

Department of Public Safety & Corrections
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



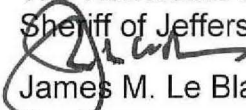
JAMES M. LE BLANC
SECRETARY

A handwritten signature in blue ink, appearing to be "JML", located below the name of the Secretary.

February 20, 2023

MEMORANDUM

TO: The Honorable Joseph P, Lopinto III
Sheriff of Jefferson 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 that was conducted at Jefferson Parish Correctional Center on December 16, 2022. The facility continues to provide a secure, safe, and stable environment for DOC offenders in their custody. We will continue with annual monitoring visits.

Thank you for your support of the BJJ process.

JML/mwk

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association
Sue Ellen Monfra, Deputy Chief, Jefferson Parish Correctional Center
Seth Smith, Chief of Operations
Donnie Bordelon, Warden EHCC
Aaron Hooper, BJJ Team Leader



BJG MONITORING REPORT

x Annual, ___ Semi-Annual, ___ Quarterly, ___ Monthly, or ___ Recert with Waiver

Rev. 08/01/2022 mwk

Facility Name: Jefferson Parish Correctional Center
BJG Team Leader & Monitors: Aaron Hooper, BJB Team Leader
Facility Warden & Email Address: Deputy Chief Sue Ellen Monfra monfra_sm@jpsoc.com
Facility Staff: Bryan Bordelon, Captain
BJG Inspection Date: 12/16/2022
Previous BJB Inspection Date: 12/08/2021
Operational Capacity: 1085
Count on Day of Visit: 1008

Concerns or Issues from the previous BJB Monitoring Inspection:

V-A-003 Programs and Services
V-A-003-1 Educational Programming

	# MALE	# FEMALE	TOTAL
Number of DOC Offenders	99	11	110
Number of Local Offenders	792	106	989
Number of Out of State Offenders	0	0	0
Number of Federal Offenders	0	0	0
Number of ICE Detainees	0	0	0
TOTAL	891	117	1008

Number of DOC Offenders that are:

Single Bunked 10
 Double Bunked 28
 Triple Bunked 72
Total 110

Number of DOC Offenders that are in Restricted Housing:

Single Bunked 3
 Double Bunked 2
 Triple Bunked 0
Total 5

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

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
December 2021	0	0	0	0
January 2022	0	0	0	0
February 2022	0	0	0	0
March 2022	0	0	0	0
April 2022	0	0	0	0
May 2022	0	0	0	0
June 2022	0	0	0	0
July 2022	0	0	0	0
August 2022	0	0	0	0
September 2022	0	0	0	0
October 2022	0	0	0	0
November 2022	0	0	0	0

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

Month/Year	Illicit Substance	Alcohol	Weapon	Cell Phone	Other
December 2021	0	0	0	0	1
January 2022	0	0	2	0	1
February 2022	1	0	0	0	1
March 2022	0	0	0	0	2
April 2022	0	0	0	0	1
May 2022	0	0	1	0	1
June 2022	0	0	1	0	1
July 2022	0	0	3	0	0
August 2022	0	0	0	0	1
September 2022	0	0	0	0	2
October 2022	0	0	0	0	1
November 2022	0	0	0	0	0

GENERAL APPEARANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area:

Overall the living areas were found to be clean, organized and odor free.

- **Dorms** Dorm areas were in order and found to be clean and odor free. Offenders' property was stored in living area.
- **Cell Block** Cell block areas were clean and odor free.

Culinary/Dining:

Contracted out and employed by Summit, Jefferson Parish provides deputies for security. The tools and sharp objects were controlled on an inventoried locked shadow board in a locked room. Cabling is used when knives are checked out. Dry storage had all items labeled and stored 6" off the ground. Sample meal trays were labeled and stored for at least the last three meals served. Cooler and freezer areas were found in good order besides some eggs on top of other foods, they were moved around at time off inspection. Temperature on cooler and freezers are logged daily.

Bathrooms:

Bathrooms are clean and odor free, contained hand soap and paper towels. Checked water, hot water works.

Yard Areas:

Yard and recreation areas were adequate. Documentation provided reflects that recreation was occurring on a regular three time per week, weather permitting.

Maintenance:

Facility has on staff maintenance personal daily. Tool inventory kept up daily. MSDS forms are well maintained and correct.

