



U.S. Department of Justice

U.S. v. Essex County



JI-NJ-0002-0003

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DJ 168-14-14

Washington, D.C. 20530

JUN 15 1988

Mr. Henry Del Plato  
Section Chief  
Health and Public Functions  
Office of County Counsel  
Hall of Records  
Newark, New Jersey 07102

Re: United States v. Essex County  
(Essex County Youth House)

Dear Mr. Del Plato:

I am writing to inform you and your client of the findings of our tour of the Youth House, May 13-14, 1988. At the outset, both Jack Greene and I would like to express our appreciation to all staff who spoke with us. The purpose of the compliance tours and the resulting comments are to assist you in your progress towards full compliance with the negotiated consent decree.

Emergency Evacuation

It is apparent that the Youth House has implemented the fire evacuation plans. Nearly all youths interviewed testified about their knowledge of the emergency evacuation procedures. However, in its efforts to formulate plans and conduct regular fire drills, the facility has failed to provide an emergency mechanism to release youths from their locked rooms. → Can not be done at the time

We observed that a significant percentage of the doors to the youths' rooms are old wooden doors with old undependable locks. Staff interviewed attested to this problem. Under the present procedure should a key break in a lock the unit staff must either await arrival of maintenance personnel who could extricate a youth or attempt to remove the youth using homemade self-help techniques. In a crisis this practice would lead to an increased risk of harm to staff and youth alike. Thus, in order to implement an adequate means of emergency evacuation, the Youth House should take immediate steps to assure unit staff have access to the necessary tools (i.e. axes, crowbars, lock cylinder cores, etc.) to release residents from their rooms. ← this is in progress

### Storage of Flammable/Combustible Materials

While the facility has improved in its handling and storage of flammable and combustible materials, problems still exist. Problems noted during the tour and visit include, but are not limited to:

1. Poisonous cleaning fluids stored in containers labeled "Grape Juice"; *Label in order*
2. Poisonous and flammable photo development chemicals found in garbage cans in unit mop rooms; *- were removed*
3. Cleaning fluids found in plastic bottles in all unit storage closets. Some storage areas were locked, others were not; *- this will be worked on*
4. Lack of inventory control of cleaning fluids in units;
5. Paint thinners, stains, etc. not properly supervised in the wood shop areas of the vocation school; *See do procedure this is not true*
6. Chemicals stored in non-ventilated closets.

The facility must insure that unit staff conduct both the periodic checks of the living units in accordance with the stated policy and remove all flammable and combustible materials. All cleaning fluids must be properly labeled, secured and regularly inventoried. It may be helpful to develop a reporting and inventory mechanism which would provide better management and accountability.

### Fire Extinguishers

During the course of the tour the following deficiencies were identified:

1. Several extinguishers were without inspection tags;
2. Several extinguishers had expired inspection tags;
3. Foam suppression system in the kitchen had expired;
4. Poor placement of extinguishers (i.e. in the rear of dark closets, on the floor not properly hung, etc.)

It is imperative that the facility have all extinguishers properly inspected and tagged to reflect that they have been inspected. While the facility fire marshal produced an invoice from a recharging company, there must exist an accurate accounting mechanism which unquestionably reflects the current status of all fire safety devices.

### Personal Hygiene Items and Clothing

While the facility has more than enough underwear (49 dozen), bras (14 dozen), polo shirts (510), socks (62 dozen) and pants (547 pairs) its distribution of clean clothing to the youths is nothing short of being unsanitary and a possible form of abuse.

Youths interviewed stated that socks, underwear and towels are exchanged once per week. Pants, polo shirts, etc., are exchanged weekly. In order to wear clean clothing many youths have their parents bring clean underwear for them.

The youths should have their socks, underwear, towels, etc. exchanged daily rather than weekly. Other clothing items should be exchanged twice per week rather than weekly.

The youths should also be issued suitable clean bedding and linens, to include two sheets, pillow and pillowcase, mattress and sufficient blankets to provide comfort under existing temperature controls. Presently, youths are not provided pillow and pillowcases. Many rooms were also absent blankets.

