

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

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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

DECLARATION OF JEAN AZOR-EL

I, Jean Azor-El, 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 am a Plaintiff in this matter.
3. I am a pre-trial detainee under the care and custody of the New York City Department of Correction, currently housed in the North Infirmery Command (“NIC”) at Rikers Island.
4. NIC houses residents who are sick, disabled, or require constant medical attention.
5. I suffer from obstructive sleep apnea (“OSA”), a disorder that is characterized by the repetitive collapse of the upper airway during sleep. Because of my OSA, I must use a C-PAP machine while sleeping.
6. Traffic in and out of NIC is substantial—officers, nurses, and civilians are changing shifts and circulating throughout the dorm on a daily basis.

7. Civilian teams are supposed to sanitize the dorm three times a day—once in the morning, once in the afternoon, and once in the evening. But they just sweep and mop the floors, and take out the garbage. Frequently, I observe several of these civilians failing to wear a mask while cleaning my dorm in NIC. Many of the civilians wearing masks wear them below their noses.

8. NIC also has physicians' assistants ("PAs") and nurses in the unit. They are supposed to round the unit daily. But PAs often do not round the unit like they are supposed to.

[Note on Para. 8: Please see note by counsel at end of this declaration]

9. PAs, nurses, staff, and officers wear masks incorrectly or not at all. Correctional officers on shift often wear masks under their noses or on their chin, leaving their noses and mouths exposed.

10. Rikers staff and officers are not strictly adhering to mask guidelines.

11. During meal times, our food is delivered on trays to our unit. I do not know how the food served at NIC is prepared or handled since it is not prepared at NIC. Whenever our food is served on plastic trays, there is often old food residue still on the tray. Rikers power-washes the trays, but they do not sanitize them. I fear that the food residue on my trays puts me and my fellow residents at NIC at risk for contracting COVID-19.

12. Rikers does not provide detainees with hand sanitizer. Liquid yellow soap is available in beige, hard plastic dispensers in the bathroom and pantry. I have to press the lever at the bottom of the dispenser to get soap, but Rikers never sanitizes these dispensers. Often, these dispensers run out of soap and are not refilled in a timely manner.

13. The residents of NIC do not have access to disinfecting wipes or cleaning solution, like Virex. Video booths where teleconferences are held do not have any sanitizing solution or wipes. I am unable to sanitize or disinfect the phone prior to using it. I cover the

phone with a compression sock when I use it so I can create some kind of barrier between the phone and myself. Rikers does not sanitize the video booths between calls, and video calls are scheduled one immediately after another.

14. Rikers does not sanitize or disinfect high-touch surfaces such as door knobs, phones, toilets, sinks, and bathroom stall doors. Rikers does not provide incarcerated persons with the materials to sanitize these high-touch surfaces ourselves.

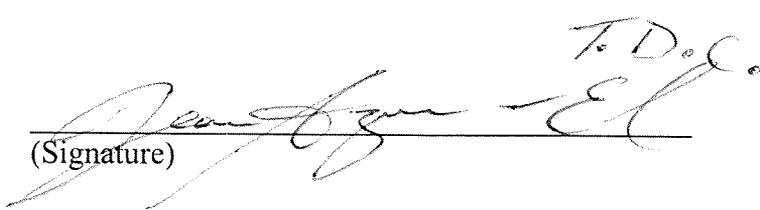
15. Rikers does not distribute latex gloves to incarcerated individuals.

16. From my observation, Rikers has not installed any ventilation filtration systems at NIC. To my knowledge, there is no ventilation in the unit. Vents are dirty and Rikers does not clean them.

17. Rikers tested me for COVID-19 antibodies, and I tested positive. However, Rikers never provided me with medical documentation of my test results to this day, even though I have been asking for these documents frequently.

18. I reserve the right to offer additional information and/or to correct the information I have provided if necessary.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on JANUARY 9, 2021 (date).


(Signature)

NOTE BY PLAINTIFF'S COUNSEL: Mr. Barnar has informed counsel that Paragraph 8 should be corrected to read: "The Physician Assistant comes in every late morning/or noon to run sick call, but the Dr. who should make her daily rounds to the unit never seems to do so."

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CITY OF NEW YORK, et al.

Defendants.

-----X

DECLARATION OF MAURICE BARNAR

I, Maurice Barnar, 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 am a Plaintiff in this matter.
3. I am a pre-trial detainee on remand status under the care and custody of the New York City Department of Correction, currently housed in the North Infirmery Command (“NIC”) at Rikers Island.
4. I have been housed at NIC for approximately twenty months.
5. NIC houses residents who are sick, disabled, or require constant medical attention. Many of those around me are very sick.
6. I am housed in a dormitory-style setting; in my dormitory, there are approximately fifteen to eighteen residents at any given time.

7. I suffer from obstructive sleep apnea (“OSA”), a disorder that is characterized by the repetitive collapse of the upper airway during sleep. Because of my OSA, I must use a C-PAP machine while sleeping.

8. Rikers does not provide incarcerated persons with hand sanitizer. The only way I can clean my hands is by washing my hands with soap in the bathroom. The soap dispensers in the bathroom are empty about twenty percent of the time. Plaintiff Jean Azor-El and I try to make sure that Rikers refills the dispensers when they are empty.

9. In order to use the soap dispensers in the bathroom, incarcerated persons must touch the dispenser, but Rikers does not sanitize the dispensers. Rikers does not sanitize high-touch surfaces. Civilian service only cleans the bathrooms once a day. Rikers was supposed to have a special sanitation crew coming around, but I have never observed such a crew sanitizing or disinfecting NIC.

10. The soap dispensers are made out of hard plastic bolted to the wall.

11. Bathrooms at NIC get crowded at times, which makes social distancing very difficult. There are four stalls, two urinals, and four or five sinks in my dorm’s bathroom.

12. I use the phone frequently and Rikers does not provide incarcerated individuals with anything to clean and sanitize the phones. Rikers does not provide us with disinfectant wipes. Cleaning supplies are not easily accessible.

13. In the video booths that we use for teleconferences, Rikers does not supply any sanitizing equipment and Rikers does not disinfect the phones and booths between uses. Rikers schedules video calls one after another with no sanitization or disinfecting between calls.

14. When NIC residents leave and new residents arrive, Rikers does not sanitize the mattresses or bedframes.

15. Rikers does not make hand sanitizer or disinfecting wipes available at the control station.

16. Rikers correction officers do not wear face masks in a consistent manner. Some officers wear a mask, while others do not. Of the officers wearing masks, some wear them properly while others do not. Civilians and staff cleaning the facility are also not consistently wearing masks.

17. Rikers does not enforce social distancing in the day room. The room is very closed-in and individuals rarely follow the social distancing guidelines. In order to protect myself, I try to spend most of my time in my bed area.

18. I do not know how the food served at NIC is prepared or handled since it is not prepared at NIC. For breakfast and lunch, we are served food on reusable, plastic trays. These trays are very dirty—they frequently have old food residue on them. I fear that the food residue on my trays puts me and my fellow residents at NIC at risk for contracting COVID-19. I feel safer when NIC serves food to us on paper trays, which are disposable and are much more sanitary than the plastic trays.

19. There is no effective ventilation at NIC. Rikers has not installed any air filters. Rikers does not clean the vents. Recently, I complained to Rikers officers and staff because the exhaust in the bathroom at NIC Dorm 3 (where I am housed) stopped working entirely. Dozens of people are going in and out of the bathroom and the air is standing still. I worry that the lack of ventilation, especially in the bathroom, puts me and my fellow NIC residents at risk for contracting COVID-19.

20. In or about May 2020, while at NIC, I tested positive for COVID-19. I experienced flu-like symptoms, including exhaustion and achy bones. I have tested positive for COVID-19 antibodies.

21. I reserve the right to offer additional information and/or to correct the information I have provided if necessary.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on 1/8/21 (date).

Maurice Barnes
(Signature)

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

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Plaintiffs,

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

-against-

CITY OF NEW YORK, et al.,

Defendants.

-----X

DECLARATION OF RONNIE COLE

I, Ronnie Cole, 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 am a Plaintiff in this matter.
3. I am a pre-trial detainee under the care and custody of the New York City Department of Correction, currently housed in the North Infirmery Command (“NIC”) at Rikers Island.
4. I have been housed at NIC for approximately 18 months.
5. NIC houses residents who are sick, disabled, or require constant medical attention.
6. I suffer from obstructive sleep apnea (“OSA”), a disorder that is characterized by the repetitive collapse of the upper airway during sleep. Because of my OSA, I must use a C-PAP machine while sleeping. I am wheelchair bound after a gunshot injury, which caused serious nerve damage. I have an implant in my lower back. I am only able to urinate via a urine

bag, which significantly increases my risk of infection. A few months ago, I was hospitalized for about a week because of an infection relating to my urinary tract.

7. I am housed in a dormitory-style setting at NIC. Currently, there are approximately twenty residents in my dorm. I rarely see incarcerated individuals wearing face masks.

8. Some correction officers wear face masks, and some do not. The officers who wear face masks often have their noses or mouths uncovered.

9. Sometimes nurses and physicians' assistants do not wear face masks properly. The same goes for the civilians who clean the dorms.

10. Rikers does not provide incarcerated individuals with disinfecting wipes of any sort. I do not have access to sanitization supplies. In the video conference room, there is no cleaning solution or rag with which I can sanitize the phone. Rikers schedules video calls one after another with no sanitization or disinfecting between calls.

11. Rikers does not provide incarcerated individuals with hand sanitizer.

12. Each dorm has only one bathroom.

13. The bathroom in my dorm is filthy. There is often urine on the floor and feces on the toilet seats. Rikers does not clean or sanitize the bathroom; I have to use towels to clean the toilet before using it. I fear that the unsanitary conditions in the bathroom put me at higher risk of contracting COVID-19.

14. There is rarely liquid soap in the bathroom. I carry around my own small bar of soap to wash my hands.

15. There is no effective ventilation in the bathroom.

16. Rikers does not provide incarcerated individuals with gloves.

17. Rikers serves our food cold, usually on plastic trays. Sometimes, old food is stuck to the trays. People serving the food do not wear masks while serving the food. I fear that the food residue on my trays and the fact that those serving food do not wear masks puts me and my fellow residents at NIC at risk for contracting COVID-19.

18. Two or three months back, I contracted COVID-19 while at NIC. I experienced body aches and a fever.

19. I reserve the right to offer additional information and/or to correct the information I have provided if necessary.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Executed on 1/11/2021 (date).



(Signature)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----x

JEAN AZOR-EL, et al.

Plaintiffs,

VS.

1:20-cv-03650-KPF

CITY OF NEW YORK, et al.,

Defendants.

-----x

THE ORAL DEPOSITION of DEPUTY COMMISSIONER PATRICIA FEENEY, produced, sworn and examined on behalf of the Plaintiffs, pursuant to Notice to Take Deposition, on Tuesday, November 10, 2020, beginning at 12:10 a.m. eastern time, via videoconference, before me,

TRICIA D. TATE
CERTIFIED COURT REPORTER
HERITAGE REPORTING

a Certified Court Reporter, in a certain cause now pending before the United States District Court, Southern District of New York, wherein the parties are as hereinbefore indicated.

A P P E A R A N C E S:

For the Plaintiffs:

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Page 2

1 APPEARANCES CONTINUED

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 5 By Melissa Guillaume, Esq.
 Chlorens Orsland, Esq.
 6 Antonin Gajtani, Esq.
 Cory Forster, Esq.
 7 (Appearing via teleconference)

8 ALSO PRESENT: Julia Gokhberg

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1 PROCEEDINGS

2 DEPUTY COMMISSIONER PATRICIA FEENEY,
 3 was called as a witness and, having been sworn,
 4 testified as follows:

5 EXAMINATION

6 BY MR. KEENAN:

7 Q Good afternoon, Deputy Commissioner Feeneey. How
 8 are you today?

9 A I'm very well. How are you?

10 Q I'm doing well. We had a chance to briefly get
 11 acquainted before we got on the record today.
 12 Again, for the record, my name is E.E. Keenan. I
 13 am an attorney representing various Plaintiffs in
 14 this matter that's going by the caption Jean
 15 Azor-El versus City of New York, et al. You
 16 understand that you are here today as a corporate
 17 representative of the City of New York to give
 18 testimony on various topics pursuant to a
 19 deposition notice, correct?

20 A Yes.

21 Q And Deputy Commissioner Feeneey, could you start
 22 us off by stating your full legal name.

23 A Patricia Ann Feeneey.

24 Q And Deputy Commissioner Feeneey, I want to make
 25 sure that I'm addressing you by the correct title

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1 or mode of address. Would you prefer
2 Commissioner Feeney, Deputy Commissioner Feeney,
3 Ms. Feeney, how do you prefer to be addressed?
4 A It really doesn't make a difference to me.
5 Q Okay.
6 A Ms. Feeney, Deputy Commissioner Feeney, it
7 doesn't matter.
8 Q Okay. Deputy Commissioner, saying that each
9 time, may be a little long, so I may have say
10 Commissioner Feeney or Ms. Feeney, if that's
11 okay.
12 A All right.
13 Q I want to just ask you some preliminary
14 questions. Is there any condition, medication,
15 substance or illness that would affect your
16 ability to recall information --
17 A I didn't hear the last part.
18 Q Okay, I'll repeat the question. Is there any
19 condition, medication, substance or illness
20 affecting you that would influence your ability
21 to recall information or testify truthfully
22 today?
23 A No.
24 Q Are you aware of any reason that your deposition
25 should not proceed at this time or why you would

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1 not be able to give a deposition?
2 A No.
3 Q You understand that the testimony you're giving
4 here in this deposition is under the same oath
5 and the same requirements as if you were
6 testifying in open court, correct?
7 A Yes.
8 Q Have you ever given a deposition before?
9 A Yes.
10 Q Okay. Have those depositions been in connection
11 with your functions at the Department of
12 Correction?
13 A Yes.
14 Q Commissioner Feeney, what is your present title
15 and role at the New York City Department of
16 Correction?
17 A I am the deputy commissioner for quality
18 assurance and integrity, and basically the
19 majority of the compliance units report to me, so
20 environmental health, fire and safety, the office
21 of policy compliance, the compliance and safety
22 center, and then the engineering auditor, the
23 emergency preparedness unit and the internal
24 audit review unit.
25 Q How long have you been with the Department of

Page 8

1 Correction?
2 A Since February of 1992.
3 Q And to whom do you report?
4 A The commissioner, Commissioner Cynthia Brann.
5 Q Commissioner Cynthia Brann, B-r-a-n-n?
6 A Yes.
7 Q Okay. And where physically are you today while
8 you're giving your testimony?
9 A I am at our headquarters in the Bolivar Corporate
10 Center.
11 Q We are doing this deposition by remote means due
12 to the pandemic. We're here via Zoom. I think,
13 as all of us have learned via Zoom over the last
14 few months, sometimes the Zoom can fade in and
15 out. If there is an interruption in the Zoom
16 feed and you're not able to hear me, will you let
17 me know that?
18 A Sure.
19 Q And if there is any question that I ask that you
20 need me to clarify or ask in a different way,
21 will you ask me to do that?
22 A Yes.
23 Q And so if I ask you a question and you go ahead
24 and answer the question without asking for
25 clarification, is it fair for us to conclude that

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1 you understood the question?
2 A Yes.
3 MR. KEENAN: Julia, could we please
4 pull up the 30(b)(6) deposition notice.
5 Q (By Mr. Keenan) And as we introduced before we
6 got on the record here, Commissioner Feeney,
7 our paralegal and litigation manager, Julia
8 Gokhberg, is going to be helping with the
9 exhibits here so I'll be calling on her at
10 various points today.
11 MR. KEENAN: And Mr. Thayer, also if
12 you need us to pull up any exhibits for you,
13 we're happy to do that.
14 (Deposition Exhibit 1 marked.)
15 Q (By Mr. Keenan) This will be marked as
16 Deposition Exhibit 1, Commissioner Feeney.
17 This is a notice of Rule 30(b)(6) deposition.
18 Have you seen this document before?
19 A Yes, I have.
20 Q And you understand that you're here, while you've
21 individually taken an oath, you are here to give
22 testimony on behalf of the City of New York,
23 correct?
24 A Yes, I am.
25 Q What did you do to prepare for this deposition

Page 10

1 today?

2 A I met with the law department attorneys and the

3 DOC attorneys once.

4 Q Have you reviewed any documents in preparation

5 for today's deposition?

6 A No.

7 Q Have you been involved in the production of

8 documents in this case?

9 A No.

10 Q Generally speaking, you understand that there's a

11 list of topics that we are seeking deposition

12 testimony on in Exhibit 1, correct?

13 A Yes.

14 Q Do you have an understanding of which topics you

15 are here today to testify on?

16 A The ones relating to the department's COVID plan.

17 Q To the department's COVID plan?

18 A Yes.

19 MR. KEENAN: Okay. So, and David, you

20 may be able to help me out on this, I don't know

21 that we ever got a formal response to this, which

22 it doesn't matter, I just want to know are -- is

23 the City producing Deputy Commissioner Feeney on

24 all topics today or on specified topics?

25 MR. THAYER: On specified topics.

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1 MR. KEENAN: Okay. Do you want to

2 just -- to shortcut this, I don't want to ask

3 Commissioner Feeney to guess. What topics --

4 I'll just ask you, what topics is the City

5 producing Commissioner Feeney on today?

6 MR. THAYER: Sure. Let me scroll over

7 to my own version of this. So I think Ms. Feeney

8 is able to speak about, as she just indicated,

9 the policies and procedures and guidelines

10 applicable to Rikers Island facilities relating

11 to the COVID-19 pandemic. That is number four.

12 I understand her to be able to testify

13 to Rikers' policies and procedures regarding the

14 handling of inmates testing positive for

15 COVID-19. That's number eight.

16 And those who are -- I think within

17 that, those who are vulnerable to contracting

18 COVID. That would be number nine.

19 And I think that is it.

20 Q (By Mr. Keenan) Okay. Commissioner Feeney,

21 you heard Mr. Thayer specify that you're here

22 today to present testimony on topics four,

23 eight and nine. Is that your understanding?

24 A Yeah. I could answer questions about ten if it's

25 related to the COVID, the department's scope and

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1 plan. And the questions regarding the handling

2 of inmates testing positive, I can talk about the

3 department's part of it but not how CHS medically

4 treats inmates.

5 (Reporter interruption.)

6 (Brief recess.)

7 THE WITNESS: So I'm saying that I can

8 answer about the handling of positive individuals

9 from a custody kind of standpoint but not from a

10 medical treatment standpoint.

11 MR. KEENAN: Okay.

12 MR. THAYER: I just wanted to jump in,

13 I'm sorry.

14 MR. KEENAN: Go ahead. Please.

15 MR. THAYER: I also wanted to relay

16 that we're producing Ms. Feeney with respect to

17 one and three, one being the organizational

18 structure of the Rikers Island's facilities, and

19 three being the -- at least with respect to the

20 New York City Department of Correction's

21 policies, procedures and guidelines related to

22 COVID-19.

23 MR. KEENAN: Okay. So we'll go through

24 those just to be clear. Julia, if we could go to

25 number one.

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1 Q (By Mr. Keenan) Ms. Feeney, number one is the

2 organizational structure of the Rikers Island

3 facilities. You are prepared today to testify

4 as to that, correct?

5 A Yes.

6 Q And then number three, as to the New York City

7 Department of Correction, you are prepared to

8 testify as to Department of Correction, or DOC's,

9 policies, procedures and guidelines related to

10 COVID-19, correct?

11 A Yes.

12 Q And then topic four, I'm not going to read all of

13 that into the record, but you can see it here,

14 correct? Are you able to see topic four,

15 Ms. Feeney?

16 A Yes, I can.

17 Q Okay. You're here today and prepared to testify

18 as to the matters set forth in topic four?

19 A Except for the medical treatment protocol.

20 Q Okay. Everything except subparagraph 4-H,

21 correct?

22 A Yes.

23 MR. KEENAN: And let's go to the next

24 page, if we could, please, Julia.

25 Q (By Mr. Thayer) And topic number eight,

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1 "Rikers' policies and procedures on the
2 treatment and handling of inmates testing
3 positive for COVID-19." Ms. Feeney, you are
4 prepared to testify as to that topic, correct?
5 A As to the DOC handling of the individuals but not
6 their medical treatment, yes.
7 Q All right. And then topic nine, "Rikers'
8 policies and procedures on the treatment and
9 handling of inmates vulnerable to contracting
10 COVID-19, including but not limited to inmates
11 with pre-existing conditions, respiratory
12 conditions and compromised immunity."
13 Are you prepared today to testify as to
14 that topic with respect to the DOC?
15 A Yes.
16 Q Okay. Is there anything I've missed that you're
17 here to testify as to?
18 A I think that's it.
19 MR. KEENAN: Okay. David, anything I
20 missed there?
21 MR. THAYER: I think that, to the
22 extent that there may be overlap to some of the
23 other topics and the topics we've identified, I
24 think Ms. Feeney will be able to testify towards
25 those, but I think that encapsulates the heart of

Page 15

1 Ms. Feeney's expected testimony.
2 Q (By Mr. Keenan) Okay. And we're going to be
3 talking a lot, obviously, today, Ms. Feeney,
4 about the policies in place at Rikers. My
5 questions are directed to Rikers generally, all
6 of the units at Rikers unless I specify
7 otherwise. So I just wanted to make sure we
8 have that understanding.
9 A Okay.
10 Q Some quick background questions.
11 A I can't hear you.
12 (Reporter interruption.)
13 Q (By Mr. Keenan) Some quick background
14 questions. Can you identify who Hazel Jennings
15 is?
16 A She's our chief of department.
17 Q And can you tell us what Ms. Jennings does?
18 A She is the highest ranking uniformed member of
19 the department. She oversees all of the
20 uniformed facilities and uniformed staff members.
21 MR. KEENAN: Ms. Tate, did you get
22 that?
23 THE COURT REPORTER: No, I didn't get
24 the last word.
25 THE WITNESS: Staff, uniform staff

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1 members.
2 Q (By Mr. Keenan) And then Cynthia Brann is the
3 commissioner of correction, correct?
4 A Yes.
5 Q And she is in overall charge of the Department of
6 Correction, right?
7 A Yes.
8 Q So we understand the structure of the Department
9 of Correction, Rikers Island encapsulates most of
10 the detention and correctional facilities
11 operated by the City of New York, correct?
12 A Yes.
13 Q There are various other facilities located
14 elsewhere in the city, correct?
15 A Yes.
16 Q There's the Manhattan Detention Center, which is
17 also known as The Tombs, correct?
18 A Yes.
19 Q Okay. It is still in operation at this time,
20 right?
21 A Yes.
22 Q Is there a plan to reduce operation at the
23 Manhattan Detention Center or reduce the number
24 of inmates being held there?
25 A Yes. We're closing the facility.

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1 Q When is that occurring?
2 A Before the end of the year. I don't have an
3 exact date.
4 Q Okay. Does that relate to COVID-19 or is it just
5 part of the long-term general planned closure of
6 the facility?
7 A It's part of the long-term plan to build the new
8 borough-based jails.
9 Q Other than Rikers and the Manhattan Detention
10 Center, are there any -- are there any other
11 correctional facilities that the City operates
12 other than simply a short-term lockup located at
13 a police precinct?
14 A Yes, we have the Vernon C. Bain Center in the
15 Bronx.
16 Q And which inmates does that location house?
17 A They're detainee inmates.
18 Q Is there any difference between who is sent to
19 Center in the Bronx and who's sent to Rikers or
20 NVC?
21 A The facilities generally get admissions from the
22 boroughs that they're -- that they're in, and
23 VCBC is getting new admission -- is getting new
24 admission inmates right now.
25 Q All right. Is the facility in the Bronx slated

Page 18

1 to be closed?
2 A No.
3 Q Okay. And so there are no plans to close or
4 reduce inmate population at this time at the --
5 at the Center in the Bronx?
6 A Not at this time, no.
7 Q The inmates who are presently housed in the
8 Manhattan Detention Center, are they going to
9 have to be re-aligned to being housed in Rikers?
10 A Or in VCBC, yes.
11 Q Okay. And there's been no addition of space or
12 construction of new housing units either in the
13 Bronx or at Rikers, correct?
14 A No. It will be the number of closed housing
15 areas that we're going to open to bring the new
16 inmates into.
17 (Reporter interruption.)
18 Q (By Mr. Keenan) Is DOC -- and I'll speak
19 generally about DOC, and I assume this applies
20 to Rikers unless you tell me otherwise, is DOC,
21 including its operations at Rikers, accredited
22 by any accrediting organizations such as the
23 American Correctional Association or the
24 National Commission on Healthcare and
25 Corrections?

Page 19

1 A No.
2 Q All right. Is DOC seeking accreditation by any
3 accrediting agency or organization?
4 A Not to my knowledge, no.
5 Q Why not?
6 A I think that we're waiting to seek accreditation
7 in the new facilities.
8 Q If DOC sought accreditation at this time, do you
9 believe you would not obtain accreditation for
10 some reason?
11 A I haven't looked at the accreditation standards
12 in quite some time, so I'm not sure.
13 Q In dealing with COVID-19 --
14 A Uh-huh.
15 Q -- what standards have you looked to, and when I
16 say "you," I mean the Department of Correction,
17 what standards or guidance has the DOC looked to
18 in developing its response to COVID-19?
19 A The CDC guidelines, the New York State Department
20 of Health guidelines, and the New York City
21 Health Department guidelines.
22 Q Okay. Anything else?
23 A No, I think that's it.
24 Q Tell us why the DOC has looked to the CDC
25 guidelines, what -- what importance you place in

Page 20

1 those guidelines?
2 A The CDC is one of the preeminent public health
3 agencies in the country.
4 Q And same question with respect to the New York
5 State and New York City departments of health,
6 why are you looking to their guidelines and
7 guidance in developing your COVID-19 --
8 A Again, they're public health experts.
9 Q And would you agree with me that the CDC, the New
10 York State Department of Health and the New York
11 City Department of Health have greater expertise
12 in public health response in dealing with
13 pandemics than the DOC has in-house?
14 A Yes. That's why we run most of our plans through
15 the health department and the city.
16 Q And when you said you run most of your plans
17 through the health department and the city, can
18 you tell us what you mean by running it through
19 the health department?
20 A So like when we're working to reopen services,
21 our plans are reviewed by the health department
22 and we work with them to make sure that we have
23 the best plans that we can to keep our staff and
24 individuals safe.
25 Q Commissioner Feeney, would you agree that the DOC

Page 21

1 has a duty to inform itself about public health
2 threats?
3 A Yes.
4 Q Okay. And would you agree that the DOC has a
5 duty to seek advice from competent healthcare
6 professionals?
7 A Yes.
8 Q Would you agree that the DOC has a duty to
9 explore what the available alternatives are for
10 dealing with public health threats?
11 A Yes.
12 Q And would you agree with me that the DOC has a
13 duty to act based on facts and not just based on
14 assumptions?
15 A Yes.
16 Q Would you agree that the DOC has a duty to
17 consult national, state and local public health
18 guidance in responding to COVID-19?
19 A Yes.
20 Q Would you agree with me that the DOC has a duty
21 to keep Rikers Island safe and sanitary?
22 A Yes.
23 Q Would you agree the DOC has a duty to keep both
24 staff and inmates safe?
25 A Yes.

Page 22

1 Q Would you agree that the DOC has a duty to update
2 or reconsider its protocols when circumstances
3 have changed?
4 A I'm sorry, you broke up. And I didn't hear the
5 whole question.
6 Q So would you agree with me the DOC has a duty to
7 update or reconsider its protocols if
8 circumstances have changed?
9 A Yes.
10 Q Would you agree with me that it's not enough just
11 to have policies on paper, the DOC needs to
12 enforce the policies?
13 A Yes.
14 Q And would you agree with me that in order to
15 ensure the policies are actually being enforced
16 and implemented, the DOC and its management have
17 a duty to monitor whether staff and inmates are
18 complying with policies?
19 A Yes.
20 Q And the DOC has a duty to take action if people
21 are not complying with policies?
22 A Yes.
23 Q When was the first time that DOC received
24 information about COVID-19 being a potential
25 health threat?

Page 23

1 A I think we had our first meeting about it in
2 February. We were meeting to update our pandemic
3 plan.
4 Q Did DOC already have a pandemic plan at that
5 time?
6 A Yes, we did.
7 Q Has DOC ever responded to any prior epidemic or
8 pandemic?
9 A Yes.
10 Q What epidemics or pandemics has DOT responded to?
11 A H1N1 was the most recent pandemic.
12 Q And so you had a pandemic plan at that time?
13 A Yes.
14 Q Is that correct?
15 A Uh-huh.
16 Q And then did you go about updating that plan?
17 A Yes, we did.
18 MR. KEENAN: I want to bring up a
19 series of affidavits. Julia, if we could bring
20 up the March 26, 2020 affidavit of Deputy
21 Commissioner Feeney. This will be Exhibit 2.
22 (Deposition Exhibit 2 marked.)
23 Q (By Mr. Keenan) Commissioner Feeney, this is
24 going to be marked as Exhibit 2. It is an
25 affidavit that you executed in March of 2020.

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1 Why don't we just briefly go through the four
2 pages of that so you can see every page of it.
3 A Okay.
4 Q Having seen all four pages of Exhibit 2,
5 Commissioner Feeney, do you recognize this as an
6 affidavit that you executed on March 26, 2020?
7 A Yes.
8 Q Okay. Would you agree with me that COVID-19
9 poses a serious threat of harm or even death to
10 people who contract it?
11 A Yes, it can.
12 Q And would you agree with me that COVID-19 is a
13 serious health threat and safety threat?
14 A Yes.
15 Q Let's go to page 2. Okay?
16 A Uh-huh.
17 Q I want to ask you about hand hygiene. This talks
18 about some guidance. Let's go to the prior page
19 if we could, Julia.
20 So your affidavit says: As part of the
21 ongoing efforts to contain the spread of
22 COVID-19, the DOC has implemented various
23 measures communicated then to staff and persons
24 in custody. These recommendations include the
25 following.

Page 25

1 And then I'm paraphrasing here, but
2 then we go to the next page, and it says in
3 subparagraph D, "Hand hygiene - wash hands
4 frequently with soap and water. If soap and
5 water are not available, the use of alcohol based
6 hand sanitizer shall be employed. Only staff may
7 carry hand sanitizer per DOC policy."
8 Did I read that correctly?
9 A Yes.
10 Q Okay. Would you agree with me that hand hygiene
11 is critical in stopping the spread of COVID-19?
12 A Yes.
13 Q And why do you suggest or has DOC suggested the
14 use of hand sanitizer?
15 A We only suggest the use of hand sanitizer when
16 washing with soap and water in a sink is not
17 available per CDC guidelines. It's much better
18 to wash your hands with soap and water. And
19 after you physically remove the virus from your
20 hands, then to use hand sanitizer.
21 Q You acknowledge in your affidavit that a sink to
22 wash your hands with soap and water is not always
23 necessarily going to be available to staff and
24 inmates at Rikers, correct?
25 A For the staff, definitely not. To the

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1 incarcerated individuals, it is most of the time.
2 Q How do you know that?
3 A Because I worked here and toured the jails for
4 many years and I know that there are sinks with
5 soap and water in every cell and every housing
6 area.
7 I know that the intakes have sinks with
8 soap and water in them, as do the clinics. There
9 are inmate bathrooms in areas like social
10 services, although during COVID, the individual
11 separate staying in their housing area.
12 Additionally, we do audits every day.
13 The captains audit each one of their areas three
14 times during an eight-hour tour.
15 And in addition to that, my staff and
16 the bureau chief of facility operations staff
17 conducts additional tours of additional audits so
18 we're basically auditing the audits to ensure
19 that there's soap at every sink, that the sinks
20 are operable, that we have adequate sanitizing
21 solution, and that PPE is available.
22 Q Why does DOC not make hand sanitizer available to
23 inmates?
24 A Because it has 60 percent alcohol in it and it's
25 highly flammable so it's dangerous.

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1 And also, in other jurisdictions there
2 have been reports of individuals drinking the
3 hand sanitizer for the alcohol content.
4 And since soap and water is available
5 at the sinks, it's a risk that we don't want to
6 take.
7 Q You mentioned sinks. Isn't it the case that one
8 means of responding to COVID-19 is that people
9 are supposed to engage in social distancing and
10 not congregate in spaces?
11 A Yes.
12 Q Okay. Sinks in congregate spaces, if people are
13 all trying to wash their hands at the same time,
14 run the risk of people congregating and not being
15 able to socially distance, correct?
16 A Well, I've been touring the jail daily and weekly
17 since COVID started and have never seen a long
18 line at any of the sinks for individuals to wash
19 their hands. But I guess, theoretically, that
20 would be correct.
21 Q And it might well be that the reason you haven't
22 seen a long line is that people don't want to
23 congregate, right?
24 A I have not had anybody tell me that they haven't
25 been able to wash their hands because there are

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1 too many people in the bathroom. And one of the
2 questions that we ask on the audit is: Are there
3 any complaints that the incarcerated individuals
4 have about what's going on in the area.
5 Q You said that you have received or heard of
6 reports of people drinking hand sanitizer in
7 other jurisdictions. Which reports are --
8 (Reporter interruption.)
9 Q (By Mr. Keenan) Which reports have you heard
10 and in what jurisdictions?
11 A I don't know the specifics of which ones off the
12 top of my head.
13 Q Do you know if those -- so you don't -- you don't
14 have the details of what happened or what facts
15 were those supposed scenarios, correct?
16 A No, not with me.
17 Q Has anyone in DOC's custody ever drunk hand
18 sanitizer?
19 A I don't know.
20 Q You're not aware of any situation ever in which
21 anybody in DOC custody has drunk hand sanitizer,
22 correct?
23 MR. THAYER: Objection. You can
24 answer, Ms. Feeney.
25 A I don't know. Like medical staff doesn't always

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1 give us information about inmates' medical
2 conditions.
3 Q (By Mr. Keenan) But you -- you, as you sit
4 here today, are not aware of any instance of
5 that ever happening, are you?
6 A No.
7 Q Okay. Are you aware of any instance ever in
8 which an inmate in DOC custody has lit hand
9 sanitizer on fire?
10 A We don't give them access to it, so no.
11 Q What means -- do inmates have access to lighters
12 or matches such that they could light hand
13 sanitizer on fire if they wanted to?
14 A They should not, but they are -- they have set
15 fires with batteries and wires.
16 Q How many fires have been set in Rikers in the
17 past month?
18 A A couple. I don't know the actual number.
19 Q Okay. How many inmates are there at Rikers right
20 now?
21 A Approximately 7,000.
22 Q Let's go to paragraph 8e. This talks about
23 social distancing strategies that have been
24 employed. In dormitory style settings --
25 A Uh-huh.

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1 Q -- what -- are people actually sleeping at least
2 six feet apart from each other?
3 A In some instances. In some instances we
4 recommend that they sleep head to toe. We've
5 been predominantly keeping the inmates in kind of
6 the same group of inmates. We haven't been
7 transferring them out a lot, and we have not had
8 a case of transmission in the jail since
9 May 19th. The only positive cases have been new
10 admission inmates.
11 Q You do not test current inmates, correct?
12 A You would have to ask medical for the reason that
13 they test. But if someone is symptomatic, they
14 would get tested.
15 Q But there's no -- there is no program in place
16 for the regular testing or even random testing of
17 inmates who are in Rikers, correct?
18 A You would have to ask the medical staff that
19 question.
20 Q But -- but you're not aware -- you're not aware
21 of that, are you?
22 A No, but the medical staff wouldn't necessarily
23 tell me that.
24 Q Who's in charge of medical staff at Rikers?
25 A Drs. Patsy Yang and Dr. Ross McDonald.

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1 (Reporter interruption.)
2 Q (By Mr. Keenan) Can we hear those names again?
3 A Patsy Yang and Ross McDonald.
4 Q McDonald or McDonnelly?
5 A McDonald.
6 Q McDonald, okay. So back to my question of social
7 distancing. Are people actually sleeping at
8 least six feet apart from each other in
9 dormitories or not?
10 A Not every dormitory, no.
11 Q Okay. Does the DOC have in place a set of
12 processes or standards for deciding whether DOC
13 is going to release certain inmates in order to
14 relieve the number of people in Rikers?
15 A There's a work release program that the
16 commissioner can identify people to participate
17 in. And the medical staff identified and
18 recommended that a certain number of individuals
19 be released due to their medical condition and
20 that is going through the appropriate legal
21 process, and approximately 1500 individuals were
22 released.
23 Q Are all of the people in Rikers who are being
24 detained people with violent criminal records, or
25 are there some people with non-violent records as

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1 well?
2 A The majority of our individuals in custody right
3 now I believe are violent --
4 (Reporter interruption.)
5 A For violent crimes; the majority of them are
6 felony arrests at this point.
7 Q (By Mr. Keenan) That's a majority, but it's
8 not everybody, correct?
9 A Correct.
10 Q All right. Why is it that at least six feet of
11 distance is not being maintained in every
12 dormitory setting?
13 A In some instances, the beds are bolted to the
14 floor so that's why we suggest they sleep head to
15 toe. We've been bringing more housing areas on
16 line so that we can clean out housing areas that
17 are a little higher in occupancy.
18 Q Which housing areas have you been brought back on
19 line?
20 A We're working on the one in EMTC to bring back on
21 line; they're working in RNDC.
22 Q How many additional beds or space for how many
23 additional inmates are you going to be able to
24 bring back on line by reopening some of these
25 closed facilities?

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1 A I don't know offhand.
2 Q You said you don't know offhand?
3 A Uh-huh.
4 Q Where will we find that out?
5 A Custody management.
6 Q What is the timeline for bringing these
7 facilities back on line?
8 A I don't know.
9 Q Okay. Is the reason that there's not at least
10 six feet of distance between everybody in
11 dormitory setting basically a space issue;
12 there's just presently not enough space?
13 A I'm not sure that that's correct. I know that,
14 like I said, they've been transferring housing
15 areas in cohorts and we have been trying not to
16 move people, but I don't necessarily know that
17 it's we don't have space to put other people.
18 Q And --
19 A If we needed to, we can open EMTC also, so we
20 have beds.
21 Q What is EMTC?
22 A One of the jails.
23 Q And -- and it's presently closed?
24 A Yes.
25 Q How come it hasn't been reopened yet?

