

New York City Board of Correction  
Weekly COVID-19 Update  
*Week of January 23 – January 29, 2021*

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# I. Population Change

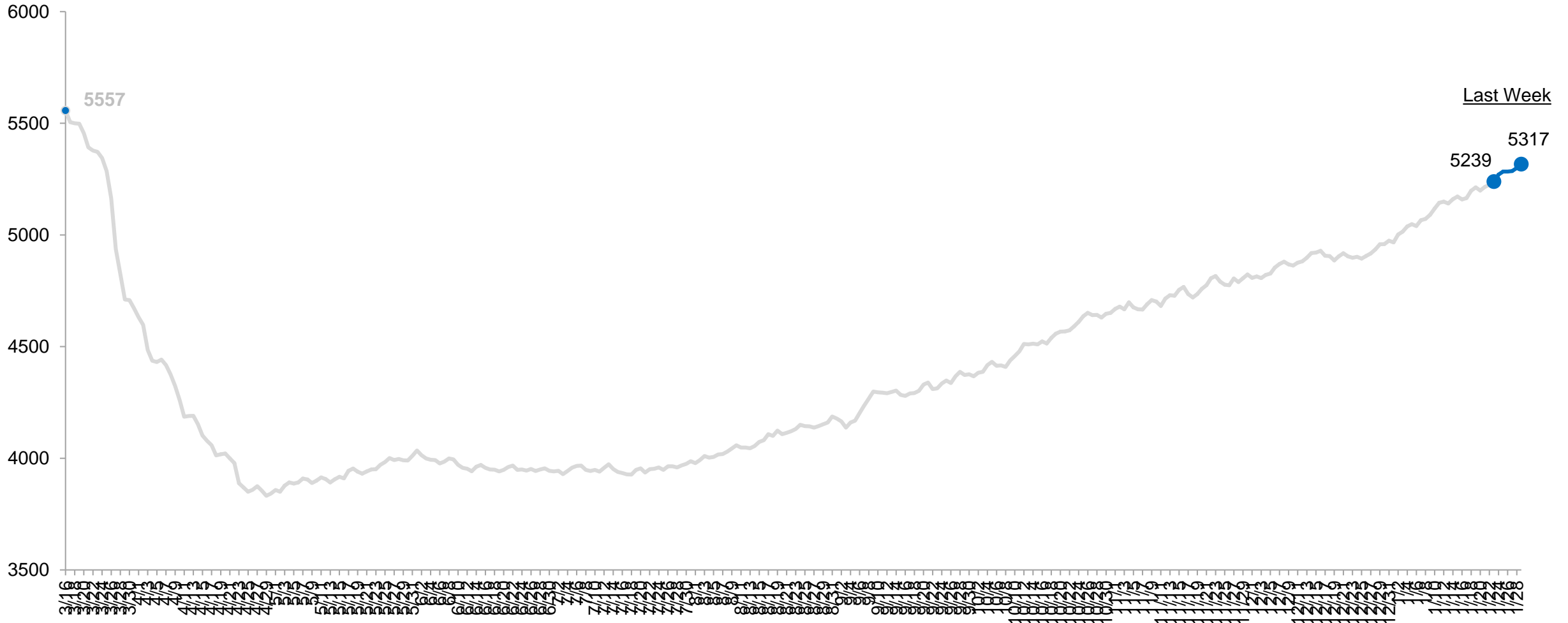
March 16, 2020 – January 29, 2021

# I. Population Change: DOC Population in Custody & Breakdown by Custody Status, January 23 – January 29, 2021

BOC Analysis of DOC Population in Custody							
	01/23/2021 (Saturday)	01/24/2021 (Sunday)	01/25/2021 (Monday)	01/26/2021 (Tuesday)	01/27/2021 (Wednesday)	01/28/2021 (Thursday)	01/29/2021 (Friday)
<b>Total Population in Custody</b>	5239	5270	5284	5284	5286	5300	5317
<b>Total New Admissions (on previous day)</b>	44	42	42	31	50	55	56
Breakdown by Custody Status							
<b>Total Pretrial (includes detainees and detainees with open cases and a violation of parole)</b>	4694	4722	4735	4721	4719	4721	4744
<b>Total City Sentenced (includes city sentenced and city sentenced with open cases and a violation of parole warrant)</b>	147	147	147	146	151	153	152
<b>Total Held on Technical Parole Violation (with no open case)</b>	221	223	224	235	232	236	233
<b>Other (includes newly state sentenced, state ready inmates, and state prisoners with a court order)</b>	177	178	178	182	184	190	188

# I. Population Change: Total Population in DOC Custody

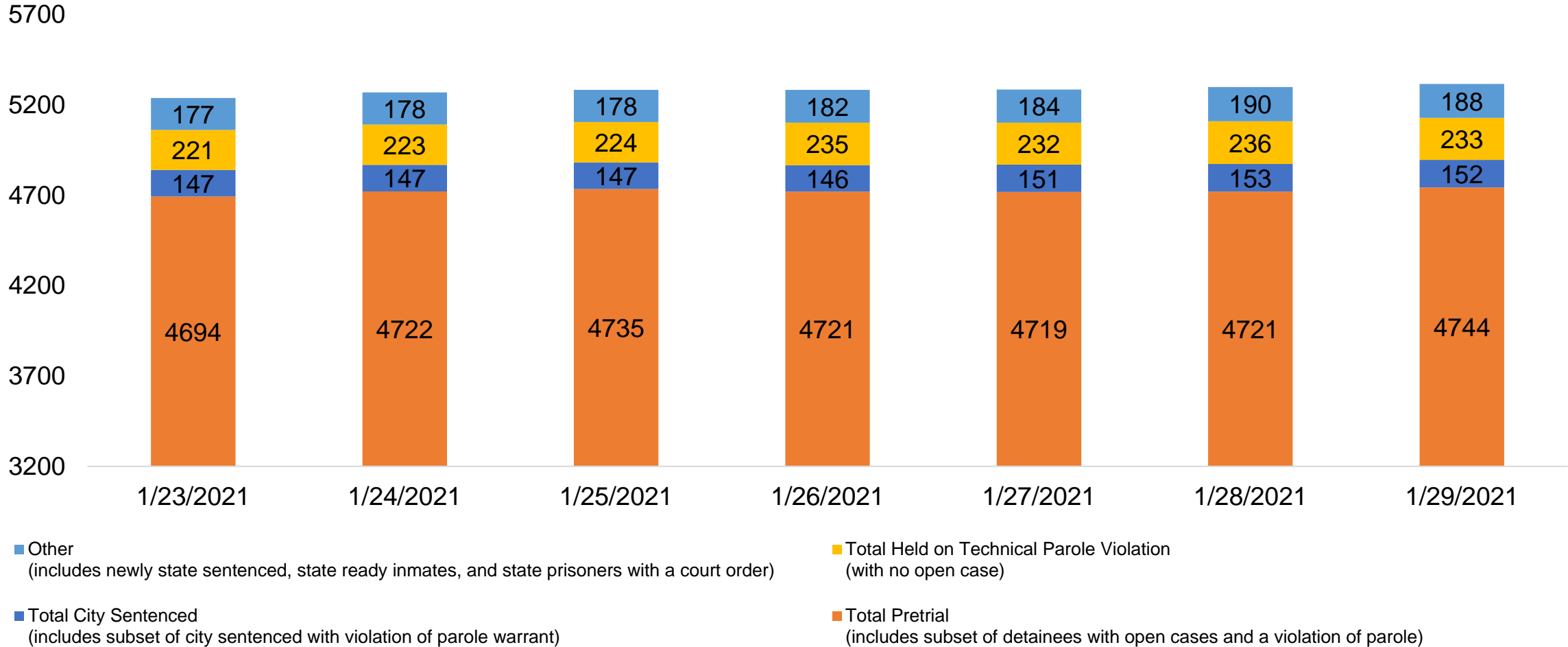
## Total Population in DOC Custody March 16, 2020 – January 29, 2021



SOURCE: DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am

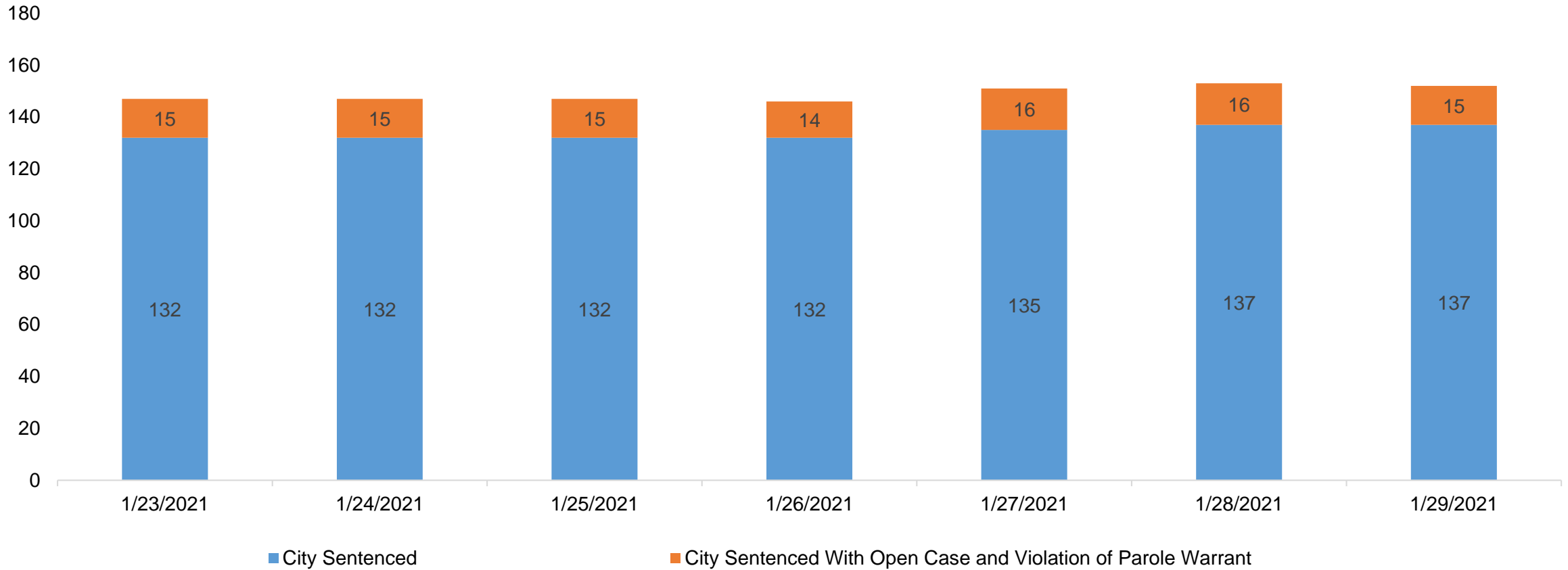
# I. Population Change: DOC Population by Custody Status

