



**State of New Jersey**  
DEPARTMENT OF CORRECTIONS  
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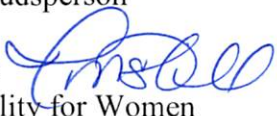
PHILIP D. MURPHY  
*Governor*

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. EMCFW's Restorative Housing Unit (RHU) 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

5. Do all inmates have access to hot and cold water? **No**

Discrepancies Resolved: The sink in Cell 7 in RHU was inoperable. Maintenance has assessed and the cell has been placed out of order pending repair. All required parts have been ordered.

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

Discrepancies Resolved: Maintenance reported to the area and sprayed peroxide in the showers to remove mildew stains. In addition, shower area was repainted.

## Section II – Food Service

1. Are meals served in the dining hall? **No**

No Discrepancies: Meals are served in the housing unit.

6. Are food service staff and inmates handling food wearing appropriate safety gear such as hair nets and gloves? **No**

Discrepancies Resolved: Hair nets distributed to inmates working in food service and a hair net dispenser has been ordered to allow for easier access.

## Section III – Sanitation

12. Do all inmates have access to cleaning supplies for use in their cells/dorms? **No**

Discrepancies Resolved: Cleaning supplies are distributed to inmates housed in the RHU on Sundays only. This is done as a precautionary safety measure to limit instance where supplies can be used to harm one's self or others.

## Section IV – Safety

4. Do all inmates have 2 masks at this time? **No**

Discrepancies Resolved Immediately: (2) Two additional masks were provided to every inmate housed in the RHU.

## Section V – General

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

Discrepancies Resolved: The Inmate Grievance Form and Social Services Request 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 Mahan Correctional Facility for Women

Address: 30 County Rd 513

City/State/Zip Code: Clinton, NJ 08809

Telephone Number: (908) 735-7111

Administrator or Designee: Patricia McGill, Administrator

Date of Inspection: April 9, 2021

Conducted by: John Blakeslee

Title: Assistant Ombudsperson

Conducted by: Megan Farrell

Title: Assistant Ombudsperson

Type of Inspection: Scheduled  Unscheduled

Housing Unit: RHU

Capacity: Total: 36 Male: 0 Female: 36

Inspection date population: Total: 13 Male: 0 Female: 13

Number of cells: 18 Single: 0 Double: 18 Triple: 0 Quadruple: 0

Number of beds: 36 Other: 0

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: Erica Stem  
Hector Smith

Title: Associate Administrator  
Major

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**Inspection Checklist**

**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? 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 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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**Inspection Checklist**

- 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 as hair nets and gloves? YES  N/A  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  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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**Inspection Checklist**

**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

**V 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* YES  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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**Inspection Checklist**

***Inspector's comments:***

The unit tour began at approximately 9:40 am with Associate Administrator Stem and Major Smith. The Restorative Housing Unit (RHU) is a disciplinary housing unit for inmates serving RHU sanctions. It was observed that the unit was clean and the housing officers were helpful with the inspection staff. The Assistant Ombudspersons were able to question the inmates that were on the housing unit in order to complete the inspection.

Section I - One inmate reported that her sink did not work. This information was immediately provided to Associate Administrator Stem, who advised that maintenance would be notified. One inmate advised that she had no masks; however, she indicated that she submitted them to the laundry and was awaiting their return. Two inmates reported that they had one cloth mask and one inmate reported that she only had disposable style masks that were over one week old. Major Smith indicated that he would have masks brought to the unit to ensure that every inmate had two cloth masks. One inmate stated that she wasn't given the disinfectant that she requested. The housing unit officer advised that the inmates are given cleaning supplies to clean their cells on Sundays. The showers had what appeared to be mildew and were in need of painting. With regard to the telephones, it was reported that due to a computer issue, inmates with a disciplinary sanction of Loss of Telephone Privileges are unable to contact the Office of the Corrections Ombudsperson, their attorneys or the Special Investigation Division hotline. In order to ensure that inmates can make these calls, Associate Administrator Stem advised that she is modifying all loss of telephone privilege sanctions to allow inmates to utilize the telephone. The unit contains a total of 3 JPay kiosks; one of which is located within the unit and the other two in the recreation module.

Section II - The inspectors were not on the unit while a meal was being served; however, the housing officer noted that the inmate preparing the trays wears a mask and gloves, but does not wear a hair net.

Section III - The housing officer advised that cleaning products are available for inmate use on Sunday each week, and are obtained from custody staff.

Section IV - No issues noted

Section V - Forms are available from the housing officer. It was noted that the Inmate Grievance Form and Social Services Request Form were not available at the time of the inspection. While the indicated forms were not available, it should be noted that the inmates have access to Social Services and the ability to file grievances through the JPAY kiosk. Associate Administrator Stem advised that they would ensure these missing forms are made available.

During the inspection of the housing unit, an inmate requested assistance from Assistant Ombudsperson Blakeslee. The inmate advised that she contacted the Office of the Corrections Ombudsperson by phone on Monday, April 5, 2021 to report that her right ankle was swollen and painful. As a direct result of the referral from our office, she advised that a nurse had brought her an ankle brace; however, she complained that she had not yet seen a doctor. The inmate was advised that this office would again contact the medical staff at DOC Central Office to relay her concerns. Upon referral to Medical, we were informed that the inmate was being evaluated by the facility medical director on April 12, 2021.



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

See attached memo dated 4/15/2021.

**Name:** John Blakeslee  
Megan Farrell

**Title:** Assistant Ombudsperson  
Assistant Ombudsperson

**Date:** April 12, 2021