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

- I-A-001 Safety/Sanitation/Inspections (MANDATORY):** Compliant
Weekly sanitation inspections are conducted. Fire Marshall and Department of Health inspections done yearly. All deficiencies have been addressed.
- I-C-001 Emergency Plan (MANDATORY):** Compliant
An emergency plan is in place. Employees are trained and knowledgeable of the plans. Emergency plan exit maps are posted throughout the facility.
- I-C-003 Fire Safety/Code Conformance (MANDATORY):** Compliant
Facility has documentation for the fire alarm maintenance being tested and checked.
- II-A-006 Staff Log (MANDATORY):** Compliant
Logs are placed in all areas of the facility and contain required information. Facility forms are completed for notification of incidents to the administration.
- II-A-007 Counts (MANDATORY):** Compliant
- How many formal counts are conducted each shift? Three
 - How many counts are conducted each day? Five
 - **Stick outs counts**
 - How does the facility accomplish this? Call in to main control , information is record in the living area log books listing where offenders are physically located.
 - Does this process ensure accountability and safe/secure operation of the facility?
Yes
- II-A-008 Offender Population Management System:** Compliant
All information is documented and maintained on each offender and is transferred with the offender if transferred out of the facility.
- II-A-010 Admissions:** Compliant
Policy and procedure are in place and all admission forms are thorough and completed.
- 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?

Offenders are screened by the Security and Investigations section. Their criminal history, sentence and disciplinary history is taken into account. The medical section also must give clearance to be able to work as a trustee.

- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

II-A-016 Photo Identification (MANDATORY): Compliant Upon admission, all offenders receive an institutional ID cards.

II-A-018 Offender Drug Testing (MANDATORY): (List monthly since the previous BJG monitoring visit.) This facility does not conduct drug test of DOC offender. Their position has been and continues to be, they only house pretrial and new arrest offenders and do not house DOC offender for very long.

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
December 2021	0	0	0	0
January 2022	0	0	0	0
February 2022	0	0	0	0
March 2022	0	0	0	0
April 2022	0	0	0	0
May 2022	0	0	0	0
June 2022	0	0	0	0
July 2022	0	0	0	0
August 2022	0	0	0	0
September 2022	0	0	0	0
October 2022	0	0	0	0
November 2022	0	0	0	0

II-A-019 Offender Transfers: Compliant
The Facility is using the correct forms in place for the offender transfers.

II-A-020 Cell Checks (MANDATORY): Compliant
The facilities procedures advise the officer to make rounds every 15 – 30 minutes in these areas. Log book documentation was provided and were observed to contain that rounds were being conducted at these times.

II-B-002-1 Use of Restraints for Pregnant Offenders: Compliant
The facility's policy is compliant with DOC Regulation.

II-C-001 Procedures for Searches Compliant
The facility conducts visual body searched on all offenders upon intake and when offenders return to the facility. The facility keeps detailed shakedown and daily search logs on file. Procedures are in place and logs are maintained on all searches.

II-D-001 Key, Tool, and Utensil Control (MANDATORY): Compliant
The facility's tools, key and utensil control were found to be in good order. Inventories and documentation are kept up daily. A shadow board with a lock in key for the culinary utensil is being used.

- III-A-001 Rules and Discipline (MANDATORY):** Complaint
- Does the facility's offender orientation include the application process for applying for restoration of good time? The Facility do not house DOC Offenders long term, Offenders or shipped to other facilities.
 - What is their restoration of good time application process for the offender population?
N/A
 - Does their restoration of good time application process meet DPS&C, Corrections Services' criteria? They have a policy in place but have yet used it because they always ship out the Offenders.
- IV-A-003 Food/Dietary Allowances (MANDATORY):** Compliant
Contract with Summit Foods, they have a qualified nutritionist and dietician.
- IV-A-006 Food Services Management (MANDATORY):** Compliant
Written policy in place, two hot meals daily, sample trays stored in cooler for 3 days.
- IV-B-001 Plumbing Fixtures – Toilets & Washbasins (MANDATORY):** Compliant
Offenders have access to appropriate toilets and washbasins.
- IV-B-002 Plumbing Fixtures – Showers (MANDATORY):** Compliant
The water temperatures were observed to be appropriate.
- IV-B-005 Personal Hygiene (MANDATORY):** Compliant
Offenders are provided adequate supplies necessary for maintaining personal hygiene.
- IV-C-001 Access to Care/Clinical Services (MANDATORY)** (Does the facility charge a co-payment? If so, approved by DPS&C?): Compliant - There is a computer system in each dorm that lets the offenders log on and can see all necessary information on assessing health care and the co-pay requirements. Co-pays are approved by DPS&C.
- IV-C-003 Provision of Treatment (MANDATORY):** Compliant
Policies in place.
- IV-C-005 24 Hour Care (MANDATORY):** Compliant
Offenders have access to 24 hour care.
- IV-C-006-1 Pregnancy Management (MANDATORY):** Compliant
The facility's policy is compliant with DOC Regulation.
- IV-C-008 Annual TB Testing:** Compliant
The facility conducted TB testing on all offenders at no cost to the offender. This is done upon intake and annually.
- IV-C-009 Chronic Care Program (MANDATORY):** Compliant
- IV-C-012 Access to Sick Call (MANDATORY):** Sick call forms are available on all kiosk machines in all dorms and offenders have access to them 24/7. Once completed they are emailed straight to the medical department. The requests are triaged and scheduled for visits.