## Total DOC Population by Custody Status, 1/23/2021 - 1/29/2021



# I. Population Change: City Sentenced Population by Custody Status

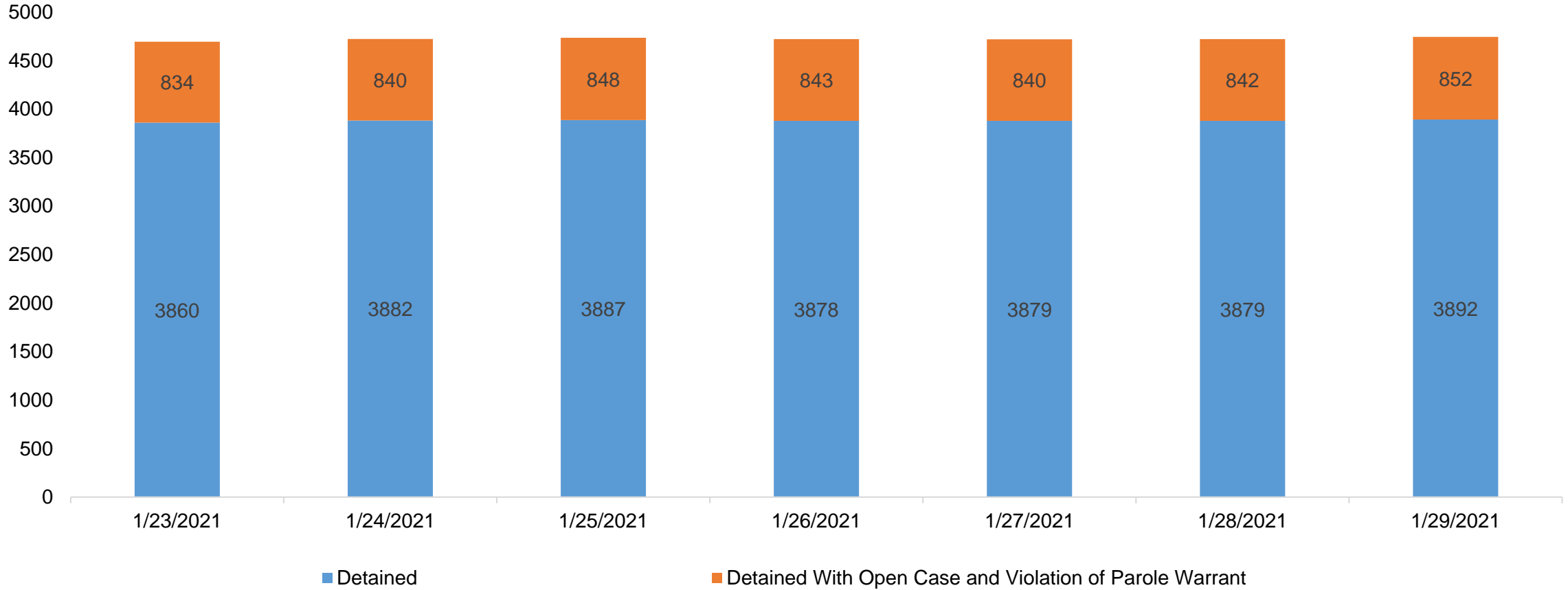
## City Sentenced Population by Custody Status 1/23/2021 - 1/29/2021



SOURCE: BOC analysis of DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am

# I. Population Change: Pretrial Population by Custody Status

## Pretrial Population by Custody Status 1/23/2021 - 1/29/2021





# I. Population Change: DOC Population in Custody & Key Demographics, January 23 – January 29, 2021

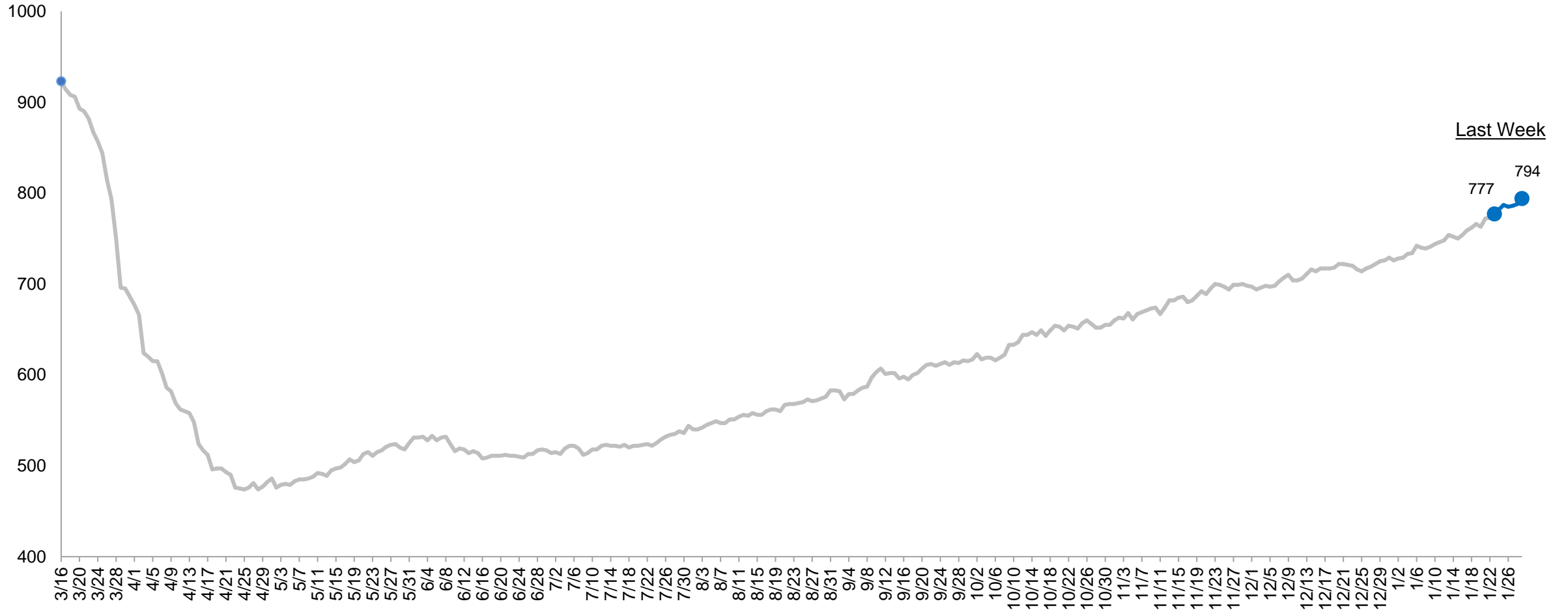
BOC Analysis of DOC Population in Custody							
	01/23/2021	01/24/2021	01/25/2021	01/26/2021	01/27/2021	01/28/2021	01/29/2021
Total Population in Custody	5239	5270	5284	5284	5286	5300	5317
Key Demographics NOTE: Categories listed below are not mutually exclusive							
Female	199	199	210	208	204	215	212
Male	4890	4882	5025	4990	4951	5040	5002
Transgender Female	38	38	38	37	36	36	36
Transgender Male	3	3	3	3	3	3	3
Gender Non-Conforming	0	0	0	0	0	0	0
Intersex	1	1	1	1	1	1	1
Unknown Gender	108	147	7	45	91	5	63
Young Adults (Ages 18-21)	436	440	439	440	444	442	439
Total 50+ yrs old	777	782	787	785	786	788	794
Total 50+ yrs old with a Technical Parole Violation	53	54	54	56	54	54	54
M Designation (Brad H/ Receiving Mental Health Services)	2714	2714	2713	2724	2729	2742	2756
Total in North Infirmary Command (NIC) (male infirmary patients)	55	52	52	53	52	52	51
Total Rose M. Singer Center (RMSC) Infirmary (female infirmary patients)	4	5	5	5	5	5	6

# I. Population Change: DOC Population in Custody & Population Breakdown by Race/Ethnicity

Breakdown of Population by Race/Ethnicity and Type of Housing 01/28/2021 (as of 11:00 am)						
Race/Ethnicity	Total Population in DOC Custody	% of DOC Population	Total Population in Confirmed or Symptomatic Units	% of Confirmed or Symptomatic Population	Total Population in Likely Exposed but Asymptomatic Units	% of Likely Exposed but Asymptomatic Population
Asian	91	1.7%	≤10	--	18	1.74%
Asian Hispanic	0	0.0%	≤10	--	≤10	--
Black	2983	56.3%	62	55.9%	570	55.02%
Black Hispanic	148	2.8%	≤10	--	26	2.51%
Hispanic	1319	24.9%	37	33.3%	267	25.77%
Native	9	0.2%	≤10	--	≤10	--
Native Hispanic	1	0.0%	≤10	--	≤10	--
Other	153	2.9%	≤10	--	32	3.09%
Unknown	6	0.1%	≤10	--	≤10	--
White	326	6.2%	12	10.81%	69	6.66%
White Hispanic	259	4.9%	≤10	--	54	5.21%
Declined to Self-Report	5	0.1%	≤10	--	≤10	--
<b>Total:</b>	<b>5300</b>	<b>100%</b>	<b>111</b>	<b>100%</b>	<b>1036</b>	<b>100%</b>

NOTE: BOC analysis is based on the housing areas for confirmed COVID-19 patients, symptomatic patients, and likely exposed but asymptomatic units reported by DOC on 01/27/2021 at 4:30 pm, the DOC Inmates in Custody File on 01/28/2021, which is automated pull from the DOC Inmate Information System (IIS) at 11:00 am, and the Cross-Section file on 01/28/2021. **Individuals housed in confirmed and symptomatic units may include people who have refused testing, and those who are housed in the Communicable Disease Units (CDUs) for non-COVID reasons. People housed in CDUs share no communal space. The total number of people in custody with confirmed active infections can be found in CHS's COVID-19 Data Snapshots, which are posted on the [CHS homepage](#).**

### Total Population of 50+-Year-Olds in Custody, 3/16/2020 - 1/29/2021



SOURCE: DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am

## II. Correctional Health Services (CHS) and Department of Correction (DOC) Updates to the Board of Correction (BOC)

March 17, 2020 – January 29, 2021

## II. CHS and DOC Updates to BOC: Summary Table, January 23 – January 29, 2021

Correctional Health Services (CHS) and Department of Correction (DOC) Updates to the Board of Correction (BOC)							
	Date Reported <sup>1</sup>						
	1/23/2021	1/24/2021	1/25/2021	1/26/2021	1/27/2021	1/28/2021	1/29/2021
<b>Current patients with confirmed COVID-19<sup>2</sup></b>	422	429	437	436	433	451	454
<b>Current patients with confirmed COVID-19 and active infection<sup>3</sup></b>	N/A	N/A	87	86	85	93	84
<b>COVID-19 deaths in custody (in hospital; cumulative)<sup>4</sup></b>	3	3	3	3	3	3	3
<b>CHS staff newly under quarantine/isolation<sup>5</sup></b>	3	0	0	4	2	0	2
<b>CHS staff with confirmed COVID-19 (cumulative)</b>	259	259	259	260	262	262	262
<b>Total DOC staff with confirmed COVID-19 (cumulative)</b>	1740	1740	1741	1747	1751	1756	1759
<b>Uniform DOC staff with confirmed COVID-19 (cumulative)</b>	1572	1572	1572	1577	1579	1583	1585
<b>Non-uniform DOC staff with confirmed COVID-19 (cumulative)</b>	168	168	169	170	172	173	174

<sup>1</sup> Data reported by CHS reflects data from the prior day.

<sup>2</sup> This metric includes hospitalized as well as recovered patients.

<sup>3</sup> This metric is sourced from the "CHS COVID-19 Data Snapshot." As of August 21st, this snapshot has been posted on the [CHS homepage](#) Monday through Friday.

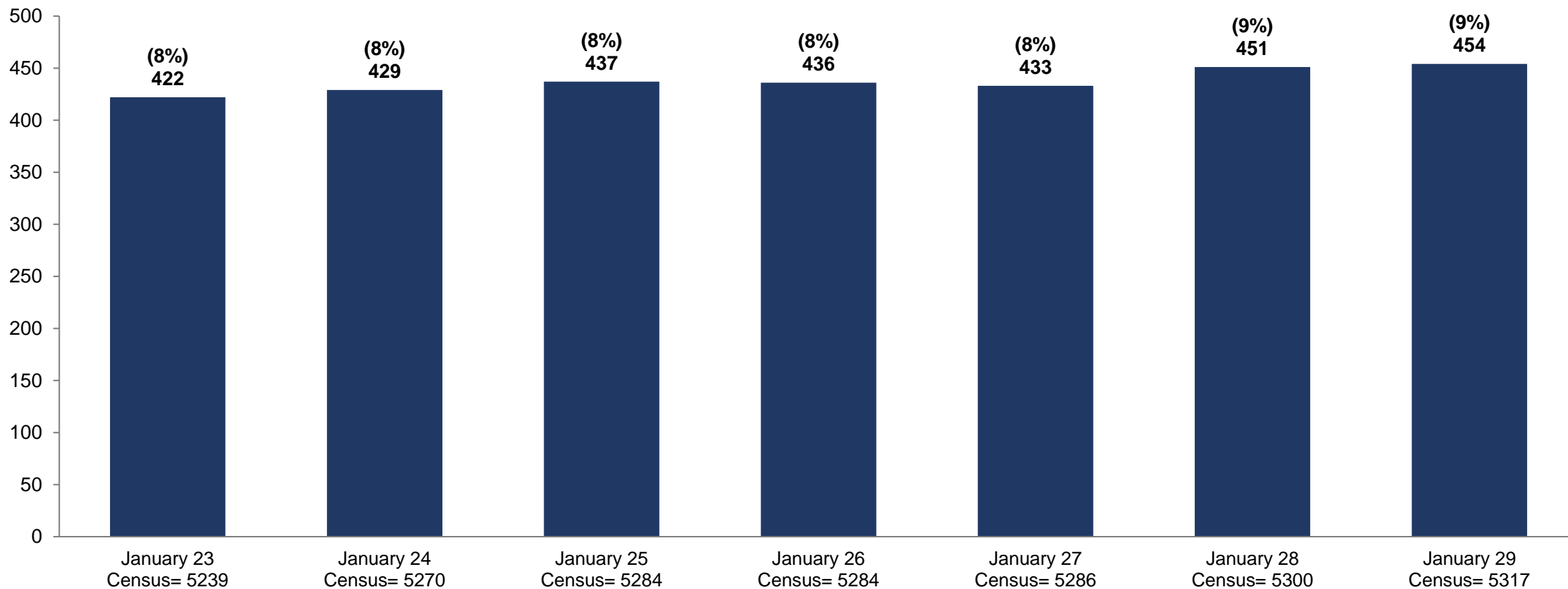
<sup>4</sup> The number of CHS patient deaths does not include patients who may have been diagnosed and treated while in custody and died post-release.

