

State of New Jersey

DEPARTMENT OF CORRECTIONS
WHITTLESEY ROAD
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TRENTON NJ 08625-0863

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

MARCUS O. HICKS, ESQ. Commissioner

MEMORANDUM

TO:

Dan DiBenedetti, Corrections Ombudsperson

Office of the Corrections Ombudsperson

FROM:

Patricia McGill, Administrator

Edna Mahan Correctional Facility for Women

DATE:

April 15, 2021

SUBJECT:

Office of the Corrections Ombudsperson Inspection Response

On April 9, 2021, the Office of the Corrections Ombudsperson conducted an unannounced inspection in accordance with A3979 at Edna Mahan Correctional Facility for Women (EMCFW). The inspection was conducted by Assistant Ombudsperson Megan Farrell and Assistant Ombudsperson John Blakeslee. Hillcrest North, EMCFW's Substance Use Disorder Unit (SUDU) was inspected and a report of the findings was provided. Upon receipt, said report was reviewed and all noted discrepancies were remediated. Please see detailed information noted below:

Section I – Living Conditions

As per Inspectors:

"Inmates reported that the shower for wing 3 did not have sufficient hot water to allow inmates to shower consecutively."

Discrepancies Resolved: Hot water heater for Wing #3 was purchased 4/12/21. We are currently awaiting delivery.

"The shower for wing 2 was observed to be leaking."

Discrepancies Resolved: Shower leak in wing #2 was immediately fixed by the Maintenance Dept.

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"It was also reported that the hot water heater for the unit laundry and the hot water heater for the kitchenarea sink were not functioning."

Discrepancies Resolved: Hot water heater for laundry and kitchen area was purchased 4/12/21. We are currently awaiting delivery.

"The drain pipe for the kitchen-area sink was also leaking. The refrigerator for inmate use was found to be leaking water and pooling into the bottom of the refrigerator."

Discrepancies Resolved: Work order submitted, the drain has since been cleared and the leak has since been repaired by the Maintenance Department.

Section IV - Safety

1. Are fire extinguishers readily accessible to staff, but not inmates? No

Discrepancies Resolved: Both Fire extinguishers were placed in the Officer's office where inmates have no access.

Section V – General

1. Are the appropriate forms utilized by the inmate population available on the housing unit? No

Discrepancies Resolved: The Inmate Inquiry Form and the Inmate Grievance Form were not available at the time of the inspection. Necessary forms were replenished and as of 4/13/21, Custody Supervisors will conduct a monthly audit of all housing areas to determine the need for additional forms.

Office of the Corrections Ombudsperson

State Prison Inspection Checklist

Name of Facility: Edna M	Iahan Correction	nal Facility	for Women			
Address: 30 County Rd 5	13					
City/State/Zip Code: Clin	ton, NJ 08809					
Telephone Number: (908)	735-7111					
Administrator or Designe	e: Patricia McG	ill, Adminis	trator			
Date of Inspection: April	9, 2021					
Conducted by: John Blak	Title: Assista	ınt Ombud	sperson			
Conducted by: Megan Farrell			Title: Assistant Ombudsperson			
Type of Inspection: So	cheduled 🗆 Ur	nscheduled [⊠			
Housing Unit: Hillcrest N	lorth					
Capacity:	Total:	65	Male:	0	Female:	65
Inspection date population	on: Total:	35	Male:	0	Female:	35
Number of cells: Dor Number of beds: 65	mitory Single: Other:	65 D	ouble: 0	Triple:	0 Quadrup	ole: 0
How many Custody Staff	members were	on the unit a	at the time of the	he inspecti	on? 1	
Did the Administrator/De you during the inspection	=	dy Supervis	or accompany	YES ⊠	N/A □ NO	
Name of staff member:	Erica Stem Hector Smith		Title:		ssociate Adminis	trator