- IV-C-013 Infirmiry Care:** Compliant
The facility has a 24/7 medical care service. There is a nurse at the facility 24/7. If medical staff determines the health issues to be an emergency, offenders are transported to the local hospital.
- IV-C-013-1 Medical Releases** (Medical Parole, Medical Treatment Furlough, and/or Compassionate Release): Compliant.
- IV-C-014 Suicide Prevention and Intervention (MANDATORY):** Compliant
Mental health staff evaluates each offender and determines the treatment. The staff receives annual suicide prevention training.
- IV-C-015 Offender Deaths (MANDATORY):** Compliant
Facility has a policy in place for actions to be taken in the event of an offender's death.
- IV-C-016 Notification:** Compliant
Policies in place to notify family members if the offender is on ICU.
- IV-D-001 Healthcare Quarterly Meetings (MANDATORY):** Compliant
Medical meets at least quarterly.
- IV-D-004 Confidentiality of Health Information/Individual Health Record:** Compliant
Access to offender medical information/files are controlled and restricted to those who have legal authority. Medical records are stored in a secured restricted area and are transported with the offender upon transfer to another local facility or to DPS&C.
- IV-D-006-1 Emergency Assessment for Intoxication or Suspected Intoxication (MANDATORY)**
Complaint
- IV-D-007 Internal Review/Quality Assurance (MANDATORY):** Compliant
Policy is in place for internal reviews upon conclusion of a serious event.
- IV-E-001 Alleged and Substantiated Sexual Assaults –** Compliant
- Is this facility required to be PREA compliant due to contract language? No
 - Is this facility PREA compliant? No
If yes, date compliance received: N/A
 - If this facility is required to be PREA compliant due to contract language, and has not done so, what is their plan of action for compliance? N/A
- V-A-004 Religious Programs:** Compliant
- V-A-005 Exercise & Recreation Access (MANDATORY):** Compliant
Documentation provided reflects that recreation was occurring on a regular three time per week, weather permitting.
- V-B-001 Programs and Services:**
- List all Certified Treatment Programs (Attach Form IS-B-8-b)
N/A
 - List all other Offender Programs
Religious Programs
Alcoholics Anonymous
Narcotics Anonymous
Female Trauma Group

V-B-002 Educational Programming: Non-Compliant

GED Program

Number of GED Slots	<u>0</u>
Number of Participants	<u>0</u>
YTD Number of Completions	<u>0</u>

V-B-003 Substance Abuse Programs: Compliant
Alcoholics Anonymous
Narcotics Anonymous

V-C-001 Releasing Offenders: Compliant
Offenders are released with property and identification that was collected upon intake. Offenders are also released with prescribed medications.

V-C-002 Regional Reentry Programs (Are offenders releasing with two valid forms of identification?):
Offenders are releasing with two valid forms of identification.

V-C-004 Parole Board Procedures: Compliant

VI-B-002 Grievance Process (MANDATORY):

- Does grievance process include at least two levels of review? Yes Three
- Who is the designee at each level of review?

First Responder is typically the Section Commander of the section pertaining to the complaint.

Second Responder is typically the administrative major or Captain

Third Responder is typically the JPSO Attorney

- What is the specified time period for response at each level?
 - Step 1 reply must be within 15 days from the time the grievance was referred by the Administration.
 - Step 2 reply must be made within 25 days of receipt of offenders request for Administrative review of step 1 response.
 - Step 3 reply must be made within 40 days of receipt of Offenders request for Administrative review of step 2 response.

VII-A-002 Weapons Training: Weapons Training - Compliant
Deputies are POST certified and receive appropriate training regarding the use of handling and retention of weapons.

VII-B-010 Monthly Reporting: Compliant
Facility turns in all monthly reports in a timely manner. All reports are accurate and detailed.

VII-B-012 Proposed Expansions: Compliant
No expansions at this time.

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff overall morale was good and seem to be working together towards common goals. All employees conducted themselves professionally and respectfully.

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

No complaints made by any offender during the walk through. Talked to the offenders working in the kitchen, they liked the quality of the food and no other complaints.

RECOMMENDATION:

V-B-001 Programs and Services
V-B-002 Educational Programming

At this time, continued annual monitoring visits are recommended.