<sup>5</sup> This metric reflects staff newly placed in quarantine/isolation and not the total number of CHS staff currently in quarantine/isolation.

SOURCES: (1) CHS and DOC updates to BOC; (2) CHS COVID-19 Data Snapshots.

## II. CHS and DOC Updates to BOC: People in Custody by COVID-19 Status<sup>1</sup>

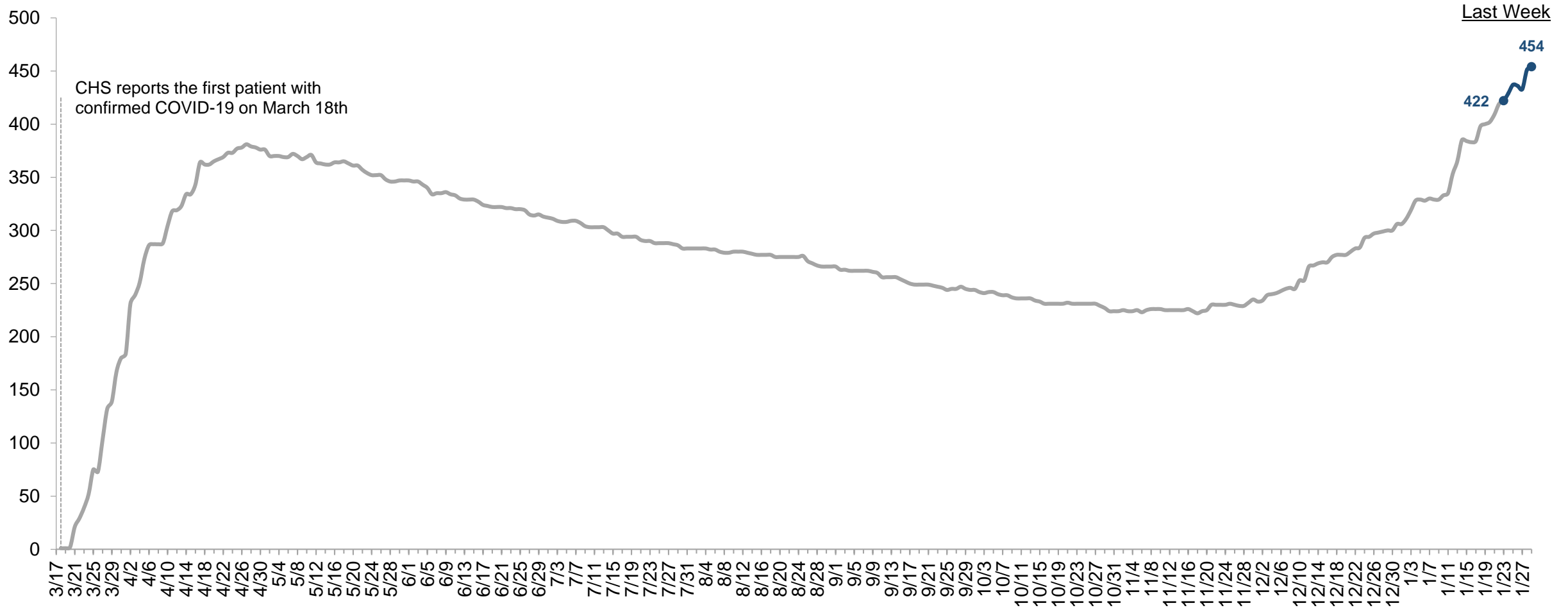
**Number and Percent of Patients with Confirmed COVID-19  
January 23 – January 29, 2021**



<sup>1</sup> The figure above reflects the number of confirmed COVID-19 patients who were currently incarcerated as of each date. These numbers include confirmed patients who have recovered from COVID-19. The total number of people in custody with confirmed active infections can be found in CHS's COVID-19 Data Snapshots, which are posted on the [CHS homepage](#).

## II. CHS and DOC Updates to BOC: Currently Incarcerated Patients with Confirmed COVID-19<sup>1</sup>

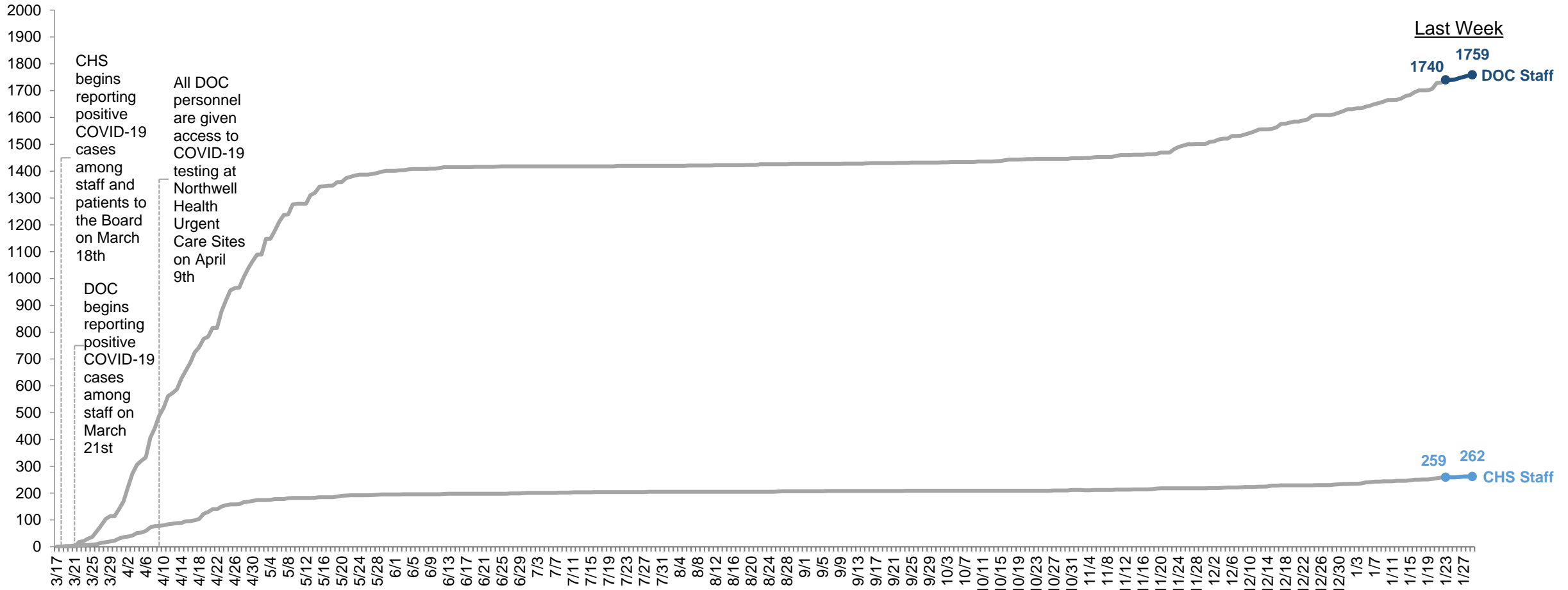
**Number of Currently Incarcerated Patients with Confirmed COVID-19**  
**March 17, 2020 – January 29, 2021**



<sup>1</sup> The figure above reflects the number of confirmed COVID-19 patients who were currently incarcerated as of each date. These numbers include confirmed patients who have recovered from COVID-19. The total number of people in custody with confirmed active infections can be found in CHS’s COVID-19 Data Snapshots, which are posted on the [CHS homepage](#).

## II. CHS and DOC Updates to BOC: Staff with Confirmed COVID-19 (cumulative)<sup>1</sup>

**Staff with Confirmed COVID-19**  
**March 17, 2020 – January 29, 2021**



<sup>1</sup> CHS and DOC report the cumulative total staff members who have tested positive for COVID-19 in their daily updates to the Board. CHS does not report the cumulative total number of incarcerated people who have tested positive for COVID-19 in its daily updates to the Board but does report this metric in weekly Local Law 59 reports published on the [CHS website](#). It would be inappropriate to compare cumulative staff totals to the number of currently incarcerated patients with COVID-19- reported in slide 15.



### III. COVID-19 Designated Housing

March 16, 2020 – January 29, 2021

### III. Housing: Housing Areas by COVID-19 Housing Designation, January 23 – January 29, 2021

	01/23/2021	01/24/2021	01/25/2021	01/26/2021	01/27/2021	01/28/2021	01/29/2021
<b>Total Number of Open Housing Areas (as of 11:00 am)</b>	257	258	258	260	263	263	263
<b>Total Housing Areas for Confirmed COVID-19 Patients and Symptomatic Patients<sup>2</sup></b>	11	11	11	12	12	11	12
<b>Total Housing Areas for Likely Exposed but Asymptomatic Individuals<sup>3</sup></b>	41	39	39	40	42	44	46

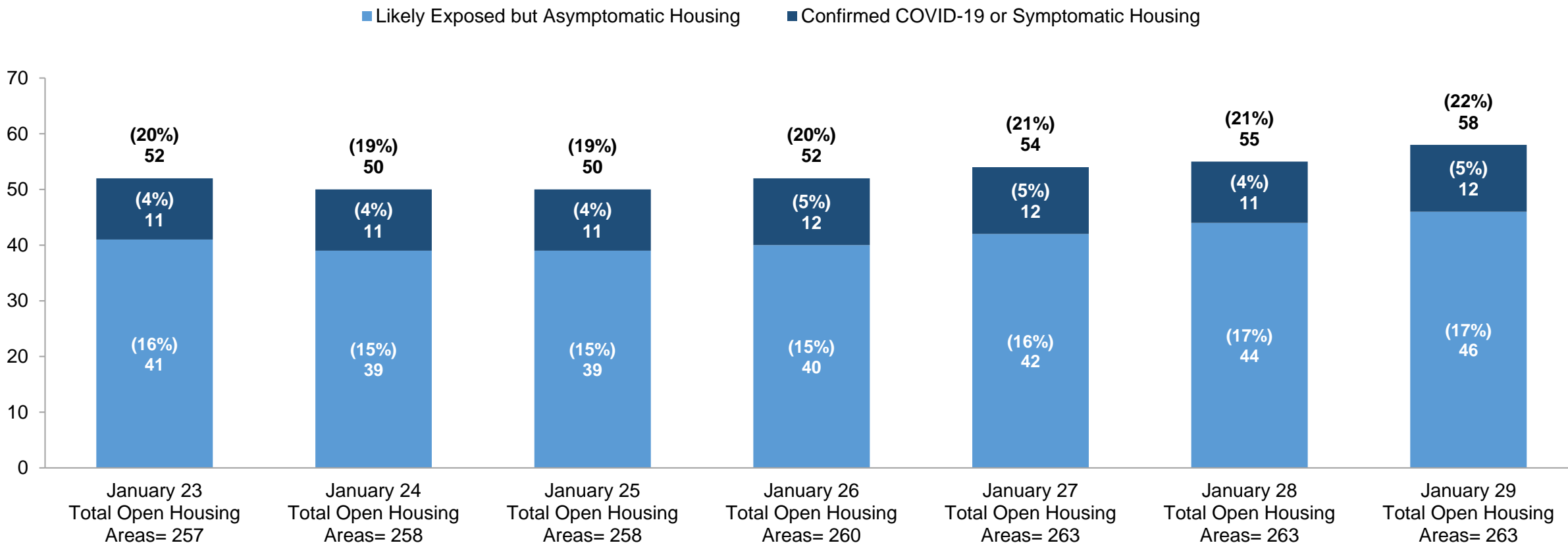
<sup>1</sup> BOC analysis is based on the housing areas for likely exposed but asymptomatic individuals, confirmed COVID-19 patients, and symptomatic patients reported by DOC for the previous day as of 4:30 pm.