Additionally, the youths must be provided articles necessary for maintaining proper personal hygiene. At the time of the visit there were on inventory 45,000 bars of soap, 144 5 oz. tubes of toothpaste, 720 toothbrushes, 96 containers of deodorant, and 1,264 combs. Many youths reported that, notwithstanding the large amount of supplies on hand, they were forced to have parents supply them with toothpaste, deodorant and combs.

Surely shortages will exist from time to time; however, a more responsive policy and procedure must be developed to effectively distribute the supplies on hand. Taking the accountability and control away from the nursing staff may be a possible remedy to create a more efficient requisition system.

### Plan to Protect Youths From Harm From Other Youths

Although all residents interviewed seemed content and had little worry about their safety, evidence of hourly reviews of all housing units was not evident. Additionally, implementation procedures, actual steps used to implement policies regarding this provision, have not yet been supplied.

The facility needs to develop a procedure (i.e. steps to be followed by staff) to insure hourly reviews of all housing areas, to include a form of written documentation, and procedures to accompany the facility policy in the area of assuring that residents are protected from unreasonable risks of bodily harm.

### Restraint Procedures

As a verification of the policies provided, several residents were interviewed regarding the restraint practices at the facility. Except for the disciplinary units, no youths had been placed in restraints.

No procedures have been supplied for review and evaluation; thus, the facility needs to develop a detailed procedure for implementing the stated policy.

### Sanitation Procedures

There are basically two sources of information in the area of assuring that sanitary conditions exist. One is the specific Officer's Post Order and the other is the Housekeeping Schedule. Neither of these documents specifically outline methods that assure the facility is clean and orderly.

In all fairness, the facility is much cleaner than it was during the last visit. In general, floors were swept, rooms were neat and most of the shower and bathrooms were free of urine odor.

During the tour several problems were identified. Problems include, but are not limited to:

1. Unflushed commodes. Additional problems in slow flush from lack of water pressure on the upper floor is cause for concern;
2. Clogged drains in sinks;
3. Broken soap dishes and other porcelain fixtures. These create not only an eyesore, but are potentially dangerous and should be repaired, replaced or removed;
4. Most unit's closets were cluttered and dirty;
5. Large holes are evident in many resident rooms. Most of these holes contain loose mortar, exposed framing wires and are dangerous. Resident rooms containing holes, etc. should be closed until repaired;
6. Lack of ventilation in unit closets containing cleaning supplies;
7. Roach and rodent infestation throughout the building;
8. Dirty clothes left in piles on the floor in units;

9. Garbage bags in units containing food crumbs. (Since residents do not have access to McDonald's, the McDonald's french fries apparently belonged to staff.);
10. Bathrooms in units do not contain paper towels nor soap for residents to wash after using the facilities.

While improvement has been achieved over the last year, much improvement still needs to occur. The Housekeeping Schedule and Post Orders should spell out duties and responsibilities in detail and not in general statements. Administration must take a pro-active stance in monitoring cleanliness and sanitary conditions in this aging building. Continued bug and rodent treatment is mandatory.

#### Procedures for Fire Safety and Risk to Health

While the facility has adequate fire and fire evacuation procedures, except for that already mentioned, there is no procedure for review and evaluation in the area of surveying the facility to assure a fire safety status.

The facility should require a qualified fire and safety officer to inspect the institution on a periodic basis. In addition, the facility should arrange for the local jurisdiction to periodically inspect the institution to insure compliance with local requirements.

#### Overcrowding

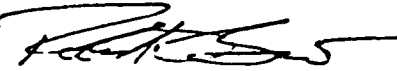
While the facility calls the Population Control Plan its procedure for handling temporary and long-term crowding conditions, in actuality the Control Plan is policy and not a procedure. Therefore, no procedure was supplied for review and evaluation.

The facility needs to forward the detailed procedures to be implemented in order to carry out the stated policy regarding population control and overcrowding.

Sincerely,

Wm. Bradford Reynolds  
Assistant Attorney General  
Civil Rights Division

By:



Robert J. Saria  
Attorney  
Special Litigation Section

cc: Samuel A. Alito, Jr.  
United States Attorney