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1 A Well, we opened it during COVID, that's where we
2 housed symptomatic and positive individuals. And
3 when that number went down so that those
4 individuals could be housed in west facility, the
5 facility, we would be able to open it anytime we
6 needed it.

7 Q And if it's closed right now and you have people
8 who are presently sleeping less than six feet
9 apart from each other, how come you don't reopen
10 it right now in order to thin out the population
11 so people can distance?

12 A So I think we have to look at the COVID plan as a
13 whole, and, as I said, we haven't had a case of
14 transmission since May 19th within the
15 facilities, so I don't necessarily think that the
16 number of individuals in the housing area right
17 now --

18 (Reporter interruption.)

19 A -- is harmful.

20 Q (By Mr. Keenan) So DOC has basically made a
21 judgment at this point that it's not necessary
22 to have at least six feet of distancing because
23 you haven't had a reported case of in-facility
24 transmission since May?

25 A That's not what I said, but I'm saying you have

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1 to look at the whole -- the whole COVID plan as a
2 whole --

3 Q What --

4 A -- is successful.

5 Q How do you define success, Commissioner Feeneey?

6 A That we haven't had transmission in the facility
7 since May.

8 Q Have you had any kind of transmission?

9 A New admission inmates coming in when they get
10 tested when they come in to the system have been
11 positive, but not among our inmates who have been
12 here.

13 Q Do you test every inmate upon admission?

14 A Yes.

15 Q And until you get the test results back, what are
16 the protocols in place for housing those people
17 while you're waiting on it?

18 A So they're housed in new admission housing where
19 they remain for at least 14 days and their COVID
20 test returns, and the individuals don't get moved
21 to other housing until the CHS staff clear them
22 to be moved.

23 Q While inmates are in the new admissions housing
24 for the 14 days, are they in isolation or are
25 they housed with other inmates? What procedures

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1 and protocols are in place for how they are
2 housed and interacting with people during those
3 14 days?

4 A So they're housed by classification so some are
5 in dorms and some are in cells.

6 Q And is that classification according to
7 dangerousness or their record, or how are they
8 classified for dormitory versus cell housing?

9 A It's a -- it's a whole system. It deals with
10 what their charges are, what previous charges
11 within the last seven years were, what their age
12 is, do they have an infraction history. So
13 there's a whole bunch of things that go into
14 their classification.

15 Q Other than the admission of -- or the testing of
16 new inmates --

17 A Uh-huh.

18 Q -- does DOC do any other testing for COVID?

19 A DOC does not test for COVID. CHS tests for
20 COVID.

21 Q Does CHS do any other testing for COVID?

22 A As I said, you would have to ask them. Other
23 than for symptomatic inmates, I don't know what
24 their protocol is.

25 Q DOC has not implemented a regimen for testing

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1 staff, has it?

2 A No. We set up an agreement with Northwell and
3 they do our testing for us. We did send staff on
4 to go get tested, but there is no mandatory
5 testing. But we do screening of everybody that
6 enters the facility.

7 Q And how do you do that?

8 A There's a series of questions. They fill out a
9 form, there's a series of questions that deal
10 with COVID-related symptoms and have you been
11 around somebody who had COVID.

12 And then your temperature is checked.
13 If you have a temperature of 100.4 or greater,
14 you're not allowed into the facility and you have
15 to report to your medical doctor. And then you
16 have to get cleared by the health management
17 division to return to work.

18 Q Are all staff, do they have their temperatures
19 taken every day when they report?

20 A Yes. Those that report to the jails, yes.

21 Q Let's go to the April 2nd, 2020 affidavit.

22 A I'm sorry, I can't hear you.

23 MR. KEENAN: Sure. Let's go to the --
24 Julia, let's go to the April 2nd affidavit. This
25 will be Exhibit 3. And let's just go through all

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1 the pages there.
2 (Deposition Exhibit 3 marked.)
3 Q (By Mr. Keenan) Commissioner Sweeny, do you --
4 I'm sorry, Feeney. Apologies.
5 A No problem.
6 Q Commissioner Feeney, do you recognize Exhibit 3?
7 A Yes. It's another one of the affidavits I wrote.
8 Q Exhibit 3 is an affidavit that you executed on
9 April 2nd, 2020?
10 A Yes.
11 Q Let's go to paragraph 8, please. Paragraph 8
12 says: ...DOC's policy is to provide every
13 individual in custody with their own bar of soap
14 and access to cleaning supplies in the housing
15 area janitor's closet including, but not limited
16 to: Disinfectant, mold and mildew cleaner,
17 general cleaner, and floor cleaner, and cleaner
18 without grit.
19 Did I read that correctly?
20 A Yes.
21 Q And -- just getting to the right place here.
22 What type of soap is distributed to inmates?
23 A Bar soap.
24 Q Bar soap, okay. Is it an antibacterial soap or
25 some other kind of soap, or do you know what kind

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1 of soap it is?
2 A I'm not sure what kind of soap it is. It's made
3 by Corcraft.
4 Q Okay. Made by corporate you said?
5 A Corcraft.
6 Q Spell that for us, please.
7 A C-o-r-c-r-a-f-t.
8 Q Do inmates -- are cleaning supplies available
9 only at one central place in each housing unit or
10 are they dispersed throughout the housing units?
11 A They are locked in the janitor's closet and
12 there's a bucket of sanitizer that, since COVID,
13 we have been leaving out for folks to sanitize
14 the phone before use if they want to.
15 But anytime an individual has out of
16 soap, they can ask for any of the cleaning
17 supplies to clean their own bed or a cell area.
18 And then we have the house detail that's trained
19 in cleaning and sanitizing procedures that does
20 the general cleaning and sanitizing of the
21 housing units.
22 Q So let's take NIC as an example. How many people
23 are in NIC?
24 A Oh, I don't know off the top of my head.
25 Q Several hundred?

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1 A Okay, I don't know the actual number.
2 Q Okay. Well, what I'm trying to understand is is
3 there just one janitor's closet available to all
4 the inmates in a given housing unit?
5 A So there's one janitor's closet for each side of
6 the housing area, or if there's one janitor
7 closet, it has twice the number of supplies.
8 Q So how many janitors' -- like, for instance, if I
9 want to get a canister or a spray bottle of
10 disinfectant, how many spray bottles or canisters
11 of disinfectant are available for every hundred
12 inmates?
13 A The disinfectant is provided in a dispenser and
14 the dilution, it's got a very strong dilution
15 ratio so it's a bottle of the concentrated
16 sanitizer that the dispenser dilutes. And the
17 individuals get it in a bucket. We don't use
18 spray bottles for disinfectant.
19 Q So in order -- if you want to get a disinfectant
20 in order to wipe down your cell or your bed or a
21 high-touch surface such as a doorknob, you
22 have -- what are the steps you have to go through
23 to do that as an inmate?
24 A You say to the officer, I would like to clean and
25 sanitize whatever, and the officer will unlock

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1 the janitor closet and provide you with the
2 supplies. When you're done with the cleaning,
3 you return the supplies, clean them, and they are
4 again secured in the janitor closet.
5 Q And basically only one inmate can do this at a
6 time, right?
7 A No. Multiple inmates can do it at a time.
8 Q How many?
9 A There are four mop -- mop buckets and mops, and
10 there are six sponges and six green scouring
11 pads, so multiple people can do it at a time.
12 Q But those -- those sponges and green scouring
13 pads are reused?
14 A Yes. When you're done, you place them in a
15 bucket with the sanitizing solution so they get
16 sanitized prior to the next use.
17 Q Okay.
18 A So after ten minutes, they're good to go.
19 Q Okay. So any given sponge or scouring pad has to
20 be sitting there for ten minutes before it can be
21 reused, correct?
22 A Yes.
23 Q Has the department considered acquiring sanitary
24 wipes, such as Clorox wipes, or something, or
25 Lysol wipes to distribute to inmates?

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1 A We have some wipes, but we don't generally give
2 them to the incarcerated individuals because they
3 end up getting stuck down toilets and it will
4 clog the toilet. So if we use the liquid cleaner
5 and sanitizer, we don't have to worry about
6 clogging the toilets.

7 Q How many instances of clogged toilets in the last
8 month have you had because of a wipe?

9 A Well, we haven't given them out to the
10 individuals in the last month, but we did do a
11 project in the courts probably a year, year
12 and-a-half ago, where we had the hand sanitizer
13 wipes, not the cleaning sanitizer, and they were
14 constantly being flushed in the toilet.

15 Q You said you did a project in the -- in the
16 courts?

17 A Yes. In the Bronx courts.

18 Q Tell us about that project.

19 A Well, it was just that. We were trying to see if
20 it was easier to hand out sanitizing wipes
21 instead of having bar soap in the court pen, and
22 all it ended up really doing was creating a lot
23 of clogged toilets.

24 Q Have you ever experimented or tried distributing
25 sanitizing wipes since COVID started?

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1 A Not to the incarcerated individuals, no.

2 Q Okay. Have you explored simply instructing
3 people that they should throw any used sanitary
4 wipes into a trash can and making more trash cans
5 available?

6 A Well, there is no reason for us to provide
7 sanitizing wipes because we have adequate
8 sanitizer in the janitor closet. So we have
9 plenty of sanitizer available for the population.

10 Q In order to go get the sanitizer, an inmate has
11 to interact face-to-face with a correctional
12 officer, right?

13 A That would be the same process with the wipes,
14 any wipes.

15 Q Unless you distributed them to inmates generally
16 or put them in dispensers, right?

17 A Yeah, we probably we could do that, but
18 dispensers could be broken up into weapons, so we
19 tend to not put dispensers out where the
20 population lives. A dispenser would be locked in
21 the janitor closet also.

22 Q Have you ever had a dispenser at Rikers, had an
23 instance of a dispenser for items being made into
24 a weapon?

25 A Sure, many times.

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1 Q Okay. Give me an example of that.

2 A So dispensers in kitchens and in bathrooms, the
3 dispensers we have in the janitor closets will
4 get vandalized if the door is left unlocked.

5 Q Have you explored having secured dispensers or
6 dispensers that are not easy to fashion into
7 weapons?

8 A These are secured --
9 (Reporter interruption.)

10 A These are secure dispensers.

11 Q (By Mr. Keenan) What about have you ever just
12 personally gotten a bottle of -- or a canister
13 of Clorox wipes or Lysol wipes, you know they
14 come in kind of a plastic, softish plastic
15 canister, have you ever seen one of those?

16 A Yes.

17 Q Okay. Have you ever seen one of those be
18 fashioned into a weapon?

19 A We don't give them to them so no, I haven't seen
20 them fashioned into a weapon.

21 Q Okay.

22 A Again, there's no reason to give them sanitizing
23 wipes. We have plenty of Virex 256 sanitizer
24 that's effective against COVID.

25 Q Does have Virex 256 sanitizer have any substances

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1 in it that could be intoxicating?

2 A Not to my knowledge. It's ammonia, it's not an
3 alcohol-based product.

4 Q Have you explored having a system in place where
5 correctional officers can distribute hand
6 sanitizer directly to inmates upon their request,
7 Hey, I just want a squirt of hand sanitizer?

8 A No. There's no reason for them to have the hand
9 sanitizer. We have sinks with soap and water.

10 Q Every --

11 A The CDC recommends that you use a sink with soap
12 and water. The hand sanitizer is only
13 recommended to be used when a sink is not
14 available.

15 Q Are there inmates who are on work details at
16 Rikers?

17 A Yes.

18 Q Okay. And when they're on work detail, they are
19 circulating throughout a housing unit in much the
20 same way as a staff member would, right?

21 A No. Well, the house detail would live in the
22 housing area. There are only very few instances
23 where we have an outside inmate detail work
24 inside a housing unit.

25 Q During a given work detail, it's certainly

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1 possible that an inmate wouldn't necessarily have
2 immediate access to a sink to wash their hands,
3 right, because they're working?
4 A Well, no. There are bathrooms available for them
5 to use while they're working so they could wash
6 their hands in that bathroom.
7 Q Would that be the case with staff as well?
8 A Yes.
9 Q So why -- why do you issue hand sanitizer to
10 staff then but not to inmates who are on a work
11 detail?
12 A Because staff have cart or posts, they have
13 recreation posts. They have posts where they do
14 not have access to a sink with soap and water.
15 Q Are you --
16 A We have the security posts that are outside, so
17 there are lots of posts where an officer does not
18 have access to a sink and that's where we
19 distribute the hand sanitizer.
20 Q Does every inmate in Rikers have access to a sink
21 with soap and water in a non-congregate setting,
22 like not a collective bathroom, a sink that they
23 can go use individually while observing social
24 distancing, does every single inmate have
25 continuous access to a sink like that?

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1 A Except for when they're walking in corridors or
2 it's hours for rec, yes.
3 Q What about inmates who are housed in dormitory
4 settings who don't have a sink in their cell,
5 where do they -- where do they access a sink?
6 A They go to the bathroom where we have multiple
7 sinks.
8 Q And isn't it the case that a bathroom is a
9 confined space and you might -- the bathroom
10 might be full at any given point in time?
11 A Since COVID started, only four individuals are
12 allowed in a congregate bathroom at a time.
13 Q How many sinks and how many bathroom stalls or
14 urinals are in a given congregate bathroom?
15 A It depends on how many individuals are housed in
16 the area. So small housing areas, like with 14
17 inmates or 20 inmates might have four, six; and
18 areas that have more, seven or eight sinks. It
19 depends on the size of the housing area. It's
20 different in every facility and sometimes in
21 every housing unit.
22 Q How is soap -- in those congregate bathrooms,
23 what type of soap is being used?
24 A Bar soap.
25 Q Bar soap?

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1 A Each individual has their own bar soap, plus we
2 put additional bar soap on each sink.
3 Q Okay. In order to use the sink, do you have to
4 handle the sink, like turn a knob or something
5 like that?
6 A Yes.
7 Q Okay. And I know we're getting into the details
8 of washing one's hands, but it seems important
9 here. If you go and wash your hands and you're
10 using bar soap, unless you have an individual bar
11 of soap with you, you're using bar soap that
12 someone else has used, right?
13 A As I said, every individual has their own bar of
14 soap, but we do put additional soap in the
15 bathroom in case they forgot theirs.
16 Q So if you don't have your individual soap with
17 you, you have to use soap that someone else has
18 used, right?
19 A Or you can ask the correctional officer for
20 another bar of soap. We have boxes of soap in
21 every housing unit.
22 Q And in order to turn on the sink, you have to
23 handle the knobs of the sink, correct?
24 A Yes.
25 Q They're not automated sinks?

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1 A No.
2 Q Okay. And then when you're done washing your
3 hands -- is there hot water available in all the
4 sinks?
5 A Some of them have mixed water, where the hot and
6 cold is mixed so it's warm water. And, really,
7 all the temperature of the water does is increase
8 the amount of suds you get out of the soap. But
9 there are no sinks that have just cold water.
10 Q Are inmates able to control the temperature of
11 the water that they are using, or is it pre --
12 A It depends --
13 Q -- pre-set?
14 A It depends on the housing area. Some have hot
15 and cold knobs, and some have mixed water.
16 Q And then when you're done washing your hands, you
17 have to handle the knobs again to turn the water
18 off, correct?
19 A Right. They can use a towel or a hand towel,
20 depending on where they are, to dry their hands.
21 Q Are hand towels always available in all of the
22 bathrooms?
23 A Not in housing areas, but in non-housing areas,
24 yes.
25 Q Okay. So --

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1 A In housing, individuals have their own towels.
2 We also have the ability for them to sanitize the
3 sinks before they use them if they would like to
4 do so.
5 Q And how do you make -- how do you make that
6 possible?
7 A The same way they would do any other cleaning.
8 They ask to get the sanitizer from the janitor's
9 closet. And if they so desire, they can sanitize
10 the sinks before they use it. If not, the sinks
11 are sanitized -- countertop surfaces should be
12 sanitized every two hours.
13 Q Do you know if they actually are?
14 A So as I said, it's audited by both the captains
15 in the jails and my staff and the bureau chief of
16 facility operations, and one of the questions is
17 when was the last time the sanitary tour was
18 conducted; if it's been longer than two hours,
19 the captain is expected to instruct the officer
20 to have the house detail go do it at that time.
21 Q If an inmate -- let's talk about turning off the
22 knobs in the bathroom once you're done washing
23 your hands.
24 A Uh-huh.
25 Q If I don't want to run the risk of touching the

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1 knobs that other people have touched and making
2 my hands dirty again that I just washed, how do I
3 turn off the sink?
4 A You could use some toilet paper.
5 Q Any other method?
6 A No. I think that's about it.
7 Q Okay. In order to go get toilet paper, you would
8 have to go back into a toilet stall which is a
9 confined area that, one, is a small confined
10 area; two, that people defecate in, correct?
11 A Or you bring your own with you. Most inmates
12 have their own roll of toilet paper, so they just
13 bring it with them.
14 Q But not all inmates necessarily, right?
15 A Well, we don't leave toilet paper sitting in the
16 toilet stall so they either -- they have their
17 own roll of toilet paper at their beds or in
18 their cells.
19 Q Okay.
20 A So they can bring it with them if they so
21 desired. And if they didn't have it, they could
22 ask the correction officer for it on the way to
23 the bathroom and they would give it to them.
24 Q Is there always a correction officer standing
25 there outside the bathroom if an inmate needs to

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1 get sanitizer or needs to -- or needs to get
2 Virex solution or needs to get toilet paper?
3 A They're not necessarily standing right outside
4 the bathroom, but they're in the housing area.
5 Q How many staff have tested positive for COVID-19
6 in the last month?
7 A Oh, in the last month? Maybe 10 or 15.
8 Q And of those 10 or 15 people, did some of them
9 test positive after they had already been working
10 one or more shifts?
11 A I'm sure they did work at some point before they
12 tested positive.
13 Q So it's still the case that, at least in the past
14 month, inmates have been exposed to
15 positive-testing staff, correct?
16 A It could be, but we do tracing. And every time
17 we have a positive staff member, the facility
18 identifies all staff and incarcerated individuals
19 that the individual came in contact with. The
20 staff members get a letter that says you were
21 exposed and recommend that they see their
22 personal physician or at least reach out to them.
23 And the list of incarcerated
24 individuals is given to Correctional Health
25 Services and they do their contact tracing with

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1 those individuals.
2 MR. KEENAN: Go to the October 24th
3 through 30th weekly report, if we could pull that
4 up. Actually, before we do that, let's go to the
5 affidavit on April 24th, 2020. This will be -- I
6 think this will be Exhibit 4, correct, Julia?
7 MS. GOKHBERG: Yes, Exhibit 4.
8 (Deposition Exhibit 4 marked.)
9 MR. KEENAN: Let's page through this.
10 MR. THAYER: Mr. Keenan, before --
11 before you start asking questions on this, would
12 you mind if we took a brief five-minute break?
13 MR. KEENAN: Sure. I just want to
14 identify this for the record and then I was
15 planning to take a break.
16 Q (By Mr. Keenan) So Commissioner Feeney, is
17 Exhibit 4 an affidavit that you executed on
18 April 24th, 2020?
19 A Yes.
20 MR. KEENAN: Thank you. Let's go ahead
21 and take a -- take a break. To be realistic,
22 we'll be back on the record in ten minutes.
23 (Brief recess.)
24 Q (By Mr. Keenan) We are back on the record,
25 Commissioner Feeney, and you understand, of

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1 course, you remain under oath until the
2 deposition is completed, right?
3 A Yes.
4 (Deposition Exhibit 5 marked.)
5 Q (By Mr. Keenan) Commissioner Feeney, we're
6 going to look at a weekly report for the Board
7 of Correction. This will be Exhibit 5. This
8 is the report of October 24th through the 30th.
9 MR. KEENAN: If you don't mind bringing
10 that up, please, Julia.
11 Q (By Mr. Keenan) Do you recognize Exhibit 5,
12 Commissioner Feeney?
13 A The weekly COVID report.
14 Q And let's go to a few pages in, I think it will
15 be five pages in. Okay, "Total Population in DOC
16 Custody." Do you see this graph here, do you
17 recognize it as a graph of the total DOC custody
18 population?
19 A Yes.
20 Q Okay. And is that accurate?
21 A I assume so.
22 Q Okay. The information that the Board of
23 Correction has would be the information supplied
24 to it by DOC, correct?
25 A Yes.

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1 MR. KEENAN: All right. And let's go
2 to the next page, page after that and a page
3 after that and a page after that.
4 (Deposition Exhibit 6 marked.)
5 Q (By Mr. Keenan) Okay, let's now look at
6 Exhibit 6 which is an analysis report.
7 MR. THAYER: Can we just note for the
8 record that this is page 9 of the report, please.
9 MR. KEENAN: Sure.
10 MR. THAYER: Thank you.
11 MR. KEENAN: Sure. This analysis
12 report will be Exhibit 6. If you don't mind
13 pulling that up, Julia.
14 MS. GOKHBERG: Sorry. Just give me one
15 moment.
16 MR. KEENAN: Is this it?
17 MS. GOKHBERG: Yes.
18 MR. KEENAN: Okay, great.
19 Q (By Mr. Keenan) This is Exhibit 6. Do you
20 recognize this document, Commissioner Feeney?
21 A I'm back on page 1, it looks like the same Board
22 of Correction report.
23 Q I think it's a little different. This is titled,
24 "New York City Board of Correction Housing Area
25 Capacity Data Summary."

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1 A Okay.
2 Q Okay?
3 A Uh-huh.
4 Q Do you recognize this document?
5 A Yes.
6 Q Okay. And what is it?
7 A It's the housing area capacity data summary.
8 MR. KEENAN: Okay. Let's go a few
9 pages in Julia, if you could, please.
10 Q (By Mr. Keenan) Okay. And do you see this on
11 page 4 of Exhibit 6, Commissioner Feeney?
12 A Yes.
13 Q And this is a jail population census, correct?
14 A Yes.
15 MR. KEENAN: All right. And let's go
16 to Exhibit 7 now. This will be a letter from
17 legal aid.
18 MS. GOKHBERG: Which letter would you
19 like?
20 MR. KEENAN: It's in the outline.
21 It's -- the title is, "Defenders Letter to City,"
22 dated November 6, 2020.
23 (Deposition Exhibit 7 marked.)
24 Q (By Mr. Keenan) Okay. This will be Exhibit 7.
25 Commission Feeney, have you seen Exhibit 7

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1 before?
2 A No.
3 Q All right. I want to ask you, Commissioner
4 Feeney, about use of masks and gloves. What are
5 the policies and procedures for staff to wear
6 masks, let's start with masks, while they are at
7 work?
8 A Right now?
9 Q Yes.
10 A Right now, staff are required to wear face
11 coverings when at work.
12 Q At all times?
13 A When you're within six feet, it's mandated; it's
14 recommended if you're more than six feet between
15 people.
16 Q So what -- does that mean that basically it's --
17 if you're in a housing area but you think as a
18 staff member that you could be more than six feet
19 from anybody else, that you could take off your
20 mask if you want?
21 A For a couple of minutes and then put it back on,
22 yes.
23 Q And what's the reason for allowing that?
24 A For following the City guidance in wearing masks.
25 Q What do you do to monitor whether staff members

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1 actually are wearing masks?

2 A So we do several things. We have those audits I
3 spoke to that the captains do and that my staff
4 and the facility chief of operations staff do.

5 Every supervisor and manager is
6 expected to remind the staff to put on their
7 mask; and if they're willfully not wearing them,
8 then discipline would be -- would be expected,
9 progressive discipline would be expected.

10 And we also use the compliance and
11 safety center, which is a video monitoring unit
12 that I oversee, and that unit is meant to be a
13 pure mentoring unit. But while we're watching
14 video, if we see a staff member is not wearing a
15 mask, they get called by a peer and it's
16 recommended that they put their mask on, and most
17 of the time people have their mask and do put it
18 on.

19 Q Has anyone ever been disciplined at Rikers for
20 not wearing a mask?

21 A I don't know.

22 Q Who would know? How would we find out?

23 A Labor relations probably.

24 Q What are the policies and procedures for wearing
25 masks and gloves while distributing food and

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1 medicine?

2 A Okay, DOC staff does not distribute medication so
3 we don't have a policy regarding that.

4 As far as distributing food, if you're
5 going to have direct hand contact with food,
6 you're required to wear gloves. That's the New
7 York State glove law from the health code.

8 And folks should be wearing their masks
9 because you're going to be near people.

10 Q And when you said direct hand contact with food,
11 would that -- would that include, you know,
12 handling a spoon or something else to serve food?

13 A No. That's not direct hand contact. The health
14 code does not require, although it's generally
15 common practice, but the health code requires
16 wearing gloves when you have direct hand contact.

17 Q Since COVID, have you reevaluated whether the
18 state health code that was enacted before COVID
19 is enough to protect against the transmission of
20 COVID?

21 A COVID is inhaled. It's a droplet infection
22 that's inhaled, or if you touch your eyes, your
23 nose then your mouth and you've touch the virus,
24 you catch it. It's not a food-borne illness, so,
25 no, I didn't spend a lot of time thinking about

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1 COVID and related to food.

2 MR. KEENAN: Let's go to what's going
3 to be Exhibit 8. This is the document that's --
4 well, I should -- I think for the easiest way to
5 do this is to going to be to go through the
6 City's full production.

7 Julia, do you have access to that
8 sequentially?

9 MS. GOKHBERG: Yes.

10 MR. KEENAN: Okay. So let's -- let's
11 just start going through that beginning with the
12 first document in the City's production. This
13 will be -- are we on Exhibit 8 now, Julia?

14 MS. GOKHBERG: Yes, Exhibit 8.
15 (Deposition Exhibit 8 marked.)

16 Q (By Mr. Keenan) This will be Exhibit 8,
17 Commissioner Feeney. This is a one-page
18 document. Can you tell us what this is?

19 A That's the directive that was issued on
20 September 24 that details the City's guidance for
21 wearing masks and mandated that staff where masks
22 and stay within six feet of another individual
23 and strongly recommended that they wear them when
24 they are greater than six feet.
25 (Deposition Exhibit 9 marked.)

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1 Q (By Mr. Keenan) Okay. And let's go to the
2 next document in the City's production. This
3 will be Exhibit 9. This is a six-page
4 document, Exhibit 9. It is -- can you tell us
5 what Exhibit 9 is?

6 A Oh, it appears to be a letter from our general
7 counsel Heidi Grossman to The Bronx Defenders.

8 Q And what is this letter about?

9 A About a letter that The Bronx Defenders wrote in
10 response to your September 11 regarding COVID
11 pandemic procedures.

12 Q Let's just page through it. Were you involved in
13 the drafting of this letter?

14 A Yes.

15 Q In what way were you involved?

16 A The legal division reviewed the policies that we
17 had in place to make sure that they were the most
18 current policies.
19 (Deposition Exhibit 10 marked.)

20 Q (By Mr. Keenan) Let's go to the next document
21 in the City's production. This will be Exhibit
22 10, I believe. What is Exhibit 10,
23 Commissioner Feeney?

24 A It's Teletype HQ-01077-0 issued on April 18th,
25 2020, that's outlining the department's policies

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1 for distributing masks to our incarcerated
2 personnel.
3 Q You said to incarcerated personnel?
4 A Incarcerated persons.
5 Q Okay. What is a teletype order?
6 A Teletype is an order from the chief that tells
7 the department what needs to be done.
8 Q And is every staff member given a teletype order
9 when one is issued?
10 A They might -- they may not be given it by hand
11 but it's read at roll-call and the supervisors
12 for, in my case, like for a non-uniformed
13 manager, I'm required to inform my staff of
14 what's in these teletypes, plus they are also
15 available on our intranet.
16 Q Are masks available to all inmates at the present
17 time?
18 A Yes.
19 Q Okay. How often are inmates given new masks?
20 A It can be given whenever they ask for them.
21 Every day the facility has to give an inventory
22 of what masks were issued to the chiefs and they
23 get replenished as necessary. So I believe
24 they're delivering and maintaining 40 a couple of
25 times a week, two or three times a week in each

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1 housing area. But if a facility needs more, they
2 can ask and get them, you know, we have them.
3 (Deposition Exhibit 11 marked.)
4 Q (By Mr. Keenan) Let's go to the next document
5 in the City's production. This will be Exhibit
6 11.
7 A So this is a teletype from March 6 issued by the
8 commissioner talking about the COVID-19 outbreak
9 in China.
10 (Deposition Exhibit 12 marked.)
11 Q (By Mr. Keenan) Let's go to the next document
12 in the City's production. This will be Exhibit
13 12, I believe.
14 A All right. This is a teletype issued July 23,
15 2020, again by the commissioner, talking about
16 the travel advisory and COVID-19.
17 MR. KEENAN: Let's go to the next
18 document, please, Julia.
19 (Deposition Exhibit 13 marked.)
20 Q (By Mr. Keenan) This is Exhibit 13. What is
21 Exhibit 13, Commissioner Feeney?
22 A It is a teletype issued on September 24 by chief
23 of the department Hazel Jennings and it's again
24 reiterating how staff is to protect themselves
25 against COVID-19.

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1 Q Let's go to the next document in the City's
2 production. This will be exhibit --
3 MR. KEENAN: Will it be 14, Julia?
4 MS. GOKHBERG: Yes, 14.
5 THE WITNESS: We did this one already.
6 MR. KEENAN: I'm sorry?
7 THE WITNESS: We did this one already,
8 it's the directive on wearing masks.
9 Q (By Mr. Keenan) Okay. And I think that this
10 was maybe produced twice in the City's
11 production. So this is the directive on
12 wearing masks, Exhibit 14?
13 A Uh-huh.
14 Q Is that a yes?
15 A Yes.
16 Q Okay. All right. We just have to get that down
17 on the transcript.
18 (Deposition Exhibit 15 marked.)
19 Q (By Mr. Keenan) Let's go to the next document
20 in the City's production, which is Exhibit 15.
21 A This is a teletype issued on March 22nd about
22 personal protective equipment and authorized
23 masks, and that was issued by both Commissioner
24 Brann and chief of the department.
25 (Deposition Exhibit 16 marked.)

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1 Q (By Mr. Keenan) Let's go to the next document
2 in the City's production, it will be Exhibit
3 16.
4 A This is a teletype issued March 10th, 2020 by
5 First Deputy Commissioner Angel Villalona talking
6 about the leave policy at the time regarding some
7 employees at risk for COVID-19.
8 Q And by the way, would you agree with me that the
9 Department of Correction has a duty to provide
10 reasonable accommodations to inmates with
11 disabilities?
12 A Yes.
13 Q Okay. And that can include extra protective
14 measures for inmates who are especially
15 vulnerable to COVID-19, correct?
16 A Yes.
17 Q Let's go to the next document in the City's
18 production, please.
19 A This is teletype issued on March 22nd about the
20 leave policy applicable during the outbreak of
21 COVID-19.
22 MR. KEENAN: And which exhibit number
23 is this going to be, Julia?
24 MS. GOKHBERG: 17, I believe.
25 MR. KEENAN: So this is going to be

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1 Exhibit 17 right here.
2 (Deposition Exhibit 17 marked.)
3 (Deposition Exhibit 18 marked.)
4 Q (By Mr. Keenan) Let's go to the next document
5 in the City's production which will be Exhibit
6 18. This starts at Bates stamp NYC29. Exhibit
7 18, can you tell us what that is, Commissioner
8 Feeney?
9 A This is a teletype issued on March 28 from Chief
10 Jennings regarding the implementation of
11 televisits.
12 Q Okay. Let's go to the next document in the
13 City's production. This will be Exhibit 19.
14 MR. KEENAN: Is that correct?
15 MS. GOKHBERG: Yes.
16 (Deposition Exhibit 19 marked.)
17 Q (By Mr. Keenan) Okay. What is Exhibit 19,
18 Commissioner Feeney?
19 A Teletype issued on April 3rd by the chief and the
20 commissioner about the distribution of masks.
21 Q Okay. Has that been updated in any way since
22 then?
23 A April 3rd? I don't believe so.
24 Q Okay.
25 A Except for the directive.

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1 Q Let's go to Exhibit -- I'm sorry, say that again.
2 A Except for the directive.
3 Q Okay. The directive we talked about earlier that
4 was issued in September?
5 A Right.
6 Q The one-page directive?
7 A Right.
8 (Deposition Exhibit 20 marked.)
9 Q (By Mr. Keenan) Let's go to the next document.
10 It will be Exhibit 20.
11 A I think this is teletype issued May 26th from the
12 commissioner and the chief regarding distribution
13 of cotton fabric masks to incarcerated persons.
14 Q What type of masks are being made available to
15 inmates at this time?
16 A Predominantly surgical masks, but we did
17 receive -- I believe it was -- what's that
18 word -- donations, donation of cotton fabric
19 masks. And the chief distributed those to the
20 incarcerated persons.
21 Q How many cotton fabric masks?
22 A I don't know how many.
23 Q Who was the donation received from?
24 A I don't know.
25 (Deposition Exhibit 21 marked.)

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1 Q (By Mr. Keenan) Let's go to Exhibit 21, the
2 next document in the City's production. What
3 is this, Commissioner?
4 A This is a teletype from March 12th, 2020 from the
5 commissioner regarding visitors and COVID-19
6 procedures.
7 (Deposition Exhibit 22 marked.)
8 Q (By Mr. Keenan) Let's go to the next document
9 in the City's production, it will be Exhibit
10 22. What is Exhibit 22?
11 A That is an operations order that was issued on
12 September 14th about the use of infrared camera
13 and hand-held infrared thermometers regarding
14 screening process.
15 MR. KEENAN: I think the next one will
16 be Exhibit 23. Is that correct, Julia?
17 (Deposition Exhibit 23 marked.)
18 A This is the elimination --
19 MS. GOKHBERG: Yes.
20 A -- of sexual abuse and sexual harassment
21 directive.
22 Q (By Mr. Keenan) Okay. And this has been in
23 place since before COVID, correct?
24 A Yes. It was May 31st, 2019.
25 Q And what is the purpose of this directive?

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1 A This directive goes through our procedures for
2 eliminating sexual abuse and sexual harassment.
3 Q Okay. And let's go to page 45 of this document.
4 MR. KEENAN: And can we go back to the
5 prior page, Julia.
6 Q (By Mr. Keenan) So that's -- you recognize the
7 elimination of sexual abuse and sexual
8 harassment policy dated May 31st, 2019 is 44
9 pages long, correct?
10 A Yes.
11 Q Then we go to the next page in Exhibit 23, it's a
12 listing of telephone numbers, correct?
13 A Yes.
14 Q And let's go after that. Are these all -- do you
15 recognize -- this is a 138-page document. Do you
16 know if all of the attachments -- all the
17 components of this 138-page document relate to
18 sexual assault and sexual harassment of prison
19 rape elimination?
20 A I believe so.
21 Q And you're familiar, very familiar with the
22 City's policies on this topic, correct?
23 A Yes.
24 Q Okay. In fact, there's a federal mandate to
25 develop policies on prison rape elimination,

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1 correct?

2 A Yes.

3 (Deposition Exhibit 24 marked.)

4 Q (By Mr. Keenan) Let's go to Exhibit 24,
5 please. It will be the next document in the
6 City's production.

7 A This is Directive 4514R-A issued on October 19,
8 2007 regarding housing area logbooks.

9 Q And we see Exhibit 24 is a rather large document,
10 143 pages long, and just going to go through that
11 very quickly. What are housing area logbooks?

12 A Logbooks are bound notebooks, for lack of a
13 better thing, that are lined with number of
14 pages, and it's where everything that happens in
15 the housing area is recorded.

16 Q Let's now go to page 8 of this Exhibit 24 and
17 tell us what that is.

18 A That's Directive 3901R-B, it is our directive
19 regarding housekeeping procedures and it became
20 effective April 4th, 2014.

21 Q Now, it's my understanding you have a
22 professional background in sanitation, correct?

23 A Yes.

24 Q What -- tell us what certifications you have in
25 sanitation and what training you've had.

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1 A I'm a registered sanitarian in the State of New
2 York and I've been in the environmental health
3 field since 1989, and worked on writing many of
4 these policies with our colleagues in legal aid
5 and consultants.

6 Q What is the -- what is a registered sanitarian?
7 I don't -- I don't know that I've encountered
8 that exact term.

9 A A public health sanitarian is the civil service
10 title for a health inspector. And back when I
11 was a young health inspector, we had the New York
12 state registry of sanitarians and you took a test
13 and became a registered sanitarian in the State
14 of New York.

15 Q And what are the -- what are the principles of
16 the sanitation field, what are the goals of
17 sanitation?

18 A Prevent disease, prevent vermin activity, to
19 create a healthful environment.

20 Q Let's go to page 26 of this Exhibit 24.

21 A This is the Cleaning and Sanitizing Manual issued
22 November 2013.

23 Q And were you involved in the creation of the New
24 York City Department of Correction Cleaning and
25 Sanitizing Manual?

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1 A Yes.

2 Q Were you the primary author or one of the primary
3 authors?

4 A Yes.

5 Q Is this manual still enforced?

6 A It is, but it's been upgraded for COVID. So
7 there's one change that we had to make in the
8 cleaning and sanitizing procedures with COVID.
9 We apply the sanitizer an additional time so the
10 surface stays wet for ten minutes.

11 Q Do you know if that's reflected here?

12 A It's not reflected in this, no. It's reflected
13 in a PowerPoint that's distributed during all of
14 the training.

15 Q Okay.

16 A And it's been sent out in writing to all of the
17 facilities so that they have it as well.

18 Q And following this, there are various attachments
19 that relate to sanitation, correct?

20 A Yes.

21 Q All right. Let's go to page 53 of Exhibit 24.

22 A This is our directive of the exposure control
23 plan.

24 Q And what's -- can you sum up for us what the
25 purpose of this directive is?

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1 A The exposure control plan was written in response
2 to an OSHA -- the bloodborne pathogen standards
3 and it's the policies that we follow if somebody
4 has been exposed to a bloodborne pathogen.

5 Q Okay. Let's go to page 72 of this document,
6 please. Exhibit 24, page 72.

7 A This is a teletype that was issued in October 16
8 of 2012 discussing Liberty 670 and 671 which was
9 a general cleaner and disinfectant that we used
10 at that time.

