Office of the Corrections Ombudsperson

**State Prison Inspection Checklist**

Name of Facility: Southern State Correctional Facility

Address: 4295 Route 47 PO Box 150

City/State/Zip Code: Delmont, NJ

Telephone Number: 08314

Administrator or Designee: Erin Nardelli, Administrator

Date of Inspection: June 16, 2021

|  |  |
| --- | --- |
| Conducted by: John Blakeslee | Title: Assistant Ombudsperson  |
|  |  |
| Conducted by: Amy Southwick | Title: Assistance Ombudsperon  |

Type of Inspection: Scheduled [x]  Unscheduled [ ]

Housing Unit: 10

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Capacity: | Total: | 160 | Male: | 160 | Female: | 0 |
|  |  |  |  |  |  |  |
| Inspection date population: | Total: | 73 | Male: | 73 | Female: | 0 |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Number of beds: | 160 | Other: | DORM  |

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 [x]  N/A [ ]  NO [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Name of staff member: | Erin NardelliTara O'Hara  | Title: | AdministratorMajor |

**Page 2**

**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 [ ]  N/A [x]  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 [ ]

**Page 3**

**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: 2

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 [x]  N/A [ ]  NO [ ]

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

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 [x]  N/A [ ]  NO [ ]
2. Are the divided compartmented trays in satisfactory

condition? YES [x]  N/A [ ]  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 [ ]

**Page 4**

**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 [ ]

**Page 5**

**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 [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 [ ]

**Page 6**

**Inspection Checklist**

***Inspector’s comments:***

The inspection began at 9:05am. It should be noted that the custody staff on the housing unit were very accommodating to the inspectors. The inspectors spoke to every available inmate on the housing unit at the time of the inspection. It should be noted the capacity of the unit is 160 inmates; however, on the day of the inspection there were only 73 inmates present.

Section I

The housing unit is dormitory style and is made up of ten separate units with sixteen beds per unit. There is also a single kitchen and eating area in which all meals are prepared and eaten. There are also two dayroom areas, each containing a television. Every inmate interviewed reported having a mattress, pillow, sheets, blanket and two masks. The individual housing units contain a bathroom with one sink, one shower and one toilet. The bathrooms were visibly very clean. During the interviews, none of the inmates reported any issues with the functionality of the sinks, showers or toilets. The windows on the unit are non-operable, however, the unit is climate controlled and was at a comfortable temperature. There are ten telephones and two J-Pay kiosks on the housing unit and all were reported to be functioning properly.

Section II

The daily meals are prepared, served and consumed on the housing unit. The inspectors were not present on the housing unit while meals were being served, however, the kitchen area appeared to be very clean. We were advised the inmates wear appropriate food handling gear such as hair nets, masks and gloves.

Section III

The Administrator informed the inspectors that there is an established pest control system in place. The inspections saw no signs of rodents, pests or vermin. Staff advised cleaning supplies are available to the inmates and the inmates advised that they have access to cleaning supplies upon request.

Section IV

The housing unit contains four fire extinguishers, each with valid inspection stickers, that were available to staff but not inmates. There were fifteen working cameras on the unit that were visible and were reported to be operating correctly. All staff were seen wearing masks and every inmate reported having two masks.

Section V

The inspectors were able to view all of the forms on the housing unit. It should be noted that these forms were available to the inmates upon request.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | John BlakesleeAmy Southwick | Title: | Assistant SuperintendentAssistant Superintendent |
|  |  |
| Date: | June 17, 2021 |