Office of the Corrections Ombudsperson

**State Prison Inspection Checklist**

Name of Facility: East Jersey State Prison

Address: Lock Bag R

City/State/Zip Code: Rahway, NJ 07065

Telephone Number: 732-499-5010

Administrator or Designee: Robert Chetirkin, Administrator

Date of Inspection: June 10, 2021

|  |  |
| --- | --- |
| Conducted by: John Blakeslee | Title: Assistant Ombudsperson |
|  |  |
| Conducted by: Anissa Jett | Title: Assistant Ombudsperson |

Type of Inspection: Scheduled [x]  Unscheduled [ ]

Housing Unit: 3 Wing

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Capacity: | Total: | 324 | Male: | 324 | Female: | 0 |
|  |  |  |  |  |  |  |
| Inspection date population: | Total: | 306 | Male: | 306 | Female: | 0 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of cells: | 162 | Single: | 0 | Double: | 162 | Triple: | 0 | Quadruple: | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of beds: | 324 | Other: | 0 |

How many Custody Staff members were on the unit at the time of the inspection? 6

Did the Administrator/Designee or Custody Supervisor Accompany?

you during the inspection? YES [x]  N/A [ ]  NO [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Name of staff member: | Cindy SweeneyChristopher Bogie | Title: | Associate AdministratorMajor |

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**Inspection Checklist**

**I Living Conditions**

1. Does the bedding include a mattress cover or sheet? YES [x]  N/A [ ]  NO [ ]

1. Is bed covering appropriate to the season? YES [x]  N/A [ ]  NO [ ]
2. Do all beds contain a pillow? YES [ ]  N/A [ ]  NO [x]
	1. Number of beds without a pillow: 6
3. Do all beds contain a mattress? YES [ ]  N/A [ ]  NO [x]
	1. Number of beds without a mattress: 1

1. Do all inmates have access to hot and cold water? YES [x]  N/A [ ]  NO [ ]
2. Do all inmates have access to a properly functioning toilet? YES [ ]  N/A [ ]  NO [x]
3. Are restrooms and showers visibly clean and free of mold

and mildew? YES [x]  N/A [ ]  NO [ ]

1. Do all inmates have access to a telephone? YES [x]  N/A [ ]  NO [ ]

1. Is the unit comfortably heated or cooled according to the season? YES [x]  N/A [ ]  NO [ ]

 10.) Are all windows operable? YES [x]  N/A [ ]  NO [ ]

 11.) Do common area floors appear to be neat, clean, and free?

of any obstacles? YES [x]  N/A [ ]  NO [ ]

 12.) Do all areas appear to be free of insects or rodents? YES [x]  N/A [ ]  NO [ ]

13.) Are all openings to the outside protected to prevent

entrance of insects or rodents? YES [x]  N/A [ ]  NO [ ]

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**Inspection Checklist**

14.) Does the lighting on the unit appear to be appropriate? YES [x]  N/A [ ]  NO [ ]

15.) Does the unit contain inmate telephones? YES [x]  N/A [ ]  NO [ ]

16.) Are all telephones in working order at the time of

 inspection? YES [x]  N/A [ ]  NO [ ]

17.) Does the unit contain a JPAY kiosk? YES [x]  N/A [ ]  NO [ ]

Amount of JPAY kiosks: 6

18.) Is/are the JPAY kiosk(s) working properly at the time of

 inspection? YES [x]  N/A [ ]  NO [ ]

**II Food Service**

1. Are meals served in the housing unit YES [ ]  N/A [ ]  NO [x]

 or dining hall? YES [x]  N/A [ ]  NO [ ]

1. Are heated or insulated carts or trays used for the

Transportation of food from the kitchen? YES [ ]  N/A [x]  NO [ ]

1. Are food and drinks protected from contaminants during

delivery? YES [ ]  N/A [x]  NO [ ]

1. Are divided compartmented trays utilized for meal service? YES [ ]  N/A [x]  NO [ ]
2. Are the divided compartmented trays in satisfactory

condition? YES [ ]  N/A [x]  NO [ ]

1. Are Food Service Staff and inmates handling food wearing

appropriate safety gear such has hair nets and gloves? YES [x]  N/A [ ]  NO [ ]

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**Inspection Checklist**

**III Sanitation**

1. Are non-carpeted floors swept and mopped with detergent

 or germicidal agent at least once daily? YES [x]  N/A [ ]  NO [ ]

1. Are germicidal cleaning agents used on the floors,

 showers, and food service areas? YES [x]  N/A [ ]  NO [ ]

1. Are the windows clean? YES [x]  N/A [ ]  NO [ ]
2. Are all areas free of trash and debris? YES [x]  N/A [ ]  NO [ ]
3. Are cleaning implements and equipment cleaned, dried,

and securely stored after use? YES [x]  N/A [ ]  NO [ ]

1. Are common area toilets, washbasins, showers, and sinks sanitized daily? YES [x]  N/A [ ]  NO [ ]
2. Is trash and garbage contained and disposed of in a sanitary manner? YES [x]  N/A [ ]  NO [ ]
3. Are sheets, pillow cases and mattress covers changed and washed at least once a week? YES [x]  N/A [ ]  NO [ ]
4. Are vinyl covered mattresses washed with hot water, detergent and disinfected monthly? YES [x]  N/A [ ]  NO [ ]