11 Q Okay. What are -- what are the general cleaners
12 and disinfectants used at this time?

13 A I'm sorry, can you say that again?

14 Q What are the general cleaners and disinfectants
15 being used at this time?

16 A Oh. There's Diversity products, the general
17 cleaner is called General Cleaner 15, and the
18 disinfectant is called Virex 256.

19 Q Let's go to page 73, please.

20 A This is Directive 3900R issued on April 4th,
21 2014, and it describes our environmental health
22 program.

23 Q What is the environmental health program?

24 A The environmental health program is our overall
25 environmental health program that deals with

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1 sanitation, vermin control, infections. It
2 describes what is expected of the different
3 titles in the department that deal with
4 environmental health. It describes what we're
5 responsible for.
6 Q Okay. Now let's go to page 95, please.
7 A This is Directive 4020R-A, it's a directive
8 dealing with the department's definitions of
9 inmate categories.
10 Q And can you sum up for us what -- what this is?
11 A It's the definition of the different types of
12 individuals that we -- that we have, whether in
13 general population or they have another category
14 of mental health, whatever would be defined in
15 this directive.
16 Q Okay. Let's go to page 102, please, of Exhibit
17 24. Commissioner Feeney, can you tell us what
18 starts on page 102 here?
19 A This is Directive 6002 that deals with attorney
20 visits.
21 Q Then on page 110, is this a teletype that
22 describes some amendments to the attorney visits
23 directive policy? Is that a yes?
24 A Yes.
25 Q And we see some further -- further teletype about

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1 that on page 112, correct?
2 A Yes.
3 Q And following that there is some more guidance
4 about attorney visits and similar visits,
5 correct?
6 A Well, this updates operations order 110, not the
7 directive, but, yes, it deals with attorney
8 visits.
9 Q Let's go to page 118, please.
10 A This is a teletype from April 3rd, 2013 dealing
11 with procedures for all ports of entry.
12 Q Then let's go to page 120, please.
13 A This is Directive 6000R-A, effective April 7th,
14 2005, regarding attorney, legal, and official
15 visits.
16 Q And then we see following that some further
17 teletypes relating to ports of entry and attorney
18 and related visits, correct?
19 A Yes.
20 Q And then let's go to page 137, please, of
21 Exhibit 24. Can you tell us what this is,
22 Commissioner Feeney?
23 A This is Directive 3255R, issued June 18th, 2014,
24 regarding assignment of inmates to work details.
25 Q Are medically vulnerable inmates assigned to work

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1 details during COVID or are they kept off of work
2 detail?
3 A What do you mean by medically vulnerable detail?
4 Q People with underlying conditions that would make
5 them especially vulnerable to COVID were they to
6 contract such as asthma or being
7 immunocompromised in some way. Are people with
8 asthma or with a compromised immune system placed
9 on work details or not placed on work details
10 during COVID?
11 A So the general DOC staff member has no idea what
12 an inmate's medical conditions are. For them to
13 work in the barber shop or in kitchens, they have
14 to have a medical -- be medically cleared to work
15 in those two areas. I don't know of any other
16 work that requires medical clearance for an
17 individual to work.
18 (Deposition Exhibit 25 marked.)
19 Q (By Mr. Keenan) Let's go to what will be
20 Exhibit 25. It will be the next item in the
21 City's production, I think actually the last
22 item in the City's production.
23 A All right. This is the division assignments, I
24 cannot read the effective date on this. I think
25 it says January 8, 2020, but I'm not sure. And

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1 this document identifies the wardens and the
2 deputy wardens and the command and who report to
3 who.
4 Q Okay. I want to go back to a question we
5 explored earlier of hand sanitizer, the idea of
6 having dispensers that would be placed out for
7 people to go get a squirt of hand sanitizer.
8 First question, very basic question, I
9 assume, certainly by this point, you have seen
10 dispensers or hand sanitizer be placed in public
11 places and you've used one, correct?
12 A Yes.
13 Q Okay. So you're familiar with the idea that you
14 would have a dispenser and it's either on a stand
15 or bolted to a wall or some other secure surface,
16 somebody can put their hand under it and get an
17 automatic scoop of hand sanitizer and then
18 sanitize their hands, correct?
19 A Yes.
20 Q Has the Department of Correction even explored or
21 considered the possibility of placing dispensers
22 of that nature either on a stand or bolted to a
23 secure surface in collective areas of housing
24 units such as mess halls, cafeterias or communal
25 rooms?

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1 A Okay, so most inmates don't go to mess halls,
2 they eat in their housing areas. And I think
3 about it a lot, what's the best and the safest
4 things to do. And the risks associated with the
5 hand sanitizers to me, when there are sinks and
6 soaps and water available, is not worth the risk.
7 Sanitizer, itself, can be used as a
8 weapon, the dispenser can be used as a weapon,
9 and there are -- there are sinks with soap and
10 water that are monitored and audited multiple
11 times on a daily basis to make sure that there is
12 soap and water present.
13 So weighing those things, I don't think
14 it's worth the risk to put alcohol-based hand
15 sanitizer in inmate occupied areas.
16 Now, during H1N1 when non-alcohol-based
17 hand sanitizer was effective, we did do that in
18 certain areas, but not alcohol-based, it's too
19 potentially dangerous.
20 Q Okay. So let's talk about H1N1, you used a
21 non-alcohol-based sanitizer, correct?
22 A Uh-huh.
23 Q Is that a yes?
24 A Yes.
25 Q And how did you dispense that non-alcohol-based

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1 hand sanitizer?
2 A It was in a dispenser that was like in a cage.
3 Q Okay. Describe for me what that looks like.
4 A So there was a dispenser, a regular dispenser
5 that we put locked covering on.
6 Q Okay.
7 A And it got destroyed, too.
8 Q It got -- what got destroyed?
9 A The dispenser, they were vandalized.
10 Q Vandalized in what way?
11 A Pieces of the hard plastic were broken off.
12 Q And did anybody -- do you have any documented
13 instances of turning -- anybody turning one of
14 those dispensers into a weapon?
15 A I don't know.
16 Q All right. And out of how many dispensers -- how
17 many dispensers did you put out during H1N1 in
18 Rikers?
19 A I don't know off the top of my head.
20 Q Several dozen at least?
21 A I don't know if that many, but there were some.
22 Q Were all of them destroyed, were some of them
23 destroyed, only one of them destroyed?
24 A I don't know the number that were destroyed.
25 Q And so you -- this non-alcohol-based sanitizer,

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1 you put it in the dispenser with a cage or a
2 covering around it in collective areas, correct?
3 A In dayrooms.
4 Q Dayrooms, okay.
5 A Uh-huh.
6 Q And by the way, is it the policy to have a staff
7 member or corrections officer present in a
8 dayroom at any given point in time?
9 A Some places have specific dayroom officers. Most
10 places just have an officer that controls the
11 whole housing area.
12 Q Okay. All right. And are there video cameras in
13 dayrooms?
14 A There are now.
15 Q Okay. Not then but there are now?
16 A I don't remember if there were any then or not,
17 but they are now.
18 Q What matters is there are video cameras
19 monitoring all dayrooms at this time, correct?
20 A Yes.
21 Q And those video cameras can be monitored from a
22 central command center or control center?
23 A They aren't generally monitored from a command
24 center all the time, no.
25 Q Okay. But they could be, correct?

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1 A They could be.
2 Q Okay. You could -- you could just have a live
3 feed into the command center, right?
4 A It's probably --
5 Q It's feasible?
6 A To do it, yes.
7 Q Okay. So you're familiar with the idea of
8 somebody getting a squirt of hand sanitizer and
9 there are some that have a gel and some that do a
10 foam, correct?
11 A Yes.
12 Q Okay. Are you -- have you ever heard of anybody
13 lighting a foam-based sanitizer on fire or using
14 it as a weapon?
15 A If it's alcohol-based, it can be a flammable.
16 Q Have you ever heard or seen any reports?
17 A In fact, there was a woman in the news not long
18 ago, maybe a month ago, who got seriously burned
19 from hand sanitizer.
20 Q Where? What -- what news --
21 A It was on -- it was on the regular news, Channel
22 7, Channel 4, she got very badly burned from hand
23 sanitizer.
24 Q Well, you know, I'm trying to get to the root of
25 what are -- what are likely dangers, not

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1 theoretical dangers. This is somebody --
2 somebody in the New York area who got a chemical
3 burn from a hand sanitizer?
4 A No. She actually lit herself on fire.
5 Q Okay. So this is one instance in this being
6 reported in the news in a city of over 8 million
7 people, correct?
8 A Yeah. So I have to, as a person who's
9 responsible for environmental health and safety,
10 look at the whole big picture. So, to me, the
11 big picture is really clear, the CDC says when
12 there's soap and a sink available, that is their
13 recommended practice for you washing your hands.
14 They recommend the use of hand
15 sanitizer only when that and that soap are not
16 available.
17 I have a population that does set
18 fires, and I don't know the number because I'm
19 on -- off the top of my head, but we have fires
20 set often in the facility.
21 So I have to make sure my staff is
22 safe. I have to make sure the other individuals
23 are safe. And, to me, it's not worth the risk,
24 and I'm the one who answers for it if something
25 happens.

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1 It is not worth the risk when there are
2 sinks and soap and water present to provide an
3 alcohol-based hand sanitizer that if it gets
4 thrown on someone, and the individuals splash our
5 staff regularly with urine, feces and other
6 liquids, that should they ignite that, a person
7 will go up like a Molotov cocktail.
8 So we can go back and forth about
9 whether it's possible to put a hand sanitizer
10 dispenser in a housing area, and, yes, it is, but
11 it's also potentially very dangerous and I'm not
12 willing, under my need and responsibility, to say
13 that we should do that when there is a CDC
14 recommended way to wash your hand available in
15 the housing unit.
16 Q But you're assuming that all inmates have easy
17 and quick and safe access to sinks with warm
18 water and soap at all times, that's -- you're
19 making that assumption, aren't you?
20 A I'm not assuming. I've walked the jails every
21 day every week for 30 years. I know that sinks
22 and soap are available.
23 We have a very strict three-tiered
24 level audit procedure in place that checks these
25 things on a daily basis, including on the

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1 weekends.
2 For the amount of time an individual is
3 walking through the corridor until they get to
4 their location, they can wash their hands in the
5 location that they're in.
6 I have not seen lines and lines of
7 individuals waiting to get to sinks. I have not
8 had any complaints from individuals directly that
9 they can't get access to a sink with soap and
10 water. So I believe we've made the correct and
11 safe decision for both the inmate population and
12 for our staff.
13 Q You -- let me ask you this question while we're
14 on the sanitizer topic, hand sanitizer. Are you
15 aware of any instance in which any inmate
16 anywhere has assaulted a staff member or lit a
17 staff member on fire using hand sanitizer?
18 A No.
19 Q Question about --
20 A By the way, rate every single chemical we use as
21 to whether it's safe that we use in a
22 correctional setting, and I apply that same
23 principle to the hand sanitizer that I do when we
24 want to utilize the new sanitation chemical or a
25 new paint or the maintenance chemical, we go

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1 through the same procedure to decide if we feel
2 it's safe or not.
3 Q How are foams in visiting areas or phone call
4 areas sanitized?
5 A They are sanitized by the house detail and we
6 have a bucket with the Virex available right at
7 the phone area and the Virex gets changed out two
8 or three times a tour, and the individual can
9 sanitize the phone before and after they are used
10 if they want to do it in addition to what the
11 house detail does.
12 Q And what -- what device would they use to
13 actually wipe down the phone?
14 A The sponge.
15 Q Okay. And after you wipe down the phone?
16 A They can go to the bathroom and wash their hands.
17 Q While you're leaving the phone like off the hook
18 or something?
19 A Well, we've got a drier that we use anyway. Most
20 people don't pick up a wet phone.
21 Q How long does it take to get from the phone to
22 the bathroom and back?
23 A Two minutes.
24 Q Do you distribute paper towels to use Virex with
25 or --

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1 A Sponges. You have to allow it to air dry. You
2 don't want to wipe off the Virex when you're
3 done. Virex works by the amount of contact time
4 that the chemical has with the Virex. If you put
5 it on and wipe it off, if you dry it, you're
6 removing the contact time.
7 Q Does Virex have any toxicity to it or any
8 potential health threats to anyone who is exposed
9 to it?
10 A No long-term sustaining health effects, no.
11 Q Any short-term?
12 A You might get a little skin irritation, which is
13 why we issue yellow gloves and goggles when they
14 are being used.
15 Q By inmates or just by staff?
16 A No. By the incarcerated individuals who are
17 using it.
18 Q And are those goggles cleaned after use?
19 A Yes, they are cleaned in the Virex and hung to
20 air dry in the janitor closet.
21 Q How about the yellow gloves?
22 A Same thing.
23 MR. KEENAN: Why don't we take about a
24 five-minute break here.
25 (Brief recess.)

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1 Q (By Mr. Keenan) Ms. Feeney, we are back on the
2 record. I want to ask you about ventilation.
3 How old are the buildings at Rikers?
4 A They are all different ages. NIC is quite old,
5 it's one of the earlier buildings on the island.
6 And OBCC and Rose M. Singer were the newest
7 constructed building. I think our newest
8 editions were put in -- well, Rose M. Singer, the
9 newest edition, was put in a few years ago. And
10 OBCC and GRBC newest editions were put in the
11 late '80s, I believe.
12 Q How old is NIC?
13 A I don't know exactly, but 1930s-ish, the main
14 building.
15 Q The HVAC system, HVAC in NIC, do you know when it
16 was installed?
17 A It was upgraded several years ago when they
18 air-conditioned the building.
19 Q When they air-conditioned the building?
20 A Yes.
21 Q Okay. Do you know how old the HVAC systems are
22 at the other -- other facilities in Rikers?
23 A The RNDC HVAC system was also just upgraded.
24 Rose M. Singer and GRVC and OBCC are relatively
25 new buildings so they have not been upgraded

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1 since they were built, so the HVAC systems are
2 fairly, you know, last 20 years or so.
3 Q Do you -- have any changes been made to
4 ventilation since COVID came in, whether it's the
5 installation of new filters or changing HVAC
6 processes or equipment or anything like that?
7 A It's my understanding that we are in compliance
8 with the recommendations with the MERV 13 and the
9 filter and we have increased the outside air in
10 the facilities, but I couldn't give you the
11 specifics on each facility's ventilation system.
12 Q And when you said increasing the outside air,
13 tell us, is it entirely outside air that's being
14 brought in or is air being recirculated?
15 A I believe right now it's all outside air.
16 Q Okay. Who -- who would know for sure?
17 A Alex Mahoney.
18 Q And who is Alex Mahoney?
19 A He is the executive director for our facilities'
20 maintenance and repair division.
21 Q And you said the MERV 13 filters, tell us about
22 that.
23 A Okay. Again it's a level of filtration. You
24 would have to get -- I don't know the exact --
25 Q That's --

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1 A I don't know. I just know that Alex told me we
2 were in compliance compliant with the MERV 13
3 mandate.
4 Q But Alex Mahoney would probably be the person to
5 talk to about that?
6 A Absolutely.
7 (Deposition Exhibit 26 marked.)
8 MR. KEENAN: Let's look at a few new
9 exhibits. I think this will be 26 now. This is
10 a progress report cover letter. If you could
11 pull that up, please, Julia.
12 Q (By Mr. Keenan) You'll see this is a cover
13 letter. Do you recognize this document?
14 A Yes, I do.
15 Q What is it?
16 A It's a report from the Office of Compliance
17 Consultants, dated October 15, 2020.
18 Q And can you sum up for the record what the Office
19 of Compliance Consultants is?
20 A They're an oversight agency for the federal
21 court, for the Benjamin court case.
22 Q This is for the consent decree that's in place in
23 the Benjamin case?
24 A Yes.
25 Q Okay. Have you -- do you review the progress

<p style="text-align: right;">Page 90</p> <p>1 reports that are made by the Office of Compliance 2 Consultants? 3 A I do. 4 Q And how often are reports made by the OCC, Office 5 of Compliance Consultants? 6 A They are supposed to be quarterly. 7 Q Are they actually made on a quarterly basis or is 8 that objective not always met? 9 A No, that's pretty much always done on a quarterly 10 basis. 11 Q Let's next look at the May through August 2020 12 report on environmental conditions. This will be 13 Exhibit 26. This is an attachment to the most 14 recent compliance report, correct? 15 A Yes. 16 Q Okay. Are you -- 17 MS. GOKHBERG: This is Exhibit 27. 18 Sorry. 19 MR. KEENAN: Twenty-seven. Thank you 20 very much, Julia. This will be Exhibit 27. 21 (Deposition Exhibit 27 marked.) 22 Q (By Mr. Keenan) Do you recognize Exhibit 27, 23 this 34-page document, report? 24 A I recognize the cover page, yes. 25 Q Okay. Were you -- have you reviewed the contents</p>	<p style="text-align: right;">Page 92</p> <p>1 attachment one, PHS findings for Vacant Cell 2 observations. This is a 24-page document, 3 Exhibit 28. Do you recognize this document, 4 Commissioner Feeney? 5 A Yes. 6 Q What is it? 7 A Again, it's the staff of OCC taking a complete 8 report for my unit and picking out bits and 9 pieces of it and putting it into these charts, 10 and then indicating that the entire area would be 11 unclean because of one thing, which is not a 12 protocol that we utilize. 13 Q And it's your understanding, you're much more 14 familiar with the Benjamin litigation than I am, 15 who -- who does the Office of Compliance 16 Consultants work for, basically who pays for it 17 and who do they report to? 18 A I believe the department pays for it, but they 19 report to the federal court. 20 Q Okay. And do you -- do you have an opinion of 21 the Office of Compliance Consultants and what -- 22 do you think they're fair or unfair to the 23 department, or have some other opinion of them? 24 A I don't have a fair or unfair opinion. I just 25 think that they evaluate the data differently</p>
<p style="text-align: right;">Page 91</p> <p>1 of it? 2 A Yes. 3 (Deposition Exhibit 28 marked.) 4 Q (By Mr. Keenan) Okay. And then let's bring up 5 Exhibit 28. 6 Do you -- do you agree with the 7 contents of it, when you reviewed it? 8 A No, not often. 9 Q I'm sorry, say that again. 10 A No, I don't, not often. 11 Q You do not often agree with what's being said in 12 the Office of Compliance Consultants' reports? 13 A That's correct. 14 Q Okay. Tell me -- tell me more about that, that 15 you do not often agree with the OCC's reports. 16 A They make assumptions based on taking my unit's 17 reports and pulling them apart and putting them 18 back together in different ways that we don't 19 agree with. According to our evaluation of the 20 sanitation, the department has a compliance 21 rating of over 80 for ours. 22 MR. KEENAN: Okay. Let's -- let's go 23 to the next exhibit. Will it be 28, Julia? 24 MS. GOKHBERG: Yes. 25 Q (By Mr. Keenan) Okay. Exhibit 28, it's</p>	<p style="text-align: right;">Page 93</p> <p>1 than we did. 2 (Deposition Exhibit 29 marked.) 3 Q (By Mr. Keenan) Let's go to Exhibit 29. This 4 is attachment two to the PHS findings. Do you 5 recognize Exhibit 29? It's a 28-page document. 6 A Yes. 7 Q What is it? 8 A It's the same thing, it's another table that the 9 OCC staff put together from the DOC staff 10 inspection report. 11 (Deposition Exhibit 30 marked.) 12 Q (By Mr. Keenan) Let's look now at Exhibit 30, 13 it's attachment three. It's a nine-page 14 document. Commissioner Feeney, do you 15 recognize Exhibit 30 titled, "Surfaces (not) 16 Smooth and Easily Cleanable"? 17 A Yes. 18 Q What is -- what is Exhibit 30? 19 A It's the same thing. It's another table that OCC 20 put together from DOC's inspection report. 21 (Deposition Exhibit 31 marked.) 22 Q (By Mr. Keenan) And then let's look at Exhibit 23 31, it's attachment four. Commissioner Feeney, 24 do you recognize Exhibit 31, a five-page 25 document?</p>

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1 A Yes.
2 Q And it's titled, "Ventilation," correct?
3 A Yes.
4 Q Okay, what -- what is this document?
5 A It's the exact same thing.
6 Q Okay.
7 A It's a table that OCC put together from DOC
8 inspection report.
9 Q And these would be places where dirty vents or
10 lack of ventilation was found and things like
11 that?
12 A It's a place where they cited dirty vents for
13 partially occluded vents, yes.
14 Q Okay. Do you believe that any -- that any of the
15 information contained here is just inaccurate or
16 not -- that is flat out untrue, or do you -- do
17 you think that it's just not representative of
18 the facility as a whole?
19 A I think it's not representative of the area
20 that's being inspected as a whole. Just because
21 a wall vent may be dirty doesn't mean that the
22 airflow -- that the air can't flow through it.
23 If an outside of a vent is dirty doesn't
24 necessarily mean air can't flow through. I think
25 that they -- that's what I think.

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1 Q Okay. But -- but in terms of the -- just the
2 bare facts reported in these attachments we've
3 just been talking about in the last few exhibits,
4 the fact that a certain floor or bedding area was
5 found to be dirty or that a certain vent was
6 found to be dusty, you don't disagree with that
7 bare fact, correct?
8 A I don't disagree with what the individual
9 statement is. I disagree with their overall
10 evaluation of an area.
11 Q Okay.
12 A I don't believe that they look at an area as a
13 whole and follow the sanitation protocol to
14 evaluate the overall sanitation of an area.
15 Just because a vent is dirty doesn't
16 mean that an entire area is dirty. Just because
17 you have a few missing tiles doesn't mean the
18 area is dirty, and I think that this report
19 packages things to make it look worse than it is.
20 Q I want to ask you some questions about the
21 triaging of risk among inmates. So just the
22 general question first off, does DOC do anything
23 to triage inmates or assess inmates according to
24 the level of the risk level that they face from
25 COVID-19?

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1 A DOC doesn't do medical evaluations of the
2 incarcerated individuals, nor are we -- nor do we
3 have that information available to us.
4 So if the medical provider tells us
5 that people are at risk, we work to get them --
6 to get them released from prison -- from jail.
7 Q Do you do anything within the facility among
8 people who are still incarcerated to determine
9 who's -- who's high risk, who's medium risk,
10 who's low risk, and to take protective measures
11 within the facilities in which those people are
12 housed according to risk level?
13 A So again, if the medical staff tells us that
14 individuals are higher risk -- so we cohorted our
15 older inmates in NIC during COVID, that's because
16 medical told us that this number of inmates were
17 at risk and they wanted them housed at NIC closer
18 to the medical staff, closer to the infirmary
19 areas, and we did that.
20 But DOC, itself, does not have access
21 to an individual's medical information so we
22 could not make that assessment.
23 Q I want to next ask you about outtakes. How do
24 you -- how do you process or discharges from
25 Rikers? You test inmates before discharging them

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1 into the community?
2 A I don't know, you would have to ask CHS.
3 Q Do you have any expectations that you place on
4 Correctional Health Services as to whether they
5 do that?
6 A I don't understand the question.
7 Q Well, I mean, it's -- I'm trying to understand
8 how Correctional Health Services fits into the
9 overall operations. DOC has overall charge of
10 running the City of New York's correctional
11 operations, correct?
12 A Yeah, so we work hand-in-hand with CHS. So we
13 did a lot of things for COVID that we had never
14 done before.
15 Our new admission inmates stay in new
16 admission housing for at least 14 days and until
17 medical clears them to be transferred to regular
18 housing.
19 We created what we call asymptomatic
20 exposed housing area. So if an individual in a
21 housing area was symptomatic or positive for
22 COVID, the medical staff informed DOC and we
23 quarantined the housing area, for lack of a
24 better term, even though nobody else in the
25 housing area was sick.

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1 So we took the symptomatic person and
2 transferred them to either rest facilities or
3 EMTC for the men and the rest of the housing area
4 stayed where they were. No one else went in, no
5 one else came out until medical determined that
6 the people in the housing area were not sick so
7 we weren't taking somebody who may be in an
8 incubation period and transferred them throughout
9 the facility. So it's working hand-in-hand with
10 the medical staff.
11 Q And I appreciate all that. My -- my question is
12 a little bit more conceptual in terms of in
13 dealing with COVID and things like testing, for
14 instance, is it a situation where DOC goes to
15 Correctional Health Services and says, Hey, we
16 need to make sure that we've got an adequate
17 testing protocol, you all at Correctional Health
18 Services develop a testing protocol for us and
19 implement it, or is it instead a situation that's
20 more like, DOC says, Well, we -- we just don't --
21 that's not our thing, testing; Correctional
22 Health Services, if you -- if you want to test
23 people, do it, but we're not even going to have
24 anything to do with that conversation?
25 I'm trying to understand does -- is DOC

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1 exercising overall charge and responsibility for
2 Rikers and using Correctional Health Services to
3 fulfill that function of running a safe and
4 sanitary facility, or are these two separate
5 entities that really are equals to each other and
6 they're each kind of doing their own thing?
7 A So they're not doing their --
8 MR. THAYER: Ms. Feeney, I need to
9 object.
10 A -- own thing at all.
11 THE WITNESS: Huh?
12 MR. THAYER: I just said objection, but
13 you can answer, Ms. Feeney.
14 THE WITNESS: Oh, sorry.
15 A They're not doing their own thing at all. We
16 work hand-in-hand very, very closely together
17 with CHS. They are the medical professionals.
18 Together we work with the public health
19 professionals to come up with the best plan for
20 our agency, but CHS is responsible for the
21 medical care of the incarcerated individuals.
22 And CHS and DOC together figure out what is the
23 best safest way to house people and have
24 everybody safe as can be all the time, and
25 especially during COVID.

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1 Q (By Mr. Keenan) Who does CHS report to
2 ultimately?
3 A They're a part of HAC (phonetic) and they report
4 to the mayor, I believe, like the rest of the
5 agency.
6 Q Okay. But -- but say that DOC thinks that
7 Correctional Health Services is not doing its job
8 well or should do something differently, does DOC
9 have any authority over CHS to change or direct
10 change in the way CHS is doing things?
11 A So I believe if we didn't agree with something
12 CHS was doing, it would be up to city hall to
13 determine which way it should go. They are --
14 they are equal partners that work in this. We
15 are responsible for care, custody and control,
16 getting people ready to go back into the
17 community, and CHS is responsible for the medical
18 staff.
19 But I can tell you throughout COVID,
20 our commissioner, Patsy Yang, those of us in the
21 executive team worked daily, hourly, nightly,
22 weekends with CHS to come up with the best
23 possible program and procedure that we could to
24 keep our incarcerated individuals safe, whether
25 it was recommending that they get released

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1 because of their risk level, whether it was
2 creating this whole new housing system that we
3 never had before. So we work very well together.
4 Q All right. So to go back to the issue -- you
5 said DOC's responsibilities, one of them is to
6 prepare inmates to go back in to the community,
7 if that's where they're headed, right?
8 A Uh-huh.
9 Q Is that a yes?
10 A Yes.
11 Q Okay. Is part of that to ensure that once they
12 get discharged, that they are not a threat to the
13 community?
14 A Well, I don't know that we could ever say who is
15 discharged is not going to be a threat to the
16 community, but --
17 Q To minimize that threat, to take reasonable
18 measures to minimize it, would you agree with
19 that?
20 A I would say yes. But when it comes to doing
21 medical testing, that is CHS' bailiwick. It's
22 not DOC's bailiwick.
23 Q Have you discussed with CHS whether to do testing
24 of inmates before they are discharged?
25 A I have not, no.

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1 MR. KEENAN: Let's go to another
2 exhibit and you tell us which number this will
3 be. It's the Legal Aid letter to of September 4,
4 2020. I'm not sure if that's been marked yet,
5 Julia, or not.
6 MS. GOKHBERG: It is not. It will be
7 Exhibit 32.
8 (Deposition Exhibit 32 marked.)
9 MR. KEENAN: Okay. Let's bring that
10 up, please.
11 Q (By Mr. Keenan) This is Exhibit 32,
12 Ms. Feeney. It's a six-page document, a letter
13 dated September 4, 2020 from the Legal Aid
14 Society, written to Commissioner Brann, as well
15 as Elizabeth Glazer in the Mayor's Office of
16 Criminal Justice. Do you recognize this
17 document?
18 A Excuse me. Yes.
19 Q Okay. You've seen it before and read it before?
20 A Yes.
21 Q Okay. All right. Let's go to the second and
22 third pages, you'll see some reports here. And
23 having read this letter, you would have read this
24 before, some reports of observations of officers,
25 including in August, of officers and staff not

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1 wearing masks. And these are just anecdotal
2 observations. Do you have a position on whether
3 you think this is true or not true?
4 A I do not. And because there were no particular
5 dates and times given, there was no way for us to
6 do a video review to see if it was true or not.
7 Q Is there any process in place for reviewing video
8 at Rikers to determine whether officers and staff
9 are wearing masks or not?
10 A Yes. I explained to you earlier that my
11 compliance and safety center has been doing that,
12 while they're doing their regular -- their
13 regular viewing.
14 Q What's -- what's their process for that? How do
15 they select what video to review at what times
16 and what locations and for how long?
17 A So they generally look at live feed because it's
18 a peer mentoring program, so we -- there's a
19 schedule of particular topics that they look at
20 at a particular time, a couple of hours for -- on
21 particular days. And while looking at those
22 things, if we see that staff are not wearing
23 their masks, then we'll call and ask them to do
24 so. And for the most part -- actually, I think
25 all the time, I don't think once they had to call

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1 me to tell me somebody refused to put their mask
2 on.
3 So if Legal Aid had given us actual
4 dates and times, we could have gone back to video
5 and see if these were, you know, were truthful.
6 Q Did you follow up and ask for specific dates and
7 times?
8 A I did not speak to the Legal Aid Society, no.
9 Q Do you know if anybody else did?
10 A I do not.
11 Q We talked earlier today about discipline. Where
12 will we find out whether anyone has been
13 disciplined, or where would documentation of
14 discipline, if there has been any, for not
15 wearing masks or gloves, where would that be
16 contained?
17 A Okay, there's no mandate to wear gloves.
18 Q Okay, so masks, let's deal with masks. Where --
19 where -- if there has been any discipline for not
20 wearing a mask by a staff member, where would
21 that be documented, if anywhere?
22 A If it is going through progressive discipline,
23 the first level would be in the facility because
24 that would have been a corrective interview.
25 Then if a CD, a command discipline, was

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1 issued, that would be in the CD's computer
2 application. I don't know what you call it,
3 their computer application that all the command
4 disciplines are in.
5 And for non-uniformed staff, again if
6 it went above a corrective interview, it would be
7 labor relation.
8 Q Do you know why there was only a directive to use
9 infrared thermometers issued in September, why it
10 took that long to issue a directive on that?
11 A Because we were using the handheld thermometers
12 prior to that. And the infrared cameras are --
13 their camera that you -- when you walk in the
14 building, it kind of reads your heat signature.
15 Before that, we used handheld thermometers that
16 someone held and held up to your head.
17 Q We talked today about audit reports, what -- can
18 you walk us through what the process is for
19 audits and how that process works?
20 A Sure. Each captain is required to audit their
21 assigned areas three times during an eight-hour
22 period normal tour.
23 There is an audit form that has them
24 check the things: Is there soap, are the
25 incarcerated individuals wearing masks, do they

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1 have masks, are the staff wearing masks, are
2 there masks available in the housing unit areas,
3 are sanitation supplies available, and it lists
4 the different ones out, and did you receive any
5 complaints from the incarcerated individual. It
6 seems like there's one other thing that I'm
7 missing. Oh, and what time was the last
8 sanitation performed.

9 If any of those things are found to not
10 be in compliance, the captain is required to
11 abate it immediately. That report gets submitted
12 at the end of the tour to the tour commander and
13 it then gets forwarded to the chief of facility
14 operations and AC Antoine (phonetic.)

15 And then in addition to that, my staff
16 and the chief of facility operations staff go and
17 audit four or five housing areas in the intake
18 every day in different facilities, they rotate
19 the housing areas, so it's like an audit of an
20 audit.

21 And then we have -- and they'll do the
22 same thing, and then we have the cast monitoring.
23 So there's a lot of people looking at this, not
24 to mention the managers and supervisors who are
25 touring on the facilities regularly.

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1 Q Where is this all documented, where are these
2 reports kept?

3 A They're uploaded on a Z drive on your computer
4 system.

5 Q Have your audits, the audits conducted by you and
6 your team, the audits of the audits, found any
7 deficiencies in the availability of anything
8 ever?

9 A Maybe once or twice but not -- no, we are -- if
10 they do find anything, it's abated right away.
11 The thing -- I think they found, probably more
12 than anything, would be an inoperable dispenser,
13 and then until maintenance repairs it, we would
14 get the chemicals from the adjacent housing area.

15 Q You said an inoperable dispenser, what would that
16 mean?

17 A So the dispenser that I spoke to you about, once
18 or twice we found inoperable dispensers that had
19 to be repaired, like the knob popped off or the
20 hose popped off or the hose popped off type
21 thing. So the staff has instructed to get the
22 chemical from the adjacent housing area.

23 Most housing areas have an A and B side
24 and a north and south side, so it's easy to get
25 the chemicals from the adjacent side, and that's

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1 what we do until maintenance repairs the
2 dispensers.

3 MR. KEENAN: Looking over some notes
4 here.

5 MR. THAYER: It's 3:03. I'm not sure
6 how much further you have to go, but --

7 MR. KEENAN: No, I think I'm done.
8 Give me -- give me one minute just to check with
9 the other folks on my team. I mean, if we have
10 any more, it's like literally two minutes.

11 THE WITNESS: No problem.

12 MR. KEENAN: Just give me a second
13 here. I'm going to pause the recording.
14 (Off the record.)

15 MR. KEENAN: We're back on the record
16 after a short break. Very close to being done
17 here, Commissioner Feeneey.

18 Q (By Mr. Keenan) So what I'd loop back to
19 staff, would you agree with me that at this
20 present point in time, the biggest risk for an
21 inmate contracting COVID would come from
22 exposure to staff who might be bringing COVID
23 in from outside the facility?

24 A Yes.

25 Q Okay. So, and I know we've talked a lot about

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1 testing today so forgive me if we've already
2 discussed this, but I want to make sure it's
3 clear on the record. There is no process in
4 place right now for the regular testing of staff,
5 correct?

6 A Correct, although there is the ability there for
7 staff to get tested whenever they want to.

8 Q If they choose to?

9 A Correct.

10 Q Okay. But there is no mandatory testing of
11 staff?

12 A No.

13 Q So there's no process in place like each staff
14 member gets tested every two weeks or at any
15 regular interval, correct?

16 A No.

17 Q And there is no process for random testing of
18 staff, is there?

19 A No.

20 Q Okay. Commissioner Feeneey, are there any answers
21 you gave today that you feel the need to correct,
22 change or amend in any way?

23 A I don't think so.

24 MR. KEENAN: Okay. I appreciate your
25 time today and I have no further questions for

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1 you at this time.
 2 THE WITNESS: Thank you so much. Have
 3 a great day.
 4 MR. KEENAN: You, too. No questions
 5 from the City?
 6 MR. THAYER: No.
 7 MR. KEENAN: Okay. All right. Thank
 8 you so much and I appreciate everybody's time.
 9 Everybody have a really good rest of your day.
 10 (Deposition concluded.)
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1 CERTIFICATE
 2 STATE OF MISSOURI)
 3) SS.
 4 COUNTY OF JACKSON)
 5
 6 I, TRICIA D. TATE, a Certified Court
 7 Reporter, do certify that pursuant to Notice to
 8 Take Deposition, via videoconference,
 9
 10 PATRICIA FEENEY
 11
 12 came before me, was by me duly sworn to testify
 13 the whole truth of her knowledge of the matters
 14 in controversy aforesaid, was examined and her
 15 examination then written in shorthand by me and
 16 afterwards typed, the reading and the signing
 17 of the deposition being expressly requested by
 18 witness, and said deposition is herewith
 19 returned.
 20 I further certify that I am not
 21 counsel, attorney, or relative of either party,
 22 or clerk or stenographer of either party, or
 23 otherwise interested in the event of this suit.
 24
 25 IN TESTIMONY WHEREOF, I have hereunto set my
 hand and seal this 23rd day of November, 2020.

 /s/Tricia D. Tate
 Missouri C.S.R. 1240
 Kansas C.C.R. 1609

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1 I, PATRICIA FEENEY, have read the foregoing
 2 deposition, and hereby affix my signature that same
 3 is true and correct except as noted above.
 4
 5 _____
 6 PATRICIA FEENEY
 7
 8 STATE OF _____:
 9 COUNTY OF _____:
 10
 11 Before me, _____
 12 on this day personally PATRICIA FEENEY, known to
 13 me (or proved to me on the oath of _____
 14 or through (description of
 15 identity card or other document) to be the person
 16 whose name is subscribed to the foregoing
 17 instrument and acknowledged to me that they
 18 executed the same for the purposes and
 19 consideration therein expressed.
 20
 21 Given under my hand and seal of office
 22 this _____ day of _____, 2020.
 23
 24 Notary Public in and for
 25 the State of _____:

 My Commission expires:

 JEAN AZOR-EL, et al.
 VS.
 CITY OF NEW YORK, et al.

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FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2020-002299
SENT: 04/03/20 1551 HRS

TELETYPE ORDER NO. HQ -01008-0

DATE APRIL 03, 2020

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM CYNTHIA BRANN, COMMISSIONER
HAZEL JENNINGS, CHIEF OF DEPARTMENT

SUBJECT DISTRIBUTION OF MASKS

1. IN RESPONSE TO RECOMMENDATIONS MADE BY THE PRESIDENT AND MAYOR THAT EVERYONE UTILIZE A FACE COVERING AT ALL TIMES WHEN IN THE VICINITY OF OTHERS, DOC SHALL ISSUE MASKS TO ALL STAFF AS WELL AS TO ALL PERSONS IN CUSTODY.

2. IT IS IMPORTANT TO REMEMBER THAT PEOPLE WHO DO NOT SHOW ANY SYMPTOMS MAY STILL SPREAD COVID-19. THE WEARING OF A FACEMASK CAN HELP STOP THE SPREAD AND FLATTEN THE CURVE.