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I Living Conditions

1.)	Does the bedding include a mattress cover or sheet?	YES ⊠	N/A □	NO □
2.)	Is bed covering appropriate to the season?	YES ⊠	N/A □	NO □
3.)	Do all beds contain a pillow?	YES ⊠	N/A □	NO □
	a. Number of beds without a pillow: 0			
4.)	Do all beds contain a mattress? a. Number of beds without a mattress: 0	YES ⊠	N/A □	NO □
5.)	Do all inmates have access to hot and cold water?	YES ⊠	N/A □	NO □
6.)	Do all inmates have access to a properly functioning toilet?	YES ⊠	N/A □	NO □
7.)	Are restrooms and showers visibly clean and free of mold and mildew?	YES ⊠	N/A □	NO □
8.)	Do all inmates have access to a telephone?	YES ⊠	N/A □	NO □
9.)	Is the unit comfortably heated or cooled according to the season?	YES ⊠	N/A □	NO □
10.)	Are all windows operable?	YES □	N/A ⊠	NO □
11.)	Do common area floors appear to be neat, clean, and free? of any obstacles?	YES ⊠	N/A □	NO □
12.)	Do all areas appear to be free of insects or rodents?	YES ⊠	N/A □	NO □
13.)	Are all openings to the outside protected to prevent entrance of insects or rodents?	YES ⊠	N/A □	NO □

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14.) Does the lighting on the unit appear to be appropriate?	YES ⊠	N/A □	NO □
15.) Does the unit contain inmate telephones?	YES ⊠	N/A □	NO □
16.) Are all telephones in working order at the time of inspection?	YES ⊠	N/A □	NO □
17.) Does the unit contain a JPAY kiosk?	YES ⊠	N/A □	NO □
Amount of JPAY kiosks: 3			
18.) Is/are the JPAY kiosk(s) working properly at the time of inspection?	YES ⊠	N/A □	NO 🗆
II Food Service			
1.) Are meals served in the housing unit	YES ⊠	N/A □	NO □
or dining hall?	YES ⊠	N/A □	NO □
2.) Are heated or insulated carts or trays used for the Transportation of food from the kitchen?	YES ⊠	N/A □	NO □
3.) Are food and drinks protected from contaminants during delivery?	YES ⊠	N/A □	NO □
4.) Are divided compartmented trays utilized for meal service?	YES ⊠	N/A □	NO □
5.) Are the divided compartmented trays in satisfactory condition?	YES ⊠	N/A □	NO □
6.) Are Food Service Staff and inmates handling food wearing appropriate safety gear such has hair nets and gloves?	YES ⊠	N/A □	NO □

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III Sanitation

1.)	Are non-carpeted floors swept and mopped with detergent or germicidal agent at least once daily?	YES ⊠	N/A □	NO □
2.)	Are germicidal cleaning agents used on the floors, showers, and food service areas?	YES ⊠	N/A □	NO □
3.)	Are the windows clean?	YES ⊠	N/A □	NO □
4.)	Are all areas free of trash and debris?	YES ⊠	N/A □	NO □
5.)	Are cleaning implements and equipment cleaned, dried, and securely stored after use?	YES ⊠	N/A □	NO □
6.)	Are common area toilets, washbasins, showers, and sinks sanitized daily?	YES ⊠	N/A □	NO □
7.)	Is trash and garbage contained and disposed of in a sanitary manner?	YES ⊠	N/A □	NO □
8.)	Are sheets, pillow cases and mattress covers changed and washed at least once a week?	YES ⊠	N/A □	NO □
9.)	Are vinyl covered mattresses washed with hot water, detergent and disinfected monthly?	YES ⊠	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 ⊠	N/A □	NO □
11.)	Does the facility have an established rodent, pest and vermin control program?	YES ⊠	N/A □	NO □
12.)	Do all inmates have access to cleaning supplies for use in their cells/dorms?	YES ⊠	N/A □	NO □

