE: 7-16-10  
TO: BJB Regional Team Leader  
FROM: Name & Title  
Facility  
RE: BJB Annual Statement

The Name of Facility is in continued compliance with the Basic Jail Guidelines as set forth by the Louisiana Sheriffs' Association and the Louisiana Department of Public Safety and Corrections.

Attached is a copy of our most recent Fire Marshal and Health Officer inspection reports which reflect our operational capacity of

Proposed or Projected Expansions (Yes or No)  
Number of Beds for Proposed or Projected Expansion  
Estimated Completion Date of Expansion

was provided to  
Bill Breland 7-9-10

GED Program (Yes or No)  
Number of Slots Offered 20 slots  
Number of Graduates in 2009 (3-GED)

Currently our facility offers the following programs for offenders:

OFFENDER PROGRAMS

20 SLOTS (3-GED's)

NA- 15

Attachments



# STATE OF LOUISIANA

## OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT

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

PLEASE PRINT

EVENT ID-SEQ 0000479193-001

STRUCTURE ID. 10008180	OCCUPANCY 14	EFT. NO	PARISH 38	BLDG# 1	STORIES 2	# INSPECTIONS 2	BADGE 206	SCHED. INSP. DATE	INSP. TYPE AN	ACT. INSP. DATE 7-15-2010	BEGIN. TIME 11:00AM
CONST. TYPE 2111	FACILITY CODE J0000018	PROJECT ID	PROJ. TYPE	PARTL.	PUMP XXX	NONE	GAS (FRT)	ELECT. CERT	CAPACITY 288		
CROSS REFERENCE JUNE/DEC	YEAR BUILT 1985	SQ. FOOTAGE	SNORE LIFT	AUTO SPRK	XXX	XXX	FIRE (FRT)	BLOC POWER	OAS	XXX	ELECT
TRADE NAME SOUTH WHITE STREET DETENTION						OWNER NAME ORLEANS PARISH SHERIFF'S OFFICE					
850 SOUTH WHITE ST.						2800 GRAVIER ST.					
NEW ORLEANS, LOUISIANA						NEW ORLEANS, LOUISIANA					
70119		504-822-8000		70119		PHONE 504-827-8585					
CODE SECTION	REQUIREMENTS (LIST CODE VIOLATIONS) NFPA 101 2003 EXISTING CHAPTER 23										CORRECTION DATE

NFPA 72 LS-101	Shall Provide Service & Maintenance To Fire Alarm. Last Inspection 6-09	8-15-2010
	Shall Remove All Excess Storage Of Towels & Trash From Cell Areas	8-15-2010
	No Other Deficiencies At Time Of Inspection	
	Acceptable For Occupancy	
Inmate Count: 255		

I hereby certify that this is a true report as a result of my inspection.		OFFICE USE	
PRINT NAME OF INSPECTOR Jerry Malagon	BADGE 206	CC:	
Signature and Title of person to whom requirements were explained		ACTION: <input type="checkbox"/> AT <input type="checkbox"/> AT <input type="checkbox"/> AT <input type="checkbox"/> AT <input type="checkbox"/> IL <input type="checkbox"/> LLN	
		<input type="checkbox"/> LLT <input type="checkbox"/> CC <input type="checkbox"/> DE <input type="checkbox"/> FC <input type="checkbox"/> RL <input type="checkbox"/> OTHER	
		SIGNATURE OF INSPECTOR	
R 5-40-621		TIME OUT 12:00pm	

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH

**INSPECTION REPORT  
DETENTION OR INCARCERATION FACILITY**

PARISH Orleans DATE 6/21/10  
INSTITUTION South White MAX. CAPACITY \_\_\_\_\_  
ADDRESS 815 S. White  
NO. MEN \_\_\_\_\_ NO. WOMEN 263 NO. JUVENILES \_\_\_\_\_ TOTAL \_\_\_\_\_