3. THE DEPARTMENT HAS IMPLEMENTED THE FOLLOWING PROCEDURES:

- ALL STAFF REGARDLESS OF POST SHALL BE REQUIRED TO WEAR A FACE MASK;
- ALL STAFF SHALL BE IN POSSESSION OF LATEX GLOVES;
- ALL PERSONS IN CUSTODY WHILE LOCKED OUT IN A CONGREGANT SETTING SHALL BE REQUIRED TO WEAR A MASK.

4. FURTHERMORE, THE DEPARTMENT SHALL ENSURE:

- THERE WILL BE NO UNNECESSARY ASSEMBLY OF STAFF;
- ROLL-CALL ASSEMBLY SHALL IMPLEMENT THE PRACTICE OF SOCIAL DISTANCING OF 6 FEET BETWEEN STAFF.

5. TO THIS END, EACH COMMAND HAS BEEN ISSUED SUPPLIES OF MASKS BASED UPON THE NUMBER OF ASSIGNED STAFF AND PERSONS IN CUSTODY. EACH FACILITY HAS A PROTOCOL IN PLACE FOR THE ASSIGNMENT AND DISTRIBUTION OF THIS EQUIPMENT.

6. THE SITUATION WE ARE CURRENTLY FACING IS UNPRECEDENTED. OUR CORE MISSION HAS BEEN AND WILL ALWAYS BE THE SAFETY OF OUR STAFF AND PERSONS IN CUSTODY. WE WILL GET THROUGH THIS AS A TEAM AND OUR GOAL IS FOR ALL MEMBERS OF SERVICE TO STAY HEALTHY AND CONTINUE TO PROVIDE OUR CRUCIAL SERVICES TO THIS CITY.

NYC000035

7. ALWAYS REMEMBER THAT OUR CARE STAFF ARE HERE FOR YOU. IF THE SYMPTOMS OF STRESS BECOME OVERWHELMING, STAFF MAY CONNECT WITH COUNSELORS AT NYC WELL, A FREE AND CONFIDENTIAL MENTAL HEALTH SUPPORT SERVICE. NYC WELL STAFF ARE AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK, AND CAN PROVIDE BRIEF COUNSELING AND REFERRALS TO CARE. FOR SUPPORT, CALL 888-NYC-WELL (888-692-9355), TEXT "WELL" TO 65173 OR CHAT ONLINE AT NYC.GOV/NYCWELL.

8. COMMANDING OFFICERS AND DIVISION HEADS OF ALL FACILITIES SHALL ENSURE THIS TELETYPE IS READ AT TWENTY-ONE (21) ROLL-CALLS, AND THAT ALL EMPLOYEES, BOTH UNIFORMED AND NON-UNIFORMED ARE APPRISED OF THE CONTENTS OF THIS TELETYPE.

AUTHORITY:
OFFICE OF THE COMMISSIONER
OFFICE OF THE CHIEF OF DEPARTMENT
CB/HJ/CR

**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

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 attended medical school at the University of Virginia. I completed both a residency and a master's degree in public health at the Ohio State University Medical Center. I am board certified in General Preventive Medicine and Public Health by the American Board of Preventive Medicine. I have worked as a primary care physician and as a medical director in correctional settings. I have served as a statewide medical director for the Department of Corrections in the State of Maine. I have served as a statewide medical director for the Department of Corrections in the State of Vermont. I have served as a correctional facility medical director in the State of Ohio. I am currently a correctional facility medical director for the Washington State Department of Corrections. My resume is attached. Also attached is documentation regarding legal cases where I have served as an expert witness. My fee for this

report is \$350/hour, which is not contingent on the substance of my opinions or the outcome of this case.

3. The Centers for Disease Control and Prevention (CDC) have issued guidance on prevention of COVID-19 in correctional settings, which is available online. In addition, best practices have developed over the course of the pandemic based on experiences in correctional facilities. Given my training and role, I am familiar with the CDC guidelines for correctional facilities, as well as best practices that have been developed during the course of the pandemic.

4. The Department of Corrections for the State of Washington has implemented several preventive measures with respect to COVID-19 including but not limited to cessation of in-person visitation and issuing of cloth face coverings for all offenders. Social distancing initiatives are in place, offenders have access to hand sanitizer, and there is also a staff testing and contact tracing strategy.

5. I have reviewed the deposition of Patricia Feeney in this matter and other relevant case documents.

6. It is my opinion that the actions of the New York City Department of Correction with respect to controlling COVID-19 at Rikers Island are deficient and fail to accommodate the serious medical needs of inmates, to the point that they constitute deliberate indifference.

7. A commonly used and accepted public health model of disease is known as the epidemiological triangle. A susceptible patient is one point of the triangle. A disease causing agent, a bacteria or a virus for example, is another point. The third point of the triangle is the existence of a “disease friendly” environment where patient exposure to the agent is enhanced. All three points have to come together and interact in the right way for a disease, in this case COVID-19, to occur.

8. Hand sanitizer with sufficiently high alcohol content is a known and accepted intervention that kills the SARS-CoV-2 virus, which is the agent that causes COVID-19. Without a disease causing agent to serve as a point in the epidemiological triangle, the disease known as COVID-19 does not develop. It is for this reason that inmate access to hand sanitizer constitutes an important public health intervention.

9. Implementing a public health intervention in a correctional environment is similar to a medical intervention such as a prescription or procedure in that there is a risk and benefit that must be considered, the ultimate strategy being to minimize risk and maximize benefit.

10. Upon review of Deputy Commissioner Patricia Feeney's testimony, the flammable nature of hand sanitizer and possibility of drinking it are postulated to be sufficient risks to justify not making hand sanitizer available to inmates at all. By nature of their close living quarters, inmates are at higher risk of transmitting COVID-19, and because they frequently come from underserved populations in the community, and they are often burdened with chronic health conditions that collectively make life threatening complications from COVID-19 more likely to develop.

11. In a correctional environment, access to soap and water alone is not enough to ensure sanitation of hands. Bathrooms can get crowded or inaccessible, and water and/or soap may be unavailable. The proper public health approach is to offer several methods for people to clean their hands; hand sanitizer and soap-and-water are complementary strategies, not mutually exclusive ones.

12. Further, in my experience in correctional environments, hand sanitizer is beneficial because it is easy and quick to use, so inmates are more likely to actually use it; ease of use is an important consideration in public health interventions.

13. The proper course of action is not to blanket deny the inmate population access to hand sanitizer, but to mitigate any potential risk by implementing a distribution strategy that is responsible and safe such as dispensing in small quantities only or dispensing from a common container under the supervision of correctional officers. The benefit of this strategy would be preventing morbidity and mortality. This risk of this strategy is minimal to none compared to the benefit.

14. The use of sanitary or disinfecting wipes is an intervention intended to interfere with the COVID-19 epidemiological triangle because the use of disinfectants also kills the SARS-CoV-2 virus. As above, without a disease causing agent in the triangle, COVID-19 does not develop.

15. Upon review of Deputy Commissioner Feeney's testimony, an objection is raised to disinfecting wipes because Deputy Commissioner Feeney states that offenders clog toilets with them. Judgement and decision-making that takes a risk/benefit approach is warranted rather than a blanket denial of disinfecting wipes. There are many items, including clothing and toilet paper, that can be used to clog toilets, but the necessity of these items is such that inmates still must have access to them. During a pandemic, access to sanitizing wipes is also essential. COVID-19 is not a benign disease, and it is understood by the medical community that a certain percentage of COVID-19 patients will not recover or have recoveries that are complicated. This risk is even more significant in correctional environments designed for medically vulnerable inmates, such as Rikers' North Infirmary Command. A better solution would be to make disinfecting wipes available in small quantities only and under correctional officer supervision; as with hand sanitizer, the risk of such an approach is minimal to none compared to the benefit in preventing the spread of COVID-19.

16. As noted above, ease of use is an important consideration in public health interventions. One of the reasons sanitizing wipes are valuable is because they are quick, simple, and easy to use, and since they can come from a dispenser or simply be made available for picking up by hand, they do not require inmates to sanitize ancillary equipment like spray bottles or storage closets where spray would be kept.

17. The use of properly-worn masks by correctional staff is an intervention that is designed to interfere with the COVID-19 epidemiological triangle by preventing the spread of infectious virus particles and discouraging the development of a “disease friendly” environment. The less “disease friendly” the environment is made to be, the less likely it is that COVID-19 will appear. Wearing a mask below the nose or dangling from one ear does not suffice, and this will for sure make this intervention less likely to be successful. For this reason, the New York City Department of Correction should promote and encourage this intervention, including with discipline if that is what is required.

18. In a correctional environment, staff are at the highest risk of bringing COVID-19 into the correctional facility, because staff go home and have contact with the general public, and may bring the disease back into the facility, where it can spread quickly.

19. In Washington State, there is a testing regime for correctional staff at high-risk facilities: at the prison where I work, the Stafford Creek Corrections Center, staff (including myself) are tested weekly.

20. A testing regime for DOC staff would collectively be seen from a public health perspective as an intervention designed to interfere with the COVID-19 epidemiological triangle because testing would identify individuals carrying the virus who could then be removed from the correctional environment until no longer contagious.

21. Social distancing strategies that involve endeavors to keep inmates six feet apart are a collective intervention intended to interfere with the COVID-19 epidemiological triangle by preventing the spread of infectious virus particles and discouraging the development of a “disease friendly” environment.

22. As stated above, the less “disease friendly” the environment is, the less likely it is that COVID-19 will appear or spread. Social distancing in a correctional environment is admittedly challenging, but endeavors in support of social distancing are worthy of the time and effort considering the risks and costs associated with an outbreak.

23. Potential strategies used to promote social distancing include but are not limited to a suspension of in-person programming, visitation and education, as well as having inmates access the showers, eating areas and recreational areas in small cohorts rather than in large groups.

24. Additionally, correctional systems can and should increase the space between inmates in their day to day necessary activities. If a correctional facility or detention center has additional facilities that are not in use, like Rikers, it should open these facilities and spread residents out within them to ensure social distancing. Ordering inmates to sleep head-to-toe does not create six feet of distance and is therefore insufficient in comparison.

25. Environmental modifications such as filters and negative pressure rooms are interventions that interfere with the COVID-19 epidemiological triangle by preventing spread of virus particles and discouraging the development of a “disease friendly” environment.

26. Strategic filter placement in specific rooms or cells of the facility is a recognized measure to mitigate against aerosolization of virus particles.

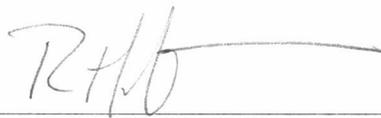
27. If a facility were to employ adequate ventilation measures, it would not need to consider discontinuing inmate use of CPAP machines for the protection of the entire incarcerated population.

28. The fact that a vaccine is now available does not reduce the urgency of taking the measures set forth here. It is unknown when inmates will get the vaccine and how many will get it. Even if all existing inmates were vaccinated, new inmates and staff may arrive at Rikers who are unvaccinated and therefore can spread and contract COVID-19. Further, these interventions are still essential for preventing COVID-19; vaccines take time to work and to create "herd immunity," and this will not likely happen until well into 2021, and even then, it is important to take precautionary measures against a serious disease.

29. 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

01/15/2021 (date).



(Signature)



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED			SUBJECT		
EFFECTIVE DATE 10/19/07		*TERMINATION DATE / /		HOUSING AREA LOGBOOKS	
CLASSIFICATION # 4514R-A	SUPERSEDES 4514	DATED 10/02/89	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER  CAROLYN THOMAS, CHIEF OF DEPARTMENT SIGNATURE			AUTHORIZED BY THE COMMISSIONER  MARTIN E. JOHNSON SIGNATURE		

I. INTRODUCTION

It is imperative that the Department maintains legible and accurate records of activities/events that occur in housing areas within Departmental facilities. Department records are subject to examination and inspection by external and internal investigative bodies. Therefore, housing area officers must chronologically record all activities/events as they occur. The facility management must ensure that uniformed supervisors enforce compliance with policies and procedures prescribed herein.

II. PURPOSE

The purpose of this Directive is to implement policy and procedures to standardize the Department's policy regarding the recording of entries in housing area logbooks.

III. POLICY

A. In accordance with Departmental rules and regulations, Commanding Officers must effect the promulgation of a command level order implementing the provisions contained herein, which may also include provisions unique to operational considerations of the respective facility. However, the promulgated order must not be in conflict or inconsistent with the procedures contained in this Directive.

B. Description:

1. All housing area fixed "A" posts must maintain a hard covered 500-page bound ledger logbook. This 500-page logbook, as described, will be used to record entries in chronological order, which must be documented in military time.

Note: The ledger logbook must be, approximately 14 X 8 $\frac{3}{4}$ having horizontal lines, a margin line and consisting of 500 consecutively pre-numbered pages.

	EFFECTIVE DATE 10/19/07	SUBJECT HOUSING AREA LOGBOOKS		
	CLASSIFICATION # 4514R-A			
	DISTRIBUTION A	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAGE 2 OF 7 PAGES	

III. POLICY (cont.)

2. All housing area fixed "B" and "C" posts are to maintain a hard covered 300-page bound ledger logbook. This 300-page logbook as described below will be used to record entries in chronological order, which must be documented in military time.

Note: The ledger logbook must be, approximately 14 X 8¾ having horizontal lines, a margin line and consisting of 300 consecutively pre-numbered pages.

IV. GUIDELINES

- A. It is not the intent of this Directive to enumerate all of the entries that could be recorded in housing area logbooks. The primary objective of this Directive is to standardize the Department's policy to ensure that uniformity is being maintained. However, each facility may, through their command level orders, require the recording of additional logbook entries as best suits their particular needs.
- B. All entries recorded by Correction Officers must be made in blue or black ink and in print utilizing legible block letters only. Entries recorded by all uniformed supervisors must be printed in legible block letters, with a red ink ballpoint or felt tip pen.
- C. Logbook entries must be made without undue delay and must be recorded legibly, accurately and concisely, in chronological order. No entries shall be made prior to the actual inspection being conducted (i.e., staff should not record a "tour of inspection prior to the actual inspection being conducted").
- D. Housing area officers who report any, missing, torn, or partially missing pages in any "housing area log book" shall be required to submit a written report to the Commanding Officer through channels explaining the condition of the log book.
- E. There shall be no erasing. If there is a need to alter an entry, the following procedure must be strictly adhered to:
 1. A single horizontal line shall be drawn through the entry, which must not prevent the original entry from being read.
 2. The word "VOID" printed in the left hand margin, adjacent to the voided entry.
 3. At the end of the line containing the voided information, write the words "Voided By" (print and sign name, rank and shield number) and note the reason for the alteration. The area supervisor conducting inspection must acknowledge the voided entry by placing their initials in red ink or felt pen next to the Officers signature at the end of the voided entry.

	EFFECTIVE DATE 10/19/07	SUBJECT		
	CLASSIFICATION # 4514R-A	HOUSING AREA LOGBOOKS		
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IV. GUIDELINES (cont.)

- F. The outside cover of the logbook must be labeled as follows:
1. Housing area logbook
 2. Location: (include the housing area name and description of the housing area, i.e., Mental Observation, Administrative Escort, New Admission Housing, etc.)
 3. Date, tour, and time started
 4. Date, tour, and time completed
- G. The entries must commence with the first line of each page and continue with each consecutive line thereafter. **DO NOT SKIP LINES** except when beginning and ending a tour. The beginning of each tour must be separated by the drawing of a bold horizontal line, beginning with the next available space after the last entry of the previous tour.
- H. At the end of each entry, the name, rank and shield number of the employee inserting the entry shall be noted (print name followed by signature / rank / shield number).
- I. An asterisk shall precede entries that were not recorded in chronological order.
- J. Each Facility's Command Level Order shall include procedures for issuing new logbooks and processing completed logbooks. All completed logbooks shall be submitted to the Office of the Deputy Warden for Security, who must maintain and preserve such records in accordance with Departmental policy.
1. All logbooks must be endorsed by a uniformed supervisor when completed, which must specify the date, time and tour in which the log was closed. Such entry shall be recorded on the next available space, directly beneath the last entry.
 2. Each newly issued logbook must state the following on the opening page:
 - a. Opening date,
 - b. Time (military time), logbook began
 - c. Tour, continued from previous log
- K. The log entries of the previous tour shall be reviewed by the relieving "A", "B", or "C" Post Officers and the respective housing area supervisor, to determine if there are any activities or security initiatives that should be followed up. After conducting said review, an entry shall be recorded and endorsed, attesting to same, e.g., reviewed log entries of the previous tour (name, rank and shield number).

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V. PROCEDURES

A. LOG BOOK ENTRIES

- A. Each housing unit logbook must contain the following information.
1. Tour (0700 – 1500, etc.)
 2. Date
 3. Name / Shield number of all officers assigned to the housing unit. Each officer must sign the logbook upon assuming post.
 4. Census at beginning of tour, including any adjustments to the in/out count. Out count: note the number of inmates and the areas where they are being held.
 5. Names/shield numbers of all officers relieved upon assuming post and all officers who made reliefs during the tour. Enter reason for relief.
 6. The signature of each officer who departs the housing unit, including the reason and time of departure.
 7. The number of security keys and other equipment on post as required by institutional regulations.
 8. Any matter that affects security such as broken keys, broken windows, inoperable cells, broken locks, etc.
 9. The name and shield number of the assigned housing area Supervisor.
 10. All inmate activities, e.g., religious services, recreation, commissary, visits, sick call, medication, meal periods, lock-in/lock-out count periods, etc. Enter time activity commenced/concluded and number of inmate participants.
 11. Completed inspection tour entries consistent with the requirements of the housing area.
 12. Record of all housing area searches.

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V. PROCEDURES (cont.)

A. LOG BOOK ENTRIES

13. The name, rank/title, I.D./shield number of all persons entering the housing area, including time of arrival/departure and reason for presence in the housing area (e.g., linen exchange, medical/recreation escort, maintenance repairs, etc).
14. Any special instructions left by the area Supervisor from the previous tour. The officer must inform the on-duty area supervisor of these instructions.
15. Any unusual occurrence that took place on post during the tour, such as housing area alarms, inmate fights, inmate infractions, inmate injuries, suicides/suicidal gestures, etc. The officer shall apprise the relieving officer of these occurrences.
16. Closing Census at the end of each tour, (e.g. "END OF TOUR" 0700-1500). Make certain to leave sufficient space for the relieving officer to sign.

B. HOUSING AREA SUPERVISORS

In accordance with Departmental Rules and Regulations and Institutional Policy, "supervisor shall make tours of inspections at frequent intervals." (2.25.010)

1. Upon making a routine tour of inspection, the housing area Supervisor shall:
 - a. Record the date and time entering the housing area. Print and sign his/her name, rank, and shield number.

The entry shall include an example of the following:

0700 - Housing area Supervisor Jones # 000 reported to housing area 6 upper, to conduct a routine tour of inspection, or Supervisor Jones reported to the housing area to investigate inmate disciplinary action, etc. An entry simply noting a tour of inspection is not acceptable.

- b. Review the logbook entries from the previous tour and take appropriate action. Endorse the entry, e.g., reviewed by, print/sign name, shield number, etc.

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V. PROCEDURES (cont.)

B. HOUSING AREA SUPERVISORS (cont.)

- c. Review the entries made by the officers on post to ensure the entries are being made in compliance with prescribed policy.
- d. Enter any special instructions given to the officers on post, e.g., inmate placed on special observation (watch sheets), inmate is being escorted to Mental Observation housing, etc. Enter the condition of the post, such as the sanitation conditions of the housing area.
- e. Enter the time the tour of inspection was concluded, e.g., Supervisor Jones departed the housing area at 0735 hours and the results of the inspection, or the results of the incident/event responded to.

Note: Repeat steps a through e, as appropriate.

C. TOUR COMMANDER

Upon making a housing area tour of inspection, the Tour Commander must:

1. Record the date and time entering the housing area. Print and sign his/her name, rank and shield number.

The entry must include an example of the following:

0700 - Tour Commander Jones # 000 reported to housing area 6 upper to conduct a routine tour of inspection or Tour Commander Jones reported to the housing area to examine a possible security breach, etc. An entry simply noting a tour of inspection is not acceptable.

2. Review the logbook entries from the previous tour and take appropriate action. Endorse the entry, e.g., reviewed by, print/sign name, shield number, etc.
3. Review the entries made by the officer and supervisor to ensure compliance with prescribed policy.
4. Enter any special instructions given to the officers on post or the assigned area supervisor.

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V. PROCEDURES (cont.)

5. Enter the time the tour of inspection was concluded, e.g., Tour Commander Jones departed the housing area at 0735 hours and the results of the incident or event.

VI. REFERENCE

A. Departmental Rules and Regulation/Orders:

1. 2.25.010 (Captain – Tours of Inspection).
2. 3.65.010 (Entries in Department Records).
3. 3.65.020 (All Department personnel will be required to use Military Time when documenting "Time of Day").
4. 4.35.020 (Correction Officer / Security Check – Inspection).
5. 4.35.030 (Correction Officer in charge shall make a complete inspection at least once every half hour and keep a record of inspection.)
6. 7.05.060 (Count & Post Relief Procedures – Officers/Captains).
7. 7.05.070 (Count & Post Relief Procedures – Officers/Captains).
8. 7.05.90 (Observation and Patrol of Post- Officer).
9. 7.05.180 (Logbook entries/ Supervisors).
10. Operations Order #29/89, entitled "Housing and Transfer Logbook", dated 06/29/89.
11. Directive #4508R-C, entitled "Control of and Search for Contraband", dated 08/13/07.

- B. State Commission of Correction Standards-Section 7003.3, Supervising of Prisoners in Facility Housing Areas.

VI. SUPERSEDES

Directive #4514, entitled "Housing Area Logbooks", dated 10/2/89.



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED			SUBJECT		
EFFECTIVE DATE 04/04/14		* TERMINATION DATE		HOUSEKEEPING PROCEDURES	
CLASSIFICATION # 3901R-B	SUPERSEDES 3901R-A	DATED 01/10/02	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DISTRIBUTION A	PAGE 1 OF 18 PAGES
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER <i>Evelyn A. Mirabal, CDD</i>			AUTHORIZED BY ACTING COMMISSIONER <i>Mark Cranston</i>		
EVELYN A. MIRABAL, CHIEF OF DEPARTMENT SIGNATURE			MARK CRANSTON SIGNATURE		

I. PURPOSE

To ensure that all facilities within the New York City Department of Correction (Department) are in compliance with the mandates of the Court Orders in Benjamin v. Schriro and related cases, and with all applicable health codes and regulations regarding housekeeping.

II. POLICY

It is the policy of the Department to ensure that proper sanitation and cleanliness of facilities contribute to the good health and welfare of both staff and inmates. To be effective, sanitation must be an important part of the daily operation at all Department facilities. Staff members, as well as inmates, are responsible for maintaining clean and sanitary conditions within the facility.

III. DEFINITIONS

- A. Clean – visibly free from foreign matter such as dirt, accumulated organic or inorganic matter, or impurities; unsoiled.
- B. Cleanable – capable of being cleaned.
- C. Cleaning – the removal of visible dirt, foreign matter, and accumulated organic or inorganic matter.
- D. Sanitizing – the destruction of the living form of pathogenic bacteria by the use of chemical(s) or heat.
- E. Refuse – all discarded material or waste other than regulated medical waste, hazardous waste, or sewerage.

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III. DEFINITIONS (cont.)

- F. Par levels – boundary markers in inventory levels that signal replenishment is necessary, an amount or level considered to be average; a standard.

IV. PROCEDURES

A. AREAS OF RESPONSIBILITY

1. Commanding Officer

The Commanding Officer shall be responsible for ensuring that all areas of the facility are maintained in compliance with all applicable court orders, health codes and regulations.

- a. The Commanding Officer shall ensure that all sanitation related deficiencies cited on the Public Health Sanitarian reports and other regulatory agency and oversight agency reports are abated expeditiously.
- b. The Commanding Officer shall ensure that all cleaning and sanitizing schedules detailed in this directive are followed.
- c. The Commanding Officer shall ensure that the Deputy Warden for Administration, Tour Commander, the Environmental Health Captain and Area Captains conduct thorough inspections to ensure that all areas are clean and sanitary and that work orders are promptly submitted for all maintenance deficiencies.
- d. The Commanding Officer shall ensure that adequate staffing is provided for all sanitation related tasks.
- e. The Commanding Officer shall ensure that an emergency supply of sanitation supplies and equipment is available during non-business hours. The Tour Commander shall have access to the emergency supply of sanitation supplies and equipment.
- f. The Commanding Officer shall submit the Weekly General Inspection (G.I.) Report to the Assistant Commissioner for Environmental Health by 1000 hours every Tuesday.

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IV. PROCEDURES (cont.)

2. Deputy Warden for Administration

- a. The Deputy Warden for Administration shall ensure that housekeeping procedures are adhered to throughout the facility and that sufficient staff members are assigned to sanitation details to clean the common areas of the facility, conduct linen exchange, deliver sanitation supplies to all areas of the facility, perform facility laundry, perform painting tasks and all other sanitation related tasks.
- b. The Deputy Warden for Administration shall ensure that the Tour Commander and the Area Captains conduct thorough tours of inspection in his or her areas of responsibility to ensure that all cleaning schedules are adhered to, all cleaning is performed in accordance with the CLEANING AND SANITIZING MANUAL (Attachment A), adequate sanitation supplies are provided, and work orders are submitted for all maintenance deficiencies.
- c. The Deputy Warden for Administration shall ensure that all 3X11 tour Area Captains receive copies of the weekly Public Health Sanitarian reports for his or her areas of responsibility.
- d. The Deputy Warden for Administration shall ensure that the Area Captains abate all deficiencies described in Section IV.B.
- e. The Deputy Warden for Administration shall review and approve the EHO Captain's schedule for abating the violations that the Area Captains were not able to abate during his or her tours of duty due to a lack of special supplies or equipment (scrapers, stripper, etc.) not generally used by area work details or staff. The Deputy Warden for Administration must ensure that the outstanding violations are abated within the time frame indicated in Directive #3905R, ENVIRONMENTAL HEALTH: INSPECTION AND REPORT PROTOCOL.

3. Tour Commanders

- a. The Tour Commander shall ensure that the facility is maintained in a good, clean condition and that all staff members comply with established sanitation procedures. The Tour Commander shall ensure that sanitation related deficiencies are abated expeditiously. If the condition is not abated during the tour, the Tour Commander shall report the condition to the Deputy Warden for Administration for resolution.

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IV. PROCEDURES (cont.)

- b. The Tour Commander shall ensure that all Area Captains conduct the required, thorough tours of inspection and document deficiencies noted during the tour in the area logbook. The Tour Commander shall ensure that the Area Captain performs a second tour of inspection to determine if the deficiencies were abated, as required. If not, the Tour Commander shall hold the Area Captain accountable for failing to conduct the required tour or addressing the sanitation deficiencies noted during the tour.
- c. The Tour Commander shall ensure that adequate supplies are available. During normal business hours, the Tour Commander shall notify the storehouse to obtain any necessary supplies. During non-business hours, the Tour Commander shall notify the Warden for the Support Services Division to obtain necessary supplies as detailed in Directive #3906R, SANITATION SUPPLY PROTOCOL AND STORAGE.

4. Environmental Health Captain (EHO)

- a. The EHO is responsible for the sanitation of the common areas and staff areas of the facility including, but not limited to, corridors, locker rooms, administrative areas, and the control room.

Note: The EHO is not directly responsible for the sanitation of any area assigned to another captain.

- b. The EHO shall ensure that sanitation supplies are delivered to every area in the facility in accordance with the facility sanitation supply delivery schedule. Sanitation supplies shall be delivered to every area at least once every week and more often if necessary. If par levels are reached in the area, the EHO shall ensure that additional supplies are delivered. A par level is less than one day supply of chemicals in the area. The established par levels for the current sanitation chemicals and equipment are identified in Attachment A.
- c. The EHO shall notify the Captain assigned to the Environmental Health Unit and the Support Services Division Sanitation Storehouse to request additional supplies and equipment when necessary.
- d. The EHO shall instruct and oversee the Correction Officers in proper sanitation procedures.
- e. The EHO shall notify the Warden and the Assistant Commissioner for Environmental Health if there are any conditions that adversely affect the sanitation of the facility.

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IV. PROCEDURES (cont.)

- f. The EHO shall conduct a weekly inspection of all areas of the facility as detailed in Directive #3905R. The policy of the Department is to promptly replenish the required amounts of sanitation supplies as needed.
 - g. Upon receipt of the Weekly Sanitation Inspection Forms generated in each housing area after the Sunday General Inspection (GI), the EHO shall write a response (including the abatement date) for all sanitation conditions that the area captain is unable to abate as noted on the Weekly Sanitation Inspection Form. The EHO shall submit the completed report to the Deputy Warden for Administration.
5. Area Captains
- a. The Area Captains shall receive quarterly sanitation training from the Environmental Health Unit staff members. Area Captains shall instruct Correction Officers in proper sanitation techniques.
 - b. All Area Captains are responsible for the sanitation in his or her assigned areas. The Area Captains are responsible for the inspection of each area of the facility under his or her supervision during each tour of duty. The Area Captain shall ensure that clean conditions are maintained. The inspection shall include, but is not limited to, the following areas:
 - i. Janitor closets;
 - ii. Showers and bathrooms;
 - iii. Dayrooms;
 - iv. Corridors;
 - v. Thorough inspection of at least two cells and dormitory sleeping areas;
 - vi. Pantries; and
 - vii. Common areas (kitchen, intake, law library, program areas, etc.);
 - c. A record of the inspection shall be entered into the area logbook, which shall reflect the area inspected and specific instructions given to correct any deficiencies that were noted. The Area Captain shall ensure that the Correction Officers assigned to the housing area are aware of all sanitation mandates and procedures. The Area Captain shall ensure that work orders are generated for any maintenance deficiency noted during the inspection. During the same tour, the Area Captain shall conduct a second inspection in order to ensure that deficiencies were corrected or work orders were generated to abate the deficiency. In the event deficiencies were not corrected, the area captain shall notify the Tour Commander/Unit Manager during the same tour and submit appropriate

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IV. PROCEDURES (cont.)

reports required by the Tour Commander/Unit Manager detailing the conditions.

- d. During normal business hours, the Area Captain shall notify the EHO if adequate sanitation supplies are not available in the housing area. During non-routine business hours, the Area Captain shall notify the Tour Commander if adequate supplies are not available. The Tour Commander shall provide supplies during non-business hours.

6. Correction Officers

- a. Correction Officers shall directly supervise the inmate work detail and ensure that all sanitation procedures and schedules are followed. All Correction Officers assigned to supervise work details shall instruct inmates in proper sanitation techniques at the beginning of each assignment and throughout the activity. Correction Officers shall inspect inmates' work upon completion of each activity to ensure the inmates' work has been completed in a satisfactory manner.
- b. Each Correction Officer shall be held individually responsible for the cleanliness and sanitation of his/her entire post and jointly responsible to cooperate in maintaining the cleanliness of the facility in its entirety.
- c. The Correction Officer shall write an infraction for any inmate who refuses to maintain his or her living space in a clean and orderly fashion. The Correction Officer shall write an infraction for any inmate who defaces or damages the light shield, ventilation register, or any other city property in the facility.
- d. The Correction Officer shall promptly notify the Area Captain if adequate supplies are not available.
- e. The Correction Officer shall ensure that work orders are written for all maintenance deficiencies noted. The Correction Officer shall also ensure that work orders are promptly generated for vermin entry points, including, but not limited to missing door sweeps, missing or torn screens, missing drain covers, and holes.
- f. The Correction Officer shall ensure that all sanitation supplies are properly secured in the janitor closet, sanitation supply closet or "A" station when not in use by the inmate work detail. Sanitation chemicals shall be stored in the janitor closet or in a secured storage closet. Sanitation chemicals may only be stored in a locked cabinet in the "A"

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IV. PROCEDURES (cont.)

station if there is no janitor closet in the housing area. The Correction Officer shall ensure that the janitor closet is locked at all times.

- g. The Correction Officer shall ensure that the janitor closet is maintained in a clean and sanitary manner and that all equipment is cleaned prior to returning the equipment to the janitor closet. The mop and broom shall be stored in the janitor closet organizer. All dust and dirt shall be removed from the broom before storing the broom in the janitor closet organizer.
- h. The Correction Officer shall ensure that the sanitation of the common areas occurs during the lock-in periods. The Correction Officer shall ensure that all inmates are locked in his or her cells in accordance with existing departmental policies. Upon completion of the lock-in procedure, the sanitation detail inmates shall be locked out of their cells to perform the sanitation duties in the common areas.
- i. All housing area sanitation detail inmates shall be housed in the first four beds or cells of a housing area.

7. Non-Uniformed Employees

All non-uniformed employees shall be individually responsible for the cleanliness of his or her immediate work area.

B. RESPONSE TO PUBLIC HEALTH SANITARIAN REPORTS

The following procedures shall be followed to expeditiously abate all deficiencies noted on the Public Health Sanitarian weekly reports (Attachments B and C):

1. The Deputy Warden for Administration shall distribute the Public Health Sanitarian reports to the 3X11 Area Captains.
2. The Area Captain is responsible for supervising the abatement of all sanitation deficiencies and ensuring that work orders are generated for all maintenance deficiencies. The Area Captain shall write the corrective actions taken in the "For Facility Use" column on the Public Health Sanitarian report. If the entire violation is not abated during the 3X11 tour, the Area Captain shall note the percentage of the violation that was abated during the tour. For example:

Violation: The light in cell 3 was inoperable

Response: A work order was submitted on 11/16/13.

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IV. PROCEDURES (cont.)

Violation: The shower walls were dirty.

Response: The shower walls were cleaned on 11/16/13.

Violation: The vents in all cells were dirty.

Response: The vents in 25% of the cells or cells 1 – 13 were cleaned on 11/16/13.

3. The Area Captain shall submit the completed Public Health Sanitarian reports indicating the status of abatement for all deficiencies noted to the tour commander by the end of the tour.
4. The Tour Commander shall forward the completed Public Health Sanitarian reports to the Deputy Warden for Administration. The Deputy Warden for Administration shall ensure that the Tour Commander redistributes all Public Health Sanitarian reports with unabated violations to the respective 3X11 Area Captains on each successive day until the non-maintenance related violations are abated. Additionally, the EHO must submit a schedule to the Deputy Warden for Administration for the abatement of all violations beyond the capability of the Area Captain to abate.
5. The Deputy Warden for Administration shall ensure that the Tour Commander instructs the Area Captains on the 3X11 tour to monitor the abatement of the non-maintenance related outstanding violations. Again, the Area Captains shall document the percentage of work completed on each violation during his or her tour and return the reports to the Tour Commander at the end of each tour. This process shall be repeated until all violations are abated.
6. The Deputy Warden for Administration shall receive a status report on all maintenance related deficiencies from the Supervisor of Mechanics until all maintenance related deficiencies are abated.

C. HOUSEKEEPING OF HOUSING AREAS

1. Inmates shall be responsible for cleaning their own living spaces. In dormitory settings, living spaces shall be defined as the bed and the floor beneath and adjacent to the bed, from the foot of the bed to the head of the bed. Correction Officers shall instruct inmates to clean their living spaces on a daily basis. Correction Officers shall write an infraction for any inmate who refuses to clean his or her living space.
2. All floors located in common areas of the housing area shall be swept and washed three (3) times a day, and kept dry and free of hazardous materials. The floor shall be cleaned in a "left" and "right" section to create a dry, clear

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IV. PROCEDURES (cont.)

passage during the time when the floor is cleaned. One section of the floor shall thoroughly dry before the second section of the floor is washed. The common areas include, but are not limited to, corridors, dayrooms, showers/bathrooms, and interview rooms. All shower facilities, toilets, and sinks shall be cleaned and sanitized three times per day and more often if necessary.

The cleaning shall occur during lock in times allowing the work detail to perform the task thoroughly without interruption. All drains shall have covers that shall be cleaned daily in order to prevent clogging and defective drainage. The laundry areas and janitor closets shall be cleaned and sanitized once daily and more often if necessary.

3. All housing areas, including ledges, walls, bars, fire and housing area stairwells, and walls to a height up to eight feet (8 ft.) shall be thoroughly cleaned and sanitized in accordance with the instruction provided in the CLEANING AND SANITIZING MANUAL (Attachment A) during the Sunday General Inspection (G.I.) Cleaning.
4. Windows shall be cleaned and washed regularly and not less frequently than once every four months.
5. Every cell shall be thoroughly cleaned upon becoming vacant. The cell (including the vent and/or light shield) shall be cleaned and sanitized in accordance with the instructions detailed in the CLEANING AND SANITIZING MANUAL (Attachment A). If the vent and/or light shield cannot be cleaned in place, a work order shall be promptly submitted for maintenance to remove the vent and/or light shield for the items to be cleaned and replaced. The vacant cell shall be cleaned and sanitized on the tour it becomes vacant or early in the next tour if the cell is vacated late in the tour. The vacant cells shall be maintained in a clean and sanitary manner. If necessary, the vacant cell shall be cleaned and sanitized a second time. For instance, if the floor becomes dirty or the ledges become dusty, the cell must be cleaned again.

Each housing area shall have a well-ventilated janitor closet with an operable light that is free of mold and mildew. Janitor closets shall be equipped with an adequate supply of cleaning equipment and supplies. The required cleaning equipment includes mops, brooms, dust pans, mop buckets with wringer, sponges, scrub brushes, and any other equipment deemed necessary. Sanitation chemicals shall be secured in the janitor closet, or a supply closet. The cleaning chemicals may only be secured in a locked cabinet in the "A" station if there is no janitor closet in the housing area. The cleaning chemicals shall include a general cleaner, a disinfectant, mildew cleaner, and a cleaner

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IV. PROCEDURES (cont.)

without grit. The janitor closet shall be equipped with a sink or a sink shall be near the janitor closet. The janitor closet shall be secured at all times. During all lock out periods, the Correction Officer shall ensure that inmates receive cleaning supplies and equipment upon request to clean and sanitize their cell/bed area. The Correction Officer shall ensure that all cleaning equipment is thoroughly cleaned and properly stored after use (Attachment D, Janitor Closet Helpful Hints Poster).