<sup>2</sup> Confirmed and symptomatic units on these dates were in Communicable Disease Units (CDUs) at West Facility, OBCC, RMSC, and EMTC. **Individuals housed in confirmed and symptomatic housing may include people who have refused testing, and those who are housed in the Communicable Disease Units (CDUs) for non-COVID reasons. People housed in CDUs share no communal space. The total number of people in custody with confirmed active infections can be found in CHS's COVID-19 Data Snapshots, which are posted on the [CHS homepage](#).**

<sup>3</sup> Likely exposed but asymptomatic units on these dates were in AMKC, GRVC, OBCC, RNDC, EMTC, RMSC, NIC and VCBC.

### III. Housing: Housing Areas with a COVID-19 Housing Designation<sup>1</sup>

**Number and Percent of Open Housing Areas with a COVID-19 Designation  
January 23 – January 29, 2021**



<sup>1</sup> DOC uses three COVID-19-related housing designations: (1) one for likely exposed but asymptomatic individuals, (2) one for exposed and symptomatic individuals, and (3) one for confirmed COVID-19 patients. **Individuals housed in confirmed and symptomatic housing may include people who have refused testing, and those who are housed in the Communicable Disease Units (CDUs) for non-COVID reasons. People housed in CDUs share no communal space. The total number of people in custody with confirmed active infections can be found in CHS’s COVID-19 Data Snapshots, which are posted on the [CHS homepage](#).**

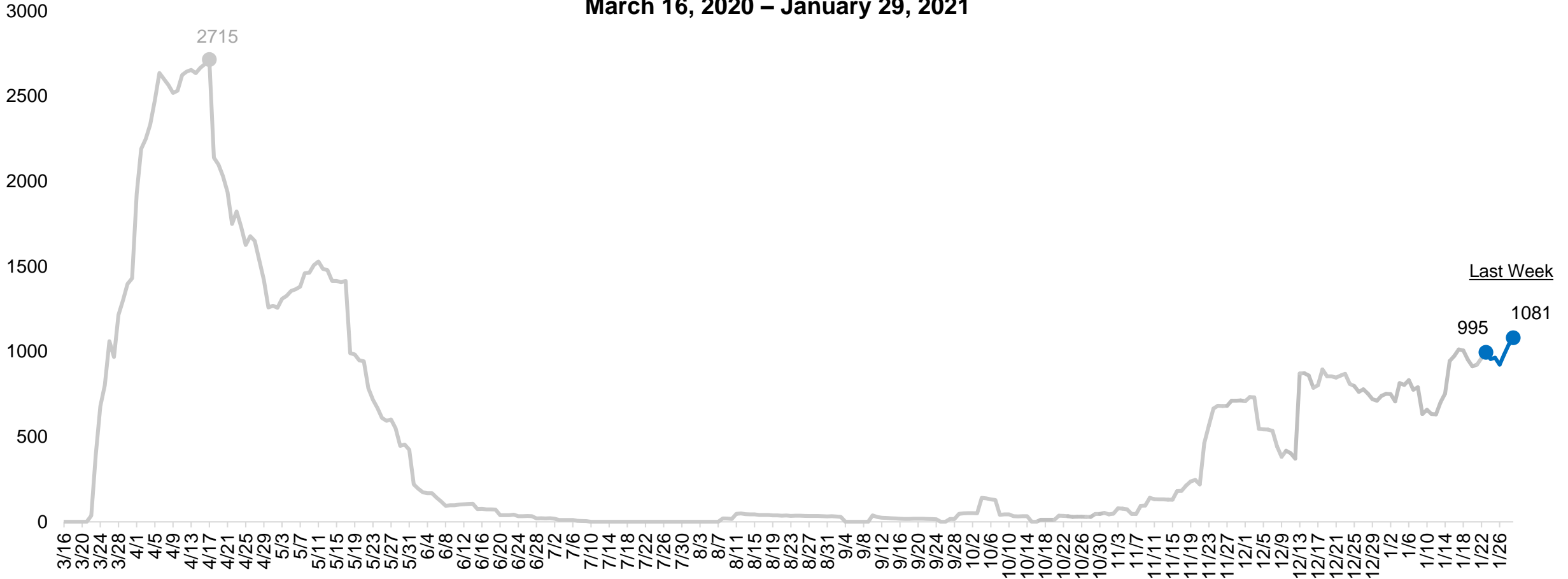
### III. Housing: Key Demographics by COVID-19 Housing Designation, January 23 – January 29, 2021<sup>1</sup>

	01/23/2021	01/24/2021	01/25/2021	01/26/2021	01/27/2021	01/28/2021	01/29/2021
<b>Likely Exposed but Asymptomatic</b>							
Total People in Exposed but Asymptomatic Units (as of 11:00am) Note: Categories below are not mutually exclusive.	995	956	964	923	983	1041	1081
50+ Years Old	138	125	130	127	139	141	154
Young Adults (Ages 18-21)	27	43	43	39	41	39	40
M-Designation	562	535	524	510	559	584	600
Female	18	18	17	16	16	≤10	≤10
Men	971	932	941	901	959	1032	1071
Transgender Female	≤10	≤10	≤10	≤10	≤10	≤10	≤10
Transgender Male	≤10	≤10	≤10	≤10	≤10	≤10	≤10
Gender Non-Conforming	≤10	≤10	≤10	≤10	≤10	≤10	≤10
Intersex	≤10	≤10	≤10	≤10	≤10	≤10	≤10
Unknown Gender	≤10	≤10	≤10	≤10	≤10	≤10	≤10
<b>Confirmed and Symptomatic</b>							
Total Patients in Housing Areas Used for COVID-19 Patients and Symptomatic Patients (as of 11:00am) Note: Categories below are not mutually exclusive.	141	143	136	137	139	126	129
50+	22	23	24	22	20	19	18
Young Adults (Ages 18-21)	≤10	≤10	≤10	≤10	≤10	≤10	≤10
M-Designation	63	67	63	63	65	58	66
Female	≤10	≤10	≤10	≤10	≤10	≤10	≤10
Male	138	138	134	134	133	125	124
Transgender Female	≤10	≤10	≤10	≤10	≤10	≤10	≤10
Transgender Male	≤10	≤10	≤10	≤10	≤10	≤10	≤10
Gender Non-Conforming	≤10	≤10	≤10	≤10	≤10	≤10	≤10
Intersex	≤10	≤10	≤10	≤10	≤10	≤10	≤10
Unknown Gender	≤10	≤10	≤10	≤10	≤10	≤10	≤10

<sup>1</sup> BOC analysis is based on the housing areas for likely exposed but asymptomatic individuals, confirmed COVID-19 patients, and symptomatic patients reported by DOC for the previous day as of 4:30 pm. **Individuals housed in confirmed and symptomatic housing may include people who have refused testing, and those who are housed in the Communicable Disease Units (CDUs) for non-COVID reasons. People housed in CDUs share no communal space. The total number of people in custody with confirmed active infections can be found in CHS's COVID-19 Data Snapshots, which are posted on the [CHS homepage](#).**

### III. Housing: People in Likely Exposed but Asymptomatic Housing<sup>1</sup>

**Number of People In Likely Exposed but Asymptomatic Housing,  
March 16, 2020 – January 29, 2021**



<sup>1</sup>DOC uses three COVID-19-related housing designations: (1) one for likely exposed but asymptomatic individuals, (2) one for exposed and symptomatic individuals, and (3) one for confirmed COVID-19 patients.

SOURCES: BOC analysis of daily DOC updates to BOC & DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00am and the housing areas for exposed but asymptomatic patients reported by DOC for the previous day as of 4:30pm.

### III. Housing: People in Confirmed/Symptomatic Housing<sup>1</sup>

**Total People in Housing Areas Used for Confirmed and Symptomatic Patients,  
March 16, 2020 – January 29, 2021**

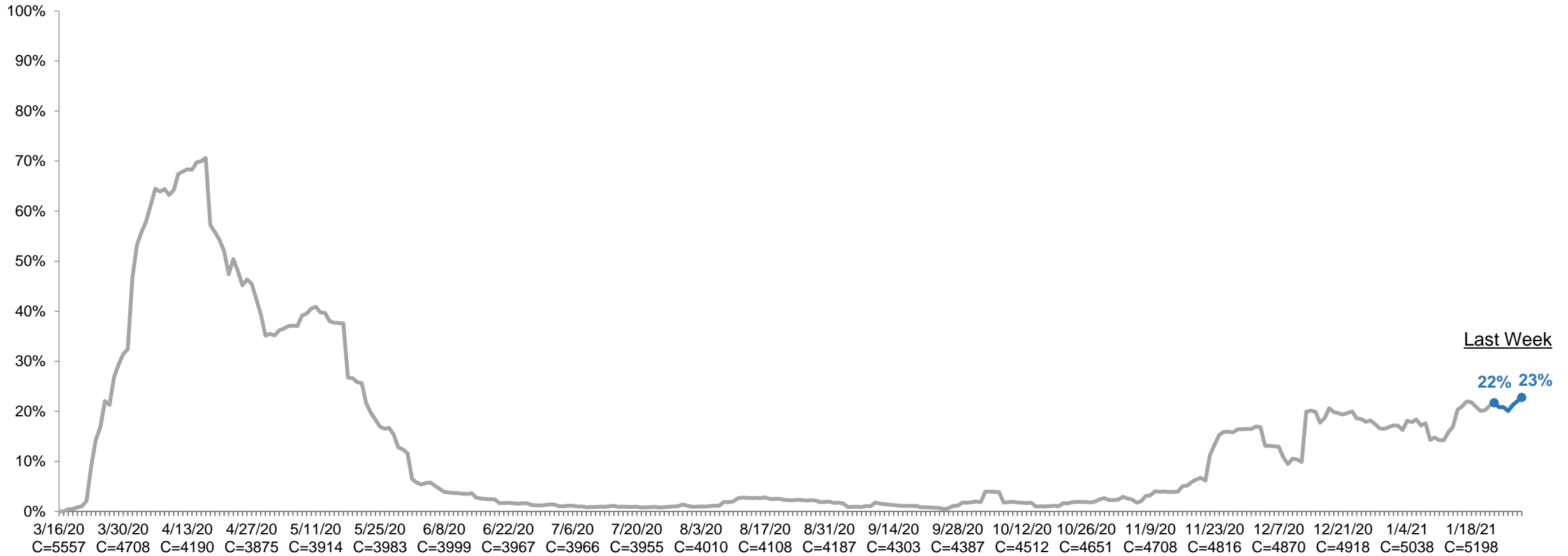


<sup>1</sup> DOC uses three COVID-19-related housing designations: (1) one for likely exposed but asymptomatic individuals, (2) one for exposed and symptomatic individuals, and (3) one for confirmed COVID-19 patients. **Individuals housed in confirmed and symptomatic housing may include people who have refused testing, and those who are housed in the Communicable Disease Units (CDU) for non-COVID reasons. People housed in CDUs share no communal space. The total number of people in custody with confirmed active infections can be found in CHS’s COVID-19 Data Snapshots, which are posted on the [CHS homepage](#).**

SOURCES: BOC analysis of daily DOC updates to BOC & DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00am and the housing areas for confirmed and symptomatic patients reported by DOC for the previous day as of 4:30pm.

### III. Housing: Percentage of People in Custody in Housing Areas with a COVID-19 Housing Designation<sup>1</sup>

**Percentage of People in Custody in Housing Areas with a COVID-19 Designation  
March 16, 2020 – January 29, 2021**



<sup>1</sup> DOC uses three COVID-19-related housing designations: (1) one for likely exposed but asymptomatic individuals, (2) one for exposed and symptomatic individuals, and (3) one for confirmed COVID-19 patients. **Individuals housed in confirmed and symptomatic housing may include people who have refused testing, and those who are housed in the Communicable Disease Units (CDU) for non-COVID reasons. People housed in CDUs share no communal space. The total number of people in custody with confirmed active infections can be found in CHS’s COVID-19 Data Snapshots, which are posted on the [CHS homepage](#).**

SOURCES: BOC analysis of daily DOC updates to BOC & DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00am and housing areas for exposed but asymptomatic individuals, confirmed COVID-19 patients, and symptomatic patients reported by DOC for the previous day as of 4:30pm.