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... [ ]	(7) Lighting in disrepair
2. Insect and rodent protection: Tight-fitting doors..... [ ] Windows, good repair, insect proof..... [ ] Approved control methods..... [X]	(10) Shower in disrepair. constant water pressure at handsink, on shower, and toilet.
3. Handwashing lavatories: Hot and cold water as required..... [ ]	(2) <del>stagnant</del>
4. Toilet facilities as required..... [ ]	(14) Rize Temp at 109°F.
5. Approved bathing facilities..... [ ]	
6. Safe drinking water; each cell, cell block or dormitory..... [ ]	
7. Lighting as required..... [X]	
8. Forced ventilation..... [ ]	
9. Gas heaters vented..... [ ]	
10. Approved plumbing..... [X]	
11. Approved waste disposal..... [ ]	
12. Mattresses and pillows: Good condition and clean..... [ ]	
13. Isolation cell for Communicable diseases as required..... [ ]	
14. Food source..... [X]	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... [ ]	
16. Visitor waiting room: Sanitary facilities available..... [ ]	

**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 M. J. M. de la Torre SANITARIAN Karin Hargan 11885  
b' d MZEEZ ON M. Toff... Karin Hargan A107 11885

C 7P- Total Capacity  
831 ✓

DATE: 7-16-10  
TO: BJB Regional Team Leader  
FROM: Name & Title  
Facility  
RE: BJB Annual Statement

The Name of Facility is in continued compliance with the Basic Jail Guidelines as set forth by the Louisiana Sheriffs' Association and the Louisiana Department of Public Safety and Corrections.

Attached is a copy of our most recent Fire Marshal and Health Officer inspection reports which reflect our operational capacity of

Proposed or Projected Expansions (Yes or No)  
Number of Beds for Proposed or Projected Expansion  
Estimated Completion Date of Expansion

was provided to  
Billy Breland 7-9-10

GED Program (Yes or No)  
Number of Slots Offered 90 slots (5 GED)  
Number of Graduates in 2009 (5 GED's)

Currently our facility offers the following programs for offenders:

OFFENDER PROGRAMS

90 Slots (5 GED's)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attachments



## STATE OF LOUISIANA

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT  
This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