John Bel Edwards
GOVERNOR

Office of State Fire Marshal

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



Daniel H. Wallis
FIRE MARSHAL

Inspection Report

Report # CB-19-000090-3

Deficient/Cautious Codes cited.

Location Information			
Inspection Type	Compliance Building Inspection		Inspection Date 6/24/2022 2:17:55 PM
Structure ID	128199	No. of Buildings	6
Capacity		Year Built	1999
Facility Code	J22		
Construction Type	Type VA / (111)		
Building/Trade Name	Address		
JEFFERSON PARISH CORRECTION CENTER		100 DOLHONDE STREET, GRETNA, LA 70053	
Owner Information			
Owner Type	Name	Contact Phone	Contact Email
	JEFFERSON PARISH CORRECTIONS		R.PEART@JEFFPARISH.NET
Address			
POST OFFICE BOX 388, GRETNA, LA 70054			
Tenant Information			
Name	Suite Number	Floor Number	Square Footage
Occupancy Details			
Occupancy Type	Details		
Institutional	INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 4		
Deficient and Cautionary Items			
Description	Code Status	Correction Date	
RS 23:536 Boilers, Pressure Vessels, and water heaters of 120 gallon capacity or larger and/or 200,000 BTU/HR heat input shall conform with the provisions of the Louisiana Boiler Inspection Law in accordance with adopted rules and regulations. (Contact our Boiler Section at 800-256-5452 with any questions concerning this requirement). (CURRENTLY THE FACILITY HAS MULTIPLE BOILERS ABOVE THE 120 GALLON CAPACITY AND THE 200,000 BTU/HR AND A CURRENT INSPECTION CERTIFICATE WAS NOT PROVIDED AND/OR POSTED.)	DEFICIENT	7/25/2022	
NFPA 101:23.2.9 Emergency Lighting. 23.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9, unless otherwise permitted by 23.2.9.2. 23.2.9.2 Emergency lighting of not less than a 1-hour duration shall be permitted to be provided. (CURRENTLY THE MECHANICAL BUILDING HAD ALL EMERGENCY LIGHTS NOT FUNCTIONING.)	DEFICIENT	7/25/2022	



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FIRE MARSHAL

Inspection Report

Report # CB-19-000090-3

Deficient/Cautionary Codes cited.

<p>NFPA 101: 9.11.2; NFPA 25: 10.21.4 "Where a required sprinkler system is out of service for more than 10 hours in a 24-hour period, the authority having jurisdiction shall be notified. The facility shall be evacuated or an approved fire watch shall be provided."</p> <p>This facility shall implement a fire watch in accordance with State Fire Marshal Guidelines, a copy of said guidelines was given to (name of person signing report) and said fire watch shall remain in effect until the system is back in service and an inspection has been conducted by this office.</p> <p>(JUNE 23 UPDATE: FIRE WATCH WAS NOT BEING PERFORMED CORRECTLY. DEPUTIES EXPLAINED THE PROPER PROCEDURE FOR FIRE-WATCH AND MANDATED THAT ANY UNMANNED AND NON-SURVEILLANCE AREA OF THE JAIL INCLUDING BUT NOT LIMITED TO STAIRWELLS, THE PLANT, AND STORAGE CLOSETS, MUST HAVE BE SEEN APPROXIMATELY EVERY 30 MINUTES. LOGS MUST BE KEPT FOR EACH DAY.)</p>	DEFICIENT	7/25/2022
<p>R.S. 40:1578.6 (C) This inspector deems that a serious life hazard exists due to the lack of a required operative fire alarm system. Therefore, the 2015 edition of the life safety code shall be implemented as per the following:</p>	DEFICIENT	7/25/2022
<p>NFPA 25:5.2.1.1.2 Any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2)*Corrosion (3) Physical damage (4) Loss of fluid in the glass bulb heat-responsive element (5)*Loading (6) Painting unless painted by the sprinkler manufacturer (CURRENTLY THE SPRINKLER HEADS THROUGHOUT THE FACILITY ARE LOADED AND CORRODED) (JUNE 23 UPADTE: FACILITIES STATES THEY ARE ACTIVELY SEEKING NEW HEADS BUT ARE HAVING DIFFICULTY IN LOCATING THEM TO PURCHASE.)</p>	DEFICIENT	7/25/2022
<p>NFPA 101:23.7.6 Keys. All keys necessary for unlocking doors installed in a means of egress shall be individually identified by both touch and sight. (SHALL PROVIDE KEYS TO OPEN ALL EGRESS DOORS AND/OR PROVIDE REPAIRS TO DOOR LOCKS AND DOORS TO ALLOW OPENING.)</p>	DEFICIENT	7/25/2022
<p>NFPA 101:23.2.8 Illumination of Means of Egress. Means of egress shall be illuminated in accordance with Section 7.8. (CURRENTLY THE 4TH FLOOR CENTER STAIRS HAD THE LIGHTS NOT FUNCTIONING.)</p>	DEFICIENT	7/25/2022
<p>NFPA 101: 8.3.5.1 Firestop Systems and Devices Required. Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. The firestop system or device shall be treated in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops, at a minimum positive pressure differential of 0.01 in. Water column (2.6 N/m²) between the exposed and the unexposed surface of the test assembly. (CURRENTLY MECHANICAL ROOMS HAVE PENETRATIONS THAT DO NOT CONTAIN FIRE COCKING THUS MAKING THE 2-HOUR RATING FOR THESE WALLS INVALID. WILL ENSURE THAT ALL FIRE RATED WALLS HAVE THE PROPER COCKING AND FIRE STOP IN ORDER TO COMPLETE AND MAINTAIN THE FIRE RATING OF THOSE WALLS.)</p>	DEFICIENT	7/25/2022