## IV. Housing Area Capacity

January 23 – January 29, 2021



## IV. Housing Area Capacity

**Number and Percent of Open Cell and Dorm Units Above and Below 50% Capacity  
January 28, 2021**



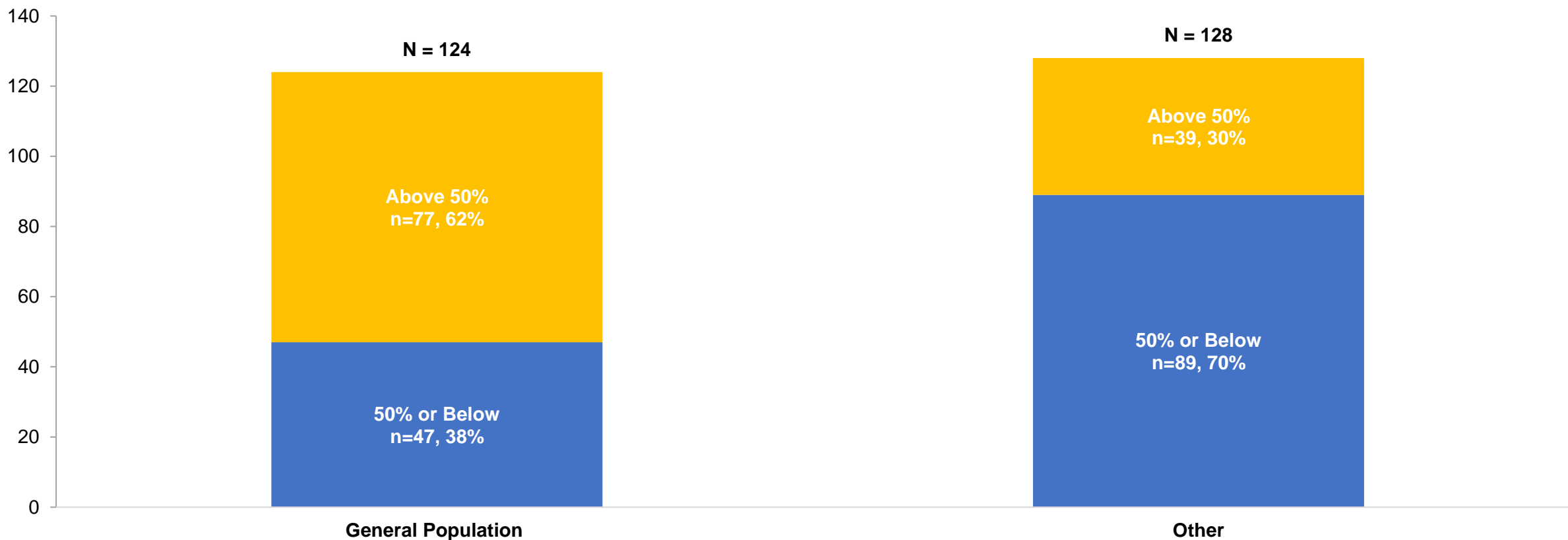
**NOTES:**

- 1) **Designed capacity reflects the maximum number of beds each housing area was designed to accommodate. DOC believes this metric serves as the best available proxy for housing area size. Accordingly, the capacity figures presented above are calculated by dividing housing area census by housing area designed capacity.**
- 2) Dorm count includes modular dorm units in AMKC, RMSC, and RNDC.
- 3) This analysis excludes Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: BOC analysis of DOC 5am census reports and DOC designed capacity data.

## IV. Housing Area Capacity

**Number and Percent of Open Units Above and Below 50% Capacity by Housing Category  
January 28, 2021**



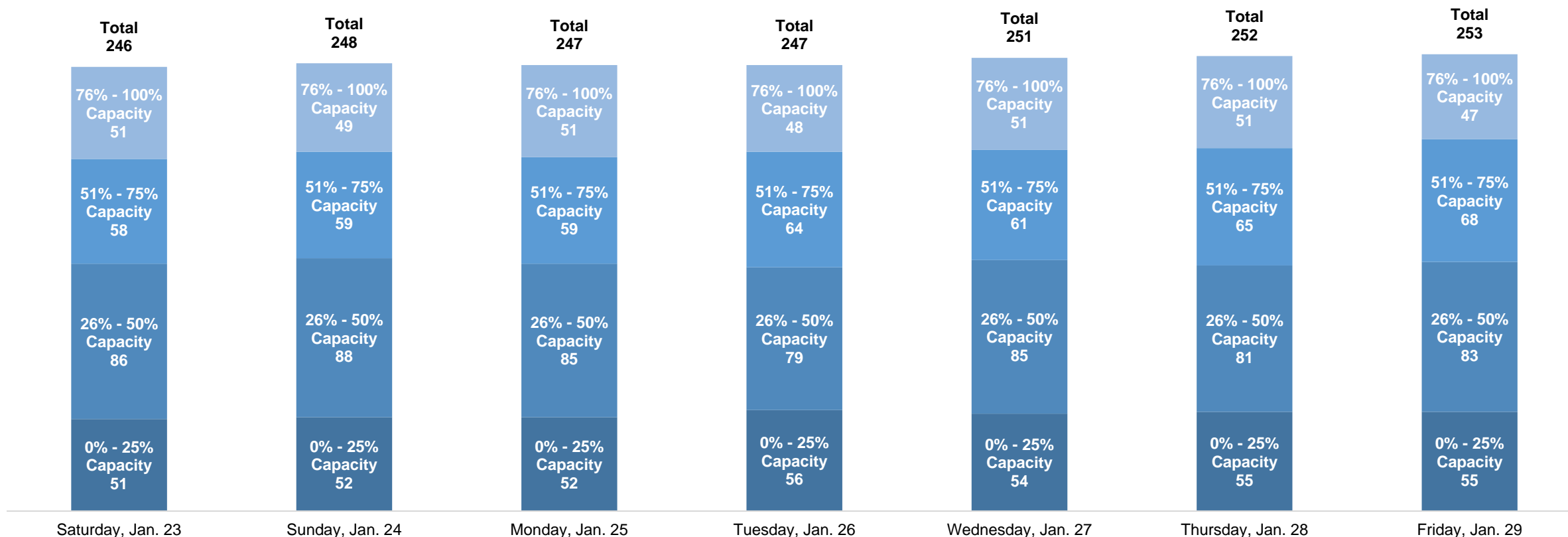
**NOTES:**

- 1) **Designed capacity reflects the maximum number of beds each housing area was designed to accommodate. DOC believes this metric serves as the best available proxy for housing area size. Accordingly, the capacity figures presented above are calculated by dividing housing area census by housing area designed capacity.**
- 2) General Population units have fewer staffing needs than more specialized housing units such as PACE or MO units and present an opportunity to lower housing density to facilitate social distancing.
- 3) This analysis excludes Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: BOC analysis of DOC 5am census reports and DOC designed capacity data.

## IV. Housing Area Capacity

**Open Housing Areas by Capacity  
January 23 – January 29, 2021**



**NOTES:**

- 1) **Designed capacity reflects the maximum number of beds each housing area was designed to accommodate. DOC believes this metric serves as the best available proxy for housing area size. Accordingly, the capacity figures presented above are calculated by dividing housing area census by housing area designed capacity.**
- 2) This analysis excludes Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: BOC analysis of DOC 5am census reports and DOC designed capacity data.

## IV. Housing Area Capacity

Summary of Housing Area Capacity, Jan. 23 – Jan. 29, 2021

Facility	Unique Housing Areas	Minimum Capacity	Maximum Capacity	Mean Capacity	Median Capacity	Standard Deviation
AMKC	66	10%	100%	67%	74%	23%
EMTC	31	5%	44%	25%	24%	9%
GRVC	25	24%	100%	71%	68%	22%
MDC	1	67%	75%	73%	75%	3%
NIC	10	31%	90%	55%	54%	15%
NICINF	7	30%	69%	46%	48%	12%
OBCC	28	8%	96%	40%	40%	19%
RMSC	25	2%	88%	23%	21%	17%
RNDC	46	15%	88%	43%	36%	20%
VCBC	16	25%	82%	58%	60%	13%
<b>Grand Total</b>	<b>255</b>	<b>2%</b>	<b>100%</b>	<b>49%</b>	<b>49%</b>	<b>25%</b>

NOTES:

- 1) **Designed capacity reflects the maximum number of beds each housing area was designed to accommodate. DOC believes this metric serves as the best available proxy for housing area size. Accordingly, the capacity figures presented above are calculated by dividing housing area census by housing area designed capacity.**
- 2) This analysis excludes Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: BOC analysis of DOC 5am census reports and DOC designed capacity data.

## IV. Housing Area Capacity

**Count and Percentage of Open Housing Areas Above 75% Capacity, Jan. 23 – Jan. 29, 2021**

Facility	1/23/2021	1/24/2021	1/25/2021	1/26/2021	1/27/2021	1/28/2021	1/29/2021
<b>AMKC</b>	30 (46%)	29 (45%)	31 (48%)	29 (45%)	29 (45%)	29 (45%)	28 (42%)
<b>EMTC</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>GRVC</b>	10 (42%)	10 (42%)	11 (46%)	11 (46%)	13 (54%)	12 (50%)	10 (42%)
<b>MDC</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>NIC</b>	1 (10%)	1 (10%)	1 (10%)	1 (10%)	1 (10%)	1 (10%)	1 (10%)
<b>NICINF</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>OBCC</b>	1 (4%)	2 (7%)	1 (4%)	1 (4%)	3 (11%)	3 (11%)	3 (11%)
<b>RMSC</b>	1 (4%)	1 (4%)	1 (4%)	1 (4%)	1 (4%)	1 (4%)	1 (4%)
<b>RNDC</b>	6 (13%)	5 (11%)	5 (11%)	4 (9%)	3 (7%)	4 (9%)	4 (9%)
<b>VCBC</b>	2 (13%)	1 (6%)	1 (6%)	1 (6%)	1 (6%)	1 (6%)	0 (0%)
<b>Grand Total</b>	<b>51 (21%)</b>	<b>49 (20%)</b>	<b>51 (21%)</b>	<b>48 (19%)</b>	<b>51 (20%)</b>	<b>51 (20%)</b>	<b>47 (19%)</b>

NOTES:

- 1) **Designed capacity reflects the maximum number of beds each housing area was designed to accommodate. DOC believes this metric serves as the best available proxy for housing area size. Accordingly, the capacity figures presented above are calculated by dividing housing area census by housing area designed capacity.**
- 2) This analysis excludes Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: BOC analysis of DOC 5am census reports and DOC designed capacity data.

## IV. Housing Area Capacity

**Total Number of People in Units Above 50% Capacity, Jan. 23 – Jan. 29, 2021**

Unit Type	1/23/2021	1/24/2021	1/25/2021	1/26/2021	1/27/2021	1/28/2021	1/29/2021	ADP
<b>Cell</b>	<b>1,823 (36%)</b>	<b>1,820 (36%)</b>	<b>1,837 (36%)</b>	<b>1,859 (37%)</b>	<b>1,871 (37%)</b>	<b>1,912 (38%)</b>	<b>1,868 (37%)</b>	<b>1,856 (37%)</b>
<b>Above 75% capacity</b>	1115 (22%)	1103 (22%)	1153 (23%)	1129 (22%)	1274 (25%)	1238 (24%)	1108 (22%)	1160 (23%)
<b>Between 51% and 75% capacity</b>	708 (14%)	717 (14%)	684 (13%)	730 (14%)	597 (12%)	674 (13%)	760 (15%)	696 (14%)
<b>Dorm</b>	<b>1,458 (29%)</b>	<b>1,444 (29%)</b>	<b>1,479 (29%)</b>	<b>1,479 (29%)</b>	<b>1,466 (29%)</b>	<b>1,464 (29%)</b>	<b>1,465 (29%)</b>	<b>1,465 (29%)</b>
<b>Above 75% capacity</b>	624 (12%)	584 (12%)	590 (12%)	508 (10%)	471 (9%)	509 (10%)	474 (9%)	537 (11%)
<b>Between 51% and 75% capacity</b>	834 (17%)	860 (17%)	889 (18%)	971 (19%)	995 (20%)	955 (19%)	991 (20%)	928 (18%)
<b>Grand Total</b>	<b>3,281 (65%)</b>	<b>3,264 (64%)</b>	<b>3,316 (65%)</b>	<b>3,338 (66%)</b>	<b>3,337 (66%)</b>	<b>3,376 (67%)</b>	<b>3,333 (66%)</b>	<b>3,321 (66%)</b>

NOTES:

- 1) **Designed capacity reflects the maximum number of beds each housing area was designed to accommodate. DOC believes this metric serves as the best available proxy for housing area size. Accordingly, the capacity figures presented above are calculated by dividing housing area census by housing area designed capacity.**
- 2) The census data presented in the table above comes from DOC's 5am census, which reflects a head count conducted by DOC staff each morning. The census data presented on all other slides is sourced from DOC's Inmates in Custody files.
- 3) Dorm count includes modular dorm units in AMKC, RMSC, and RNDC.
- 4) The values above exclude counts of people in Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: BOC analysis of DOC 5am census reports and DOC designed capacity data.