PLEASE PRINT

OFFICE: New Orleans District				COMMENT:				EVENT NUMBER:			
STRUCTURE ID 10008177	OCCUPANCY 14 *	EXT NO	PARISH 24-Orleans	BLDG L 1	STORIES 4	# INSPECTIONS 4	BADGE 725	BOOKED INSP DATE 07/20/10	INSP TYPE AN	ACT INSP DATE 07/20/10	BECON TIME 1:00PM
CONST. TYPE 3211	FACILITY CODE 1-0000016	PROJECT ID	PROJ TYPE	PARTL		COMP	RQ	NRO	NONE	CAPACITY 831	END TIME 2:30 PM
CROSS REFERENCES	YEAR BLT / CODED 1967	SQ. FOOTAGE	SMOKE DET	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BLDG. POWER	
			AUTO SPRK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GAS	<input checked="" type="checkbox"/>
			FOB ALARM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELECT	<input checked="" type="checkbox"/>
STRUCTURE NAME ORLEANS PARISH PRISON						STRUCTURE OWNER ORLEANS PARISH SHERIFF'S OFFICE					
ADDRESS 531 S. BROAD ST.						ADDRESS 2800 GRAVIER ST.					
CITY NEW ORLEANS				STATE LA		CITY NEW ORLEANS				STATE LA	
ZIP 70119		PHONE 504-822-8000		ZIP 70119		PHONE 504-827-8585					
NAME TENANT						SUITE NO. / FLOOR NUMBER					
YEAR BLT / CODED						CAPACITY		NUMBER OF FLOORS		SQ. FOOTAGE	
LICENSING INFORMATION											
STATE ID NO.		TYPE OF LIC. N/A		LICENSE NO.		EXP. DATE		SPONSOR		RE CERT DATE	
										NO. OF CLIENTS DURING INSP.	
I hereby certify that this is a true report as a result of my inspection.											
PRINT NAME OF INSPECTOR JERRY MELANSON, BOBBY PELLEGRIN				BADGE 206, 523		PRINT NAME OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED					
CODE SECTION		Equiv. / Appeals: Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> N/A <input type="checkbox"/>									
		REQUIREMENTS (LIST DEFICIENCIES) Total Number of Pages									
		ANNUAL INSPECTION CONDUCTED									
NFPA 101		23.7.4.3* NEWLY INTRODUCED MATTRESSES WITHIN DETENTION AND CORRECTIONAL OCCUPANCIES SHALL BE TESTED IN ACCORDANCE WITH THE PROVISIONS OF 10.3.2(3) AND 10.3.4. (SHALL REPLACE WORN AND TORN MATTRESSES THAT WERE OBSERVED THROUGHOUT FACILITY)									
NFPA 72		SHALL PROVIDE SERVICE AND MAINTENANCE TO FIRE ALARM.									
NOTE:		FIRE WATCH IN PLACE AT TIME OF INSPECTION.									
NFPA 13		SHALL PROVIDE SERVICE AND MAINTENANCE TO SPRINKLER SYSTEM.									
NFPA 101		27.3.2 BOOKS, CLOTHING AND OTHER COMBUSTIBLE PERSONAL PROPERTY ALLOWED IN SLEEPING ROOMS SHALL BE STORED IN CLOSABLE METAL LOCKERS OR AN APPROVED FIRE RESISTIVE CONTAINER. (AT TIME OF INSPECTION INMATE PERSONAL PROPERTY WAS NOT BEING STORED PROPERLY PER THIS SECTION.) ALL PERSONAL PROPERTY AND COMBUSTIBLE MATERIAL SHALL BE PROPERLY STORED OR REMOVED FROM CELL AREAS.									
NFPA 101		23.7.4.5 WASTEBASKETS AND OTHER WASTE CONTAINERS SHALL BE OF NON COMBUSTIBLE OR OTHER APPROVED MATERIALS. WASTE CONTAINERS SHALL BE PROVIDED WITH A NON COMBUSTIBLE LID OR OTHER APPROVED MATERIAL. (AT TIME OF INSPECTION LARGE AMOUNTS OF TRASH WERE LOCATED THROUGHOUT FACILITY NEAR ELEVATORS.)									
NFPA 101		23.7.4.1 DRAPERIES AND CURTAINS, INCLUDING PRIVACY CURTAINS IN DETENTIONAL AND CORRECTIONAL OCCUPANCIES SHALL BE IN ACCORDANCE WITH 10.3.1. (AT TIME OF INSPECTION TOWELS AND BLANKETS WERE									

OFFICE USE		ACTION: <input type="checkbox"/> AT1 <input type="checkbox"/> AT2 <input type="checkbox"/> ATC <input type="checkbox"/> ATY <input type="checkbox"/> LL <input type="checkbox"/> LKH	
CC:		<input type="checkbox"/> LLT <input type="checkbox"/> CC <input type="checkbox"/> DE <input type="checkbox"/> FC <input type="checkbox"/> RL <input type="checkbox"/> OTHER	
SIGNATURE OF INSPECTOR		SIGNATURE AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED	
<p>When a fine is imposed under any provision of Part IV, 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.</p>			

**STATE OF LOUISIANA****OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT**

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

PLEASE PRINT

	OBSERVED BEING USED AS PRIVACY CURTAINS. THESE MATERIALS DO NOT MEET THE FLAME PROPAGATION PERFORMANCE SET FORTH IN NFPA 701.) FACILITY SHALL NOT ALLOW INMATES TO USE TOWELS AND OR BLANKETS AS PRIVACY CURTAINS.	
NFPA 10	SHALL PROVIDE ANNUAL SERVICE TO ALL PORTABLE FIRE EXTINGUISHERS. (AT TIME OF INSPECTION SOME OF THE PORTABLE FIRE EXTINGUISHERS WERE EMPTY.)	09/02/10
NFPA 101	7.2.1.8.1* A DOOR NORMALLY REQUIRED TO BE KEPT CLOSED SHALL NOT BE SECURED IN THE OPEN POSITION AT ANY TIME AND SHALL BE SELF CLOSING. (AT TIME OF INSPECTION DOORS WERE BEING HELD OPEN BY DOOR STOPPERS, BOOKS, AND OTHER ITEMS. IN ADDITION SOME OF THE SELF CLOSING DEVICES WERE NOT IN OPERATION AND IN NEED OF REPAIR.)	09/02/10
	TOTAL INMATES PRESENT AT TIME OF INSPECTION- 804	
	ACCEPTABLE FOR OCCUPANCY.	