A dispenser shall be provided in the janitor's closet to dispense the general cleaner, the disinfectant, and a neutral floor cleaner. The neutral floor cleaner shall be used only on the shower floor. The concentrated chemical shall be installed in the dispenser. The dispenser shall be secured once the concentrated chemical(s) are placed in the dispenser and at all times thereafter. The work detail shall dial the dispenser to the chemical that is to be utilized. The dial shall be set to the general cleaner, the disinfectant, or the neutral floor cleaner. The work detail shall push the button and the dispenser shall dispense the diluted chemical at the proper use concentration. There is no need for the inmate work detail to add water to the solution in the bucket. The inmate work detail member shall then begin cleaning in accordance with the directions in the Cleaning and Sanitizing Manual.

D. HOUSEKEEPING FOR COMMON AREAS

1. All common areas (outside of housing areas) that are accessible to the inmate population for processing/program functions must be maintained in a clean condition. These areas include, but are not limited to, the following:
 - a. Visit House;
 - b. Law Library;
 - c. School;
 - d. Clinic;
 - e. Social Services;
 - f. Commissary;
 - g. Religious Services;
 - h. Recreation;
 - i. Corridor;
 - j. Barber Shop/Beauty Parlor;
 - k. Intake;
 - l. Inmate Assignment;
 - m. Counsel Visit; and
 - n. Food Service, Preparation and Dining Room.

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2. All common area shower facilities, toilets, sinks, and other personal hygiene areas shall be thoroughly cleaned and sanitized at least three times daily and more often if necessary by the housing area work detail. All drains shall be cleaned daily in order to prevent clogging and defective drainage. Janitor closets and sanitation facilities shall be cleaned once daily and more often if necessary.
3. All floors located in common areas shall be swept and washed once daily and more often if necessary. The floors shall be cleaned in "left" and "right" sections to allow for passage on a dry surface and to allow the floor to be properly cleaned. The floors shall be kept dry and free from hazardous materials. The common areas include, but are not limited to, corridors, stairwells, waiting areas, treatment areas, and interview rooms.
4. All bars, fire stairwells, walls (up to 8 ft.), windows, and ledges shall be cleaned and washed regularly and in any event not less frequently than once every week. These areas shall be spot washed as needed.
5. Facilities shall ensure that common area janitor closets have adequate supplies in order to maintain the cleanliness of these areas. The janitor closet or the immediate area must be near a sink.
6. Cleaning implements and supplies shall include brooms, dust pans, mops, mop wringers, buckets, sponges, scrub brushes and other types of brushes, general cleaner, disinfectant, cleaner without grit, and mildew remover. All cleaning implements shall be thoroughly cleaned after each use and stored in secured janitor closets. Mops and brooms shall be placed on the janitor closet organizers. In the absence of the janitor closet organizer, the mops shall be placed upside down with the mop head resting against the wall.
7. Sanitation procedures for clinic and infirmary areas shall be performed in accordance with the provisions of Directive #3903, SANITATION PROCEDURES FOR MEDICAL SERVICE AREA.

E. WEEKLY CLEANING

1. Each Sunday morning, the "B" Correction Officer shall ensure that the following sanitation tasks are performed in all living areas (cell, dormitory sleeping area, bathrooms and dayrooms). The entire housing area shall be thoroughly cleaned and sanitized as detailed in the CLEANING AND SANITIZING MANUAL (Attachment A).

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IV. PROCEDURES (cont.)

2. Each inmate is responsible for cleaning and sanitizing his or her living area (cell or space around his or her bed in a dorm). The inmate work cadre shall perform the cleaning and sanitizing in the shower, bathroom, dayroom, pantry, vacant cells, corridor, cell doors, and janitor closet.
 - a. The Correction Officer shall inspect each area at the completion of the cleaning tasks. The Correction Officer shall complete the Weekly Sanitation Inspection Form (Attachment F) attesting that the housing area was cleaned and all tasks were completed. The Correction Officer shall note any maintenance deficiencies on the inspection form. All torn mattresses and stained light shields must be listed on the inspection form. The correction officer shall prepare work orders for the replacement of all stained light shields and any other maintenance deficiencies observed during the sanitation inspection. A description of the action taken to abate deficiencies shall be recorded in the comment section of the Weekly Sanitation Inspection Form.
 - b. The Area Captain shall also sign the inspection form indicating that his or her tour confirmed that the housing area was cleaned and that the Correction Officer prepared work orders for all deficient conditions.
 - c. The Area Captain shall submit the Weekly Sanitation Inspection Form to the Tour Commander for submission to the Deputy Warden for Administration.
 - d. The Deputy Warden for Administration shall forward copies of the Weekly Sanitation Inspection Forms to the EHO and the Supervisor of Mechanics (SOM).
 - e. The EHO and SOM shall write a response (including the abatement date or expected abatement date) for all deficient conditions listed on the Weekly Sanitation Inspection Form and submit the completed report to the Deputy Warden for Administration.
 - f. The Deputy Warden of Administration shall forward the completed Weekly Sanitation Inspection Forms to the Warden and the Assistant Commissioner of Environmental Health by 1000 hours on Tuesday.
 - g. The Assistant Commissioner for Environmental Health shall ensure that the Public Health Sanitarians and the Captain assigned to the Environmental Health Unit spot check the deficiencies noted on the Weekly Sanitation inspection Forms. Housing areas shall be selected by random sampling and the use of the MIL STD 105E reduced inspection

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IV. PROCEDURES (cont.)

sampling. Therefore, the Weekly Sanitation Inspection Forms shall be spot checked in three housing areas if there are between 26 and 50 housing areas in his or her assigned facility and two housing areas if there are between 2 and 25 housing areas in his or her assigned facility.

F. GENERAL HOUSEKEEPING INSPECTION INSTRUCTION FOR CAPTAINS AND CORRECTION OFFICERS

1. All floors, walls, ceilings, plumbing fixtures, and common touch surfaces shall be inspected for the presence of dirt, dust, soap scum, and/or mildew. Special attention shall be paid to light shields, vents, window ledges, and floor/wall junctions. Food and drink shall not be stored on window ledges.
2. If dirt, dust, soap scum and/or mildew are observed, the Correction Officer shall ensure that the inmate work detail cleans and sanitizes the area in accordance with the directions specified in the CLEANING AND SANITIZING MANUAL (Attachment A).
3. The janitor closet shall be inspected to ensure that the equipment is clean and sanitized. The mops and brooms shall be stored in the janitor closet organizer. The janitor closet organizer shall contain four (4) slots for the storage of brooms and mops. The floor, light shield, vent, walls, ceiling, shelves, sink, and janitor closet organizer shall be clean and free of dirt, dust, mildew, and/or soap scum. The "Helpful Hints" poster shall be posted in all janitor closets.
4. Infractions shall be generated when an inmate covers or damages any departmental property including, but not limited to, the light shield, vent, walls, ceilings, and sprinkler heads. Inmates shall also be infraacted for failing to clean and sanitize his or her cells/beds.
5. Every cell/bed shall be thoroughly cleaned upon becoming vacant and shall be maintained in that condition until it is again occupied. All vacant cells shall be cleaned on the tour that the cell becomes vacant or early the next tour if the cell is vacated late in the tour. The floor, walls, ceiling, plumbing fixtures, mattress, bed frame, and the laundry and commissary buckets shall be cleaned and sanitized and all garbage, linen and items left by the previous inmate must be removed. Once the cell/bed is cleaned and sanitized in accordance with the CLEANING AND SANITIZING MANUAL (Attachment A), the mattress shall be folded and the commissary and laundry buckets shall be placed on the bed frame. The mattress shall not be folded until the cell/bed is cleaned and sanitized. The light shields shall be free of any obstruction and shall be cleaned and/or replaced immediately.

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IV. PROCEDURES (cont.)

6. Proper sanitizing of vacant cells shall be made with the approved sanitizing solution. The sanitizing procedure shall include wiping down both sides of the mattress with the proper sanitizing solution, folding the mattress in half placing it on the bed-frame and placing the white laundry bucket and two blue commissary buckets with lids on the bed frame. Any mattress with visible rips, tears, perforated seams shall be immediately removed and replaced upon inspection.
7. Prior to assigning or placing an inmate in a cell or bed, the Correction Officer assigned to the housing area post shall conduct an inspection of the cell or housing unit in order to determine the condition of the mattress, light fixtures, furniture, and equipment. Each cell/bed shall contain one white laundry bucket and two blue commissary buckets with lids.
8. The Correction Officer conducting the inspection shall make a check mark in the appropriate place to indicate whether the items listed on the Cell Inspection Report (Form #428R, Attachment E) are in a "satisfactory" or "damaged" condition.
9. Upon completion of the Cell Inspection Report, the Correction Officer shall allow the inmate to verify the items checked on the cell inspection report. After verifying the items, the inmate shall sign the completed report and return it to the Correction Officer. If the inmate refuses to verify the items or sign the report, the Correction Officer shall record this information in the remarks section.
10. The Correction Officer shall submit the original Cell Inspection Report to the Area Captain, who shall countersign the report and forward the report to the general office to be filed in the inmate's legal folder.
11. During each tour of inspection, the Area Captain shall ensure that each vacant cell/bed area is properly sanitized as outlined herein. The Area Captain shall document, in the area logbook, any deficiencies noted during his or her tour of the area and also document instructions given to abate the conditions. The Area Captain shall instruct Correction Officers in proper sanitation techniques.
12. When an employee of the Department witnesses an inmate damaging or destroying City property or the evidence excludes the possibility that another inmate is responsible for the damage or destruction, the employee shall commence disciplinary action against said inmate by completing a "Report and Notice of Infraction", Form #6500A.

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IV. PROCEDURES (cont.)

13. The Area Captain shall ensure that any deficiencies have been abated during his or her second tour of the area.

G. CHEMICAL STORAGE AND USAGE

1. All chemicals shall be stored in their original container and in accordance with the manufacturer's instructions. For example, if the manufacturer's instructions state that a chemical must be stored at room temperature and away from open flames and excessive temperatures, the chemical shall not be stored on or near the radiator.
2. Mixing of two or more chemicals is prohibited. Chemicals shall be stored in a properly labeled container.
3. All lids and tops shall be secured.
4. Chemical storage containers shall not be utilized to mix or serve food. Inmates shall not be allowed to retain chemical storage containers at his or her beds or in his or her cells.
5. All chemicals shall be secured in the janitor closet or storage closet. The chemicals shall only be stored in the "A" station if there is no janitor closet in the housing area.
6. All chemicals shall be used in accordance with the manufacturer's instructions. All chemicals shall be diluted in accordance with the manufacturer's instructions.
7. Chemicals shall only be used for the intended use noted on the chemical label.

H. PERSONAL PROTECTIVE EQUIPMENT

1. The Assistant Commissioner for Environmental Health shall review the safety data sheets for all sanitation chemicals to determine, what, if any, personal protective equipment is required.
2. The Assistant Commissioner for Environmental Health shall inform the Warden of the Support Services Division in writing of any personal protective equipment required for use with any sanitation chemical. Additionally, the Assistant Commissioner for Environmental Health shall write detailed instructions for the use of the personal protective equipment. These instructions shall be submitted to all Commanding Officers.

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IV. PROCEDURES (cont.)

3. The Warden of the Support Services Division shall ensure that the Storehouse orders and distributes the personal protective equipment in accordance with the directions provided by the Assistant Commissioner for Environmental Health.
4. Commanding Officers shall ensure that the personal protective equipment is provided to all staff and inmates as determined by the Assistant Commissioner for Environmental Health.

I. REFUSE

1. Regulated medical waste and hazardous waste shall be disposed of in accordance with the provisions of Directive #3903, SANITATION PROCEDURES FOR MEDICAL SERVICE AREA and Directive #3904, HAZARDOUS WASTE REMOVAL.
2. All refuse shall be removed from housing areas and common areas at least three times daily, or whenever a refuse container is full. Refuse shall be removed immediately after night-time lock in. Sufficient refuse containers shall be maintained in housing areas, dayrooms, tiers, lock-out corridors, and other common areas. Each housing area living space shall have one refuse container with a tight fitting lid.
3. Refuse containers shall be durable, non-porous, water tight, rust resistant, inaccessible to insects and vermin, easily cleanable, and fitted with fly-tight covers. The covers shall be placed on the refuse containers at all times and shall not be stored under the containers.

J. REFUSE CONTAINER CLEANING PROCEDURES

All refuse containers shall be cleaned and dried after being emptied. Containers shall be inspected for damage and leaks, and when necessary they shall be replaced. Containers shall be stored in a separate area, apart from food preparation and food serving areas.

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V. REFERENCES (In the event that a reference is superseded, the successor document shall apply.)

- A. Directive #1005R, HAZARD COMMUNICATION STANDARD AND RIGHT TO KNOW LAW, dated 01/09/95.
- B. Directive #3903, SANITATION PROCEDURES FOR MEDICAL SERVICE AREA, dated 12/08/95 (as amended).
- C. Directive #3904, HAZARDOUS WASTE REMOVAL, dated 12/08/95.
- D. Directive #3905R, ENVIRONMENTAL HEALTH: INSPECTION AND REPORT PROTOCOL, dated 08/02/99.
- E. Directive #3906R-A, SANITATION SUPPLY PROTOCOL AND STORAGE, dated 04/04/14.
- F. Directive #3910R, WORK ORDER PROCEDURES, dated 07/03/97.
- G. Directive #4013RR, RESTITUTION FOR THE INTENTIONAL DAMAGE OR DESTRUCTION OF CITY PROPERTY, dated 05/20/91 (as amended).
- H. New York City Department of Correction CLEANING AND SANITIZING MANUAL (November 2013)
- I. U.S. Department of Defense Military Standard 105E (ANSI/ASQZ1.4)

VI. ATTACHMENTS

- A. NEW YORK CITY DEPARTMENT OF CORRECTION CLEANING AND SANITIZING MANUAL (NOVEMBER 2013)
- B. SANITARIAN'S REPORT, FORM EHU #3
- C. SANITATION INSPECTION FORM
- D. HELPFUL HINTS FOR SANITATION POSTER
- E. CELL INSPECTION REPORT
- F. WEEKLY SANITATION INSPECTION FORM #3901R-A
- G. PAR LEVELS LIST

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VII. SUPERSEDES

- A. Directive #3901R-A, HOUSEKEEPING PROCEDURES, dated 01/10/02 (as amended).
- B. Any other Directive, Operations Order, Teletype, Memorandum, etc, that may be in conflict with the policies and procedures outlined herein.

VIII. SPECIAL INSTRUCTIONS

- A. Within ten (10) calendar days of the effective date of this order, all Commanding Officers shall implement a Command Level Order incorporating the policy and provisions outlined herein.
- B. All facility managers and supervisors shall ensure strict enforcement of the policy, guidelines and procedures noted herein.

NYC Department of Correction

CLEANING AND
SANITIZING
MANUAL

NOVEMBER 2013

The Department designed the environmental health program to prevent the spread of disease, to prevent injury, and to maintain an environment that is conducive to comfort and healthful living. This manual is designed to assist you in supervising the Department's sanitation program. The comprehensive sanitation program ensures that the conditions in which inmates live and staff members work are sanitary. The most important aspect of this program is effective supervision, which ensures that the Department's written policies and procedures are uniformly followed in all areas of every facility. The Correction Officers are responsible for supervising the inmate work detail and ensuring that all inmates maintain their cell or bed area in a clean and sanitary manner. If inmates do not maintain their cell or bed area in a clean and sanitary manner, the inmate should be infraacted. Per the Inmate Rule Book, "Inmates shall clean their cell or living area, toilet bowl, sink and all other furnishings every day. They must keep their cells and beds neatly arranged. Before leaving their cells or living areas for any purpose, they must clean their cells or areas and make their beds." (105.17) "Inmates shall not litter, spit or throw garbage or any kind of waste or substances." (105.15) "Inmates shall not store food in their housing area or any work place except food items bought in the commissary, which must be stored in the food containers provided." (105.14)

DEFINITIONS

Clean: Visibly free from foreign matter such as dirt, accumulated organic or inorganic matter, or impurities; unsoiled.

Cleanable surfaces: Capable of being cleaned. Surfaces that are made of smooth, hard, durable, and non-porous substances.

Sanitize: The reduction of, or death of, the vegetative state of pathogenic (disease causing) organisms through the application of heat or chemicals for a specified time frame. All sanitizers must be approved by the Environmental Protection Agency (E.P.A.). The E.P.A. registers sanitizers and the E.P.A. registration number is found on the product label.

Chemical Use – The chemicals currently utilized and their dilution ratios are identified in Attachment A. All chemicals must be used in accordance with the manufacturer's instructions.

Mildew Remover: This product is utilized to kill mildew (a fungus). This product shall be applied to the shower/bathroom surfaces, and shall be left on the surface for approximately fifteen minutes. Manually scrub the surface with a green pad or scrub brush, and rinse the surface with clean water by manually scrubbing the surface. It is not acceptable to turn on the shower and let the water run to remove the mildew remover. (See Attachment A for product name)

General Cleaner: The general cleaner removes all dirt, dust, grime, soap scum, food splatter or other substances found on the surface. This is a critical step in the cleaning and sanitizing program. If dirt, dust, grime or mildew remains on a surface, the sanitizer will not be able to successfully sanitize the surface during the sanitizing step. If any dirt, dust, grime or mildew remains on a surface, the surface is not clean. The general cleaner must be applied to all surfaces from the top of

the surface to the bottom of the surface. Manual scrubbing with a scrub brush or green pad is essential to effectively clean the surface. The cleaning solution must be changed frequently and must be changed when the solution appears dirty. Again, the general cleaner must be thoroughly rinsed from the surface with copious amounts of clean water. The water must also be applied manually to ensure that all residue from the product is removed. (See Attachment A for product name and dilution ratio)

Cleaner without Grit – The cleaner without grit is utilized to clean the sink, urinal, bath tub, and toilet. The cleaner without grit must be applied to the surface, the surface must be manually scrubbed with a green pad or scrub brush and the product must be rinsed off the surface with copious amounts of clean water. Again, the surface must be scrubbed during the rinsing process. (See Attachment A for product name)

Par Levels: The minimum amount of supplies that may be stored in a janitor closet at one time. If the par levels are not maintained, the Correction Officer shall notify their area supervisor expeditiously and the area supervisor shall ensure that the supplies are replenished. Par levels are found in Attachment A.

Sanitizer: The final step in the cleaning and sanitizing process is the application of the sanitizing solution. This step removes disease-causing organisms from the surface. Again, the sanitizer must only be applied to clean surfaces. The sanitizing solution must be applied from the top to the bottom of the surface. The sanitizer must NOT be rinsed off. Instead, the sanitizer must be left on the surface to air dry. (See Attachment A for product name and dilution ratio.)

HELPFUL HINTS

- There are several helpful hints to ensure that all cleaning and sanitizing is performed effectively.
 - 1) Inmates must be supervised when preparing cleaning solutions.
 - 2) All floors must be mopped one side at a time (left and right sides, not front and back) maintaining a dry path for pedestrian traffic.
 - 3) All cleaning must be performed from the top to the bottom of the surface. For instance, walls must be cleaned from the ceiling to the floor. Window ledges must be cleaned before bed frames.
 - 4) It is imperative that special attention is paid to the floor/wall junction (the corner where the floor and wall meet); the floor where the bed frames and dayroom tables are attached to the floor, the vents, and the light shields. You must ensure that the sides and bottoms of chairs, tables, bed frames, etc. are cleaned thoroughly.
 - 5) Vents and light shields must never be cleaned with wet sponges or scrub brushes.

- 6) Cleaning and sanitizing solutions shall be changed frequently and when the solution appears to be dirty.
- 7) Safety glasses and gloves shall be worn by inmate work detail members utilizing the sanitizer per the manufacturer's instructions. (See Attachment A.)
- 8) All chemicals shall be stored in their original containers. Under no circumstances shall cleaning chemicals be mixed.
- 9) The janitor closet shall be locked at all times and the chemical dispenser shall also be locked. Inmates shall be supervised when utilizing the cleaning supplies.

CLEANING AND SANITIZING PROCEDURES

Below is a detailed description of cleaning and sanitizing procedures for identified areas in the facility. The cleaning procedures below may be utilized in housing areas, vacant cells, intake, court pens, law library, commissary, chapel, gym, visit house, etc.

A. HOUSING AREAS – SLEEPING AREAS –(CELLS AND BEDS)

1. The Correction Officer shall determine if any inmate belongings left in the sleeping areas belong to an inmate presently housed in the area. If the owner of the belongings is not identified, the Correction Officer shall direct the inmate work detail to discard the belongings. Any belongings left in a vacant cell or on a vacant bed shall be discarded. All garbage and food in the area shall be removed and discarded.
2. The Correction Officer shall ensure that the inmate worker dispenses a the general cleaning solution from the dispenser in accordance with the manufacturer's directions. (See Attachment A) A long handled scrub brush shall be placed in the cleaning solution and the ceiling shall be manually scrubbed. The general cleaning solution shall be changed if the solution appears to be dirty. The general cleaning solution shall be rinsed from the ceiling with clean water.
3. Dispense a new general cleaning solution (See Attachment A). The walls shall be manually scrubbed with a scrub brush or green pad dipped into the general cleaning solution. This will remove all dirt and graffiti from the walls. The walls shall be cleaned from the ceiling to the floor. The general cleaning solution shall be rinsed from the walls with clean water.
4. A dry scrub brush shall be utilized to clean the ventilation register and the light shield. **UNDER NO CIRCUMSTANCES SHALL WATER BE INTRODUCED INTO THE VENTILATION REGISTER NOR SHALL A WET/DAMP CLOTH BE USED ON THE LIGHT SHIELD AND VENT.** If the work detail is unable to clean the light shield and/or vent using a dry scrub brush, a work order shall be generated for the removal of the vent and/or light shield. Once the light shield/vent has been removed, a damp scrub brush or sponge dipped in the general cleaning solution (See Attachment A) shall be utilized to clean the vent and/or light shield. The vent and/or light shield shall be rinsed thoroughly with clean water. Once the light shield and/or vent are dry, the light shield and/or vent may be replaced.

5. Dip the sponge into the cleaning solution and clean the window ledges, doors, desks, shelves, radiator covers, mirrors, and any other contact surfaces from top to bottom. Change the cleaning solution when the cleaning solution appears to be dirty.
6. Dip the sponge into the cleaning solution and scrub the interior and exterior of the commissary buckets and the laundry bucket.
7. Remove the mattress from the bed frame. Scrub the bed frame with the cleaning solution. Clean and sanitize the mattresses as directed below.
8. Rinse the general cleaner with clean water from all surfaces.
9. Clean and sanitize the dayroom bathroom and vacant cell sink and toilet as noted in section B.
10. Dispense the sanitizing solution (See Attachment A) and apply the sanitizing solution to the ceiling and the walls from top to bottom with a sponge. Change the sanitizing solution when the solution appears to be dirty. Allow to air dry.
11. Dispense a new sanitizing solution. (See attachment A). Dip the sponge into the sanitizing solution and apply the sanitizing solution to the window ledges, doors, desks, shelves, radiator covers, mirrors, commissary bucket, laundry bucket, and any other contact surfaces from the top of the room to the bottom of the room. Dispense a new sanitizing solution if the solution appears dirty.
12. The floor shall be swept thoroughly, including under the beds, at door tracks, in corners at the floor/wall junction, and under the radiator cover. Any build up of dirt in the door tracks, floor/wall junctions, in corners, under radiator covers, and under the bed shall be removed with a scrub brush.
13. Dispense the neutral floor cleaner solution and dip the mop into the mop bucket, wring out the mop, and mop the floor using a figure eight pattern. A scrub brush must be utilized if the mop is not effectively removing the dirt. Start mopping the floor at the far corner of the cell/sleeping area and work your way to the door. Pay special attention to the floor under the beds, under the radiator cover, in the corners, and in the floor/wall junction. Rinse the general cleaning solution from the floor.

B. BATHROOM/SHOWER

1. Any garbage shall be discarded. The mildew cleaner shall be sprayed on all tiled or block floor/wall/ceiling surfaces and left for fifteen minutes. The surfaces shall be manually scrubbed with a scrub brush. The mildew cleaner shall be rinsed from the floor/wall/ceiling surfaces using copious amounts of clean water. Turning the shower on alone is not sufficient to rinse the ceiling, floor, and walls.
2. Dispense the general cleaning solution. (See Attachment A) A long handled scrub brush shall be placed in the cleaning solution and the ceiling shall be manually scrubbed. The work detail shall ensure that the brush with water is not utilized on the vent or light shield. The general cleaning solution shall be changed when the solution appears dirty.
3. A dry scrub brush shall be utilized to clean the ventilation register and the light shield. **UNDER NO CIRCUMSTANCES SHALL WATER BE INTRODUCED INTO THE VENTILATION REGISTER NOR SHALL A WET/DAMP CLOTH BE USED ON THE LIGHT SHIELD OR VENT.** If the work detail is unable to clean the light shield and/or vent using a dry scrub brush, a work order shall be generated for the removal of the vent and/or light shield. Once the light shield/vent has been removed, a damp scrub brush or sponge dipped in the general cleaning solution (See attachment A)

shall be utilized to clean the vent and/or light shield. The vent and/or light shield shall be rinsed thoroughly. Once the light shield and/or vent are dry, the light shield and/or vent may be replaced.

4. Dispense the general cleaning solution. (See Attachment A). A scrub brush or green pad shall be dipped into the solution and the walls of the shower/common bathroom area shall be scrubbed from the ceiling to the floor. The walls shall be manually scrubbed to remove any dirt. Pay special attention to the wall around the toilet/urinal and the privacy partitions. Change the general cleaning solution if it appears to be dirty.
5. Dip the sponge into the cleaning solution and clean the window ledges, radiator covers, mirrors, faucets, and any other contact surfaces.
6. Rinse the general cleaning solution from all surfaces with copious amounts of water.
7. Flush the toilet/urinal. The cleaner without grit (See Attachment A) shall be placed in the toilet/urinal and sink and the toilet/urinal and sink shall be scrubbed thoroughly. The cleaner without grit shall be rinsed with copious amounts of water.
8. Dispense a sanitizing solution. (See Attachment A)
9. Dip a clean sponge into the sanitizing solution and apply the solution to the ceilings and walls. Wipe the interior and exterior of the sink, shower faucets, wall behind the toilets, privacy partitions, ledges, and all other contact surfaces. Pour a small amount of the sanitizing solution into the toilet and wipe the seat and exterior of the sink with the solution. The sponge shall be dipped into the sanitizing solution frequently. Allow to air dry. Change the sanitizing solution frequently and when it appears to be dirty.
10. The floor shall be swept thoroughly, including under the sinks and urinals and around the toilets, the floor/wall junction, and under the radiator cover.
11. Dispense the neutral floor cleaner solution and dip the mop into the mop bucket, wring out the mop, and mop the floor using a figure eight pattern. A scrub brush shall be utilized to clean the floor if the mop is not removing the dirt. Start mopping the floor at the far corner of the bathroom/shower and work your way to the door. Pay special attention to the floor under the sinks and urinals, under the radiator cover, in the corners, around the toilets, and at the floor/wall junction. Rinse the general cleaner with copious amounts of clean water.

C. DAYROOM AND OTHER COMMON AREAS

1. The Correction Officer shall determine if inmate belongings that remain in the dayroom or common areas belong to an inmate currently housed in the area. If so, the inmate shall be instructed to remove their belongings from the dayroom. If not, the inmate belongings shall be discarded. All garbage and food shall be removed and discarded.
2. Dispense the general cleaning solution (See Attachment A). A scrub brush shall be placed in the cleaning solution and the ceiling shall be manually scrubbed. A wet scrub brush with water shall not be utilized on the light shield and vent. The walls shall be manually scrubbed with a scrub brush from the ceiling to the floor. Dispense a new cleaning solution when the solution appears to be dirty. Rinse the ceiling and walls with clean water.
3. A dry scrub brush shall be utilized to clean the ventilation register and the light shield.
UNDER NO CIRCUMSTANCES SHALL WATER BE INTRODUCED INTO THE VENTILATION REGISTER NOR SHALL A WET/DAMP CLOTH BE USED ON THE LIGHT SHIELD AND VENT. If the work detail is unable to clean the light shield

and/or vent using a dry scrub brush, a work order shall be generated for the removal of the light shield and/or vent. Once the light shield and/or vent has been removed, a damp scrub brush or sponge dipped in the general cleaning solution (See Attachment A) shall be utilized to clean the vent and/or light shield. The vent and/or light shield shall be rinsed thoroughly. Once the light shield and/or vent are dry, the light shield shall be replaced.

4. Dispense a new general cleaning solution. (See Attachment A). Dip the sponge into the cleaning solution and manually scrub the tables, chairs, window ledges, doors, shelves, radiator covers, benches, and any other contact surfaces. Rinse the surfaces with clean water to remove the general cleaning solution.
5. Dispense the sanitizing solution. (See Attachment A). Apply the sanitizing solution to the ceiling and walls. Dispense a new sanitizing solution when the solution appears dirty. Allow the ceiling and walls to air dry.
6. Dispense the new sanitizing solution. Apply the sanitizing solution to the tables, chairs, window ledges, doors, door knobs, radiator covers, benches, and any other contact surfaces. Allow to air dry.
7. Clean the bathroom per the instructions in Section B.
8. The floor shall be swept thoroughly, including under the beds, at door tracks, in corners, at the floor/wall junction, and under the radiator cover. Any build up of dirt in the door tracks, floor/wall junctions, in the corners, under radiator covers and under the tables shall be removed.
9. Dispense the neutral floor cleaning solution (See Attachment A) and dip the mop into the mop bucket, wring out the mop, and mop the floor using a figure eight pattern. A scrub brush must be utilized to remove dirt if the mop does not effectively remove the dirt. Start mopping the floor at the far corner of the room and work your way to the door. Pay special attention to the floor, under the radiator covers, in the corners, and at the floor/wall junction. Rinse the general cleaner from the floor with clean water.

D. MATTRESSES AND PILLOW

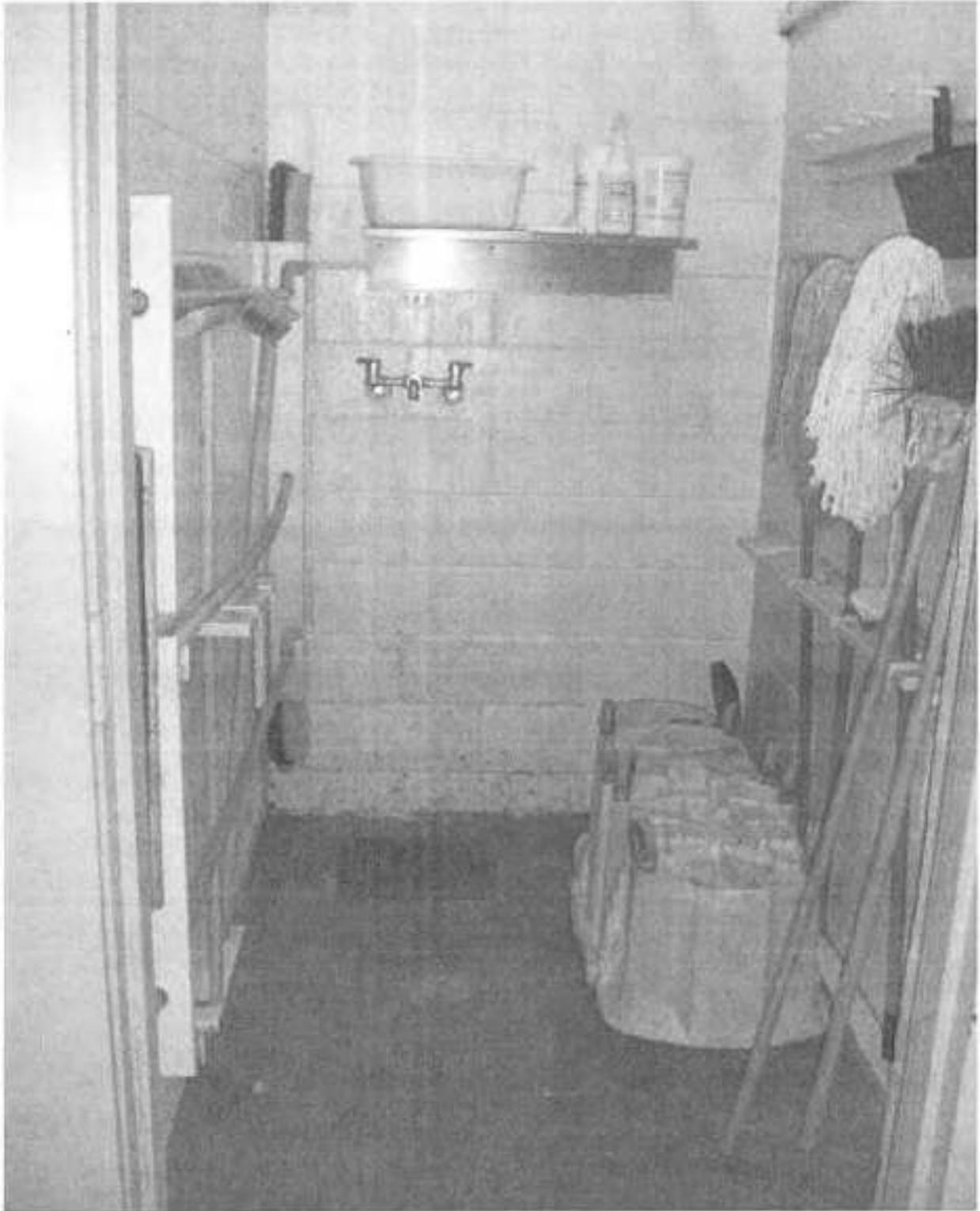
1. Any mattress or pillow with rips, tears, etc. shall be discarded.
2. Dispense the general cleaning solution (See Attachment A). Dip the sponge into the solution and use long strokes to clean the mattress and pillow one side at a time. Ensure that the stroke marks overlap to apply the cleaning solution to the entire mattress/pillow. Special attention must be paid to the corners and the mattress and pillow seams. Rinse the mattress and pillow with clean water.
3. Dispense the sanitizing solution (See Attachment A). Dip the sponge into the sanitizing solution and apply the sanitizing solution to the mattress and pillow one side at a time. Again, ensure that the stroke marks overlap to apply the sanitizing solution to the entire mattress and pillow surface. Pay special attention to the corners and seams. Allow to air dry. Do not rinse off the sanitizing solution at the conclusion of the sanitizing step.

E. JANITOR CLOSET

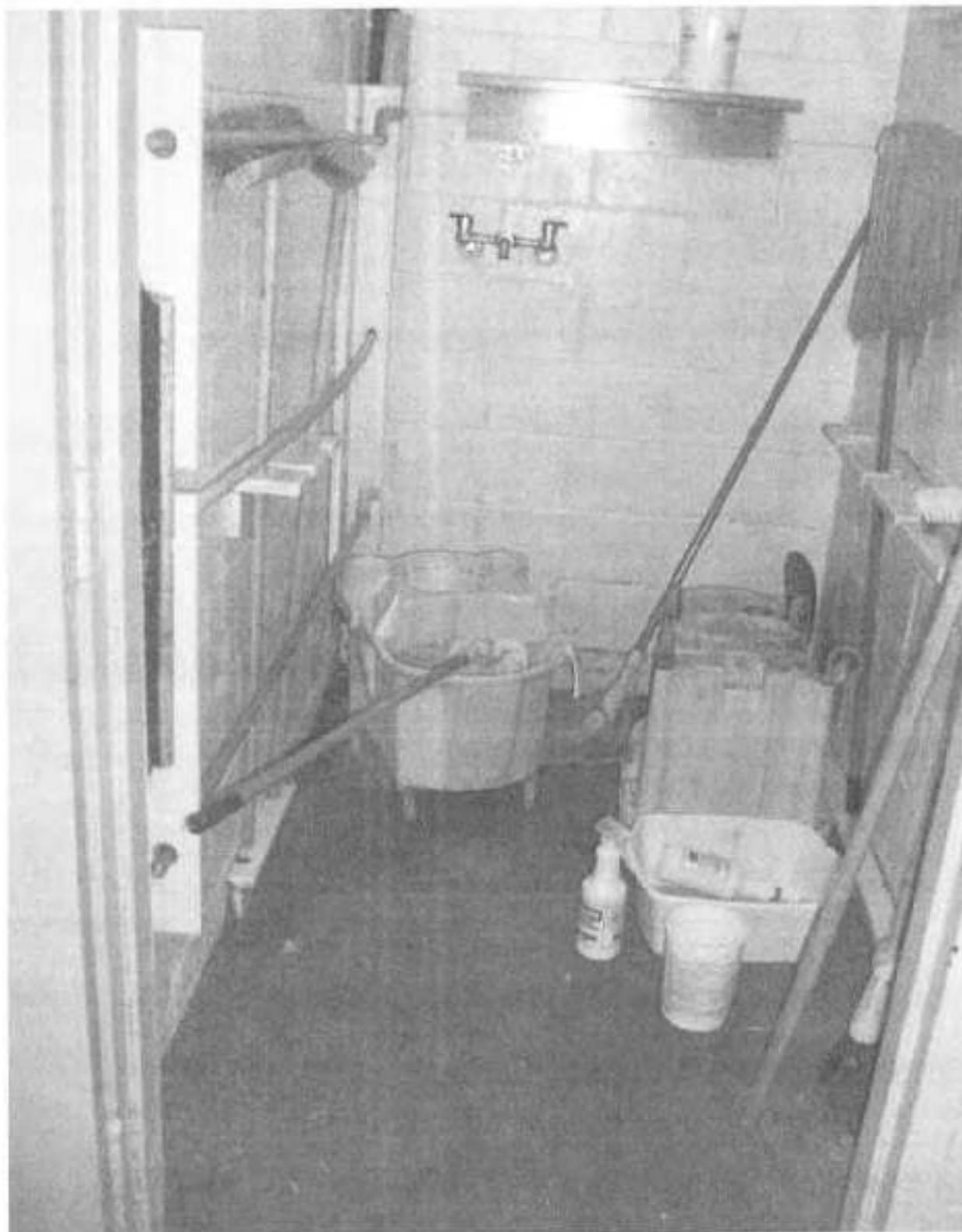
1. Any garbage and broken equipment shall be discarded. All cleaning supplies and equipment must be removed from the closet. The mildew cleaner shall be sprayed on all

- tiled or block floor/wall/ceiling surfaces and left for fifteen minutes. The surfaces shall be manually scrubbed with a scrub brush or green pad. The mildew cleaner shall be rinsed from the ceiling, wall and floor.
2. Dispense the general cleaning solution (See Attachment A). A long handled scrub brush shall be placed in the cleaning solution and the ceiling shall be manually scrubbed. The work detail shall ensure that the scrub brush with water is not utilized on the light shield or vent. A dry scrub brush shall be utilized to clean the ventilation register and the light shield. **UNDER NO CIRCUMSTANCES SHALL WATER BE INTRODUCED INTO THE VENTILATION REGISTER NOR SHALL A WET/DAMP CLOTH BE USED ON THE LIGHT SHIELD OR VENT.** If the light shield and vent cannot be cleaned with the dry method, a work order shall be generated to remove the light shield and/or vent for cleaning. The light shield and/or vent shall be cleaned in a general cleaning solution. Once dry, the light shield/vent may be replaced.
 3. The walls shall also be manually scrubbed with a scrub brush and the general cleaning solution from the ceiling to the floor. A dry scrub brush shall be utilized to clean the ventilation register and the light shield.
 4. Dispense the general cleaning solution (See Attachment A). Dip the sponge, green pad or scrub brush into the cleaning solution and manually scrub the ledges, shelves, radiator covers, janitor closet organizer, and any other contact surfaces.
 5. Rinse the general cleaning solution from all surfaces with copious amounts of water.
 6. The cleaner without grit shall be placed in the slop sink and the sink shall be scrubbed and rinsed thoroughly.
 7. Dispense a sanitizing solution (See Attachment A). Dip a clean sponge into the sanitizing solution and wipe the interior and exterior of the sink, faucets, shelves, wall around the slop sink, and all other contact surfaces. The sponge shall be dipped into the sanitizing solution frequently. Allow to air dry.
 8. The floor shall be swept thoroughly, including under the sink, along the floor/wall junction, and under the radiator cover.
 9. Dispense the neutral floor cleaning solution (See Attachment A) and dip the mop into the mop bucket, wring out the mop, and mop the floor using a figure eight pattern. A scrub brush must be utilized to remove dirt if the mop does not effectively remove the dirt. Start mopping the floor at the far corner of the janitor closet and work your way to the door. Pay special attention to the floor under the beds, under the radiator covers, in the corners, and at the floor/wall junction. Rinse the general cleaner from the floor with clean water.
 10. Dispense the sanitizing solution. Clean the mop, scrub brush, and sponges in the sanitizing solutions. Wring out the mop and sponges, and allow to air dry. The mops and brooms shall be stored on the janitor closet organizer. The scrub brushes and sponges shall be stored on a shelf. The interior and exterior of the mop bucket shall be cleaned with the cleaning solution and rinsed thoroughly. A sponge shall be dipped in a sanitizing solution and applied to the interior and exterior of the mop bucket. The mop bucket shall be turned upside down to air dry.