# New York City Board of Correction Housing Area Capacity Data Summary

*January 1 – October 31, 2020*

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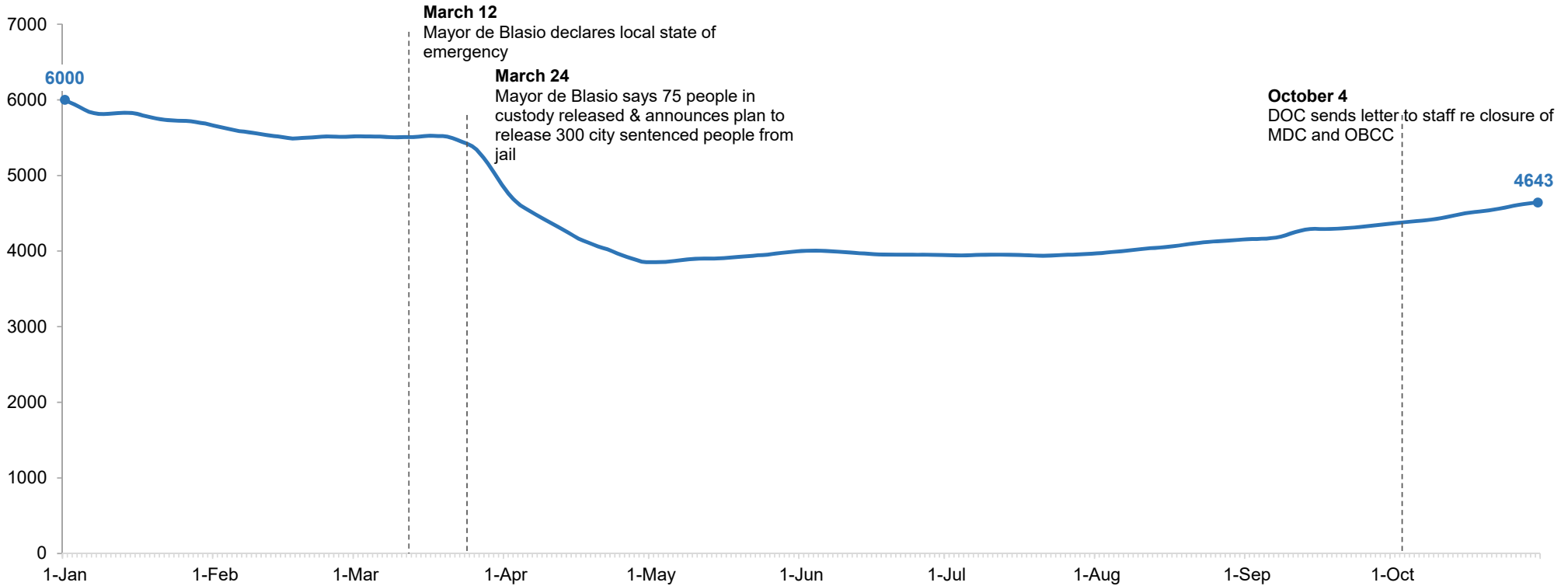
## I. Population Change

January 1<sup>st</sup> – October 31<sup>st</sup>, 2020

Since DOC notified staff of its plan to close MDC and OBCC on October 4<sup>th</sup>, the jail population has increased by 6%; reaching 4,643 people on October 31<sup>st</sup>.

**Jail Population Census**  
**January 1 – October 31, 2020**

*Figures are given as a 7-day moving average*

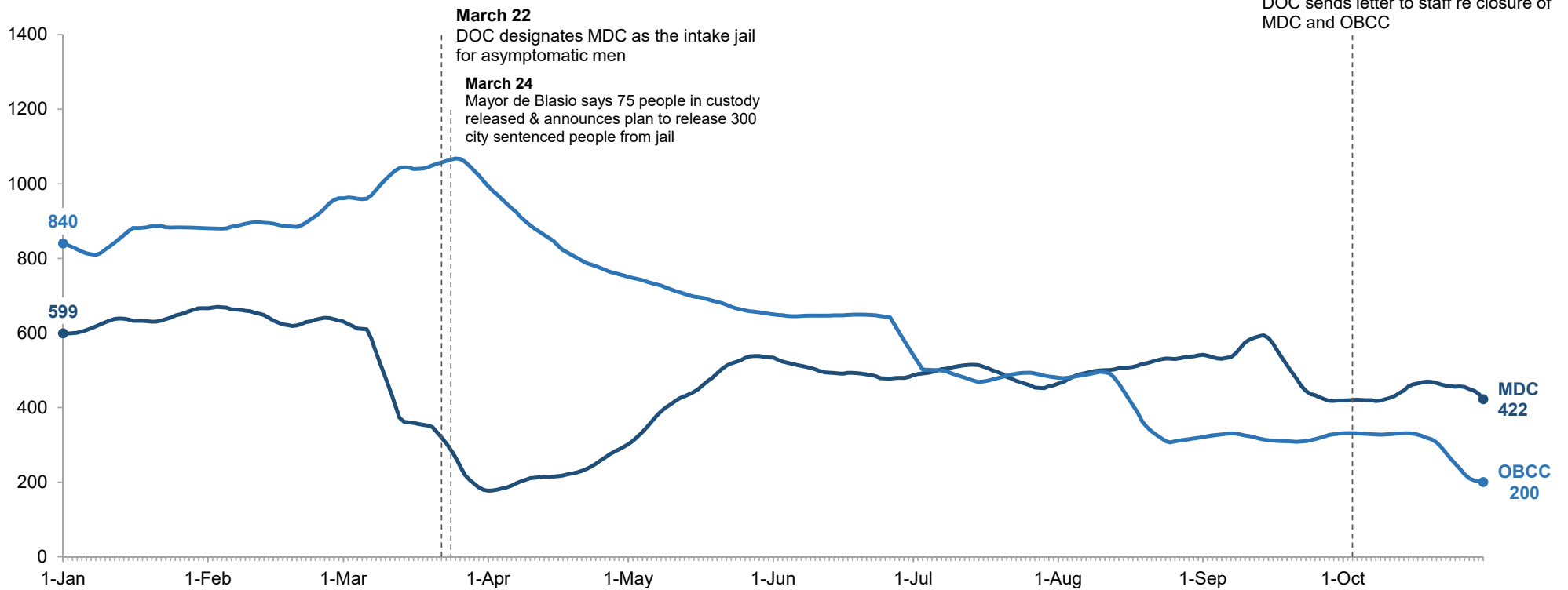


SOURCE: DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am

- On the week of March 22<sup>nd</sup>, MDC became the designated intake jail for asymptomatic men. Since this change took effect, MDC's population has increased by 65%—as of October 31<sup>st</sup>, 422 people were housed in the jail.
- OBCC's jail population has decreased by 81% since March 24<sup>th</sup>—as of October 31<sup>st</sup>, there were 200 people housed in the jail.

**MDC and OBCC Census**  
**January 1 – October 31, 2020**

Figures are given as a 7-day moving average



SOURCE: DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am

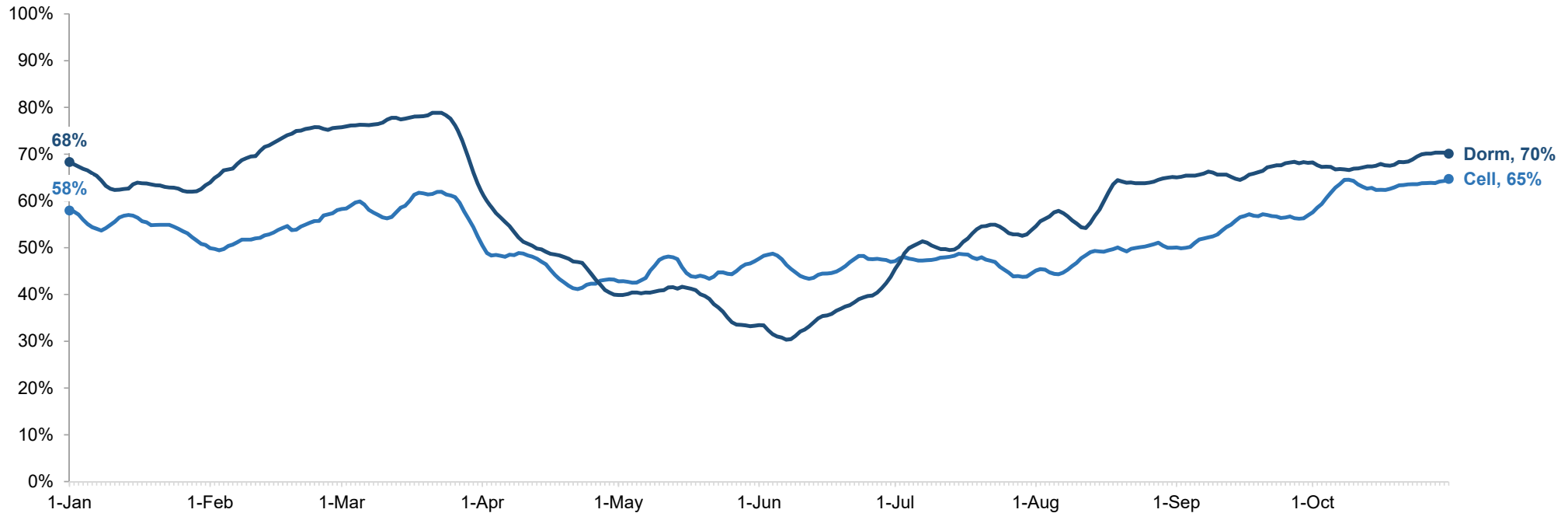
## II. Housing Area Capacity & Population Trends

January 1<sup>st</sup> – October 31<sup>st</sup>, 2020

- The percentage of occupied dorm areas above 50% capacity has increased steadily since June, reaching 70% (n=46) on October 31<sup>st</sup>.
- The percentage of occupied cell housing areas above 50% capacity has increased notably since August, reaching 65% (n=89) on October 31<sup>st</sup>.

**Percentage of Occupied Housing Areas Above 50% Capacity  
January 1–October 31, 2020**

*Figures are given as a 7-day moving average*



**NOTES:**

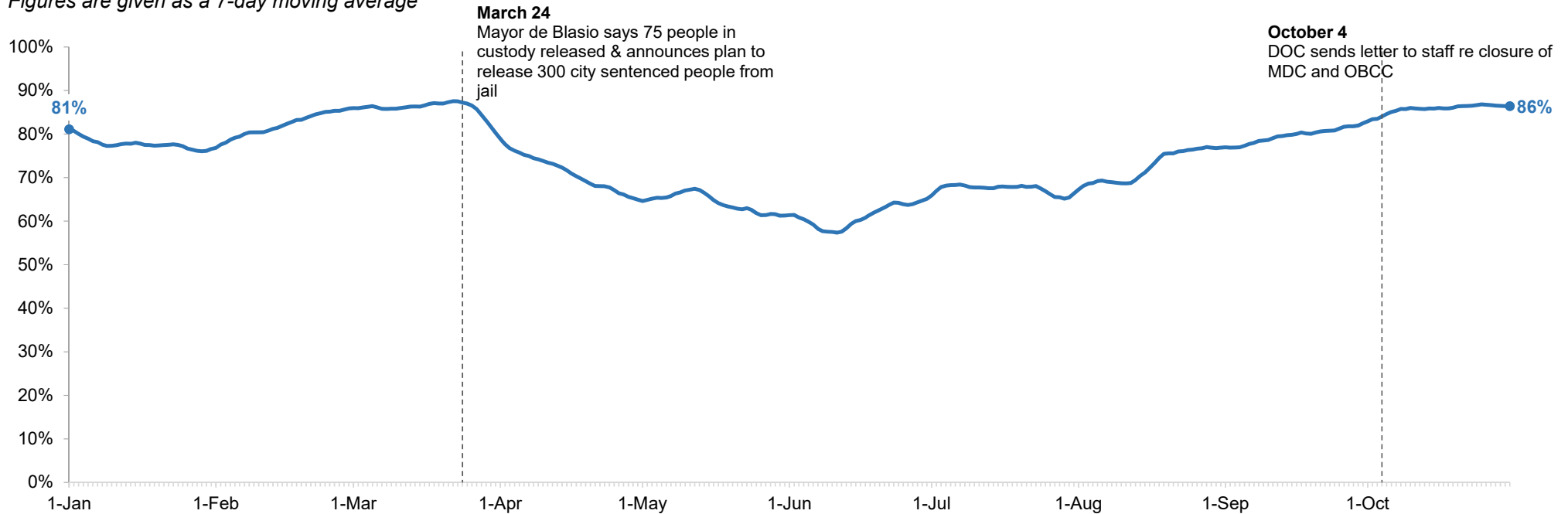
- 1) Dorm count includes modular dorm units in AMKC, RMSC, and RNDC.
- 2) This analysis excludes Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am; Master Bed Utilization files

- Most people in custody are housed in a housing area above 50% capacity.
- The proportion of people housed a housing area above 50% capacity increased by 40% between June and October.