INITIALS OF INSPECTOR

DATE

INITIALS OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED

2

R.S. 49:1611

Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 2 of Title 40 of the Louisiana Revised Statutes of 1950, R.S. 49:1589 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

10/6/9 (Rev. 5/90)

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH

1 of 2

831

INSPECTION REPORT  
DETENTION OR INCARCERATION FACILITY

PARISH Orleans

INSTITUTION OPP

DATE 6/27/10

ADDRESS 531 S. Broad

MAX. CAPACITY

NO. MEN 781

NO. WOMEN

NO. JUVENILES

TOTAL

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]

COMMENTS:

1. Building:  
floors, walls and ceilings:  
Clean, good repair..... [X]
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..... [X]
4. Toilet facilities as required..... [ ]
5. Approved bathing facilities..... [ ]
6. Safe drinking water; each cell,  
cell block or dormitory..... [ ]
7. Lighting as required..... [X]
8. Forced ventilation..... [X]
9. Gas heaters vented..... [ ]
10. Approved plumbing..... [X]
11. Approved waste disposal..... [ ]
12. Mattresses and pillows:  
Good condition and clean..... [X]
13. Isolation cell for Communicable  
diseases as required..... [ ]
14. Food source..... [X]
15. Floor space:  
Min. 48 sq. ft. or approved Court  
Order..... [ ]
16. Visitor waiting room:  
Sanitary facilities available..... [ ]

(1) Showers need repainting.  
No utility sink using shower  
as mop sink. Peeling paint in  
shower. Peeling paint in meeting  
RM A-2. Mops stored in Shower  
(3) Hot and cold water is not  
consistent at hand sinks.  
(7) Lights in disrepair. Lights in  
reaching 20 F candles.  
(9) Forced ventilation is not  
present on several tiers.  
(10) A consistent water pressure  
at hand sinks, toilet, and shower.  
Slow drainage at several hand sin-  
kers. No utility sink present in several  
tiers.  
(12) Mattresses in disrepair.

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

SANITARIAN

7 2222 ON NA

WH06:0 -0107

71 100 [5]

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTHINSPECTION REPORT  
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 6/22/10  
 INSTITUTION O.P.P. MAX. CAPACITY \_\_\_\_\_  
 ADDRESS 531 S. Broad  
 NO. MEN 781 NO. WOMEN \_\_\_\_\_ NO. JUVENILES \_\_\_\_\_ TOTAL \_\_\_\_\_

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... [ ]	(14) Water cooler is in disrepair
2. Insect and rodent protection: Tight-fitting doors..... [ ] Windows; good repair, insect proof..... [ ] Approved control methods..... [ ]	(10) Toilet clogged on the yard.
3. Handwashing lavatories: Hot and cold water as required..... [ ]	(14) Water cooler is stored in showers and not properly washed, rinsed, and sanitized.
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..... [X]	
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..... [ ]	

## 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

SANITARIAN

P. 8 No. 2232

Kevin Hagan

JUL 12 2010 8:46AM



**Educational Fact Sheet**  
**Orleans Parish Sheriff's Office**

Over two hundred students are enrolled in educational programs at OPSO, working towards completing high school, basic literacy, or GED classes. Since OPSO began testing incarcerated students in 2009, 36 students have taken the GED test. Of these, 31, or 86%, have successfully passed and earned a GED.

**GED Testing Center**

In May 2009, Sheriff Marlin N. Gusman and the Orleans Parish Sheriff's Office opened General Educational Development (GED) Testing Center. The GED Testing Center is located at the OPSO American Textiles Building and serves all members of the community who require GED test taking services, as well as the literacy programs of New Orleans. Testing is administered by State of Louisiana Department of Education certified testing coordinators.

Sheriff Gusman decided to open the center when he noted that the lack of GED testing centers was hampering the recovery of Orleans Parish. Post-Katrina, Orleans Parish lost all GED testing centers, creating a lack of opportunity for citizens who wished to complete their education. There was a long waiting list of students who are ready to take the GED but were unable to do so due to the lack of testing centers in Orleans Parish.

