

Office of the Corrections Ombudsperson

State Prison Inspection Checklist

Name of Facility: Garden State Youth Correctional Facility

Address: P.O. Box 11401

City/State/Zip Code: Yardville, NJ 08620

Telephone Number: 609-298-6300

Administrator or Designee: Mervin Ganesh, Associate Administrator

Date of Inspection: March 24, 2021

Conducted by: John Blakeslee

Title: Assistant Ombudsperson

Conducted by: Melissa Matthews

Title: Assistant Ombudsperson

Type of Inspection: Scheduled ☒ Unscheduled ☐

Housing Unit: East 2 A,B C

Capacity:	Total:	132	Male:	132	Female:	N/A
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Inspection date population:	Total:	115	Male:	115	Female:	N/A
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Number of cells:	66	Single:	0	Double:	66	Triple:	0	Quadruple:	0
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Number of beds:	132	Other:	
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How many Custody Staff members were on the unit at the time of the inspection? 2

Did the Administrator/Designee or Custody Supervisor accompany you during the inspection?

YES ☒ N/A ☐ NO ☐

Name of staff member: Kenya Collins
 Patrick Farrell

Title: Assistant Superintendent
 Lieutenant

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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: 8
- 4.) Do all beds contain a mattress? YES ☒ N/A ☐ NO ☐
- a. Number of beds without a mattress: 0
- 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 permanently closed or inoperable? 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: 5

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 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 as hair nets and gloves? YES ☒ N/A ☐ NO ☐

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III Sanitation

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|--|---|---|-----------------------------|
| 1.) Are non-carpeted floors swept and mopped with detergent or germicidal agent at least once daily? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2.) Are germicidal cleaning agents used on the floors, showers, and food service areas? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3.) Are the windows clean? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.) Are all areas free of trash and debris? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5.) Are cleaning implements and equipment cleaned, dried, and securely stored after use? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6.) Are toilets, washbasins, showers, and sinks cleaned and sanitized daily? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7.) Is trash and garbage contained and disposed of in a sanitary manner? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8.) Are sheets, pillow cases and mattress covers changed and washed at least once a week? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9.) Are vinyl covered mattresses washed with hot water, detergent and disinfected monthly? | YES <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 10.) Are blankets laundered or sterilized at least once every six months pursuant to the N.J.A.C. 10A:14-5.12? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11.) Does the facility have an established rodent, pest and vermin control program? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12.) Do all inmates have access to cleaning supplies for use in their cells/dorms? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |

IV Safety

- | | | | |
|--|---|------------------------------|-----------------------------|
| 1.) Are fire extinguishers readily accessible to staff, but not inmates? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2.) Are fire extinguishers examined at least once a year and tagged with the date of inspection and initials of the inspector? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3.) Are working cameras visible on the unit? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.) Do all inmates have two masks at this time? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5.) Are all staff wearing masks properly? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |

V General

- | | | | |
|--|---|------------------------------|--|
| 1.) Are the appropriate forms utilized by the inmate population available on the housing unit? | YES <input type="checkbox"/> | N/A <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| <i>MR007 Sick Call Request Form</i> | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>MR022 Medical Records Request Form</i> | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>Inmate Inquiry Form</i> | YES <input type="checkbox"/> | N/A <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| <i>Inmate Grievance Form</i> | YES <input type="checkbox"/> | N/A <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| <i>Property Claim Form</i> | YES <input type="checkbox"/> | N/A <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| <i>Law Library Request Form</i> | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>Social Services Request Form</i> | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>GTL Telephone Discrepancy Form</i> | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>Office of the Corrections Ombudsperson Request For Assistance Form</i> | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2.) Do all inmates have access to the appropriate forms? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |

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Inspector's comments:

Unit tour began at 9:20 a.m. with Lt. Farrell and Assistant Superintendent Collins. Overall, the housing unit was noted to be clean and staff were accommodating with the inspection. The Assistant Ombudspersons visually inspected each cell and attempted to speak to the inhabitants of the cell, while minimizing disruptions to the unit.

Section I - Eight inmates reported that they did not have pillows. A visual inspection of the showers showed what appeared to be mildew on the ceiling. It was also noted that at least one of the showers was malodorous. Unit A has 5 telephones; however, it was noted that one of the telephones is not working. Unit B has 4 phones and Unit C has 5 phones, that are all in working order. Upon completion of the inspection, this office referred the telephone issue directly to GTL staff. Some inmates expressed concerns that windows on the unit cannot be opened/closed by staff and required assistance from maintenance. The Assistant Ombudspersons were able to observe a sheet exchange during the inspection.

Section II - It should be noted that for Section II Food Service, the information was obtained from staff reporting due to no meal being served at the time of the inspection. Divided trays are only used for inmates receiving special diets. It was noted that inmates eating regular diets utilize their personal dishes.

Section III - Cleaning products available for inmate use are germicidal and disinfectants. These supplies are available upon inmate request during passive recreation time. Inmates are tasked with the responsibility to cleanse and sanitize their cell and its contents.

Section IV - No issues noted.

Section V - Custody Staff advised that they receive minimal requests for forms due to inmates having access to JPay to submit Inquiries and Grievances. We believe it is necessary for NJDOC Property Claim Forms to be readily available on the unit due to time constraints for filing a claim. NJDOC policy requires that paper Inquiry and Grievance forms be readily available to the inmate population.

Administrator or Designee's comments and corrective action taken:

See attached memorandum dated March 31, 2021.

Name: John Blakeslee
Melissa Matthews

Title: Assistant Ombudsperson
Assistant Ombudsperson

Date: March 24, 2021



State of New Jersey
DEPARTMENT OF CORRECTIONS
WHITTLESEY ROAD
PO BOX 863
TRENTON NJ 08625-0863

PHIL MURPHY
Governor

Sheila Oliver
Lt. Governor

MARCUS O. HICKS, ESQ.
Commissioner

To: Mr. Dan DiBenedetti, Office of the Corrections Ombudsman
COHQ

From: Mervin Ganesh, Associate Administrator
Garden State Youth Correctional Facility
P.O. Box 11401
Yardville, NJ 08620

A handwritten signature in black ink, appearing to be "Mervin Ganesh", written over the typed name and address.

Date: March 31st, 2021

Subject: OFFICE OF THE CORRECTIONS OMBUDSMAN INSPECTION RESPONSE

On March 24th, 2021, the Office of the Corrections Ombudsman conducted an Inspection in accordance with A3979 at Garden State Youth Correctional Facility (GSYCF). The inspection was monitored by Ms. Melissa Matthews, and Mr. John Blakeslee. The reports of their findings was provided to my office by Mr. Dan Dibenedetti. These reports was reviewed and the discrepancies were reviewed and remediated. Please see below for the remediation of the discrepancies:

Section I Living Conditions

3. Do all beds contain a pillow? No

Discrepancies resolved; pillows were obtained from the storeroom and provided (same day) to the 8 inmates without pillows.

7. Are restrooms and showers visibly clean and free of mold and mildew? No

Discrepancies resolved on the spot; inmates were provided proper clean supplies and cleaned restrooms & showers during the inspection.

10. Are all windows permanently closed or inoperable? No

Discrepancies resolved on the spot; inmates were provided a window crank to open closed windows, and repair work orders submitted prior to inspection for inoperable windows.

16. Are all telephones in working order at time of inspection? No.

Discrepancies resolved; work orders were submitted for inoperable phones prior to inspection.

Section V General

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

Discrepancies resolved on the spot; inmates utilize the J-Pay system over using actual forms. Additionally, forms that were missing during the inspection were located in the supply room, and placed on the housing unit.