

Office of the Corrections Ombudsperson

**State Prison Inspection Checklist**

Name of Facility: Mid State Correctional Facility

Address: 8401 Range Road

City/State/Zip Code: Fort Dix, NJ 08640

Telephone Number: 609-723-4221

Administrator or Designee: Derick Loury, Administrator

Date of Inspection: April 7, 2021

Conducted by: John Blakeslee

Title: Assistant Ombudsperson

Conducted by: Melissa Matthews

Title: Assistant Ombudsperson

Type of Inspection:    Scheduled ☒    Unscheduled ☐

Housing Unit: 1 East

Capacity:                      Total:              32                      Male:              X                      Female:

Inspection date population:    Total:              21                      Male:              X                      Female:

Number of cells:    DORM    Single:    32              Double:                      Triple:                      Quadruple:

Number of beds:    DORM    Other:    32

How many Custody Staff members were on the unit at the time of the inspection? 1

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

YES ☒    N/A ☐    NO ☐

Name of staff member:    Ryan O'Dea  
                                    Shawn McGowan

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:
- 4.) Do all beds contain a mattress? YES ☒ N/A ☐ NO ☐
- a. Number of beds without a mattress:
- 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: 2

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

**III Sanitation**

- |                                                                                                                |                                         |                              |                             |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| 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 checked="" type="checkbox"/> | N/A <input 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 checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/>            |
| <i>Inmate Grievance Form</i>                                                                   | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/>            |
| <i>Property Claim Form</i>                                                                     | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/>            |
| <i>Law Library Request Form</i>                                                                | YES <input type="checkbox"/>            | N/A <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| <i>Social Services Request Form</i>                                                            | YES <input type="checkbox"/>            | N/A <input type="checkbox"/> | NO <input checked="" 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:***

The unit tour began at approximately 8:40 am with Assistant Superintendent O'Dea and Lt. McGowan. 1 East is a dormitory-style housing unit. The unit was found to be very clean and the Housing Unit Officer was helpful to the inspection staff. The Assistant Ombudspersons were able to address the inmates that were on the housing unit in order to complete the inspection.

Section I - Through observation and speaking with the inmates that were present, it was noted that every inmate was in possession of a mattress, pillow, blanket, sheets and two masks. The unit has 3 telephones and 2 JPay kiosks, all of which were in working order. Assistant Superintendent O'Dea advised that a Custody Supervisor performs a weekly inspection on all GTL telephones and JPay kiosks and reports any issues to Administration. At that point, the appropriate staff would be notified to complete any necessary repairs. It was observed that the bathroom and showers were clean.

Section II - We were advised that recently, due to concerns related to the Covid-19 pandemic, inmates are now fed on the housing unit. Trays are prepared by Food Service Staff in the kitchen and sent to the housing unit in insulated carts.

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

All forms were duplicated by the maintenance print shop and distributed to all housing units.

Name: John Blakeslee  
Melissa Matthews

Title: Assistant Ombudsperson  
Assistant Ombudsperson

Date: April 7, 2021