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FIRE MARSHAL

Inspection Report

Report # CB-19-000090-3

Deficient/Cautiounary Codes cited.

<p>NFPA 101: 4.5.8 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained, unless the Code exempts such maintenance.</p> <p>4.5.8 Vertical Openings. Every vertical opening between the floors of a building shall be suitably enclosed or protected, as necessary, to afford reasonable safety to occupants while using the means of egress and to prevent the spread of fire, smoke, or fumes through vertical openings from floor to floor before occupants have entered exits.</p> <p>7.2.1.8 Self-Closing Devices. 7.2.1.8.1* A door leaf normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2, unless otherwise permitted by 7.2.1.8.3. (CURRENTLY THROUGHOUT THE FACILITY ON ALL FLOORS, DOORS FOR THE STAIR ENCLOSURES WERE PROPEDED OPEN AND/OR HAD THE SELF-CLOSURE DISCONNECTED OR REMOVED. ALL DOORS REQUIRED TO SELF CLOSE SHALL BE SELF-CLOSING AND KEPT IN THE CLOSED POSITION UNLESS THE DOOR IS HELD OPEN BY AN APPROVED DEVICE SUCH AS A MAGNETIC HOLD CONNECTED TO THE FIRE ALARM SYSTEM.)</p>	DEFICIENT	7/25/2022
<p>LAC55-V:3037 Fixed systems including pre-engineered and engineered shall be installed, inspected, serviced, and maintained in compliance with the manufacturer's installation manuals, specification, and the applicable NFPA standards adopted in 3053 (CURRENTLY (1) THE SPRINKLER SYSTEMS WERE YELLOW TAGGED 7/2021. THE YELLOW TAGS STATED THAT THERE WERE TOO MANY DEFICIENCIES TO LIST ON TAG AND THE SPRINKLER SYSTEM'S FIRE PUMP WAS ALSO YELLOW TAGGED FOR NUMEROUS DEFICIENCIES THAT ALSO INCLUDED NOT BEING ABLE TO RUN AT 100 PERCENT AND OVER HEATING. (FACILITIES STATED THEY ATTEMPTED TO HAVE THE PUMP REBUILT BUT IT FAILED. ARE AWAITING A NEW PUMP. (3) THE FIRE ALARM PANEL WAS LAST PROVIDED WITH AN ANNUAL INSPECTION ON 6/1/2021. THE SYSTEM IS CURRENTLY BEING BYPASSED DUE TO WORK BEING PERFORMED AND WOULD BE RETURNED TO NORMAL PRIOR TO CLOSE OF BUSINESS. IT WAS STATED THAT THE PANEL DOES HAVE A CURRENT TROUBLE AS NOTED BEFORE THE WORK BEGAN. HOWEVER THROUGHOUT THE ENTIRE FACILITY MULTIPLE DEVICES (STROBES, PULL STATIONS, SMOKE DETECTORS) WERE DAMAGED, BROKEN, AND/OR COVERED BY DUST CAPS. ALL DUST CAPS SHALL BE REMOVED. IF FALSE ALARMS ARE A CONTINUING PROBLE SHALL CONTACT THE FIRE ALARM COMPANY AND SUBMIT PLANS TO THIS OFFICE FOR MODIFICATIONS TO THE FIRE ALARM SYSTEM TO PREVENT THE FALSE ALARMS. IT WAS ALSO OBSERVED THAT THROUGHOUT NUMEROUS CEILING TILES WERE MISSING OR DAMAGED. THIS COULD PREVENT THE FIRE ALARM SYSTEM'S SMOKE DETECTORS FROM OPERATING AS DESIGNED DELAYING THE NOTIFICATION OF A FIRE OR SMOKE EVENT. SHALL PROVIDE CURRENT INSPECTION, SERVICE, AND MAINTENANCE. (ACCORDING TO STAFF WORK HAS BEEN PERFORMED ON THE FIRE ALARM PANEL. NO BLUE OR GREEN TAG EXISTS. FIRE ALARM PANEL IS IN TROUBLE. CAPS ARE STILL OVER DETECTORS. (4) THE KITCHEN SUPPRESSION SYSTEM IS OVERDUE FOR ITS SEMI-ANNUAL INSPECTION. INSPECTION WAS LAST PROVIDED APPROXIMATELY A YEAR AGO. (5) THROUGHOUT THE FACILITY FIRE HOSES ARE STILL PRESENT THE LAST ANNUAL INSPECTION TAG PRESENT WAS 2019. SOME OF THE FIRE HOSES DID NOT HAVE ANY INSPECTION TAGS PRESENT. SHALL PROVIDE CURRENT INSPECTION, SERVICE, AND MAINTENANCE.)</p>	DEFICIENT	7/25/2022