Properly Maintained Janitor Closet



Poorly Maintained Janitor Closet



E. Contact Surfaces

Specific attention must be paid to contact surfaces. These surfaces are tables, chairs, doorknobs, handrails, banisters, faucets, telephones, gates, and any other surfaces that are touched repeatedly.

1. All garbage, food, and inmate property shall be removed from the tables, chairs, banisters, gates, etc. and discarded.
2. Dispense a general cleaning solution (See Attachment A.) A sponge or green pad shall be placed in a cleaning solution and all contact surfaces (desks, chairs, door knobs, counter sink knobs/faucets, toilet handles, windows, shelves, locker handles, benches, dayroom tables and chairs, counters, hot pot boxes, ledges, telephones, etc.) shall be manually scrubbed. The work detail shall ensure that all visible dirt is removed.
3. Rinse the general cleaner from all surfaces.
4. Dispense a sanitizing solution (See Attachment A.).
5. Dip a clean sponge or cloth in the sanitizing solution and apply to all surfaces paying special attention to the contact surfaces listed above. Allow to air dry.

MAINTENANCE CONDITIONS

There are maintenance conditions that must be reported and repaired to ensure that all surfaces are cleanable. Missing tiles, plumbing leaks, missing/loose cove base, and trip/fall hazards must be reported expeditiously through the work order system. Any wooden patches must be painted prior to the installation of the wooden patches. If there are unpainted wooden patches in the housing area, the area captain must be notified. The area captain shall inform the environmental health captain who will ensure that patch is painted. Dirty light shields must be cleaned prior to the next inmate occupying the cell. If the light shield cannot be cleaned by the vacant cell sanitation detail, a work order must be generated to have the light shield removed and replaced. As a reminder, inmates must not be housed in cells with inoperable windows, lights, sinks or toilets.

Gaps shall not exist at the bottom or sides of doors allowing vermin access. Mice may fit into a hole the size of a dime and a rat may fit into a hole the size of a quarter. If gaps are identified, a work order must be submitted to ensure that a door sweep or other vermin proofing measures may be installed.

CHEMICAL STORAGE

All chemicals shall be stored in their original containers. If a chemical is placed in a second container, all information contained on the label must be transcribed on the new container. Two chemicals may not be stored in the same container. Chemicals shall be stored in accordance with the manufacturer's directions.

CHEMICAL DISPENSERS

UNDER NO CIRCUMSTANCES SHALL THE CONCENTRATED CONTAINERS OF THE DIVERSEY GENERAL CLEANER 15, VIREX 256 OR NEUTRAL FLOOR CLEANER BE STORED IN ANY AREA OTHER THAN THE STOREHOUSE. THE CONCENTRATED CONTAINERS OF THE DIVERSEY CLEANING SUPPLIES SHALL NOT BE

PUNCTURED AND PLACED ON A SHELF IN THE JANITOR CLOSET IN ORDER TO PROVIDE CLEANING SOLUTIONS IF THE DISPENSER IS INOPERABLE. THE CORRECTION OFFICER SHALL GET THE CLEANING SOLUTIONS FROM THE NEAREST LOCATION WITH AN OPERABLE DISPENSER.

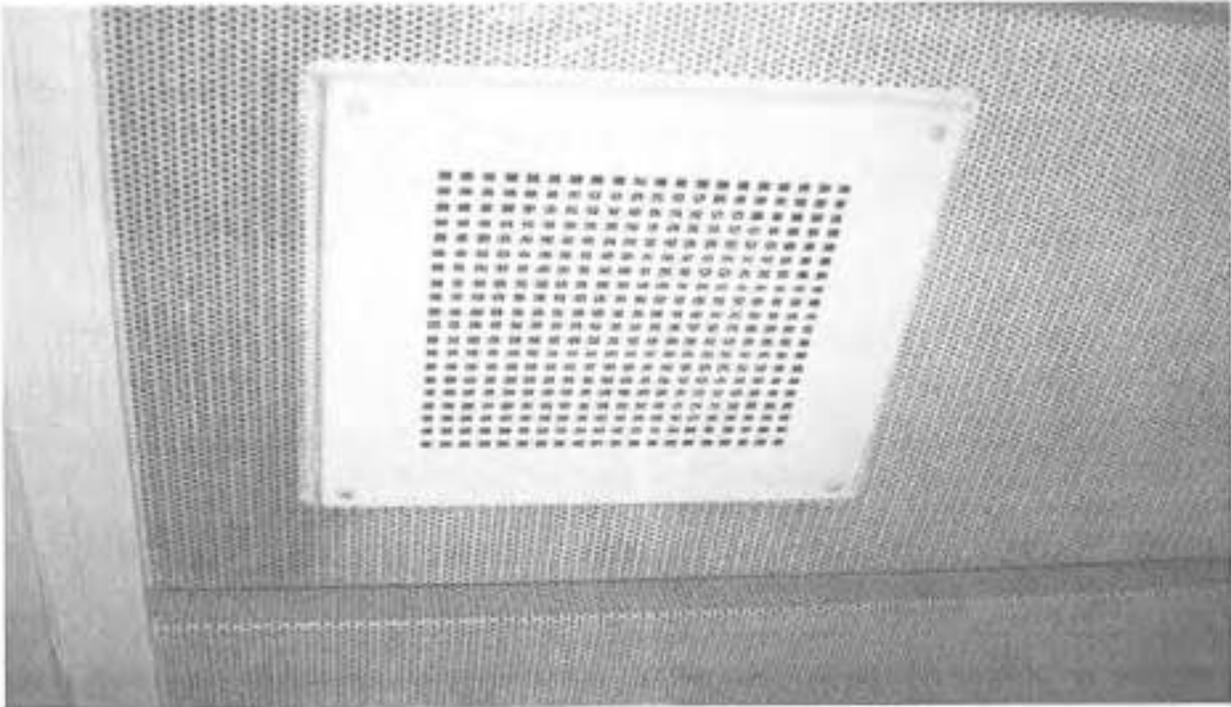
PAR LEVELS

Par levels are the amount of supplies that must be provided in a housing area at any given time. If the level of supplies in a given area drops below the established par levels, the Correction Officer shall notify the Area Captain. The Area Captain shall notify the EHO to replenish the missing supplies. During non-business hours, the Area Captain shall inform the Tour Commander who shall ensure that cleaning chemicals or equipment are delivered to the area. The Tour Commander shall have a key to the Diversey dispenser on their keys to replenish the Diversey chemicals as required.

PHOTOGRAPHS

Below is a series of photographs included to assist in identifying problematic areas. Photographs of well maintained areas were also included for your review.

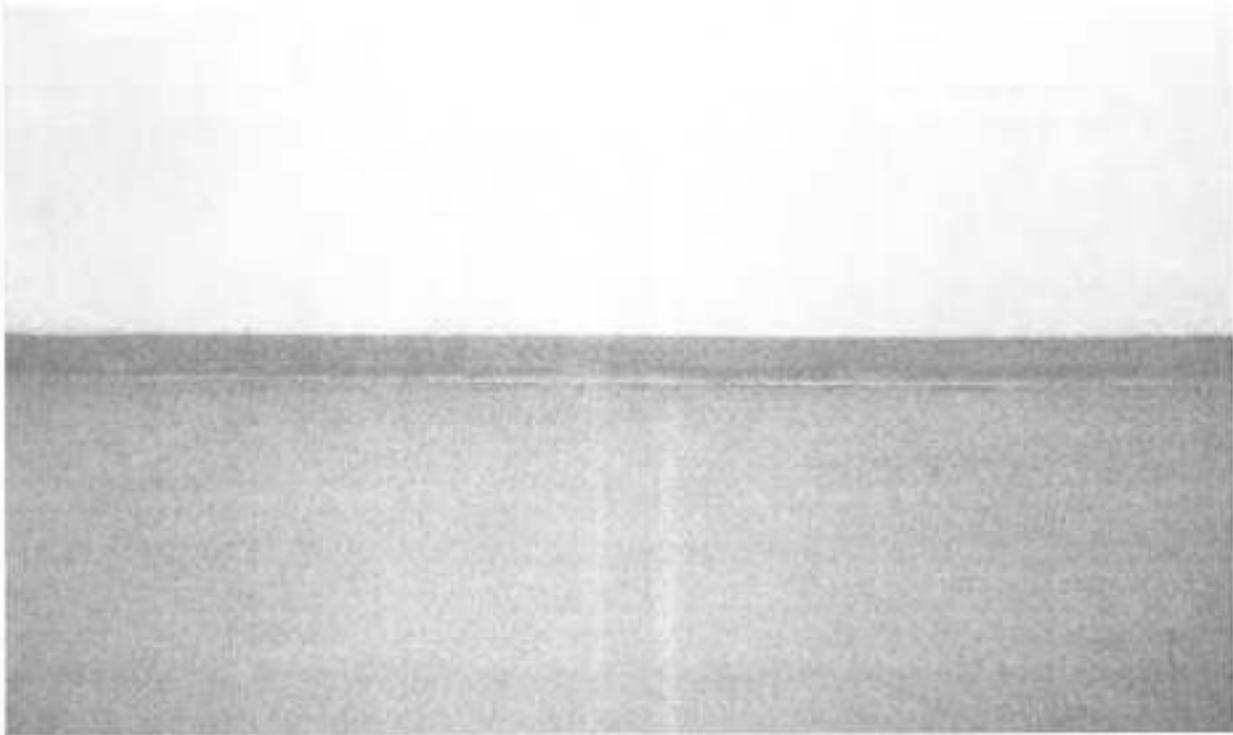
Clean Vent



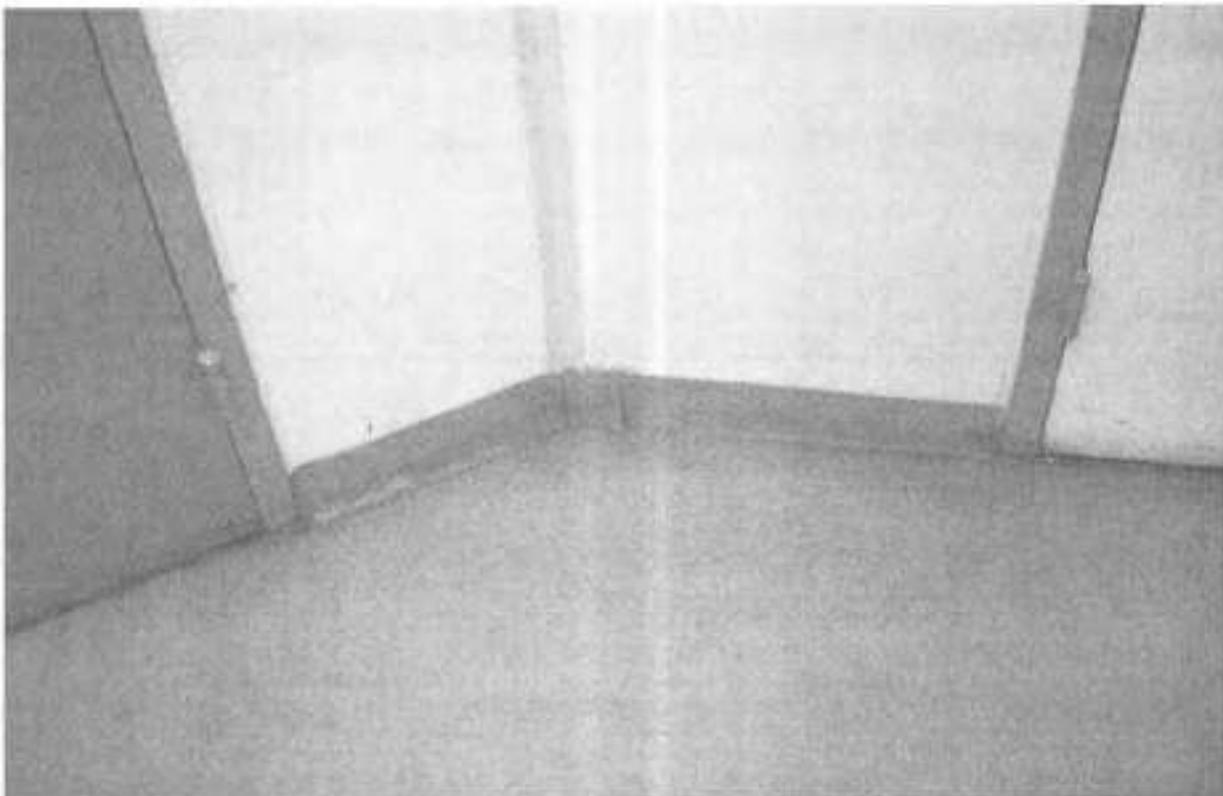
Dirty Vent



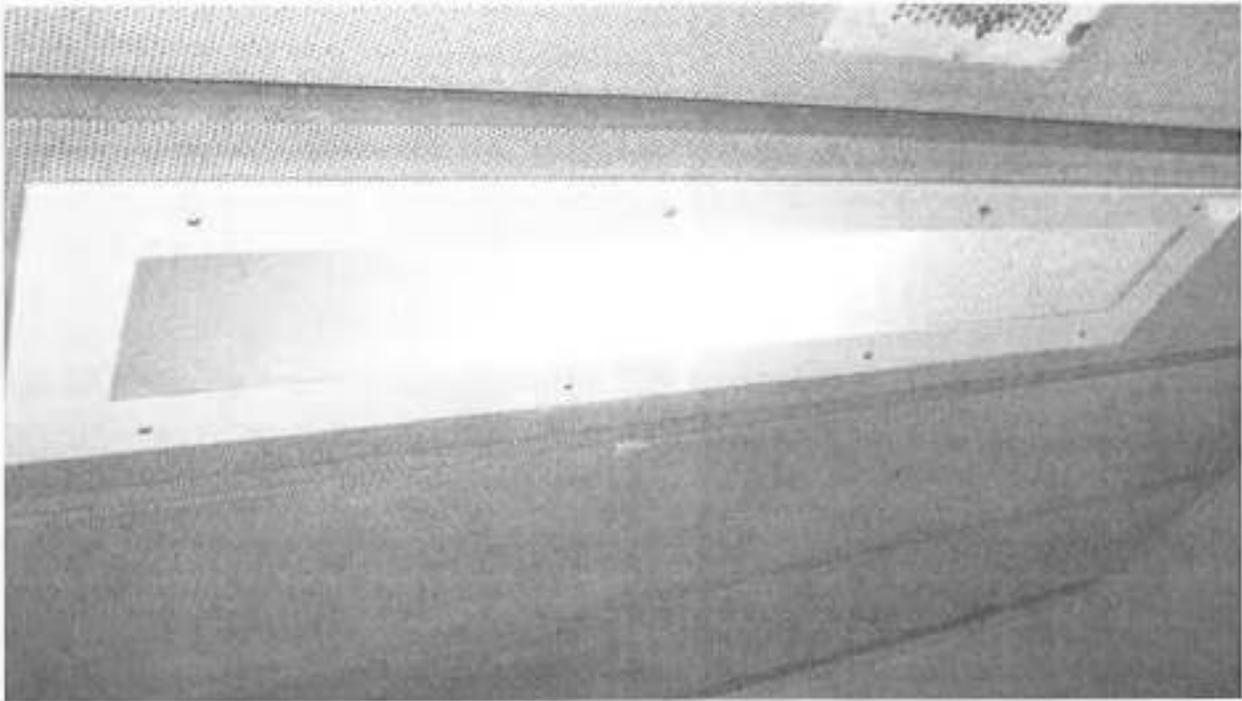
Clean floor/wall junction



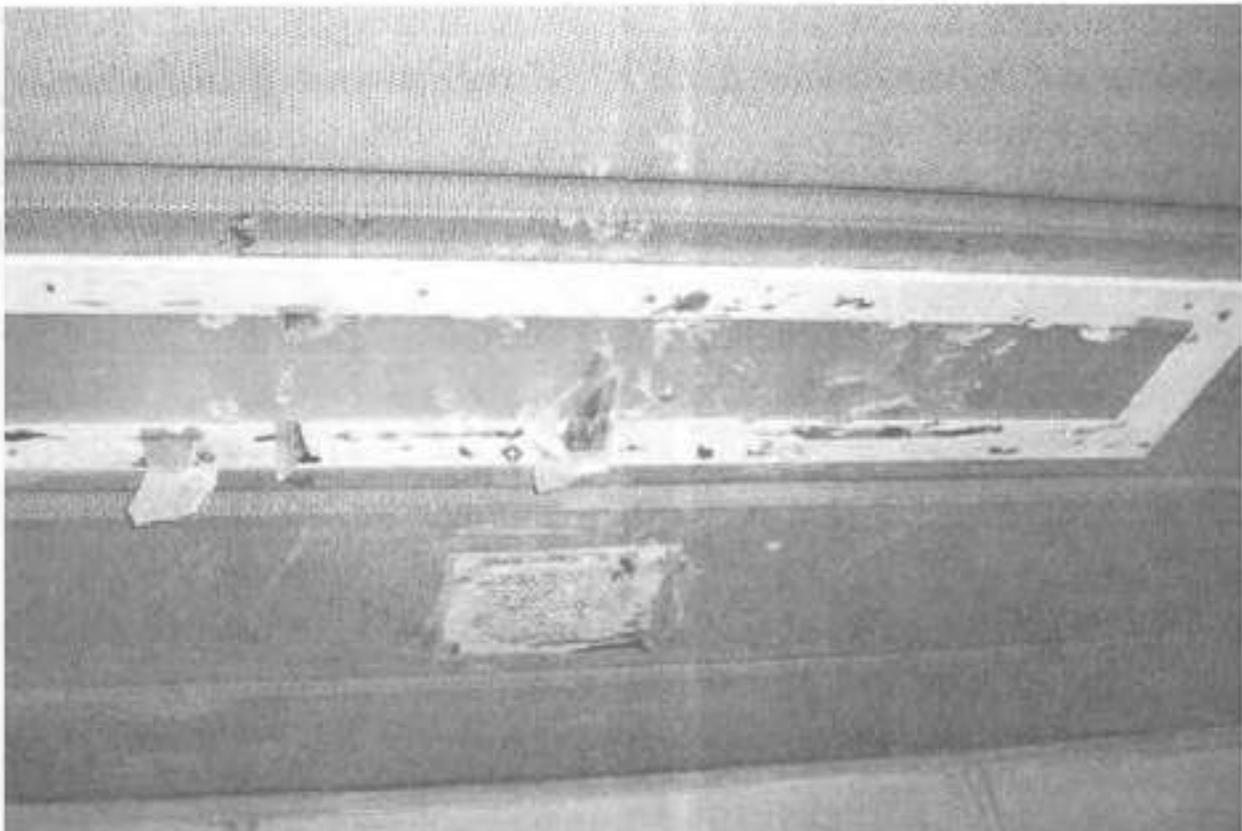
Dirty floor/wall junction



Clean light shield



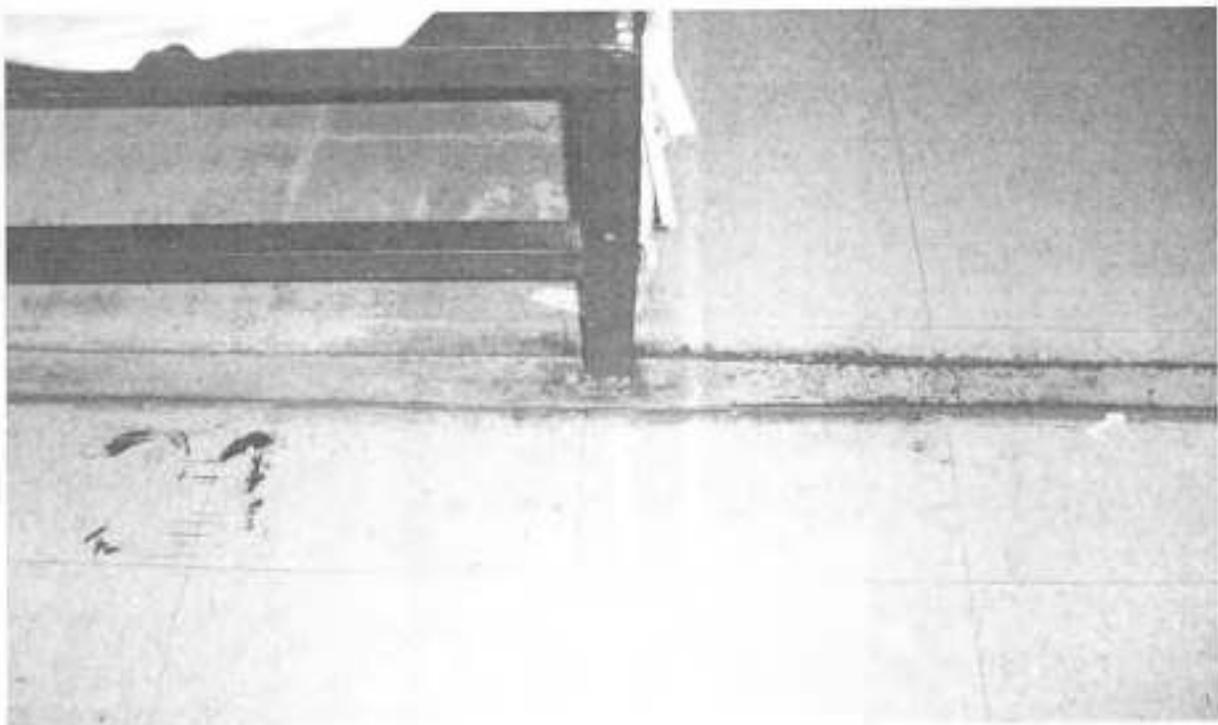
Dirty light shield



Clean floor-where bed attaches to floor



Dirty floor-where bed attaches



QUESTIONS/COMMENTS

You may contact the Environmental Health Unit at 718-546-3090 if you have any questions regarding sanitation or any other environmental issues. You may also contact the assistant commissioner for environmental health through the Central Operations Desk if you have any questions during non-business hours.

CURRENT LIST OF CLEANING SUPPLIES

Chemical	Use	Dilution Ratio
Mildew Remover	Corcraft Mold and Mildew Cleaner	Spray directly from bottle
Cleaner Without Grit	Gentle Scrub	Use directly from bottle
General Cleaner	Liberty 670 (green soap ball) Trailers only	One soap ball in 3 gallons of water
	Diversey General Cleaner #15	Use directly from dispenser
Sanitizing Solution	Liberty 671 (blue soap ball) Trailers only	One soap ball in 3 gallons of water
	Diversey Virex	Use directly from dispenser
Neutral Floor Cleaner	Diversey Stride	Use directly from dispenser

SANITATION INSPECTION FORM

CRITICAL SANITARY CRITERIA

NEW YORK CORRECTION DEPARTMENT

NEW YORK CITY JAILS

Facility Name: _____

Date of Inspection: _____

Time of Inspection: _____

Unit: _____

Type: _____

DOC Sanitarian: _____

Page _____ of _____

Supervisor: _____

Unit Component	Housekeeping Management					Housekeeping			
	1 CLEANING & SANITIZING PROCEDURES FOLLOWED	2 LACK OF CLEANING CHEMICALS	3 INADEQUATE CLEANING EQUIP & EQUIP SANITATION	4 ADEQUATE WATER FACILITIES PROVIDED	5 PRESENCE OF VERMIN/OF INDICATOR ORGANISMS	6 UNCLEAN TO SIGHT	7 ORGANIC SOIL ACCUMULATIONS	8 SURFACES SMOOTH & EASILY CLEANABLE	9 PRESENCE OF ODORS
GENERAL									
Showers									
Toilet Area									
Day Room (general)									
Day Room (toilet)									
Day Room (furnishings)									
Utility/Janitor Room									
Storage									
Cell (Cell #)									
Cell (Cell #)									
Cell (Cell #)									
Cell (Cell #)									
Sleeping Area (General)									
Dormitory Beds									
Common Area									
Unit Component Totals									
Component Trend Score: Reduced Sampling scoring must be 3 or less for the housing component to be considered to have met sanitary standards or requirements on all rows except the General, Day Room Furnishings and Dormitory Bed rows which must be 2 or less.					Scoring:	1 - Does not meet accepted standards or requirements.			YR
						0 - Meets accepted standards or requirements.			W/
									GR

INSPECTION NOTES:

HOUSEKEEPING MANAGEMENT

1. CLEANING AND SANITIZING PROCEDURES FOLLOWED*:

- a) Uniform sanitary procedures as detailed in policies and procedures not followed;
- b) Cleaning frequency inadequate to maintain proper sanitation.
- c) Policy is inadequate to address soiling of the unit.
- d) No evidence of training of inmate to housekeeping policy.
- e) Disposable glove and other personal protective equipment not available, provided or used as per manufacturer's label requirements and/or institutional policy.

Verification of these criteria is by indicating two or more of the following:

- a. Lack of adherence to established policies and procedures;
- b. No notation in unit log (schedule or frequency);
- c. Absence of training materials or instructional postings in critical housekeeping areas;
- d. Direct chemical test of finished disinfectant solution;
- e. Negative responses to inmate and/or staff interviews.

2. LACK OF CLEANING CHEMICALS

- a) Cleaning chemicals not provided to unit.
- b) Par levels not appropriate to the unit. Verification of the deficiency is by any one of the following:
 - a. Boundary markers in inventory levels that signal replenishment is necessary not established, or;
 - b. Amount or level considered to be adequate, not maintained, or;
 - c. Absence of standard quantity as established by policy.

3. INADEQUATE CLEANING EQUIPMENT AND EQUIPMENT STATION

- a) Cleaning equipment in poor repair or worn;
- b) Cleaning equipment is visibly dirty and possibly malodorous;
- c) Inadequate storage of housekeeping equipment;
- d) Cleaning equipment storage appurtenances not available for the sanitary and safe storage of mops, brooms and brushes;
- e) Par levels inappropriate to the facility or not established to meet cleaning needs.

4. ADEQUATE WATER FACILITIES PROVIDED

- a) Utility sink not readily available and/or accessible.
- b) Hot and cold water of adequate flow and pressure not provided.
- c) Absence of a free-flowing drain.

5. PRESENCE OF VERMIN INCLUDING INDICATOR ARTHROPODS*

HOUSEKEEPING OBSERV

5. UNCLEAN TO SIGHT:

- a. Presence of loose filth and garbage.
- b. Dust and dirt accumulation
- c. Soiling of touch points and/or high (common) touch surface
- d. Soiled bed frames and dayroom furnishings*
- e. Soiled utility (janitor's) closet
- f. Soil imbedded at transition areas such as edges of spalled tile jambs and furnishing floor anchors.

7. ORGANIC SOIL ACCUMULATIONS IN WET AND MOIST AREAS

- a. Organic debris accumulation in and around toilets, urinals, etc.
- b. Drain screens* not cleaned of hair and debris; partially occluded pooling of water.
- c. Chronic pooling of water and/or presence of chronically wet areas.

8. SURFACES SMOOTH AND EASILY CLEANABLE

- a. Structural surfaces in poor repair; porous, uneven/irregular junctions not smooth, rounded or sealed; cracks, joints and
- b. Beds and/or dayroom furnishings in poor repair.

9. PRESENCE OF MALODORS

Malodors are those that are classified as those that are distinctly

10. LIGHTING

- a. Less than 10 foot-candles; measured at three-feet from the
- b. Less than optimal lighting from an existing and operational conditions such as dimming or flickering and/or the presence

11. VENTILATION*

- a. Exhaust ventilation in toilets, showers and utility closets not
- b. Exhaust ventilation grills occluded with dust, dirty or sealed

INSPECTION NOTES:

ATTACHMENT D

HELPFUL HINTS FOR SANITATION

PROPER USE OF CHEMICALS

- 1) APPLY MILDEW REMOVER – SPRAY ON – LEAVE FOR 15 MINUTES – MANUALLY SCRUB, RINSE WITH COPIOUS AMOUNTS OF WATER

- 2) DISPENSE THE DIVERSEY GENERAL CLEANER 15 (GREEN LABEL) FROM THE DISPENSER. ALL VISIBLE DIRT MUST BE REMOVED DURING THIS STEP. APPLY TO SURFACE FROM TOP TO BOTTOM, MANUALLY SCRUB WITH SCRUB BRUSH OR GREEN PAD, RINSE WITH COPIOUS AMOUNTS OF CLEAN WATER.

APPLY CLEANER WITHOUT GRIT TO THE TOILETS, URINALS, SINKS, AND SHOWERS, MANUALLY SCRUB, RINSE WITH COPIOUS AMOUNTS OF WATER.

- 3) DISPENSE THE DIVERSEY VIREX 256 (BLUE LABEL) FROM THE DISPENSER, APPLY TO ALL SURFACES FROM TOP TO BOTTOM AND ALLOW TO AIR DRY.

- 4) DISPENSE THE STRIDE NEUTRAL FLOOR CLEANER (ORANGE LABEL) FROM THE DISPENSER. MOP THE FLOOR, RINSE.

REMEMBER: GREEN EQUALS CLEAN AND BLUE KILLS THE FLU

PAY SPECIAL ATTENTION TO THE FOLLOWING AREAS: 1) WHERE THE FLOOR AND WALL MEET, 2) CORNERS, 3) WHERE THE BEDS ATTACH TO THE FLOOR, 4) VENTS, 5) LIGHT SHIELDS, 6) CONTACT SURFACES (DOOR KNOBS, FAUCETS,

TELEPHONE, CHAIRS, TABLES, ETC.)

JANITOR CLOSET MAINTENANCE

ALL SUPPLIES (BROOMS, MOPS, SCRUB BRUSHES, MOP BUCKETS, ETC.) MUST BE CLEANED THOROUGHLY BEFORE BEING PLACED IN THE JANITOR CLOSET AT THE CONCLUSION OF THE CLEANING

PROPERLY MAINTAINED JANITOR CLOSET



POORLY MAINTAINED JANITOR CLOSET





**CORRECTION DEPARTMENT
CITY OF NEW YORK**

FORM 428R
REV. 11/22/02
REF: DIR 4013RR



CELL INSPECTION REPORT

HOUSING AREA:

CELL/BED #:

OCCUPANT:

DATE:

MAKE A CHECK MARK IN THE APPROPRIATE COLUMN

ITEM	SATISFACTORY	DAMAGED
TOILET BOWL		
SINK		
MATTRESS		
SHEET		
PILLOW CASE		
TOWEL		
PILLOW		
LIGHT FIXTURES		
BLANKET		
WINDOWS		
DESK		
CHAIR		
BED FRAME		
FOOD STORAGE CONTAINER WITH LID		
LOCKER		

IN THE REMARKS SECTION, DESCRIBE BRIEFLY AND LIST ANY ITEMS THAT ARE DAMAGED.

REMARKS:

THE ABOVE ITEMS WERE CHECKED BY ME AND FOUND TO BE IN THE CONDITION AS INDICATED.

SIGNATURE OF EMPLOYEE

TITLE

SHIELD #

You are hereby warned, that financial restitution will be sought for the willful damage or destruction to City property. Before signing this form, you have the right to verify the items checked by the officer, in order to certify, that the condition of the fixtures and equipment were accurately reported.

SIGNATURE OF INMATE

NUMBER

DATE

After you have signed this form, the officer will give you a copy for your records.

SIGNATURE/HOUSING AREA SUPERVISOR

NYC000229

	CORRECTION DEPARTMENT CITY OF NEW YORK	ENVIRONMENTAL HEALTH UNIT	FORM: #3901R-A REV.: 04/04/14 REF.: DIR. #3901R-B	
WEEKLY SANITATION INSPECTION FORM			1 of 2 PAGES	

FACILITY:	DATE:	AREA:
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AREA	TASK	COMPLETE (Circle One) (If no, state reason)		COMMENTS (Action taken)
Janitor Closet	Is floor clean?	Yes	No	
	Are walls clean?	Yes	No	
	Are ledges, windowsills, and bars free of dust?	Yes	No	
	Is ceiling clean?	Yes	No	
	Is slop sink operable?	Yes	No	
	Is slop sink clean?	Yes	No	
	Is light operable?	Yes	No	
	Is light shield clean?	Yes	No	
	Is vent present?	Yes	No	
	Is vent clean?	Yes	No	
Mop/Broom Holder	Is holder installed?	Yes	No	
	Is holder clean?	Yes	No	
Dayroom	Is floor clean?	Yes	No	
	Are walls clean?	Yes	No	
	Are ledges, windowsills, and bars free of dust?	Yes	No	
	Is ceiling clean?	Yes	No	
	Are the tables clean?	Yes	No	
	Are the chairs clean?	Yes	No	
	Are lights operable?	Yes	No	
	Are light shields clean?	Yes	No	
	Are vents clean?	Yes	No	
	Are radiators covered/intact?	Yes	No	
	Are radiators clean?	Yes	No	
	Is dayroom toilet operable?	Yes	No	
	Is dayroom toilet clean?	Yes	No	
	Is sink operable?	Yes	No	
	Is sink clean?	Yes	No	
Shower / Bathroom	Is floor clean?	Yes	No	
	Is mildew on the floor?	Yes	No	
	Is mildew on the wall?	Yes	No	
	Is mildew on the ceiling?	Yes	No	
	Are walls clean?	Yes	No	
	Is ceiling clean?	Yes	No	
	Are lights operable?	Yes	No	
	Are light shields clean?	Yes	No	
	Is soap scum present?	Yes	No	
	Are vents clean?	Yes	No	
	Are sinks operable?	Yes	No	
	Are sinks clean?	Yes	No	
	Are toilets operable?	Yes	No	
	Are toilets clean?	Yes	No	
	Are showers operable?	Yes	No	
	Are showers clean?	Yes	No	
	Are floor drains clean?	Yes	No	
	Are urinals operable?	Yes	No	
	Are urinals clean?	Yes	No	
	Are ledges, windowsills, and bars free of dust?	Yes	No	
Are radiators covered/intact?	Yes	No		
Are radiators clean?	Yes	No		



WEEKLY SANITATION INSPECTION FORM

2 of 2
PAGES

FACILITY:

DATE:

AREA:

AREA	TASK	COMPLETE (Circle One) (If no, state reason)		COMMENTS (Action taken)
		Yes	No	
Supplies (cont.)	Do you have floor brooms (2-on each side)?	Yes	No	
	Do you have deck brushes (2-on each side)?	Yes	No	
	Do you have utility brushes (2-on each side)?	Yes	No	
	Do you have sponges (4-on each side)?	Yes	No	
	Do you have dust pans (1-on each side)?	Yes	No	
	Do you have scouring pads (6-on each side)?	Yes	No	
	Do you have stainless steel cleaner?	Yes	No	
	Do you have mildew cleaner?	Yes	No	
	Do you have Liberty 671 sanitizer?	Yes	No	
Pest Activity	Do you have garbage cans (2-on each side)?	Yes	No	
	Did you observe any rodents?	Yes	No	
Cells / Beds	Did you observe any insects?	Yes	No	
	Are the walls clean, free of graffiti?	Yes	No	
	Are floors clean?	Yes	No	
	Are floor/wall junctions clean?	Yes	No	
	Are ledges, windowsills, bars and bed frames free of dust?	Yes	No	
	Is toilet operable?	Yes	No	
	Is sink operable?	Yes	No	
	Is light shield covered?	Yes	No	
	Is light operable?	Yes	No	
	Are vents cleaned?	Yes	No	
	Is ceiling clean?	Yes	No	
	Are radiators intact?	Yes	No	
	White bucket?	Yes	No	
	Blue bucket w/ lid?	Yes	No	
Is window screen intact?	Yes	No		
Are mattresses clean and intact?	Yes	No		

Note:
Each individual cell/bed area must be individually inspected. All discrepancies shall be noted in the comments section of the task concerned or the remarks section below

Remarks: _____

PAR LEVELS

(If there is one janitor closet shared by two sides of a housing area, these numbers shall be doubled)

Item	Quantity
Diversey General Cleaner 15	1 bottle in dispenser – Extra concentrated chemical shall not be stored in housing area.
Diversey Virex 256	1 bottle in dispenser – Extra concentrated chemical shall not be stored in housing area.
Diversey Stride Neutral Floor Cleaner	1 bottle in dispenser – Extra concentrated chemical shall not be stored in housing area.
Mop buckets with wringers	2
Mop heads and sticks	2
Brooms	2
Dust pan	1
Sponges	4
Green scouring pads	6
Corcraft Mold and Mildew Cleaner	1 bottle
Gentle Scrub Cleaner Without Grit	1 bottle
Garbage can with tight fitting lid	2
Scrub brushes (held in hand)	2
Deck brushes (long handled)	2

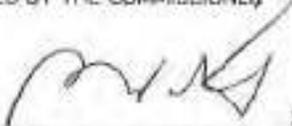
*The Correction Officer shall notify the Area Captain if less than the par levels of sanitation supplies are present in the janitor closet. If the EHO is not available to replenish the supplies, the Area Captain shall notify the Tour Commander. The Tour Commander shall have access to sanitation supplies and shall ensure that the supplies were replenished.