 10.) Are blankets laundered or sterilized at least once every

 six months pursuant to the N.J.A.C. 10A:14-5.12? YES [x]  N/A [ ]  NO [ ]

 11.) Does the facility have an established rodent, pest and

 vermin control program? YES [x]  N/A [ ]  NO [ ]

 12.) Do all inmates have access to cleaning supplies for use

 in their cells/dorms? YES [ ]  N/A [ ]  NO [x]

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**Inspection Checklist**

**IV Safety**

1. Are fire extinguishers readily accessible to staff, but not

 inmates? YES [x]  N/A [ ]  NO [ ]

1. Are fire extinguishers examined at least once a year and

tagged with the date of inspection and initials of the

inspector? YES [x]  N/A [ ]  NO [ ]

1. Are working cameras visible on the unit? YES [x]  N/A [ ]  NO [ ]
2. Do all inmates have two masks at this time? YES [ ]  N/A [ ]  NO [x]
3. Are all staff wearing masks properly? YES [x]  N/A [ ]  NO [ ]

**V General**

1. Are the appropriate forms utilized by the inmate population available on the housing unit? YES [x]  N/A [ ]  NO [ ]

 *MR007 Sick Call Request Form* YES [x]  N/A [ ]  NO [ ]

 *MR022 Medical Records Request Form*  YES [x]  N/A [ ]  NO [ ]

 *Inmate Inquiry Form*  YES [x]  N/A [ ]  NO [ ]

 *Inmate Grievance Form* YES [x]  N/A [ ]  NO [ ]

 *Property Claim Form*  YES [x]  N/A [ ]  NO [ ]

 *Law Library Request Form* YES [x]  N/A [ ]  NO [ ]

 *Social Services Request Form* YES [x]  N/A [ ]  NO [ ]

 *GTL Telephone Discrepancy Form* YES [x]  N/A [ ]  NO [ ]

 *Office of the Corrections Ombudsperson*

 *Request For Assistance Form*  YES [x]  N/A [ ]  NO [ ]

1. Do all inmates have access to the appropriate forms? YES [x]  N/A [ ]  NO [ ]

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**Inspection Checklist**

***Inspector’s Comments:***

The inspection began at 9:15 am. It should be noted that all staff were very helpful in answering the inspector's questions. All available inmates were questioned during the inspection and the inspectors viewed each cell and the showers.

It should be noted that this housing unit was chosen specifically due to complaints received from an outside agency. East Jersey State Prison was opened in 1901 and it certainly shows it's age. Maintenance issues are a fact of life in a facility this old and there are certainly areas in need of painting and other similar maintenance; however, the inspectors noted that the housing units were generally clean and neat.

Section I

A total of six inmates reported that they did not have pillows. One inmate reported that he did not have a mattress. One inmate reported to be missing a blanket. These missing items were referred to Major Bogie for resolution. In addition to these missing items, a number of maintenance issues were reported. Inmates in seven cells reported issues with the toilet and/or sink. These complaints included slow draining sinks, a toilet being loose from the wall, a toilet leaking and several issues with toilets not flushing properly. Inmates in three cells on the first floor reported leaks in the ceiling of the cells. These leaks came through sizable cracks in the ceilings. Issues with the lighting and/or lighting fixtures were reported in three cells. Two of these involved inmate complaints that the fixtures were smoking. It should be noted that immediate action was taken to remove the inmates from the two affected cells until these issues could be addressed. The showers were noted to be clean and appeared to be free of mold or mildew. It was noted that there were missing tiles; however, this does not impact the functioning of the showers.

Section II

It was reported that meals are served in the inmate mess hall. This area was not inspected during the inspection of the housing unit.

Section III

In general, the housing unit was noted to be clean. During the inspection, there were no signs of a rodent or pest problem; however, one cell reported and issue with ants while another reported an issue with cockroaches. Associate Administrator Sweeney indicated that there is a pest control program in place, and that they spray the housing units twice per week. The housing unit officers indicated that cleaning supplies are available to inmates every Saturday and Sunday; however, inmates in seven cells reported that they did not have easy access to cleaning supplies. Major Bogie indicated that they would address these reports and ensure that inmates have access to the needed supplies.

Section IV

Fire extinguishers, that were readily available to staff only, were found on the housing with valid inspection certificates. Every inmate, with the exception of one, reported that they were in possession of at least two masks. The inmate missing a mask was referred to Major Bogie. All staff were noted to be wearing their masks correctly.

Section V

All required forms were found to be available to inmates on the housing unit.

Summary:

Approximately 24 hours after the completion of the inspection, Administrator Chetirkin informed the inspectors that all of the issues that been identified during the inspection were remediated. As with all inspections, a follow-up inspection will be conducted in accordance with our inspection schedule.

***Administrator or Designee’s comments and corrective action taken:***

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| --- | --- | --- | --- |
| Name: | John BlakesleeAnissa Jett | Title: | Assistant OmbudspersonAssistant Ombudsperson |
|  |  |
| Date: | June 11, 2021 |