**Percentage of Jail Population Housed in Housing Areas Above 50% Capacity  
January 1–October 31, 2020**

*Figures are given as a 7-day moving average*



**NOTES:**

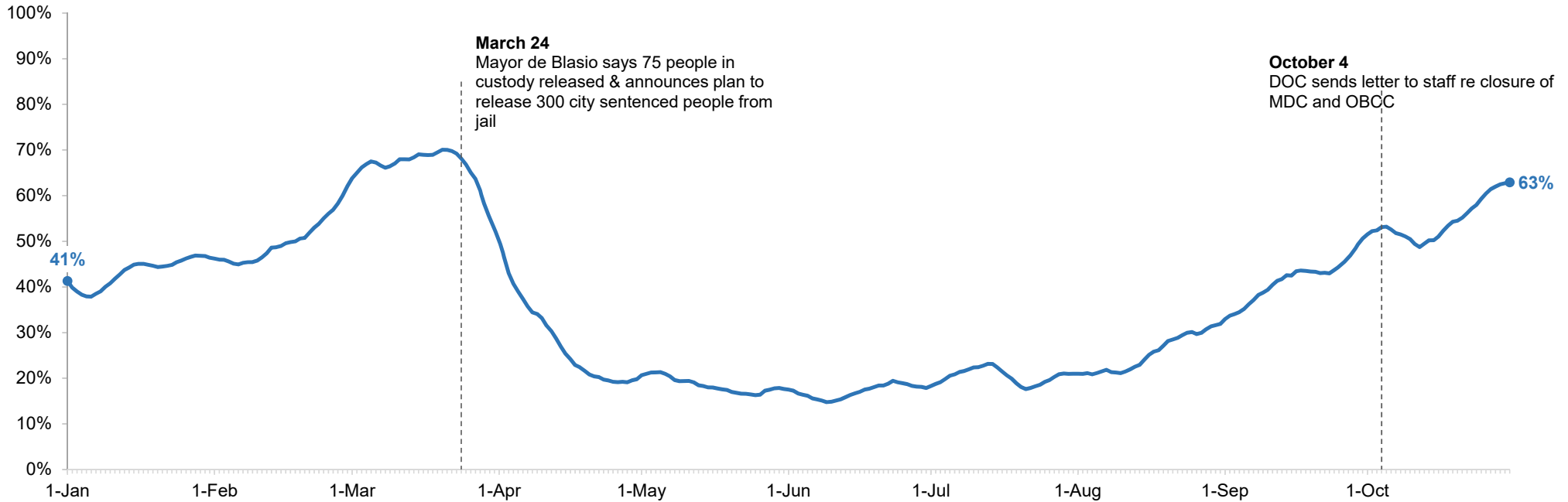
- 1) Dorm count includes modular dorm units in AMKC, RMSC, and RNDC.
- 2) This analysis excludes Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am; Master Bed Utilization files

Between September 30<sup>th</sup> and October 31<sup>st</sup>, most people in custody were housed in a housing area above 75% capacity.

**Percentage of Jail Population Housed in Housing Areas Above 75% Capacity  
January 1–October 31, 2020**

*Figures are given as a 7-day moving average*



**NOTES:**

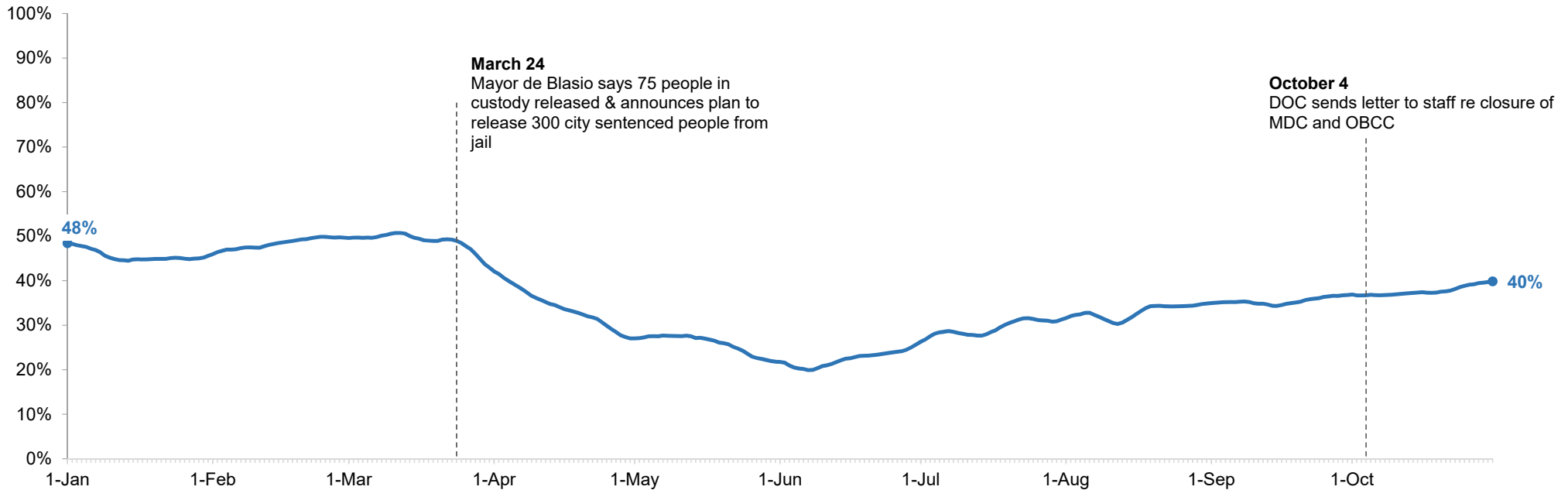
- 1) Dorm count includes modular dorm units in AMKC, RMSC, and RNDC.
- 2) This analysis excludes Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am; Master Bed Utilization files

As of October 31<sup>st</sup>, 40% (n= 1,761) of people in custody were housed in a dorm where alternate bed spacing was not possible, continuing an upward trend since June.

**Percentage of Jail Population Housed in a Dorm Where Alternate Bed Spacing Is Not Possible (Above 50% Capacity) January 1–October 31, 2020**

Figures are given as a 7-day moving average



NOTES:

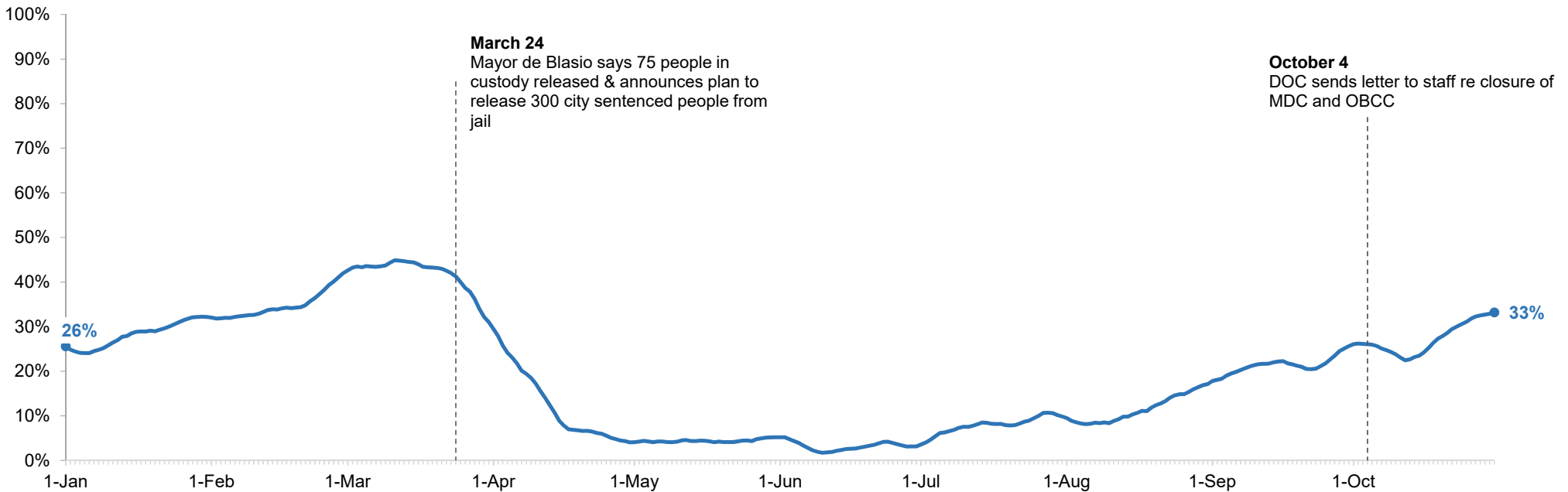
- 1) Dorm count includes modular dorm units in AMKC, RMSC, and RNDC.
- 2) This analysis excludes Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am; Master Bed Utilization files



As of October 31<sup>st</sup>, 33% (n=1,466) of people in custody were housed in a dorm that was above 75% capacity.

**Percentage of Jail Population Housed in a High Capacity Dorm (Above 75%)  
January 1–October 31, 2020**  
*Figures are given as a 7-day moving average*



**NOTES:**

- 1) Dorm count includes modular dorm units in AMKC, RMSC, and RNDC.
- 2) This analysis excludes Contagious Disease Units (CDUs) (where people in custody share no communal space), intake areas (where the census changes throughout the day), and the Bellevue Hospital Prison Ward (BHPW).

SOURCE: DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am; Master Bed Utilization files

### III. Housing Area Capacity: Last Week at a Glance

October 24<sup>th</sup> – October 30<sup>th</sup>, 2020

Between October 24<sup>th</sup> and October 30<sup>th</sup>, there were 206 occupied housing areas. The minimum capacity in these housing areas was 2%, the maximum was 111%, the mean was 64%, and the median was 69%.