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Daniel H. Walls
FIRE MARSHAL

Inspection Report
Report # CB-19-000090-3
Deficient/Cautionary Codes cited.

Inspector Information		
Name: James Labonte	Badge Number: 747	Inspector Signature: <i>[Signature]</i>
Person to whom requirements were explained		
Name: Christopher Frazer	Title: Assistant Director	Signature: <i>[Signature]</i>

For questions regarding the contents of this report, please call: (504) 568 8506

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. 40:1589 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.



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Daniel H. Willis
FIRE MARSHAL

Inspection Report

Report # CB-19-000090-3

Deficient/Cautiory Codes cited.

L.R.S. 40:1577 APPEAL FROM ORDER

When an order is made by one of the deputies or representatives of the Fire Marshal, the owner or occupant of the building or premises may, within three days, appeal to the Fire Marshal. The Fire Marshal shall, within five days, review the order and advise the owner or occupant of his decision thereon. The owner or occupant may, within five days after the making of affirming of any such order of the Fire Marshal, file an application with the Board of Review.

RULES FOR APPEALING TO THE FIRE MARSHAL BOARD OF REVIEW

- I. Any application to the Board of Review shall contain the following basic information set off in organized fashion with captions indicating that the paragraph in question contains the following basic information.
 1. The name of the applicant.
 2. A brief description of the facts.
 3. A copy of the order of the Fire Marshal which is being appealed.
 4. A reference to the section of the law or code being reviewed.
 5. A brief description of why the applicant feels the requirements of the Fire Marshal is not within the Fire Marshal's authority, or brief description of why the interpretation of the Fire Marshal is incorrect or what specific relief is required by the applicant.
 6. A list of the individuals who will be appearing before the Board, and a brief description of the testimony or information they will be providing the Board.
 7. A list of all the documents which will be introduced or provided to the Board along with a brief description of the documents, and if possible, a copy of said documents.
 8. A list of each exhibit except for documents, and a brief description of the exhibit.

- II. Whenever possible, a notice of the meeting, date and place, and the agenda will be recorded in the Louisiana Register, however, whenever that is not possible, a copy of the meeting notice including the date, time and place, and agenda of the meeting of the Board will be published in the official notices of the official state journal; furthermore, a press release containing the same information will be mailed to the official journals of the cities of Shreveport, Monroe, Lafayette, Lake Charles, Alexandria, New Orleans, and Baton Rouge and any city or town in which the meeting of the Board is to be held if it is not one of the aforementioned major cities; and the same information shall be mailed to each individual who has notified the Fire Marshal of his desire to receive a notice of such appeal.

- III. A copy of the determination of the Board as prepared by the Chairman will be mailed to each individual who requests a copy of that specific determination as well as to the applicant.

- IV. The time delays for filing an appeal shall be those specified in R.S.40:1577 and 40:1578 1 D.

Bordelon, Bryan J.