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED			SUBJECT		
EFFECTIVE DATE		*TERMINATION DATE		EXPOSURE CONTROL PLAN	
04/05/00		/ /			
CLASSIFICATION	SUPERSEDES	DATED	DISTRIBUTION	PAGE 1	
# 3126R	Directive #3126	12/15/94	A	OF 16 PAGES	
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER			AUTHORIZED BY THE COMMISSIONER		
 WILLIAM J. FRASER, CHIEF OF DEPARTMENT			 BERNARD B. KERIK		
SIGNATURE			SIGNATURE		

I. PURPOSE

Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis B Virus warrant serious concerns for workers occupationally exposed to blood and certain body fluids that contain bloodborne pathogens. The major intent of this Directive is to prevent the transmission of bloodborne diseases within the New York City Department of Correction work force as a result of occupational exposure. This plan mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training, and describes and mandates practices and procedures for housekeeping, medical evaluation, hazard communication, and record keeping.

II. POLICY

- A. The Department is committed to providing a safe and healthful work environment for its entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogen Standard, Title 29 Code of Federal Regulations (CFR) 1910.1030, as enforced by the New York State Department of Labor, Division of Public Employee Safety and Health (PESH).
- B. The ECP is an essential document to assist the Department in implementing and ensuring compliance with the standard thereby protecting employees. This ECP includes:
1. Employee exposure determination;
 2. The procedures for evaluating the circumstances surrounding an exposure incident, and

	EFFECTIVE DATE 04/05/00	SUBJECT EXPOSURE CONTROL PLAN	
	CLASSIFICATION # 3126R		
	DISTRIBUTION A	PAGE 2 OF 16 PAGES	

II. POLICY continued

3. The schedule and method for implementing the specific sections of the standard, including:
 - a. Methods of compliance;
 - b. Hepatitis B vaccination and post-exposure follow-up;
 - c. Training and communication of hazards to employees; and
 - d. Record keeping.

III. DEFINITIONS

- A. **Blood** - Human blood, human blood components, and products from human blood.
- B. **Blood Spill Kit** - a prepackaged assortment of materials needed to clean up a blood spill, commonly consisting of absorbents, wipes, gloves, and antiseptic cleaning solutions.
- C. **Bloodborne pathogens** - Pathogenic microorganisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
- D. **Contaminated** - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- E. **Contaminated Sharps** - Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, and broken glass.
- F. **Engineering controls** - controls (e.g. sharp disposal containers) that isolate or remove the bloodborne pathogen hazard from the work place.
- G. **Exposure Incident** - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- H. **Occupational Exposure** - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

	EFFECTIVE DATE 04/05/00	SUBJECT EXPOSURE CONTROL PLAN	
	CLASSIFICATION # 3126R		
	DISTRIBUTION A	PAGE 3 OF 16 PAGES	

III. DEFINITIONS continued

I. Other Potentially Infectious Materials (OPIM):

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human;
3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions and blood, organs or other tissues from experimental animals infected with HIV or HBV.

J. **Parenteral** - Piercing mucous membranes or skin barrier through such events as needle sticks, human bites, cuts and abrasions.

K. **Personal Protective Equipment (PPE)** - Equipment worn as a barrier to protect an individual from direct contact with a potentially hazardous or infectious material. Examples of PPE include gloves, gowns, lab coats, shields, masks, and respirators.

L. Regulated Medical Waste:

1. Liquid or semi-liquid blood or other potentially infectious materials;
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
3. Items that are caked with dried blood or other potentially infectious material and are capable of releasing these materials during handling;
4. Contaminated sharps/out dated and expired unused needles and syringes; and
5. Pathological and microbial wastes containing blood or other potentially infectious materials.

M. **Universal Precautions** - An approach to infection control, which requires that all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

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IV. PROGRAM ADMINISTRATION

- A. The following units and groups of employees are charged with the responsibility of maintaining, implementing, updating, and ensuring compliance with provisions of this plan.
1. The Health Management Division (HMD) is responsible for overseeing the medical aspects of the plan and ensuring that all required records are maintained. In conjunction with the Environmental Health Unit (EHU) and the Office of the Chief of Administration, the Health Management Division will review the plan annually and make any necessary changes.
 2. Those employees identified in section V of this directive are required to comply with the procedures and work practices outlined in this ECP.
 3. The Environmental Health Unit (EHU) is responsible for contracting with and supervising the services of an appropriately licensed infectious and hazardous waste disposal firm, and for approving the specifications for all disinfectants, blood-spill kits, and contaminated laundry transport containers used within the Department.
 4. The Correction Academy will be responsible for training, documentation for training, and distribution of the written ECP to the civilian and uniformed staff members attending the bloodborne pathogen training class.
 5. The Supervisor of the Rikers Island Central Storehouse shall be responsible for ordering and keeping an inventory of, and establishing a direct delivery system to each facility as required, for the following:
 - a. Latex and vinyl gloves;
 - b. Abrasion and cut-resistant gloves;
 - c. Containers for the transport of contaminated laundry; and
 - d. Blood-spill kits.

V. EMPLOYEE EXPOSURE DETERMINATION

- A. The Department has performed, and is required to perform on an ongoing basis, an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is

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V. EMPLOYEE EXPOSURE DETERMINATION continued

made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination requires that a list of all job classifications in which substantially all employees may be expected to incur such occupational exposure regardless of frequency be maintained. The following job classifications fall in this category within the Department of Correction:

- | | |
|------------------------|---------------------------------|
| 1. Deputy Wardens/ADWs | 6. Supervisors of Mechanics |
| 2. Captains | 7. Plumbers/Plumbers Assistants |
| 3. Correction Officers | 8. Nurses |
| 4. Clinicians | 9. Public Health Sanitarians |
| 5. Maintenance Workers | 10. Institutional Aides |

- B. In addition, the Department is required to list job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks and procedures that would cause these employees to have an occupational exposure are also required to be listed. While the Department does not believe that any job classification falls into this category, it is the policy of the Department to offer Hepatitis B vaccines and training in bloodborne pathogens to all employees wishing it, regardless of the potential for exposure.

VI. METHODS OF IMPLEMENTATION AND CONTROL

A. UNIVERSAL PRECAUTIONS

All employees shall use Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and other potentially infectious materials as defined in this Directive are infectious for HIV, HBV, and other bloodborne pathogens and must be treated accordingly.

B. EXPOSURE CONTROL PLAN (ECP)

- Employees covered by the bloodborne Pathogen Standard will receive an explanation of this ECP during initial training. At the time of the training, the employee will receive a copy of the ECP. It will also be reviewed in the annual refresher training. All employees will have an opportunity to review this plan by contacting the Deputy Warden for Administration during business hours, and at all other times, by contacting the on-duty Tour Commander. An employee may contact the Director of Environmental Health for a copy of the Bloodborne Pathogen Standard.

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VI. METHODS OF IMPLEMENTATION AND CONTROL continued

2. The Health Management Division in conjunction with the Environmental Health Unit and the Chief of Administration will review the plan annually and update the plan to reflect any new or modified tasks and procedures which affect occupational exposure. At that time, new or modified tasks within employee positions will be reviewed and incorporated into the ECP as required.
3. A copy of the ECP, in protective binding, shall be kept on file in the Central Control Room of the facility and issued pursuant to orders from the on-duty Tour Commander. The copy must be returned to the Control Room and accounted for after employee review.

C. ENGINEERING CONTROLS

1. Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls that will be used and where they will be used are listed below:
 - a. All employees shall wash their hands, and any other skin with soap and water, or flush mucous membranes (nose, eyes, mouth) with water immediately, or as soon as operational duties permit, following contact on such body areas with blood or potentially infectious materials.
 - b. Each facility is required to make hand-washing stations readily accessible and/or make necessary arrangements to have antiseptic towelettes readily available. If this alternative must be utilized, the facility must appropriately notify the staff of the locations at which the towelettes are available.
 - c. All blood spills shall be cleaned with the blood spill kits available in the Control Room.
 - d. The Ampel Probe, provided in each housing area, is to be used to collect used inmate razors. Under no circumstances is a staff member to have direct unprotected contact with a used inmate razor.
 - e. All staff members involved in the mass distribution and collection of inmate razors are to wear abrasion and cut-resistant gloves over either latex or vinyl disposable gloves, and are to handle the used inmate razors with the Ampel Probe one at a time.

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VI. METHODS OF IMPLEMENTATION AND CONTROL continued

2. Disposable gloves (latex or vinyl) shall be worn when it can be reasonably anticipated that employees may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. That is, during cell searches or housing area searches where inmate personal hygiene items may be encountered, and during searches of sinks, showers and commodes. **UNDER NO CIRCUMSTANCES SHALL FOOD HANDLER GLOVES BE USED FOR THIS PURPOSE.** Boxes of latex and vinyl gloves shall be placed on the response wagon each tour. The gloves shall be made available, upon request, to any staff member that may reasonably anticipate coming into contact with blood or other potentially infectious materials. A choice of latex and vinyl is offered because some employees may be skin-sensitive to latex.
3. Disposable gloves (latex or vinyl) are single-use only, but also shall be replaced when contaminated, torn, or punctured.
4. Abrasion and cut-resistant gloves shall be worn in situations involving broken glass or sharp edges. If exposure to blood or other potentially infectious material is reasonably anticipated, disposable gloves (latex or vinyl) shall be worn under the abrasion and cut-resistant gloves.
5. Whenever an employee may be occupationally exposed while performing cardio-pulmonary resuscitation or rescue breathing, a Code Pak resuscitator shall be used.
6. Employees shall wash their hands immediately, or as soon as operational conditions permit, after removal of gloves or other personal protective equipment.
7. "Sharps" such as needles, scalpel blades, broken test tubes, and other sharp instruments represent a great risk of transmission of bloodborne pathogens such as HIV and HBV. All sharps shall be considered potentially infectious and handled with care so as to prevent injuries during cleaning and disposal procedures. Sharps containers shall be located in every area where sharps are used. See Directive #3903, Sanitation of Medical Areas for the procedures for disposing of regulated medical waste.
8. All contaminated personal protective equipment (e.g. gloves, lab coats, or disposable gowns, etc.) shall be placed in a red, regulated medical waste disposal bag in accordance with Directive #3903, Sanitation of Medical Areas.

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9. All personal protective equipment used at any departmental facility will be provided without cost to the employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potential infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Each facility must designate the party responsible for the maintenance of an adequate supply of personal protective equipment on site and maintain an accurate listing of their location and the appropriate means for obtaining supplies on all tours of duty.
10. An employee may temporarily and briefly decline to use personal protective equipment when, under rare and extraordinary circumstances, it is the employee's judgment that in the specific instance its use will prevent the delivery of health care or public safety or pose an increased hazard to the safety of the employee or others.

D. BLOODBORNE PATHOGEN TRAINING

1. All employees (uniformed and civilian) with occupational exposure shall receive training which contains the following elements:
 - a. An explanation of Title 29 CFR 1910.1030 and an accessible copy of the text;
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - c. An explanation of the modes of transmission of bloodborne pathogens;
 - d. Methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
 - e. An explanation of the use and limitations of the methods to be used by the Department to prevent or reduce exposure;
 - f. Information of the types, proper uses, location, donning, and removing of personal protective equipment;

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VI. METHODS OF IMPLEMENTATION AND CONTROL continued

- g. An explanation of the basis for selection of PPE;
 - h. Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, benefits of vaccination, and that the vaccine is offered free of charge;
 - i. Information on the appropriate procedures and contact personnel in an emergency involving blood or other potentially infectious materials;
 - k. An explanation of the procedures for an exposure incident, including the method of reporting the incident and the required medical follow-up;
 - l. Information on post-exposure evaluation and follow-up;
 - m. An explanation of the signs and labels and/or color coding required by Title 29 CFR 1910.1030; and
 - n. An opportunity for interactive questions and answers.
2. Bloodborne Pathogen Exposure Control Training shall be provided at the time of the initial assignment to tasks where occupational exposure may occur with annual updates thereafter.
 3. Additional training shall be provided when changes such as modification of tasks or procedures, or the institution of new tasks or procedures affect employee's occupational exposure.

E. HEPATITIS B VACCINATION

1. Hepatitis B vaccination shall be made available to all occupationally exposed employees after the employees have received the training specified in this Directive, and within ten (10) days of initial assignment, unless such employees have previously received the complete Hepatitis B vaccination series, or antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. (According to Title 29 CFR 1910.1030, participation in the prescreening program is not a prerequisite for receiving the Hepatitis B vaccination).
2. All employees are strongly encouraged to receive the Hepatitis B vaccination series. The vaccination shall be made available to any occupationally exposed employee who initially declines the Hepatitis B vaccination, but at a later date decides to accept it.

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3. Employees who decline the Hepatitis B vaccination shall sign a declination statement (Appendix B). Documentation of refusal of the Hepatitis B vaccination will be kept in the employee medical record on file with the Health Management Division.
4. Hepatitis B vaccination shall be administered in accordance with the U.S. Public Health Service recommended protocol. Hepatitis B vaccination booster doses must be made available to employees if recommended by the U.S. Public Health Service.
5. The health care professional responsible for the administration of the Hepatitis B vaccination shall be provided with a copy of Title 29 CFR 1910.1030.

F. POST EXPOSURE EVALUATION AND FOLLOW-UP

1. When an employee experiences an exposure incident (exposure to blood, contaminated sharps, or other potentially infectious material), he/she shall immediately notify his/her immediate supervisor.
2. The employee must wash his/her hands and any other exposed skin areas with soap and water or flush mucous membranes (nose and mouth) with water immediately or as soon as operation duties permit following contact of such body areas with blood or other potentially infectious materials.
3. HHC (Correctional Health Services) and/or its affiliate shall provide on-site post-exposure prophylaxis (PEP) services to correctional personnel working at the institutions. If for any reason such PEP services may be unavailable in a timely manner (within two (2) hours of exposure), the employee must be transported to the nearest city hospital (i.e. Elmhurst General, Kings County Hospital, Bellevue Hospital, Lincoln Hospital) to be medically evaluated and treated, if such treatment is medically indicated.
4. The employee shall communicate with the Infection Control Nurse at HMD about the exposure and treatment at the hospital within ninety-six (96) hours.
5. The employee shall complete workers compensation forms and submit them to the supervisor notified at the time of the injury, as in step 1 above. That supervisor shall complete the forms and forward them to the Compensation Unit at HMD, following Directive 1004, Procedures for Filing Workers Compensation Claims.

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6. In addition to the actions required in Directive 1004, Procedures for Filing Workers Compensation Claims, the notified supervisor shall immediately contact the Tour Commander of the facility. The Tour Commander shall contact the Infection Control Coordinator at HMD during normal business hours at (718) 595-2509 or via the Central Operations Desk during non-business hours. The Tour Commander, together with the employee shall document the exposure incident on the Exposure Incident Report (Appendix A). Copies of the report shall be forwarded to the Deputy Warden for Administration or the Commanding Officer and the Infection Control Unit at HMD.
7. A confidential medical evaluation and follow-up will be made by the Infection Control Unit of HMD and shall include the following:
 - a. The documented routes of exposure and how the exposure occurred;
 - b. Identify and document the source individual, unless identification is not feasible or prohibited by State or local law;
 - c. Obtain consent, if possible, to have the health care provider for the source individual test the source individual's blood to determine HIV and HBV infectivity and release results to HMD. (If infectivity is known, testing need not be repeated.)

G. HEALTH CARE PROFESSIONALS

1. The Health Management Division will ensure that the health care professionals responsible for employee's Hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of the OSHA Bloodborne Pathogen Standard (Title 29 CFR 1910.1030) as well as be provided with:
 - a. A description of the employee's job duties relative to the exposure incident;
 - b. Route(s) of exposure;
 - c. Circumstances of exposure;
 - d. If possible, results of the source individual's blood test; and
 - e. Relevant employee medical records including vaccination status.

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VI. METHODS OF IMPLEMENTATION AND CONTROL continued

2. The health care professional's written opinion shall be provided to the exposed employee within fifteen (15) days of the completion of the evaluation. Regarding Hepatitis B vaccinations, the written opinion shall be limited to:
 - a. Whether the employee received the Hepatitis B vaccination, or the vaccination is medically indicated.
 - b. Whether or not the employee was informed of the results of the medical evaluation and of any medical conditions which may require further evaluation and treatment.
3. All other findings resulting from the post-exposure evaluation shall remain confidential.

H. RECORD KEEPING

1. A record for each employee with occupational exposure shall be maintained at the HMD and shall include:
 - a. The name and social security number of the employee;
 - b. A copy of the employee's Hepatitis B vaccination status and any medical records relative to the employee's ability to receive the vaccination;
 - c. A copy of the results of examinations and medical testing relevant to the occupational exposure;
 - d. A copy of the health care professional's written opinion as specified above;
 - e. A copy of the information provided to the health care professional as specified above. All employee's medical records will be kept confidential and will not be disclosed or reported without the employee's written consent as required by Title 29 CFR 1910.1030 or as may be required by law. Employee medical records shall be maintained for at least the duration of the employment plus thirty (30) years, as per OSHA/PESH standards.
2. Bloodborne Pathogen training records shall be maintained at the Correction Academy and shall include the following information:
 - a. Dates of the training sessions;

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- b. Contents of a summary of the training session;
 - c. Names and qualifications of the persons conducting the training; and
 - d. Names and job titles of all persons attending the training sessions.
3. Training records shall be maintained for three (3) years from the date on which the training occurred. Training records shall be provided upon request to the employee or the employee's authorized representative within fifteen (15) days of such request.

I. HOUSEKEEPING

1. The Environmental Health Unit developed and implemented written schedules for cleaning and decontaminating all surfaces as indicated by the standard. The cleaning and sanitization of medical areas is found in Directive #3903, Sanitation for Medical Areas. Appropriate cleaning procedures include, but are not limited to:
 - a. Sanitize all surfaces with the appropriate disinfectant at the manufacturer's recommended concentration at the following times:
 - i. after completion of procedures;
 - ii. immediately upon overt contamination;
 - iii. after any spill of blood or other potentially infectious materials; and
 - iv. at the end of the work shift.
 - b. Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and sanitize receptacles immediately, or as soon as feasible;
 - c. Always use mechanical means such as tongs, forceps, or a brush and dustpan to pick up contaminated glassware. Never pick up contaminated glass with your hands even if gloves are worn.
 - d. Discard all regulated medical waste in accordance with Directive #3903, Sanitation of Medical Areas. Under no circumstances shall regulated medical waste be placed in regular garbage receptacles.

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- e. Only disinfectants approved by the Environmental Health Division, and used at the manufacturer's recommended strength, are appropriate for cleaning blood or other potentially infectious material. Additionally, 5.25% sodium hypochlorite (household bleach) in a 10% solution (one part bleach to nine (9) parts water) may be used to clean contaminated areas.
- f. Large blood spills (i.e. resulting from stabbings/slashing) shall be cleaned using the blood spill kit provided through the Central Control Room within fifteen (15) minutes of the end of an incident, as follows:
 - i. Don the personal protective equipment (PPE) provided in the kit (gloves, mask, etc.).
 - ii. Dispense the absorbent material provided in the kit on the blood spill;
 - iii. Utilize the scraper and pan to remove the absorbent materials from the surface, and place this material in the red bag provided in the kit;
 - iv. Use the germicidal material, as directed, to sanitize the area; and
 - v. Place all personal protective equipment, absorbent material, and germicidal material inside the red bag. Seal the red bag. Transport the red bag to the clinic and dispose of the bag in the regulated medical waste container.
- g. Wet, contaminated laundry shall be placed (at the source of contamination) in a leak-proof, labeled or color coded container before transporting;
- h. Each facility is required to list cleaning and sanitizing procedures and schedules in the Institutional Orders. Additionally, the location of blood spill kits should be noted in the Orders.

J. LAUNDRY

Laundering will be performed by the Correction Industries Division (CID) in accordance with Universal Precautions, which shall include, but not be limited to, the following procedures:

1. Contaminated laundry shall be handled with the use of appropriate personal protective equipment and with a minimum of agitation.

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2. Linen soiled with blood or body fluids should be placed and transported in labeled or color-coded leak-proof containers.
3. Machines used for laundering contaminated materials shall be distinctly marked. If hot water is used, the linen must be washed with detergent in water at least 140 - 160F for 25 minutes. If low-temperature (less than 140 degrees F.) laundry cycles are used, chemicals suitable for low temperature washing at proper concentration must be used.

K. LABELING

The Environmental Health Unit is responsible to ensure that the regulated medical waste is handled and labeled in accordance with Directive #3903, Sanitation of Medical Areas. Sharps containers and red bags are provided by the contracted vendor who removes the regulated medical waste.

VII. INSTITUTIONAL ORDERS

Each facility is required to immediately promulgate institutional orders based on the Exposure Control Plan. Specific procedures and schedules must be included in the institutional orders.

VIII. POSTING

The Exposure Control Plan, along with relevant institutional orders, must be accessible to employees as well as to PESH inspectors. Each facility may determine the best location as long as all employees can access a copy at the work place during all tours of duty.

IX. REFERENCES

- A. Directive #3125, Departmental Policy - Infectious Blood Borne Diseases, dated 12/26/89.
- B. Directive #3903, Sanitation of Medical Areas, dated 12/08/95.
- C. Operations Order #56/89, Life Design Systems (LDS) Cushion - Flex Mask and Pall Filter, dated 12/26/89.

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IX. REFERENCES continued

- D. Teletype Order #159-0, CPR Mask, dated 01/10/89.
- E. Teletype Order #5074-0, LDS Cushion-Flex Masks, dated 09/11/89.
- F. Directive #1004, Procedures for Filing Workers Compensation Claims, dated 08/15/88.

X. ATTACHMENTS

- A. Appendix A - Exposure Incident Report
- B. Appendix B - Declination Statement

XI. SUPERSEDES

Directive #3126, EXPOSURE CONTROL PLAN, dated 12/15/94.

APPENDIX A

EXPOSURE INCIDENT REPORT
(Routes and Circumstances of Exposure Incident)

Please Print

DATE COMPLETED: _____

EMPLOYEE'S NAME: _____ SS#: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DOB: _____ JOB TITLE: _____

EMPLOYEE VACCINATION STATUS: _____

DATE OF EXPOSURE: _____ TIME OF EXPOSURE: _____

LOCATION OF INCIDENT (FACILITY): _____

NATURE OF INCIDENT (NEEDLESTICK, PUNCTURE WOUND) BE SPECIFIC:

DESCRIBE WHAT TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE OCCURRED (BE SPECIFIC):

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)? Y N

IF YES, LIST: _____

DID THE PPE FAIL? YES NO

IF YES, EXPLAIN HOW: _____

WHAT BODY FLUID(S) WERE YOU EXPOSED TO (BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL)? BE SPECIFIC:

EXPOSURE INCIDENT REPORT
(Routes and Circumstances of Exposure Incident)

WHAT PARTS OF YOUR BODY BECAME EXPOSED? BE SPECIFIC:

ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED:

FOR HOW LONG?

DID A FOREIGN OBJECT (NEEDLE, NAIL, AUTO PART, ETC.) PENETRATE YOU
BODY? YES NO

IF YES, WHAT WAS THE OBJECT? _____

WHERE DID IT PENETRATE YOUR BODY? _____

WAS ANY FLUID INJECTED INTO YOUR BODY? YES NO

IF YES, WHAT FLUID? _____ HOW MUCH? _____

DID YOU RECEIVE MEDICAL ATTENTION? YES NO

IF YES, WHERE? _____

WHEN? _____

BY WHOM? _____

NAME OF SOURCE INDIVIDUAL: _____

OTHER PERTINENT INFORMATION: _____

SUPERVISOR'S SIGNATURE

APPENDIX B

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Printed Name

Date

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2012-006394
SENT: 10/16/12 1757 HRS

TELETYPE ORDER NO. HQ -02393-0

DATE OCTOBER 16, 2012

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM MICHAEL HOURIHANE, CHIEF OF DEPARTMENT

SUBJECT LIBERTY 670 AND 671

1. IN AN EFFORT TO KEEP POTENTIALLY HAZARDOUS MATERIALS SUCH AS THE WATER SOLUBLE PACKETS OF LIBERTY 670 AND 671 CLEANING SOLUTIONS FROM BEING USED INAPPROPRIATELY BY THE INMATE POPULATION, THE FOLLOWING PROCEDURES SHALL BE ADHERED TO WITHOUT EXCEPTION.

2. THE LIBERTY 670 AND 671 (SOAP BALLS) CONTAINERS SHALL BE SECURED AT ALL TIMES IN LOCKED JANITOR'S CLOSETS ONLY, WHEN NOT IN USE.

3. WHENEVER THE SANITATION DETAIL OR ANOTHER INMATE IS ASSIGNED TO CLEAN A PARTICULAR AREA, THE SOAP BALL WILL BE ISSUED UNDER THE SUPERVISION OF AN OFFICER, WHO SHALL ENSURE THAT WHEN EITHER PRODUCT IS USED, EACH SOAP BALL SHALL FIRST BE MIXED WITH THREE (3) GALLONS OF WATER IN THE MOP BUCKET. STAFF SHALL NEVER PROVIDE INMATES WITH A SOAP BALL UNLESS A BUCKET OF WATER CONTAINING THREE GALLONS OF WATER IS PROVIDED FOR DILUTION AT THE SAME TIME.

4. AT NO TIME IS A SOAP BALL PACKET TO BE REMOVED FROM THE JANITOR'S CLOSET OTHER THAN TO MIX AND DILUTE WITH WATER IN THE MOP BUCKET AS SPECIFIED ABOVE.

5. STAFF IS REMINDED THAT THESE CLEANING PRODUCTS ARE POTENTIALLY HARMFUL IF SWALLOWED OR OTHERWISE USED INAPPROPRIATELY.

6. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE TO ENSURE THAT THE CONTENTS OF THIS TELETYPE ORDER ARE READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS AND POSTED IN THE APPROPRIATE EMPLOYEE AREAS.

AUTHORITY:
OFFICE OF THE CHIEF OF DEPARTMENT
MM/CR

NYC000252



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED			SUBJECT		
EFFECTIVE DATE 04/04/14		TERMINATION DATE / /	ENVIRONMENTAL HEALTH PROGRAM		
CLASSIFICATION # 3900R	SUPERSEDES 3900	DATED 12/08/95	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DISTRIBUTION A	PAGE 1 OF 17 PAGES
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER <i>Evelyn A. Mirabal, Chief of Department</i> EVELYN A. MIRABAL, CHIEF OF DEPARTMENT SIGNATURE			AUTHORIZED BY ACTING COMMISSIONER <i>Mark Cranston</i> MARK CRANSTON SIGNATURE		

I. PURPOSE

To establish policy and procedures for environmental health and housekeeping standards for the New York City Department of Correction (Department) and to delineate the responsibilities of personnel with respect to these standards.

II. POLICY

It is the policy of the Department to ensure that all facilities it operates are clean, safe, free of vermin and insect infestation, and in compliance with all applicable laws and court orders. When capacity allows, the Department shall leave vacant a sufficient amount of cell and/or dormitory beds (swing space) to perform preventative maintenance of all cell and living areas.

III. PROCEDURE

A. Environmental Health Program Overview

1. The environmental health program consists of the following components:

a. Facility Sanitarian Inspections

The cadre of public health sanitarians assigned to the Environmental Health Unit (EHU) conduct monthly environmental inspection of all departmental facilities. The sanitarians inspect all facilities for compliance with the New York City Health Code and verify that facilities are following proper sanitation techniques.

b. The Environmental Health Unit conducts monthly air flow inspections in 15% of housing and intake areas. Additionally, the EHU conducts inspections of the fighting in Department facilities as required.

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III. PROCEDURES (cont)

c. Complaint Investigation

The EHU responds to complaints it receives from the New York City Department of Health and Mental Hygiene (DOHMH), oversight agencies, inmates, visitors, and staff members.

d. Regulatory Agency Liaison

EHU staff facilitates regulatory agencies' inspections and coordinates the Department's response to violations and other reports that DOHMH and other regulatory agencies issue.

e. Agency Safety and Health Coordinator and Safety and Health Liaison Designation

Each City agency is required to identify a Safety and Health Coordinator and a Safety and Health Liaison to facilitate the abatement of occupational safety and health deficiencies and to initiate Occupations Safety and Health Administration (OSHA) programs. The Deputy Director of OSHA compliance serves as the Department's Safety and Health Coordinator, and the Deputy Executive Director for Environmental Health serves as the Safety and Health Liaison. The Safety and Health Coordinator is charged with receiving and distributing inspection reports, conducting re-inspections, and abating violations. Both the Safety and Health Coordinator and the Safety and Health Liaison work closely with the Citywide Office of Safety and Health (COSH). The Safety and Health Coordinator accompanies the New York State Department of Labor Public Employee Safety and Health Bureau (PESH) inspector during their inspection and coordinates the agency abatement of any cited violations. Additionally, the Safety and Health Coordinator communicates with PESH to submit abatement documentation, request extension of abatement dates, or to challenge PESH violations, as necessary.

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III. PROCEDURES (cont)

f. Environmental Health Officer (EHO)

Each facility must assign an Environmental Health Officer at the rank of captain. The EHO is a captain who is responsible for the overall environmental conditions of common areas in each facility. All EHOs must successfully complete the EHO certification course and one annual refresher course per year provided by the EHU. In the event that a facility staffing need prohibits the assignment of a certified captain to function as the EHO, a non-certified captain can be temporarily assigned as EHO. This temporary EHO may serve as the facility EHO until the next available certification course is offered. The non-certified EHO will receive significant on-the-job training upon assignment from a certified EHO assigned to the division and the Public Health Sanitarian assigned to the facility. The captain must successfully complete the next EHO course to remain on this post.

g. Food/Water Sampling

EHU samples food and water as needed and in response to complaints. The EHU submits the samples to the DOHMH lab for testing of bacteriological content.

h. Pest Control Program

EHU conducts inspections for the presence of vermin in departmental facilities. The sanitarians work with facilities to implement remedial programs. The Deputy Executive Director for Environmental Health coordinates the Department's integrated pest management program. The integrated pest management program consists of a three-pronged approach to vermin and pest control that utilizes sanitation, sealing of all vermin entry points, and the use of the least toxic, most target specific pesticides to control vermin/pest activity.

i. Painting

All inmate occupied areas shall be painted every five years and all non-inmate occupied areas shall be painted every eight years. All peeling paint shall be scraped. The sanitarians will note all deterioration of painted surfaces on the monthly inspection reports.

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III. PROCEDURES (cont)

j. Methane Monitoring Program

The methane monitoring program consists of the EHU reviewing routine methane readings from the facilities when necessary and responding to methane emergencies. A response to a methane emergency includes, but is not limited to, identifying the cause for methane readings, sealing any methane entry points, instituting increased monitoring protocols and remediation, and installing methane alarms. The EHU determines if housing areas/sections of facilities are to be evacuated.

k. Asbestos Abatement Program

The asbestos unit reports to the Assistant Commissioner for Environmental Health. The asbestos unit is responsible for identifying, evaluating, prioritizing, and supervising the response to any friable asbestos found in Department facilities. The asbestos unit serves as the project supervisor for all asbestos abatement projects performed by the agency contractor. Additionally, the unit monitors any asbestos abatement projects performed by outside contractors during construction to ensure compliance with existing city, state, and federal regulations. The unit serves as the agency's liaison to the New York City Department of Environmental Protection for all asbestos related issues.

l. Confined Space Program

A confined space is any space not intended for habitation to which there is limited access and one exit. A trained member of EHU monitors confined spaces for adequate oxygen, the presence of toxic gases, and the presence of combustible gases and other safety conditions. The deputy director for OSHA compliance oversees the confined space program.

m. Indoor Air Quality Inspections

EHU conducts air quality inspections to determine if the ventilation in an area is acceptable and to ensure that air contaminants are not present.

n. Food Program

The EHU inspects all Department kitchens at least once a week, and more often, if necessary.

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III. PROCEDURES (cont)

- o. Management of Institutional Aides at the Communicable Disease Unit (CDU) and North Infirmiry Command (NIC).

The Assistant Commissioner for Environmental Health is responsible for supervising the supervising housekeepers at the CDU and NIC to develop proper cleaning protocols and schedules and to provide technical support. The facilities' commanding officers are responsible for the day-to-day supervision of the supervising housekeepers.

- p. Regulated Medical Waste Program

EHU staff conducts inspections of regulated medical waste storage areas for compliance with applicable regulations. EHU also monitors documentation for the disposal of regulated medical waste. The Assistant Commissioner for Environmental Health oversees the regulated medical waste removal contract. (Directive #3903, Sanitation Procedures for Medical Service Area) and maintains all necessary record keeping.

- q. Hazardous Materials Program

The EHU instructs facilities in the disposal of hazardous materials. The EHU conducts surveys to ensure that all hazardous waste is properly stored, properly labeled, and removed in a timely manner. The EHU also inspects the chemical storage areas. (Directive #3904, Hazardous Waste Removal).

B. Minimum Standards for Environmental Conditions

1. Heating – From October 1st through May 31st, a temperature of at least 68° Fahrenheit shall be maintained. The Assistant Commissioner for Environmental Health or his/her designee shall have the authority to modify this Section III.B.1 during emergency situations for the duration of such emergencies. The heating system shall be inspected between May 1st and October 1st of each year. The results of this inspection shall be recorded on forms approved by the senior stationary engineers assigned to the Ventilation Task Force, and be submitted within fifteen days of the inspection to the Warden for the Support Services Division. Every effort will be made to repair any inoperable heating equipment by October 15th of each year.

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III. PROCEDURES (cont)

The Assistant Commissioner for Environmental Health and the facility Warden shall be notified immediately when the ambient temperature in the facility is below 68° Fahrenheit. The Assistant Commissioner for Environmental Health shall implement temperature monitoring and ameliorative actions shall be implemented immediately. The Tour Commander shall ensure that hot beverages and additional blankets and clothing are provided. Maintenance and any necessary contractor shall be contacted to make the required repairs. The Assistant Commissioner for Environmental Health shall determine if the inmates must be relocated during the repair period.

2. Air Conditioning – The Assistant Commissioner for Environmental Health shall determine when the temperature monitoring during the summer hours shall be implemented. The Tour Commander shall notify the Assistant Commissioner for Environmental Health and the Warden immediately when the ambient temperature in air conditioned areas reaches or exceeds 80° Fahrenheit. The Tour Commander shall report the number of heat sensitive inmates housed in the area with the ambient temperature at or above 80° Fahrenheit during the initial report. The Assistant Commissioner for Environmental Health shall determine when, and if, the heat sensitive inmates shall be transferred.

The Assistant Commissioner for Environmental Health shall implement the department-wide summer temperature monitoring program. When the temperature monitoring is implemented, the Department shall provide two fans on each side of a non-air-conditioned housing area. In all non-punitive segregation, non-air-conditioned housing areas, ice shall be delivered between 1200 hours and 1600 hours on all days when the outside temperature exceeds 85° Fahrenheit. In punitive segregation housing areas, an additional cup full of ice shall be provided at each meal. The delivery of ice shall be documented in the housing area logbook. Inmates shall have access to cool showers during all non-lock in hours between 0500 hours and 2200 hours in non-punitive segregation housing areas.

3. Lighting - Lighting in inmate housing areas must be at least 20 foot-candles at the bed or desk level. In areas where it is unduly burdensome to comply with the 20 foot-candles requirement, the Department may provide no less than 15 foot-candles of light, at bed or desk level for each inmate. In dormitory areas where 20 foot-candles cannot be achieved at all beds, the facility shall identify a "reading" table in the dayroom. The reading table shall be located directly underneath a light fixture where a 20 foot-candle of light is achieved. A mark must be placed on the floor identifying the location of the reading table and a notice shall be placed on the wall identifying the area as the reading table. Under no circumstances shall inmates be housed in cells with inoperable light fixtures.

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III. PROCEDURES (cont)

4. Water Supply - In cell housing units, all occupied cells shall have a properly functioning sink and toilet. No inmate shall be locked in a cell, even temporarily, which lacks a properly functioning sink or toilet. In dormitory style housing units, there shall be one shower/shower head and toilet installed for every eight inmates and one sink for every ten inmates housed therein. Inmates will not be confined for any length of time in any court pens, receiving room pens, gymnasiums, dayrooms, or any other areas that lack an operable toilet and sink.
5. Electric Supply - All facilities will have sufficient electric service to provide power to all parts of the facility. A back-up power supply shall be available at each facility to provide emergency power to all vital facility functions.
6. Chemical Storage Areas - All chemical storage areas shall be jointly approved by the fire safety unit and EHU. All chemicals and chemical waste must be stored in properly labeled containers. The chemicals shall be stored in accordance with the label instructions. All hazardous waste and universal waste shall be stored in rigid containers that are labeled with the type of waste and the date that the waste was originally stored in the container. The facilities shall contact the Assistant Commissioner for Environmental Health for assistance in removing hazardous waste as described in Directive #3904, Hazardous Waste Removal.

