

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: West 1 A, B, C

Capacity: Total: 132 Male: 132 Female: 0

Inspection date population: Total: 125 Male: 125 Female: 0

Number of cells: 66 Single: Double: 66 Triple: Quadruple:

Number of beds: 132 Other:

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
 P. 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: 7
- 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: A-5, B-4, C-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

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 toilets, washbasins, showers, and sinks cleaned and 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

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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Inspector's comments:

Unit tour began at approximately 10:15 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 - Seven inmates reported that they had no pillows. One inmate complained of not having hot water; however, it is noted that the inmate and staff both reported that a work order to the Maintenance Department had been completed. Inmates in two cells reported that the light in their cell did not work. Two inmates reported minor plumbing issues that had also been reported via work orders. One telephone on C-wing was reported as not working; for which an inmate indicated that a telephone discrepancy form had been submitted. Upon completion of the inspection, this office referred the telephone issue directly to GTL staff. One kiosk mouse was reported as broken and this was reported to JPay upon completion of the inspection. Showers could not be observed at the time of the inspection because they were occupied. Inmates expressed no complaints regarding the conditions and cleanliness of showers or restrooms.

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 with special diets. It was noted that inmates eating the regular diet utilize their personal dishes.

Section III - Several inmates were observed cleaning their cells and the common areas, to include the showers. Inmates are tasked with the responsibility to cleanse and sanitize their cell and its contents.

Section IV - Two inmates reported that they only had disposable masks. The Lieutenant immediately remedied this situation with the Housing Unit Officer, who advised that she would immediately provide them to the inmate. During discussions with the tier representatives, they requested to know when there might be a mask exchange as the current masks are old.

Section V - The Housing Unit Officer noted that she may have had some of the missing forms in a secured area and would be checking for them.

Administrator or Designee's comments and corrective action taken:

See attached memorandum dated April 1, 2021.

Name: John Blakeslee
Melissa Matthews

Title: Assistant Ombudsperson
Assistant Ombudsperson

Date: March 24, 2021



State of New Jersey
DEPARTMENT OF CORRECTIONS
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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 "From:" field.

Date: April 1st, 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 first inspection was a unscheduled inspection of Housing Unit West 1, Tiers A, B, and C. 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 7 inmates without pillows.

10. Are all windows permanently closed or inoperable? No

Discrepancies resolved on the spot; window cranks were used 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.

18. Is/are the J-Pay Kiosk(s) working properly at the time of inspection? No

Discrepancy resolved; work order was submitted for inoperable kiosk prior to inspection

Section IV Safety

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

Discrepancies resolved on the spot; Housing Officer had boxes of mask on hand, and provided 2 masks to each inmate requiring/replacing mask(s).

Section V General

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

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