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: 4 Wing

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Capacity: | Total: | 367 | Male: | 367 | Female: | 0 |
|  |  |  |  |  |  |  |
| Inspection date population: | Total: | 363 | Male: | 363 | Female: | 0 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of cells: | 367 | Single: | 367 | Double: | 0 | Triple: | 0 | Quadruple: | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of beds: | 367 | Other: | 0 |

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

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 AdminstratorMajor |

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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 [x]  N/A [ ]  NO [ ]
	1. Number of beds without a pillow: 0
3. Do all beds contain a mattress? YES [x]  N/A [ ]  NO [ ]
	1. Number of beds without a mattress: 0

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 [x]  N/A [ ]  NO [ ]
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: 14

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 [ ]  N/A [x]  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 [x]  N/A [ ]  NO [ ]

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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 [ ]  N/A [ ]  NO [x]
2. Do all inmates have two masks at this time? YES [x]  N/A [ ]  NO [ ]
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 10:33 am. 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

This housing unit is comprised entirely of one-person cells. None of the inmates reported missing any of the items being checked. There were a few maintenance issues reported. Two inmates reported leaks; one from the ceiling and the other from the wall. Another inmate reported that the sink in his cell does not turn off. These issues were reported to Major Bogie for resolution. It was noted that the showers were functioning and clean. The inspectors did not observe any mold or mildew.

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

The housing unit was noted to be clean. There were no signs of a rodent or pest problem during the inspection and no such issues were reported to the inspectors.

Section IV

Fire extinguishers were found on the housing with valid inspection certificates. Each inmate reported that they were in possession of at least two masks and all staff were noted to be wearing their masks correctly. Associate Administrator advised that cameras are scheduled for installation on 4 wing in the near future.

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 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:***

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