From: Eric Folse <EFolse@jeffparish.net>
Sent: Wednesday, February 15, 2023 9:18 AM
To: Bordelon, Bryan J.; Shayne Perez; Brian Williams; Eric Lotz
Cc: Chris Frazier
Subject: Fire Marshal deficiencies

**** This email has been received from outside the organization – Think before clicking on links, opening attachments, or responding. ****

Captain Bordelon please see the updated Fire Marshal deficiencies below:

- Boiler certificates- It is time for the annual inspection and Bernhard Mechanical has done the preliminary inspection. We will be lining up Hartford Steam Boiler to do their inspection immediately and will be getting the certificates for 2023 soon.
- Emergency lighting in the Mechanical Building has been completed
- Fire watch has been being performed since the initial Fire Marshal visit
- Sprinkler heads are out for bid
- Lighting in 4th floor center stairs has been completed
- Fire stop/ fire caulking has been completed
- Sprinkler systems and fire pumps are out for bid
- Fire alarm panel has been green tagged and repairs completed
- Fire hoses are green tagged and completed

 Eric Folse

Facilities Maintenance Manager
Department of General Services
200 Derbigny St. Gretna, La. 70053
OFFICE: (504) 364-3460
CELL: (504) 800-9259

Any information provided to Jefferson Parish Government may be subject to disclosure under the Louisiana Public Records Law. Information contained in any correspondence, regardless of its source, may be a public record subject to public inspection and reproduction in accordance with the Louisiana Public Records Law, La. Rev. Stat. 44:1 et seq.

STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

INSTITUTION REPORT

Agency License No. N/A	Anniversary Month JUNE
Name of Establishment JEFFERSON PARISH COMMUNITY CORRECTIONAL CENTER ANNEX-224	Mailing Address
Address 100 DOLHONDE AVE	
City, state, Zip Code GRETNA LA 70053	
Type of Facility JAILS	
Parish Jefferson	Date inspected 12/08/2022

The above establishment has been inspected by a representative of this section, and:

- License is Recommended;
- License is Not Recommended;
- License is Pending Reinspection;

from the standpoint of sanitation.

JACOB LACAZE

3	2	3	2
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**STATE OF LOUISIANA
DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH**

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

Permit Number 26-11-224	Permit Name Jefferson Parish Community Correctional Center(North)-224	
Name of Establishment Jefferson Parish Community Correctional Center(North)-224	Owner Name JEFFERSON PARISH CORRECTIONAL CENTER	
Address 100 DOLHONDE AVE GRETN, LA 70053	Date 12/08/2022	Time 10:00 AM

LAC TITLE 51 PART XVIII

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

Category	Code Reference	Description of Violations
Handwashing Lavatories	101	12 - *There is no hot water at the hand lavatory. Pod 4b right side
Toilet Facilities	101	18 - *The toilets are in disrepair. Pod 4b left side toilet not flushing

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
Insect and Rodent Protection	101	8 - All outer openings are not properly protected against the entrance of insects/rodents. Flies throughout shower areas
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair. Pod 4d hand sink drain, 3A-13L Water leaking [Repeat]

Comments:

Verbal acknowledgment of report provided by Charles Buckelew/Sergeant Buckelew_cl@jpsso.com

Observed: 4A,4B,4C,4D,3A,3B,3D, 1065B

3D-Black like substance throughout ceilings
1065b- black like substance throughout light shield

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

Number Licensed For	Number in Attendance	License Anniversary 06/30/2022
Sanitarian Name/Print Jacob Lacaze	Phone # 504-838-5140	Sanitarian Signature R.S. # 3232

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

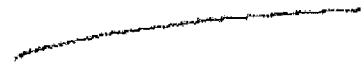
Correct Critical Violations by 12/22/2022

Correct Non-Critical Violations by

Name/Title

Signature of Recipient

Charles Buckelew/Sergeant





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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

Permit Number 26-05-224	Permit Name Jefferson Parish Community Correctional Center(South)-224	
Name of Establishment Jefferson Parish Community Correctional Center(South)-224	Owner Name JEFFERSON PARISH CORRECTIONAL CENTER	
Address 100 DOLHONDE AVE GRETNA, LA 70053	Date 12/08/2022	Time 10:00 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. Peeling paint throughout [Repeat]
Building Requirement	101	5 - The floors are not smooth and easily cleanable. 2F and 1E in showers
Building Requirement	101	7 - There is peeling paint on the walls in the shower. 3G,2H, [Repeat]
Insect and Rodent Protection	101	8 - All outer openings are not properly protected against the entrance of insects/rodents. 4H&4G opening in ceiling and flies in shower area
Handwashing Lavatories	101	16 - The hand lavatory is in disrepair. 3F [Repeat]

Comments:

Verbal acknowledgment of report provided by Charles Buckelew/Sergeant
Buckelew_cl@jpsso.com
All pods on all four floors were observed(EFGH)

4E,4H,1H,2E,2H- Ceiling vents not clean

Number Licensed For	Number in Attendance	License Anniversary	
		06/30/2022	
Sanitarian Name/Print	Phone #	Sanitarian Signature	R.S. #
Jacob Lacaze	504-838-5140		3232