The GED Testing Center hosted 105 civilians for testing between May and December 2009 and has hosted 120 civilians between January and June 2010, for a total of 225 GED tests since opening its doors.

The GED Testing Center also serves OPSO inmate students, who are tested within the prison itself. The GED Testing Center has also provided testing services to 36 inmate students, of whom 31, or 86%, passed and earned their GED test.

**Educational Partners**

A key initiative at OPSO under Sheriff Marlin N. Gusman is the expansion of educational opportunities for inmates. The Department partners with the State of Louisiana Department of Education, Delgado Adult Basic Education, and the Orleans Parish Public Schools for education services.

Delgado Community College Adult Basic Education holds basic literacy, intermediate, and GED classes at the Warren McDaniels Work Release Facility and Conchetta Facility. The Orleans Parish Public Schools Alternative Learning Institute holds high school, special education, and GED classes in the South White Street Female Division, Phase V, Orleans Parish Prison, and House of Detention.

## **Education Dorm**

In January 2010, OPSO and Delgado Community College Adult Basic Education partnered to provide 48 Department of Public Safety and Corrections (DOC) inmates at Conchetta with basic literacy and GED classes. Due to a lack of classroom space, Warden Jerrod Spinney designated an Education Tier specifically for inmate students. Students live and do schoolwork in the dormitory, agreeing to abide by a set of rules that make the dormitory primarily a learning environment. The rules include turning off the television for daily study time, coming to class properly attired and having respect for teachers and fellow students. Students also have special privileges, including a dormitory library, use of educational materials, and the help of peer tutors.

Currently, forty-eight students at various learning levels, from basic literacy to pre-GED, live at the Conchetta facility education dormitory. Delgado Adult Basic Education provides three teachers for the education dorm, which has graduated ten GED students in its inaugural semester. Inmate students who roll out during their studies are encouraged to immediately enroll in Delgado at Tulane Towers to continue their studies.

This model has been very successful thus far, and is being imported to additional facilities, with an inaugural class at HOD beginning in Fall 2010. This class, which is expected to be twenty students, will be hosted by the Orleans Parish Public Schools Alternative Learning Institute.

## **Library Services**

Another service which is rebuilding since the destruction of much of the educational and library space in Hurricane Katrina is the OPSO library system. OPSO receives magazines, paperback books, and other reading material from the Lighthouse for the Blind, the New Orleans Public Libraries, Books 2 Prisoners, and many private donors, including many employees. Most books are centrally routed via Anne McKinley in the Grants Department through Warden Jerrod Spinney at Conchetta or directly to facilities, which log them into the library system on the AS400. Most facilities accept both books and magazines, which are renewed frequently. Libraries at Conchetta, HOD, South White Street, OPP, and Phase V are very popular, with many thousands of media circulating at all times.



National Commission on  
Correctional Health Care

1145 W Diversey Pkwy  
Chicago, Illinois  
60614-1318

773-880-1460 phone  
773-880-2424 fax  
[www.ncchc.org](http://www.ncchc.org)

March 16, 2010

Sheriff Marlin Gusman  
Orleans Parish Criminal Sheriff's Office  
2800 Gravier Street  
New Orleans, LA 70119

Dear Sheriff Gusman:

Congratulations! The Accreditation Committee of the National Commission on Correctional Health Care (NCCHC), upon receipt of further documentation, voted to accredit the Orleans Parish Criminal Sheriff's Office for its compliance with NCCHC *Standards for Health Services in Jails*. Enclosed is the updated accreditation report which documents compliance with the *Standards*.

NCCHC congratulates you on your achievement and wishes you continued success in the future. Enclosed is a pin which signifies your facility's achievement of accreditation. Please be advised that additional pins for your staff can be ordered through NCCHC. The framed Certificate of Accreditation will be sent under separate cover. It is anticipated that the next scheduled on-site survey of the facility will occur sometime prior to October 2012. If we can be of any assistance to you, please feel free to call us at any time.

Sincerely,

Jennifer E. Kistler, MPH  
Director of Accreditation

Enclosure

cc: Edward A. Harrison, NCCHC President  
Ricardo A. Escobar, MA, Medical Administrator