**Summary of Housing Area Capacity, Oct. 24 – Oct. 30, 2020**

<b>Facility</b>	<b>Unique Housing Areas</b>	<b>Minimum Capacity</b>	<b>Maximum Capacity</b>	<b>Mean Capacity</b>	<b>Median Capacity</b>	<b>Standard Deviation</b>
<b>AMKC</b>	53	8%	111%	83%	90%	20%
<b>GRVC</b>	24	2%	94%	65%	71%	21%
<b>MDC</b>	17	3%	97%	59%	68%	24%
<b>NIC</b>	18	15%	90%	49%	52%	19%
<b>OBCC</b>	11	5%	82%	47%	53%	27%
<b>RMSC</b>	18	2%	94%	27%	28%	18%
<b>RNDC</b>	43	12%	103%	56%	56%	22%
<b>VCBC</b>	16	50%	100%	86%	88%	11%
<b>WF</b>	6	14%	100%	79%	93%	27%
<b>Total</b>	<b>206</b>	<b>2%</b>	<b>111%</b>	<b>64%</b>	<b>69%</b>	<b>27%</b>

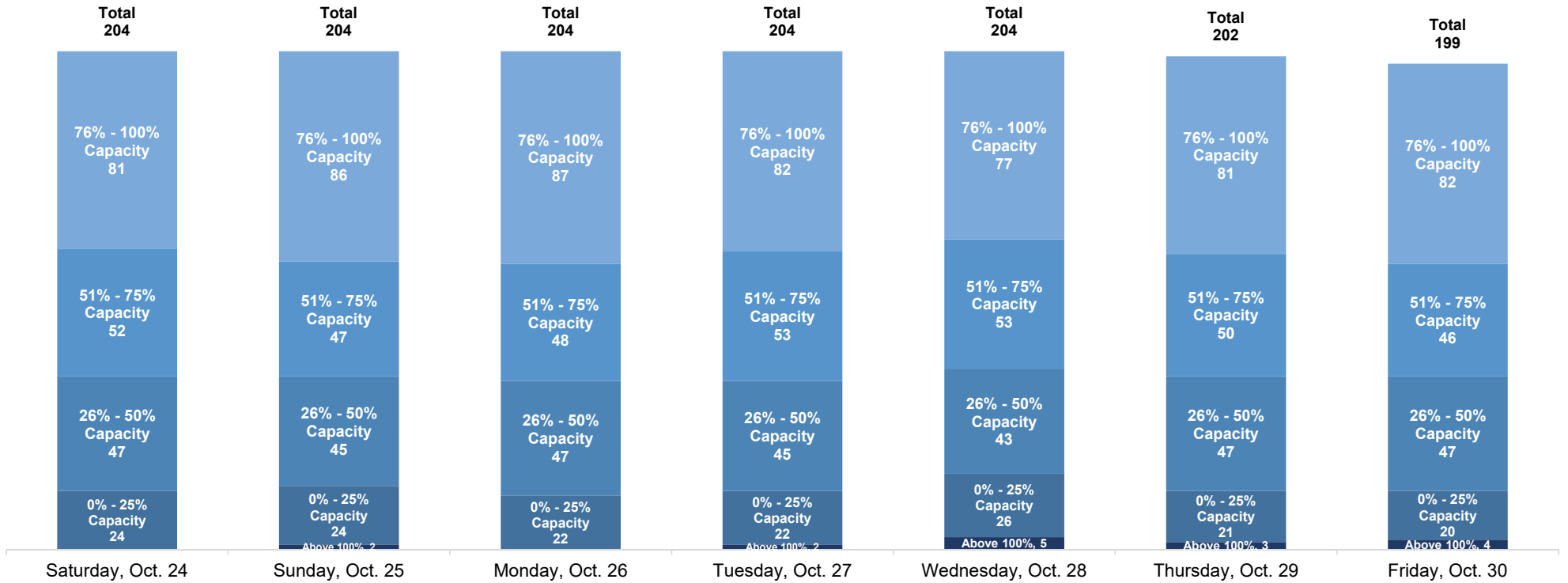
Between October 24<sup>th</sup> and October 30<sup>th</sup>, the number of open and occupied housing areas above 75% capacity ranged between 81 and 87, accounting for 40% to 43% of all occupied housing areas.

**Count and Percentage of Open Housing Areas Above 75% Capacity, Oct. 24 – Oct. 30, 2020**

Facility	10/24/2020	10/25/2020	10/26/2020	10/27/2020	10/28/2020	10/29/2020	10/30/2020
<b>AMKC</b>	36 (68%)	39 (74%)	40 (75%)	38 (72%)	41 (77%)	41 (77%)	41 (77%)
<b>GRVC</b>	11 (48%)	9 (39%)	9 (38%)	10 (43%)	9 (39%)	8 (36%)	9 (41%)
<b>MDC</b>	4 (24%)	8 (47%)	7 (41%)	7 (41%)	4 (24%)	5 (31%)	5 (33%)
<b>NIC</b>	1 (6%)	1 (6%)	1 (6%)	1 (6%)	1 (6%)	1 (6%)	1 (6%)
<b>OBCC</b>	2 (18%)	2 (18%)	2 (18%)	1 (9%)	1 (9%)	2 (18%)	1 (9%)
<b>RMSC</b>	1 (6%)	1 (6%)	1 (6%)	1 (6%)	1 (6%)	1 (6%)	1 (6%)
<b>RNDC</b>	10 (23%)	12 (28%)	11 (26%)	10 (23%)	9 (21%)	9 (21%)	10 (23%)
<b>VCBC</b>	12 (75%)	12 (75%)	12 (75%)	12 (75%)	12 (75%)	12 (75%)	13 (87%)
<b>WF</b>	4 (80%)	4 (80%)	4 (80%)	4 (67%)	4 (67%)	5 (83%)	5 (83%)
<b>Total</b>	81 (40%)	88 (43%)	87 (43%)	84 (41%)	82 (40%)	84 (42%)	86 (43%)

Between October 24<sup>th</sup> and October 30<sup>th</sup>, highest proportion of occupied housing areas ranged between 76% and 100% capacity and most occupied housing areas were above 50% capacity.

**Open & Occupied Housing Areas by Capacity  
October 24 – October 30, 2020**



SOURCE: DOC Inmates in Custody File, automated daily pull from the DOC Inmate Information System (IIS) at 11:00 am; Master Bed Utilization files

# I Got Covid at Rikers. I'm Still Suffering.

What happened in prisons during this pandemic is criminal.

**By Michele Evans**

Ms. Evans is a former software engineer. She was incarcerated at Rikers during the coronavirus pandemic.

Feb. 4, 2021

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When I arrived on Rikers Island in January 2019 to await trial for an assault charge, I knew it would be dangerous — after all, the women's jail is notorious for chronic abuse, unsanitary conditions and violence. But what I did not know was that I would become one of hundreds of inmates at Rikers to contract the coronavirus.

I remember watching the TV in early March 2020 when a lawyer from Westchester County was reported to be the source of several cases in New York.

In the beginning, none of the officers wore masks. When we asked why, officers said they were told the masks would scare us. But we were already scared. We were glued to the television, watching Governor Andrew Cuomo's daily news conferences. It was the only time we did not argue over what to watch.

All eyes were on New York, particularly Queens, as the virus's epicenter, but to us, Rikers felt like ground zero. In mid-March, a guard at the main gate tested positive. Soon after, we heard the virus had hit one of the dorms, where inmates sleep as many as 50 to a room and beds have only an arm's length of space between them.

When a woman in my dorm started coughing in late March, we were placed in quarantine. A poster on our door warned others not to enter. Other posters instructed us to do the impossible: Practice social distancing. Officers told us to sleep head to toe, supposedly because it would decrease transmission risk. Yet they still came in to conduct searches, lining us up shoulder-to-shoulder against the wall while they rifled through our belongings. We were not getting tested regularly.

All programs and services were canceled, including religious meetings. Cut off from those daily group meetings, like Alcoholics Anonymous that were led by counselors, we felt lost. We tried to keep them going on our own. We'd cite the Serenity Prayer — "God, grant me the serenity to accept the things I cannot change."

We were like sitting ducks.

From my dorm, I had a penthouse view of La Guardia Airport, where I watched it come to a screeching halt. Planes were usually 15 deep waiting for the runway. Now the runways were empty. It seemed like no one was coming to or leaving New York.

Women in my dorm were breaking down on the phones, yelling, "Get me out of here. I DON'T WANT TO DIE!" to their lawyers on the other end. I was 47 years old at the time, and I did not have pre-existing conditions. And yet, I felt frustrated when my lawyers explained that they had to prioritize the release of those deemed "high risk" for complications from Covid.

Rumors started swirling that we were running out of supplies like soap. Inmates hoarded toilet paper. We could not buy hand sanitizer, and the closest thing we had to bleach was really just mold and mildew remover.

I first got a headache in early April. Then I felt short of breath when I was cleaning the shower. I lost my sense of smell. I thought it was all in my head, but I knew I was in trouble when I started coughing.

I was placed in a small cell by myself where I slept all day. A nurse and doctor checked on me to take my temperature, take a pulse/oxygen saturation reading and prescribe medication like antibiotics and pain pills. An on-duty officer would do rounds every 15 minutes to make sure I was still alive.

After seven days in isolation, I was sent back to my dorm. It was my 48th birthday that day.

I eventually tested positive for Covid antibodies and contacted a bail relief advocate who helped me post bail. She arranged with the mayor's office for me to go to a hotel upon my release on June 5. When I was being discharged, a doctor informed me I had Stage 3 kidney failure. Covid was the culprit.



Brittany Newman for The New York Times

The world was not as I left it. The city was engulfed in protests and pain. There was a curfew in place. I wasn't used to it. I barely left my room and spent my time curled up in bed. Eventually, I moved to transitional housing, where I currently live.

I am now what is known as a Covid long-hauler: someone who feels the health effects of the disease for weeks or months. I have memory problems and heart palpitations. I am experiencing hair loss; it comes out in clumps. I battle fatigue and shortness of breath daily. I live on the third floor and have to pause on each landing because of how winded I am.

What happened in prisons during this pandemic is criminal. As hard as it is to rebuild your life after serving time — particularly for women — there are those who are trying to do it while also battling the long-term effects of Covid. I should have never gotten sick. Inmates are still getting sick. More than 2,300 prisoners around the country have died from Covid since March. It's completely unjust. And in New York, Governor Cuomo, Mayor Bill de Blasio, our district attorneys and others have not done enough to facilitate the release of people from custody. Governor Cuomo still has yet to make the vaccine available to incarcerated New Yorkers; governors in other states have already begun this process.

Though courts are beginning to reopen, the wheels of justice turn slowly. For my health, it is too little too late.

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Ms. Evans is a former software engineer. She was incarcerated at Rikers during the coronavirus pandemic.

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X

JEAN AZOR-EL, et al.,

Plaintiffs,

Case No. 1:20-cv-03650-KPF  
(and consolidated cases)

-against-

CITY OF NEW YORK, et al.,

Defendants.

-----X

**SUPPLEMENTAL DECLARATION OF RYAN HERRINGTON**

I, Ryan Herrington, MD, MPH, subscribe, state and declare as follows:

1. I am over the age of 18 and of sound mind, and competent to make this declaration.
2. I have reviewed Defendants’ Memorandum of Law in Opposition to Plaintiffs’ Motion for a Preliminary Injunction, and I am writing this Declaration to address some of Defendants’ points raised in it.
3. Defendants argue that my recommendation to provide hand sanitizer to incarcerated individuals is inconsistent with the CDC guidelines for hygiene at correctional facilities. That is not correct. *See* <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> (“Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting, where security concerns allow. If soap and water are not available, CDC recommends cleaning hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty, and place dispensers at



facility entrances/exits and in PPE donning/doffing stations.”). This is consistent with hand sanitizer use at my facility.

4. Just as the CDC Guidelines do not call for giving hand sanitizer to all inmates, they also do not call for denying it to all inmates. Instead, the CDC Guidelines call for situation-specific and inmate-specific determinations. Across-the-board denial of access to hand sanitizer is contrary to the CDC Guidelines, and contrary to sound correctional medical and public health practice. While an inmate in administrative segregation with a documented history of violence toward staff might properly be denied access to hand sanitizer, an inmate without such a history should have access to hand sanitizer.

5. Defendants state that I do not make clear whether the testing regime at my facility is mandatory. It is mandatory. At my facility, staff are not permitted to report to work if they refuse to get tested for COVID-19. Like Rikers Island, the correctional officers at my facility are unionized.

6. Defendants’ mask policy requires that correctional staff and officers wear face masks only when they are within six feet of another individual. At my facility, correctional officers and staff must wear face masks at all times when indoors. This requirement is consistent with CDC guidelines for correctional facilities. *See* <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> (“If everyone wears a mask in congregate settings, the risk of exposure to SARS-CoV-2 can be reduced.”). Defendants should mandate that correctional officers and staff wear masks at all times when they are at work. This requirement would eliminate any room for error or “wobble room” where staff use their own discretion about what comprises six feet or not. A six-foot limitation on mask wearing is not effective for crowded indoor environments. Because COVID-19 is an airborne

disease, in indoor congregate settings, it is essential that all persons present wear a mask to reduce the total number of airborne droplets being emitted into the environment or breathed in by others.

7. Defendants state that COVID-19 is not a foodborne illness and assert that kitchen staff are required to wear gloves when they are in direct contact with food. Anyone preparing or serving food should be wearing a mask. COVID-19 can live on surfaces, including trays, utensils, and food. An infected individual can transmit COVID-19 by coughing, sneezing, or breathing on food. In addition, by serving food, an individual must come into close contact with another person. Defendants should mandate that all individuals preparing or serving food wear a mask at all times, whether or not they are directly handling food. This requirement would fall under my broader recommendation that all correctional officers and staff wear masks at all times while at work.

8. I reserve the right to offer additional opinion(s) and/or to correct my opinion(s) if necessary.

I declare under penalty of perjury that the foregoing is true and correct. Executed on 02/04/21 (date).

A handwritten signature in black ink, appearing to be 'R. H. ...', written over a horizontal line.

(Signature)