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 12/22/2022

Name/Title
Charles Buckelew/Sergeant

Signature of Recipient



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

**Detention or Incarceration
Notice of Violations**

Routine/Renewal

Permit Number 26-10-224	Permit Name Jefferson Parish Community Correctional Center Annex-224	
Name of Establishment Jefferson Parish Community Correctional Center Annex-224	Owner Name JEFFERSON PARISH CORRECTIONAL CENTER	
Address 100 DOLHONDE AVE GRETNA, LA 70053	Date 12/08/2022	Time 10:00 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. Peeling paint throughout [Repeat]
Approved Bathing Facilities	101	24 - There is chipped tile in the shower area. Tiles missing-Annex A

Comments:

Verbal acknowledgment of report provided by Charles Buckelew/Sergeant
Buckelew_cl@jpsso.com

Observed Annex A,B,C,D
A,C,D-Dust throughout ceiling vents
C- Opening in ceiling of restroom where vent is broken

Number Licensed For		Number in Attendance		License Anniversary 06/30/2022	
Sanitarian Name/Print Jacob Lacaze	Phone # 504-838-5140	Sanitarian Signature 		R.S. # 3232	
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		
Name/Title Charles Buckelew/Sergeant			Signature of Recipient 		



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

**Retail Food
Notice of Violations**

Preliminary

Permit Number 26-0002546	Permit Name JEFFERSON PARISH CORRECTIONAL CENTER (DIETARY)	
Name of Establishment JEFFERSON PARISH CORRECTIONAL CENTER	Owner Name SUMMIT FOOD SERVICE LLC	
Address 100 DOLHONDE ST GRETN, LA 70053	Date 12/08/2022	Time 10:00 AM

LAC TITLE 51 PART XXIII

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

Category	Code Reference	Description of Violations
CROSS CONTAMINATION	1705	25 - 1705 - Raw animal food is not separated from ready to eat food, or is placed, stored or displayed above ready to eat food. [COS]
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2501	28 - 2501 - Food contact surfaces and utensils are not clean to sight and touch. Interior of ice machine
FOOD CONTACT EQUIPMENT/UTENSILS, CONSTRUCTION AND SANITIZATION	2513	30 - 2513 - An approved sanitizer is not being used during manual or mechanical warewashing. [COS]
WATER/SEWAGE	2705	37 - 2705 - Hot water is not provided to all fixtures, equipment, and nonfood equipment as required.

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
FOOD PROTECTION	1501	54 - 1501.1 - Food is not stored in a clean, covered container. [COS]
UTENSILS/EQUIPMENT/SINGLE SERVICE	2517	83 - 2517.8 - Single use/single service articles are not stored as to eliminate exposure to splash, dust or contamination. [COS]
TOILETS/HAND WASH FACILITIES	3109	94 - 3109.1 - Hand wash lavatory is not accessible [COS]
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3101	102 - 3101 - Plumbing is not maintained. Spray nozzle leaking at three compartment sink
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3701	105 - 3701.5 - Floors are not clean. Walk in cooler and freezer
STRUCTURAL/DESIGN/MAINTENANCE/PLUMBING	3703	106 - 3703.3 - Walls/ceilings or attached equipment are not clean.

Comments:

Verbal acknowledgment of report provided by Kendra Washington/Kitchen Manager
Kendra.washington@summitfoodservice.com

The following issues are things listed in the most recent Health Inspection and discovered during our routine Sanitation/Maintenance walk through. The issues highlighted have been repaired by our Maintenance Division. The Parish has been made aware of the other issues and plans have been made to resolve them in the near future.

Northwing

- 4AL gnats.....Completed
- 4DL Gnats - Dayroom sink pressure
- 4DR Dayroom sink drain
- 4BR Dayroom sink pressure.....Completed
- 4BL Dayroom toilet.....Completed
- 3AL13 water under toilet
- 3AR2 Hot water
- 3DL Dayroom mildew over cells 1 and 2.....Completed
- 3BR Dayroom sink pressure.....Completed

Westwing

- ND Light cover
- Annex entrance ceiling needs cleaning
- AA Shower floor and restroom floor needs repairing
- AC Vents cleaned and replace vent in restroom
- AD vents cleaned

Southwing

- 4E vents cleaned
- 4H ceiling tiles over kiosk need to be pushed down - Vents cleaned - Gnats - Sink pressure.....Completed

4F Gnats.....Completed

4G Ceiling by guard booth needs to be pushed down - Gnats.....Completed

SW3 Multipurpose room base boards need to be placed back on wall

3F Sink.....Completed

3G Vents cleaned - Shower ceiling needs repair

2E Vents cleaned

2H Vents cleaned - Shower paint peeling

2F Shower floor needs repair

1E Vents cleaned

1H Vents cleaned - Sink clogged

1F Vents cleaned

1G Inmate mattress ripped, needs replacing