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IV Safety

	1.) Are fire extinguishers readily accessible to staff, but not inmates?	YES □	N/A □	NO ⊠
	2.) Are fire extinguishers examined at least once a year and tagged with the date of inspection and initials of the inspector?	YES ⊠	N/A □	NO □
	3.) Are working cameras visible on the unit?	YES ⊠	N/A □	NO □
	4.) Do all inmates have two masks at this time?	YES ⊠	N/A □	NO □
	5.) Are all staff wearing masks properly?	YES ⊠	N/A □	NO □
<u>v</u>	General			
	1.) Are the appropriate forms utilized by the inmate			
	population available on the housing unit?	YES □	N/A □	NO ⊠
	MR007 Sick Call Request Form	YES ⊠	N/A □	NO □
	MR022 Medical Records Request Form		N/A □	NO □
	Inmate Inquiry Form	YES □	N/A □	NO ⊠
	Inmate Grievance Form	YES □	N/A □	NO ⊠
	Property Claim Form	YES ⊠	N/A □	NO □
	Law Library Request Form	YES ⊠	N/A □	NO □
	Social Services Request Form	YES ⊠	N/A □	NO □
	GTL Telephone Discrepancy Form	YES ⊠	N/A □	NO □
	Office of the Corrections Ombudsperson Request For Assistance Form	YES ⊠	N/A □	NO □
	2.) Do all inmates have access to the appropriate forms?	YES ⊠	N/A □	NO □

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Inspector's comments:

The unit tour began at approximately 10:20 am with Associate Administrator Stem and Major Smith. It was observed that the unit was clean. The housing officer on the unit, was not the regular officer for that unit, but did assist the inspection staff. The Assistant Ombudspersons were able to speak with every available inmate on the housing unit in order to complete the inspection.

While conducting the inspection, Associate Administrator Stem pointed out that EMCF is currently in the process of installing approximately 350 new security cameras. The inspectors were able to view many of these cameras on the housing unit. It should be noted that the new cameras were not in operation at the time of the inspection; however, the existing cameras are operational.

Section I - Inmates reported that the shower for wing 3 did not have sufficient hot water to allow inmates to shower consecutively. The shower for wing 2 was observed to be leaking. It was also reported that the hot water heater for the unit laundry and the hot water heater for the kitchen-area sink were not functioning. The drain pipe for the kitchen-area sink was also leaking. The refrigerator for inmate use was found to be leaking water and pooling into the bottom of the refrigerator. Inmates reported that a locked closet in wing 4 was emitting a foul odor. The unit officer allowed the inspectors access to the closet and no foul odor was detected; however, it was noted that a portion of the wall had been cut and removed. All of these matters were reported to the Major and Associate Administrator Stem who indicated that the issues would be referred to Maintenance, if not already completed. The windows in the unit are non-operable as the unit is climate controlled for heat and air.

Section II - The inspectors were not on the unit while a meal was being served. Staff advised that the food is brought to the unit in insulated carts and the food is served on disposable or hard trays, or the inmate's own dishware. Inmates eat in the common area of the housing unit.

Section III - The housing officer advised that cleaning products are available for inmate use upon request.

Section IV - The unit contains two fire extinguishers with valid inspection tags; however, they are not secured and instead are readily accessible by anyone.

Section V - Forms are available from the housing officer; however, it was noted that there were no Inquiry or Grievance forms. While the indicated forms were not available, it should be noted that the inmates have the ability to file inquiries and grievances through the JPAY kiosk. Associate Administrator Stem advised that they would ensure these missing forms are made available.

During the inspection, an inmate approached Assistant Ombudsperson Farrell about the tampons that are provided free of charge to the inmate population. The inmate pointed out that the tampons do not come with applicators. Upon completion of the inspection, the Assistant Ombudspersons spoke with the business manager for EMCF. She advised that she was previously instructed to purchase tampons without applicators because they were less likely to cause blockages in the sewer system. Is should be noted that tampons with applicators are available for sale to the inmates from the commissary.

Administ	rator or Designee's o	comments and	corrective actio	on taken:	
See attacl	hed memo dated 4/15	5/2021.			
Name:	John Blakeslee Megan Farrell			Title:	Assistant Ombudsperson Assistant Ombudsperson
Date:	April 12, 2021				