C. Reporting Requirements

1. By 1500 hours every Monday, the following reports shall be submitted to the Assistant Commissioner for Environmental Health:
 - a. The Weekly Sanitation Inspection Form (Directive #3905R, Environmental Health: Inspection and Report Protocol);
 - b. The Facility Sanitation Inspection Report (Directive #3905R, Environmental Health: Inspection and Report Protocol);
 - c. Weekly Drain Treatment Report (identifying the location where the exterminators treated the drains with bleach during the previous week); and
 - d. Light Bulb Replacement Report (BKDC, GMDC, GRVC, MDC, NIC, OBCC, QDC, (when occupied) RMSC, VCBC only). T-12 light bulbs shall be changed every 8,000 hours and T-8 light bulbs shall be changed every 36,000 hours.

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III. PROCEDURES (cont)

2. By 1500 hours on the first day of each month, the following reports shall be submitted to the Assistant Commissioner for Environmental Health:
 - a. Clean Team Schedule - A schedule of all areas to be cleaned by the clean team each month;
 - b. Exterminator Monthly Report (Directive #4005R-A, Environmental Health: Control of Vermin/Pest); and
 - c. Painting Schedule -List of areas to be painted during the month.
3. During October 1st through May 31st the daily temperature report shall be submitted to the Assistant Commissioner of Environmental Health by 1000 hours. The summer temperature report and air conditioning report shall be submitted to the Assistant Commissioner for Environmental Health as directed via seasonal teletype.
4. By 1500 hours on the first day of each quarter (January 1st, April 1st, July 1st, and October 1st), the quarterly sanitation equipment status report detailing the operability status of all sanitation equipment (steam cleaners, power washer, wet vacuums, etc) shall be submitted to the Assistant Commissioner for Environmental Health.

D. Staff Responsibilities

1. Executive Level Responsibility for Environmental Issues
 - a. The Deputy Chief of Department has the overall responsibility for ensuring that each division and facility has the resources required to maintain each departmental facility in a clean and safe condition as defined by all applicable laws, regulations, court orders and consent decrees.
 - b. The Assistant Commissioner for Environmental Health's duties include:
 - i. Overall responsibility for all environmental related compliance issues;
 - ii. Development of policies and inspection guidelines to address all environmental health issues;
 - iii. Supervision of the Environmental Health Unit;

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III. PROCEDURES (cont)

- iv. Coordination of the agency's response to methane related emergencies and oil and chemical spills;
 - v. Development of required environmental training programs and coordination of the Environmental Health Unit's resources;
 - vi. Implementation of the EHO certification course;
 - vii. Monitoring and evaluation of departmental programs: food, pest control, regulated medical waste, hazardous waste;
 - viii. Supervision of the proper collection, handling, and disposal of garbage, regulated medical waste, universal waste, and hazardous waste;
 - ix. Ensuring that departmental facilities are in compliance with the health code and other environmental codes;
 - x. Collaboration with facility maintenance and other departmental personnel to develop and implement plans to bring the Department into compliance;
 - xi. Collaboration with the Deputy Chief of Department on all environmental health personnel matters including determination of staffing ratios and deployment of staff in Department facilities to carry out all environmental health functions described above;
 - xii. Selection, training, development, and evaluation of all staff carrying out environmental health functions outside of the facility; and
 - xiii. Implementation of programs to ensure standards and policies set by the Department are met.
- c. Deputy Executive Director of Environmental Health
- i. Supervision of the Deputy Director for Environmental Health, the public health sanitarians, the supervising exterminator, and the managing auditor;
 - ii. Serving as the safety and health liaison and serves as the liaison between the Department and outside agencies;
 - iii. Oversight of the food and water sampling program;

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III. PROCEDURES (cont)

- iv. Oversight of the integrated pest management program;
 - v. Ensuring compliance with the health code and other environmental mandates;
 - vi. Selection, training, evaluation, and development of environmental health staff members;
 - vii. Provide technical support for the housekeeping supervisors assigned to the infirmaries in the North Infirmary Command, the Communicable Disease Unit and any other infirmary where institutional aides are assigned;
 - viii. Management of the sanitation supply program;
 - ix. Response to environmental health emergencies; and
 - x. Serving as the regulated medical waste coordinator.
- d. Deputy Director of OSHA Compliance
- i. Responsibility and oversight of the methane monitoring and the confined space programs;
 - ii. Development and updating of OSHA compliant programs;
 - iii. Development and implementation of OSHA compliant training programs; and
 - iv. Primary liaison between OSHA, PESH and COSH.
2. Field-level Responsibility for Environmental Issues
- a. The duties of the Deputy Director of EHU include:
- i. Direct supervision of the public health sanitarians;
 - ii. Coordination of the public health sanitarian schedules to address critical issues;
 - iii. Maintenance of facility inspection reports and incident reports;
 - iv. Supervisory inspections and field training;

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III. PROCEDURES (cont)

- v. Preparation and reporting of weekly and monthly statistics during review of the Public Health Sanitarian reports;
 - vi. Evaluation of public health sanitarians;
 - vii. Collaboration with the facilities to initiate abatement plans; and
 - viii. Responding to environmental health emergencies.
- b. The duties of Public Health Sanitarians include:
- i. Conducting monthly inspections of departmental facilities;
 - ii. Identification and reporting of any violations of the health code or other pertinent codes;
 - iii. Collaboration with the facility to begin abatement procedures; and
 - iv. Ensuring that imminent danger to life and health violations are corrected at the time of the inspection.
3. Facility-level Responsibilities for Environmental Issues
- a. Commanding Officer
- i. Supervision of environmental services may be delegated, but the responsibility for sanitation and maintenance of each facility remains with the Commanding Officer. The Commanding Officer shall:
 - ii. Ensure compliance with all applicable laws, regulations, and consent decrees and the mandates contained within the environmental health directives;
 - iii. Ensure that notifications are made through the proper channels to the Deputy Commissioner for Human Resources and Training and the responsible Supervising Wardens, regarding housekeeping and environmental health program staffing needs; and

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III. PROCEDURES (cont)

- iv. Ensure that the Warden of Central Intake/Classification, the Warden for the Support Services Division and the Divisional Maintenance Managers and/or the Assistant Commissioner for Capital Planning are notified of all maintenance problems that are beyond the scope of the facility's maintenance staff immediately upon receiving this information.
- b. Deputy Warden for Administration
 - i. Ensures that that the EHO performs all duties and responsibilities as assigned;
 - ii. Reviews the EHO weekly inspection form;
 - iii. Reviews and approves all sanitation, paint, and sanitation supply distribution schedules;
 - iv. Reviews quarterly status reports of all sanitation equipment;
 - v. Resolves all conditions, circumstances, or influences that affect environmental health conditions and are beyond the ability of the assigned EHO and Tour Commander to resolve; and
 - vi. Ensures that the 1500x2300 area captains receive copies of the public health sanitarian reports for their respective areas of supervision to ensure that all deficiencies are abated expeditiously.
 - c. Tour Commanders/Unit Managers

Tour Commanders and Unit Managers shall ensure compliance with all mandates of this directive.
 - d. Environmental Health Officer
 - i. Directly responsible for maintaining satisfactory sanitation and environmental standards in compliance with departmental policies and the requirements of applicable health codes, laws, and court orders, throughout the command.

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III. PROCEDURES (cont)

- ii. Conducts inspection of the entire facility during the course of each week, and submit form #3905A "FACILITY SANITATION INSPECTION FORM" to the deputy executive director of environmental health, the Deputy Warden for Administration, and the Commanding Officer (Attachment A).
- iii. Ensures that the entire institution is inspected by the licensed exterminator assigned to the facility and that the exterminator inspects the grounds adjacent to the institution every two weeks to detect any evidence of infestation of vermin/pests. Approves and maintains pest control schedules submitted by the facility exterminator and schedules the exterminator for special needs as they occur (Directive #4005R-A, Environmental Health: Control of Vermin/Pest).
- iv. Prepares and submits monthly sanitation schedules, paint schedules, and sanitation supply distribution schedules to the Deputy Warden for Administration.
- v. Ensures that inmate work details maintain the sanitation of common areas (administration areas, control room, locker rooms, and corridors), the laundry, clothes box, distribution of sanitation supplies, outside perimeter work and the storehouse is properly staffed and supervised by the assigned correction officer.
- vi. Ensures that all refuse is stored appropriately and disposed of properly.
- vii. Responsible for the reporting systems in compliance with the Right-To-Know Law as outlined in Directive #1005R, Hazard Communication Standard and Right-To-Know Law.
- viii. Provides guidance and serves as a resource for facility staff in all housekeeping matters, including new methods of cleaning and new types of equipment.
- ix. Reviews usage of sanitation supplies through routine inspection and supervision and adjusts the type and number of supplies to be distributed to housing and support areas on a monthly basis.

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III. PROCEDURES (cont)

- x. Responsible for the condemnation process for all sanitation equipment, sanitation storage areas, the laundry shop, the clothes box, all inmate living quarters, equipment, paint shop and any other area assigned by the Commanding Officer.
- xi. Responsible for the recycling program and acts as a liaison to the New York City Department of Sanitation.
- xii. Coordinate visits of the DOHMH Public Health Sanitarian to the facility and escorts sanitarian during scheduled visits. Prepares draft responses to the monthly DOHMH sanitarian report.
- xiii. Responsible for the facility clothes box, laundry and linen room, paint supply and sanitation details, including the instruction and supervision of personnel assigned to these areas and details.
- xiv. Maintains up-to-date knowledge of cleaning supplies, equipment, and other environmental health matters by communicating routinely with the Assistant Commissioner for Environmental Health or the Deputy Executive Director for Environmental Health.
- xv. Coordinate and regulate the inventory of all sanitation supplies and equipment.
- xvi. Coordinate and supervise the inventory of all inmates' living quarter's equipment, including but not limited to mattresses, chairs, tables, beds, etc.
- xvii. Cooperate with all other supervisors and staff members in efforts in maintaining appropriate sanitation levels.
- xviii. Prepares informational memoranda regarding equipment inventories and/or other sanitation-related issues for facility staff.
- xix. Ensures that all facility procedures for sanitation and cleanliness are carried out through continuous inspections and supervision.
- xx. Submits a quarterly status report of all sanitation equipment to the Deputy Warden for Administration.
- xxi. Directs and instructs all personnel providing housekeeping services.

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III. PROCEDURES (cont)

- xxii. Reports any conditions, circumstances or influences that affect environmental health conditions and are beyond EHO's ability to resolve, to the Deputy Warden for Administration and the Assistant Commissioner for Environmental Health.
- xxiii. Oversees all assigned environmental health resources, including workers, equipment, sanitation supplies, and work shops and or storage areas specifically assigned to environmental health details.
- xxiv. Maintains a permanent file of all required reports, including but not limited to the following:
- Environmental Health Inspection Reports as required by Directive #3905R, Environmental Health: Inspection & Report Protocol;
 - Monthly Department of Health and Mental Hygiene Sanitary Report and Response as required by Directive #3905R, Environmental Health: Inspection & Report Protocol;
 - Quarterly status report of all sanitation equipment;
 - Weekly Sanitation Inspection Report;
 - Monthly paint detail report; and
 - Weekly extermination report.
- xxv. Responsible for maintaining direct contact with the staff of the EHU and notifying either the Assistant Commissioner for Environmental Health or the Deputy Executive Director of Environmental Health of any emergency.
- xxvi. Responsible for supervising the removal of hazardous waste, as noted in Directive #3904, Hazardous Waste Removal.
- xxvii. Responsible, in coordination with the food service manager, to perform a daily inspection of all food program facilities and equipment and maintain a written description of all daily inspections, including remedial actions taken.

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III. PROCEDURES (cont)

xxviii. The EHO is not responsible for the sanitation of housing areas, intakes, clinics, or kitchens. The captains assigned to supervise the intake areas, clinics, housing areas, or kitchens are responsible for the sanitation of these areas.

e. Area Captains

- i. Captains are responsible for the inspection of each area of the facility under their supervision during each tour of duty to ensure that sanitary standards and environmental conditions are maintained and that janitor closet in each housing unit is maintained in an orderly fashion and secured. A record of the inspection shall be entered in the area logbook every tour, which shall reflect the area inspected and orders given to correct all sanitary and environmental deficiencies observed. If the area is found to have any sanitary and/or environmental deficiencies, a second inspection shall be conducted on the same tour or the beginning of the next tour. If the deficiency has not been corrected, the Tour Commander and the EHO shall be notified.

If the Tour Commander and/or the EHO cannot remedy the deficiency on that business day, the Deputy Warden for Administration shall be notified. The area captain shall ensure that work orders are generated for all maintenance deficiencies. The area captain shall follow up with the supervisor of mechanics as required.

- ii. A copy of all reports forwarded through the chain of command will also be sent to the EHO captains. The EHO shall also forward in writing or verbally communicate all environmental health matters to the supervisor of mechanics and the Tour Commander that are beyond their ability to control.

f. Correction Officer

All Correction Officers shall be individually responsible for the cleanliness and sanitation of their entire post area, and jointly responsible to cooperate in maintaining sanitary standards of the facility in its entirety. The Department's sanitation procedures are contained in Directive #3901R-B, Housekeeping Procedures.

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IV. ATTACHMENT

- A. Facility Sanitation Inspection Form #3905A
- B. N.Y.C. Health Code, Section 131.07

V. REFERENCES (In the event that a reference is superseded, the successor document shall apply.)

- A. Directive #1005R entitled, HAZARD COMMUNICATION STANDARD AND RIGHT TO KNOW LAW, dated 01/09/95.
- B. Directive #3901R-B entitled, HOUSEKEEPING PROCEDURES, dated 04/04/14.
- C. Directive #3903 entitled, SANITATION PROCEDURES FOR MEDICAL SERVICE AREA, dated 12/08/95.
- D. Directive #3904 entitled, HAZARDOUS WASTE REMOVAL, dated 12/08/95
- E. Directive #3905R entitled, ENVIRONMENTAL HEALTH: INSPECTION AND REPORT PROTOCOL, dated 08/02/99.
- F. Directive #4005R-A entitled, ENVIRONMENTAL HEALTH: CONTROL OF VERMIN/PEST, dated 04/04/14.

VI. SUPERSEDES

- A. Directive #3900 entitled, ENVIRONMENTAL HEALTH PROGRAM, dated 12/08/95.
- B. Any other Directive, Operations Order, Teletype, Memorandum, etc. that may be in conflict with the policies and procedures outlined herein.

VII. SPECIAL INSTRUCTIONS

- A. Within ten (10) calendar days of the effective date of this order, all Commanding Officers shall implement a Command Level Order incorporating the policy and provisions outlined herein.
- B. All facility managers and supervisors shall ensure strict enforcement of the policy, guidelines and procedures noted herein.



CORRECTION DEPARTMENT
CITY OF NEW YORK

ENVIRONMENTAL
HEALTH UNIT

FORM NO. 3905A
REV. 05/22/02
REF. DIR. 3905R



FACILITY SANITATION INSPECTION FORM

1 OF 4
PAGES

FACILITY:

DATE:

AREAS INSPECTED ON THIS DATE:

VIOLATION	TYPE	LOCATION	COMMENTS
LIGHTING	<input type="checkbox"/> END CAPS MISSING		
FIRE/SAFETY	<input type="checkbox"/> EXIT SIGNS: <input type="checkbox"/> IMPROPER/MISSING <input type="checkbox"/> NOT ILLUMINATED <input type="checkbox"/> FIRE EXTINGUISHERS: <input type="checkbox"/> UNCHARGED <input type="checkbox"/> NO CURRENT TAGS <input type="checkbox"/> SHARP/JAGGED EDGES OBSERVED		
VENTILATION	<input type="checkbox"/> ODORS OBSERVED		
SINKS (NON-SLOP SINKS)	<input type="checkbox"/> NOT PROVIDED <input type="checkbox"/> INOPERABLE <input type="checkbox"/> NO HOT/COLD WATER <input type="checkbox"/> HOSE BIB VACUUM BREAKER NOT PROVIDED <input type="checkbox"/> KNOBS/FAUCETS NOT PROVIDED		
SHOWERS	<input type="checkbox"/> HOLES NOTED <input type="checkbox"/> NO HOT/COLD WATER <input type="checkbox"/> HEADS/KNOBS NOT PROVIDED <input type="checkbox"/> INOPERABLE		
WATER FOUNTAINS	<input type="checkbox"/> INOPERABLE		
FLOOR DRAIN COVERS	<input type="checkbox"/> NOT PROVIDED		
DOORS	<input type="checkbox"/> INOPERABLE		
ELECTRICAL	<input type="checkbox"/> EXPOSED WIRES <input type="checkbox"/> FRAYED WIRES <input type="checkbox"/> JUNCTION BOX/OUTLET COVERS NOT PROVIDED <input type="checkbox"/> SPARKING FIXTURES		
SANITATION SUPPLIES	<input type="checkbox"/> IMPROPERLY STORED <input type="checkbox"/> INOPERABLE		



FACILITY SANITATION INSPECTION FORM

2 OF 4
PAGES

FACILITY:

DATE:

AREAS INSPECTED ON THIS DATE:

VIOLATION	TYPE	LOCATION	COMMENTS
REQUIRED SIGNS NOT PROVIDED	<input type="checkbox"/> WASH HANDS <input type="checkbox"/> CHOKING/FIRST AID <input type="checkbox"/> NO SMOKING <input type="checkbox"/> RIGHT-TO-KNOW <input type="checkbox"/> DOSH 800 (Feb. only)		
VERMIN ACTIVITY	<input type="checkbox"/> EVIDENCE OF VERMIN <input type="checkbox"/> EXTERMINATOR REPORT NOT AVAILABLE <input type="checkbox"/> HARBORAGE CONDITIONS OBSERVED <input type="checkbox"/> FOOD IMPROPERLY STORED		
BARBERSHOP	<input type="checkbox"/> ADEQUATE BARBICIDE NOT PROVIDED <input type="checkbox"/> EQUIPMENT IS NOT SANITIZED <input type="checkbox"/> ADEQUATE HAND WASH SINKS NOT PROVIDED		
KITCHEN	<input type="checkbox"/> EQUIPMENT NOT MAINTAINED <input type="checkbox"/> UNSANITARY <input type="checkbox"/> IMPROPER FOOD STORAGE <input type="checkbox"/> IMPROPER FOOD TEMPERATURE <input type="checkbox"/> IMPROPER FOOD HANDLER ACTIVITY		
CLINIC	<input type="checkbox"/> REGULATED MEDICAL WASTE LOGBOOK NOT MAINTAINED <input type="checkbox"/> RED BAG CONTAINERS NOT LABELED <input type="checkbox"/> SHARPS CONTAINERS NOT LABELED <input type="checkbox"/> SECONDARY CONTAINERS NOT SECURED <input type="checkbox"/> CONTAINERS NOT SANITIZED <input type="checkbox"/> OUTDOOR CONTAINER NOT SECURED/LABELED		



FACILITY SANITATION INSPECTION FORM

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PAGES

FACILITY:

DATE:

AREAS INSPECTED ON THIS DATE:

VIOLATION	TYPE	LOCATION	COMMENTS
LIGHTING	<input type="checkbox"/> INOPERABLE <input type="checkbox"/> OBSCURED/COVERED LIGHT SHIELDS		
VENTILATION	<input type="checkbox"/> WINDOWS INOPERABLE <input type="checkbox"/> WINDOWS/SCREENS DIRTY <input type="checkbox"/> VENTS INOPERABLE <input type="checkbox"/> INADEQUATE TEMPERATURE <input type="checkbox"/> DAMAGED/MISSING RADIATOR COVERS <input type="checkbox"/> VENTS DIRTY		
SANITATION	<input type="checkbox"/> DIRTY FLOORS <input type="checkbox"/> DIRTY WALLS <input type="checkbox"/> DIRTY CEILINGS		
SANITATION	<input type="checkbox"/> DIRTY SINKS <input type="checkbox"/> STANDING DIRTY WATER IN SINK <input type="checkbox"/> DIRTY SHOWERS <input type="checkbox"/> DIRTY TOILETS/URINALS <input type="checkbox"/> DIRTY WATER FOUNTAINS <input type="checkbox"/> DIRTY FLOOR DRAINS		
SANITATION	<input type="checkbox"/> DIRTY BARS, DOORS <input type="checkbox"/> DIRTY LAUNDRY AREAS <input type="checkbox"/> DIRTY CORRIDOR <input type="checkbox"/> DIRTY STAIRWELL/RAILING <input type="checkbox"/> DIRTY VACANT CELLS		
SANITATION	<input type="checkbox"/> DIRTY JANITOR'S CLOSET <input type="checkbox"/> REQUIRED AMOUNT OF CLEANING SUPPLIES AND CLEANING AGENTS NOT PROVIDED		
SANITATION	<input type="checkbox"/> TORN DIRTY MATTRESSES <input type="checkbox"/> VERMIN PROOF CONTAINERS WITH TIGHT FITTING LIDS NOT PROVIDED <input type="checkbox"/> GARBAGE NOT REMOVED FROM HOUSING AREAS		
SLOP SINKS	<input type="checkbox"/> HOT/COLD WATER NOT PROVIDED IN THE SLOP SINK <input type="checkbox"/> INOPERABLE		



CORRECTION DEPARTMENT
CITY OF NEW YORK

ENVIRONMENTAL
HEALTH UNIT

FORM NO. 3905A
REV. 05/22/02
REF. DIR. 3905R



FACILITY SANITATION INSPECTION FORM

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PAGES

FACILITY:

DATE:

AREAS INSPECTED ON THIS DATE:

VIOLATION	TYPE	LOCATION	COMMENTS
CLINIC INFIRMARY	<input type="checkbox"/> DIRTY FLOORS/WALLS/CEILING <input type="checkbox"/> DIRTY TOILET/URINALS <input type="checkbox"/> DIRTY SINKS/SHOWER <input type="checkbox"/> TORN/DIRTY MATTRESSES <input type="checkbox"/> DIRTY LEDGES/SILLS <input type="checkbox"/> DIRTY NON-VENTILATED JANITORS CLOSET <input type="checkbox"/> REQUIRED AMOUNT OF CLEANING SUPPLIES AND CLEANING AGENTS NOT PROVIDED <input type="checkbox"/> GARBAGE NOT REMOVED		
FLOORS	<input type="checkbox"/> HOLES <input type="checkbox"/> MISSING TILES <input type="checkbox"/> PONDED WATER		
WALLS	<input type="checkbox"/> HOLES <input type="checkbox"/> MISSING TILES		
CEILINGS	<input type="checkbox"/> MISSING TILES		
PAINT	<input type="checkbox"/> PEELING OBSERVED		
TOILETS	<input type="checkbox"/> NOT PROVIDED <input type="checkbox"/> INOPERABLE		
SHOWERS	<input type="checkbox"/> STANDING DIRTY WATER		

THIS FORM IS TO BE COMPLETED DURING THE REQUIRED EHO WEEKLY FACILITY INSPECTION. IF THE ENTIRE FACILITY CANNOT BE COMPLETED IN ONE DAY, ALL AREAS INSPECTED SHALL BE INDICATED AT THE TOP OF THE FORM. THE FOOD AREA SHALL BE COMPLETED DAILY AS REQUIRED.

NEW YORK CITY HEALTH CODE
ATTACHMENT B

§131.07 Heating.

- (a) Any person who contracts to supply heat to a building or any part thereof shall furnish heat to every occupied portion of such building so that the minimum temperatures prescribed by subdivision (c) of this section are maintained during the times specified therein. The provisions of this section shall not apply to a building used for trades, businesses or occupations in which a lower temperature is essential and unavoidable.
- (b) Any owner, agent, lessee, superintendent or janitor of a building who has under her or his control a furnace, boiler or other heating device or equipment in such building shall be deemed to have contracted to supply heat pursuant to subdivision (a) of this section unless otherwise provided by written contract or lease. An owner, agent, lessee, superintendent or janitor who is required by this section to provide heat shall be liable for failure to comply with this section.
- (c) Unless otherwise provided by written contract or lease, or as provided by applicable law, including this Code, the minimum temperatures required by subdivision (a) of this section shall be maintained as follows:
 - (1) In a dwelling, during the months between October first and May thirty-first between the hours of six a.m. and ten p.m.: a temperature of at least 68 degrees F when the outside temperature falls below 55 degrees F (12.78 degrees C) and during the hours between 10 p.m. and 6 a.m. a temperature of at least 55 degrees F (12.78 degrees C) whenever the outside temperature falls below 40 degrees F (4.44 degrees C); and
 - (2) In any other building, except for buildings in which educational, nutritional, geriatric, social, mental health, health care or similar services are provided directly to recipients when such services are being provided, a temperature of at least 65 degrees F (18.33 degrees C) shall be maintained when the outside temperature falls below 50 degrees F (10 degrees C) during the usual working hours of the occupants.
- (d) The owner, agent, lessee, superintendent or janitor of (1) a one- or two- family home which is occupied in whole or in part by a tenant or tenants and in which there was within the previous year a violation of subdivision (a), (b) or (c) of this section due to a breakdown in the heating system; or (2) a multiple dwelling shall ensure that the furnace, boiler or other heating equipment under her or his control in such building is inspected by a qualified person between May first and October first of each year. In addition to testing the efficiency of the heating system to produce the heat required by this section, the central heating system or water heating appliance and its flues, vents and dampers shall be inspected for escape of carbon monoxide gas. The findings on inspection shall be recorded on forms approved by DOB within 15 days following the inspection and shall be kept on file by the owner for a period of one year. Such inspection reports shall be made available upon request to authorized employees or agents of DOB, HPD and the Department. All defects found upon inspection shall be corrected prior to the fifteenth day of October of the year in which the inspection was conducted.



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED			SUBJECT		
EFFECTIVE DATE 01/19/07		*TERMINATION DATE / /		DEPARTMENT DEFINITIONS OF INMATE CATEGORIES	
CLASSIFICATION # 4020R-A	SUPERSEDES 4020	DATED 12/05/88	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DISTRIBUTION A & E	PAGE 1 OF 7 PAGES
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER <i>Carolyn Thomas</i> CAROLYN THOMAS, CHIEF OF DEPARTMENT SIGNATURE			AUTHORIZED BY THE COMMISSIONER <i>Martine F. Horn</i> MARTINE HORN SIGNATURE		

I. PURPOSE

To identify, define and assist staff in assigning inmate categories in the Department.

II. POLICY

- A. It shall be the policy of the Department that the inmate categories defined herein are utilized when conducting Departmental business, with special emphasis on census reporting.
- B. Some of the inmate categories contained in this Directive may at times be reported in conjunction with another category or as combined categories.
- C. For census reporting purposes, it is important that the housing area be counted pursuant to its designation. For example, there may be "Detox" inmates in a "General Population" housing area; consequently, they should be reported to Custody Management on the "GP" count. This does not preclude reporting them as "Detox" to other areas, such as Health Services.
- D. Inmates in any of the categories described in this order must be housed first and foremost according to their classification score/custody level, as set forth in Directive #4100R-B, "Classification," and then by their assigned category. An inmate's category does not take precedence over his or her classification/custody level within the Department, e.g., General Population Escort (Low), General Population Escort (Medium), etc.

III. DEFINITIONS OF INMATE CATEGORIES

A. Male

Gender designation indicated on legal paperwork prior to intake; visual confirmation performed during intake process; if in question, final determination shall be made by medical personnel.

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	CLASSIFICATION # 4020R-A			
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III. DEFINITIONS OF INMATE CATEGORIES (cont.)

B. Female

Gender designation indicated on legal paperwork prior to intake; visual confirmation performed during intake process; if in question, final determination shall be made by medical personnel.

C. Adolescent

An inmate who is sixteen (16) to eighteen (18) years old.

D. Adult

An inmate who is nineteen (19) years of age or older.

E. Detention (Detainees)

An inmate who is awaiting trial or on trial, but has not been convicted of a crime(s); or, inmate who has been convicted of a crime, but not yet sentenced.

F. City Sentenced

An inmate who has been convicted of a crime and sentenced to a DEFINITE term of one (1) year or less; or, concurrent DEFINITE terms of one (1) year or less; or, two (2) consecutive DEFINITE terms of one (1) year or less. It should be noted that those individuals who are sentenced to one year DETERMINATE sentences MUST be transferred to the custody of the New York State Department of Correctional Services (NYSDOCS).

NOTE: A Department Sentence Commitment Number must be issued for those inmates who are serving one (1) year DEFINITE sentences.

G. Intermittent Sentence

An inmate who has been convicted and given a revocable sentence of imprisonment to be served on days or during certain periods of days or both, specified by the court as part of the sentence.

H. Civil Case

An inmate who is not involved in the criminal process as a detainee or sentenced inmate, but is confined for other reasons including civil process, civil contempt or material witness order.

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	CLASSIFICATION # 4020R-A		
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III. DEFINITIONS OF INMATE CATEGORIES (cont.)

I. Technical Parole Violator

An inmate who has been detained by a New York State Parole Warrant only.

NOTE: Does not include those with open case(s) or additional warrants.

J. State Ready

An inmate convicted of a crime and sentenced to an indeterminate term exceeding one (1) year, or a determinate sentence of one (1) year or more, and for whom a probation report, formal sentence commitment, fingerprints and jail time certification have been prepared.

NOTE: If all of the necessary documents defined above are not available, a newly sentenced inmate shall not be classified as "State Ready."

K. State Prisoner

An inmate who has been sentenced and committed to the custody of the NYSDOCS, but has been returned to the New York City Department of Correction (NYCDOC) custody pursuant to court order in connection with a pending matter, whether criminal, civil or other. The following definitions are provided for informational purposes only and should not be construed as inmate categories:

1. Court Order Satisfied

State prisoner who had been returned to NYCDOC custody pursuant to court order, which has been satisfied. Such a prisoner is ready to be returned to NYSDOCS custody.

2. Short Adjournment

An inmate who was previously sentenced and committed to NYSDOCS and who has been returned to NYCDOC custody pursuant to a court order and whose next scheduled court appearance is within ten (10) business days.

3. Long Adjournment

An inmate who was previously sentenced and committed to the NYSDOCS who has been returned to NYCDOC custody pursuant to a court order, and whose next scheduled court appearance is in more than ten (10) business days. Such

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III. DEFINITIONS OF INMATE CATEGORIES (cont.)

an inmate must be declared "State Ready," to be returned to NYSDOCS custody.

L. New Admission

Newly admitted inmate who is awaiting the completion of new admission processing including but not limited to security screening and medical evaluation, usually within forty-eight through seventy-two (48-72) hours of admission.

M. General Population (GP)

1. General Population

An inmate who has undergone new admission processing, including medical and security screening, and has been determined not to require any type of special housing is categorized as a GP inmate, and is housed based on his/her classification score.

2. General Population Escort

An inmate who has been identified as being vulnerable in general population, but determined not to require close custody/protective custody housing as defined in the Close Custody Directive (#6006R-B.) Inmates who are identified as vulnerable, either by self identification or staff identification, shall initially be placed into close custody/protective custody housing in accordance with the provisions set forth in Directive #6006R-B, and shall remain so housed pending a determination by the Chief of Facility Operations or designee.

3. General Population Restraint

As described in paragraph 1 above, but who has been determined pursuant to the provisions of Operations Order #14/97, Security Restraints for Violent Inmates, to require enhanced restraints during movement through the corridors, hallways and stairways to program areas and other facility activities and while at program areas or activities when necessary.

4. General Population Centrally Monitored Case

As described in paragraph 1 above, but who has been identified as potentially having the ability to subvert the criminal justice system including, but not limited to, an inmate with an escape history or an inmate who has been identified as involved with organized crime or terrorist groups. The level of observation, the

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III. DEFINITIONS OF INMATE CATEGORIES (cont.)

staffing levels and required restraints for outside transportation of such inmates shall be determined on a case by case basis by the Operations Security and Intelligence Unit (OSIU).

N. Close Custody

1. An inmate whose behavior poses a significant threat to the safety and security of staff or inmates or to the good order of the facility, pursuant to Directive #6006R-B, entitled "Close Custody Housing."
2. Close Custody / Protective Custody

An inmate who requires enhanced monitoring for his/her own protection pursuant to Directive #6006R-B, entitled Close Custody Housing.

O. Punitive Segregation

An inmate who, pursuant to Directive #6500R-B, entitled Inmate Disciplinary Due Process was charged with, and found guilty of, committing a violation of Department rules and subsequently placed in twenty-three (23) hour lock-down to serve a specific sentence of confinement imposed as a result of a disciplinary hearing.

P. Pre-Hearing Detention (PHD)

An inmate placed in twenty-three (23) hour lock-down, pursuant to Directive #4501R-A entitled Pre-Hearing Detention and Punitive Segregation Status Inmates. The inmate is under investigation for, or is being charged with, the commission of a serious violation of Department rules and whose behavior poses a significant threat to the safety and security of staff or inmates or to the good order of the facility.

Q. Administrative Escort

An inmate who requires close observation because he or she has demonstrated disruptive or otherwise troublesome behavior, e.g., pending infraction for violation of departmental rules, but such behavior does not rise to the level that would require other special housing including, but not limited to, Pre-Hearing Detention or Close Custody housing, as defined in Directive #'s 4501R-A and 6006R-B respectively. Placement into this category shall be at the discretion of facility commanders.

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	CLASSIFICATION # 4020R-A			
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III. DEFINITIONS OF INMATE CATEGORIES (cont.)

R. Medical / Mental Health

A Medical / Mental Health inmate is identified by Medical or Mental Health Staff only.

1. Medical / Infirmary

An inmate whose medical condition requires more intensive management than is provided in general population, but does not require inpatient hospital care.

2. Detoxification

An inmate who requires detoxification services for alcohol and/or substance abuse.

3. Medical Isolation

An inmate who refuses to comply with routine medical testing and/or examination, or who refuses diagnostic testing for communicable disease.

4. Communicable Disease

An inmate who requires isolation to reduce the spread of communicable diseases that are caused by infectious agents that can be transmitted from person to person.

5. Mental Health Assessment Unit for Infracted Inmates (MHAUII)

An inmate who has been found guilty of a serious infraction or is in Pre-Hearing Detention status and who cannot, because of his/her mental illness, be housed in a standard punitive segregation unit.

6. Mental Health Center (MHC)

An inmate with severe mental health problems. The MHC can medicate greater than twice daily as appropriate and has twenty-four (24) hour, seven (7) days per week psychiatric, medical, and nursing coverage.

7. Mental Observation

An inmate whose mental illness requires a higher level of observation than those in general population and who may be at risk of suicide, as described in Directive #4521, entitled Suicide Prevention.

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	CLASSIFICATION # 4020R-A			
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III. DEFINITIONS OF INMATE CATEGORIES (cont.)

B. Nursery

An inmate who gave birth while incarcerated or who was nursing a child under one (1) year of age prior to incarceration. Infants may remain in the nursery with their mother until the child reaches one (1) year of age. Reference NYS Correction Law Article 22 Section 611.

IV. REFERENCES

- A. Operations Order #14/97, entitled "Security Restraints for Violent Inmates," dated 10/22/97.
- B. Directive #4501R-A, entitled "Pre-hearing Detention and Punitive Segregation Status Inmates," dated 10/14/05.
- C. Directive #4521, entitled "Suicide Prevention," dated 12/10/03.
- D. Directive #6006R-B, entitled "Close Custody Housing," dated 01/19/07.
- E. Directive #6500R-B, entitled "Inmate Disciplinary Due Process," dated 03/29/06.
- F. New York State Correction Law, Article 22, Section 611.
- G. Memorandum #01/07, entitled "Vulnerable Inmates," dated 01/19/07.

V. SUPERSEDES

- A. Directive #4020, entitled Department Definitions of Inmate Categories, dated 12/05/88.
- B. Teletype Order No. HQ-0-592-0, entitled "Directive #4020-Department Definitions of Inmate Categories (Revision Notice)," dated 03/08/06.

VI. SPECIAL INSTRUCTIONS

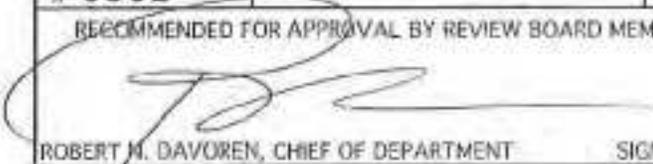
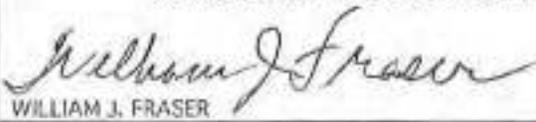
Commanding Officers, upon receipt of this Directive, shall immediately distribute copies to appropriate personnel.



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input checked="" type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input type="checkbox"/> REVISED		SUBJECT	
EFFECTIVE DATE 12/29/00		*TERMINATION DATE / /	
CLASSIFICATION # 6002	SUPERSEDES	DATED	DISTRIBUTION A
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER		PAGE 1 OF 6 PAGES	
 ROBERT M. DAVOREN, CHIEF OF DEPARTMENT SIGNATURE		AUTHORIZED BY THE COMMISSIONER  WILLIAM J. FRASER SIGNATURE	

I. PURPOSE

To delineate the policy and procedure to ensure that Attorney Visits commence within forty-five minutes of the time when an attorney or representative or employee of an attorney (collectively, "attorney") registers at the Rikers Island Control Building or within thirty minutes of the time when an attorney registers at the front entrance of a borough facility. For attorneys having multiple visits on Rikers Island, the initial visit shall commence within forty-five minutes as stated above, and subsequent visits on the same day shall commence within thirty minutes of the attorney's registration at the facility front entrance.

II. POLICY

- A. Attorney visiting shall be permitted between 0800 and 2000 hours daily, but shall not be permitted during the afternoon change-of-tour count, which takes place at or about 3 pm. The attorney visit schedule shall be posted at each facility. All attorneys shall be required to sign the Attorney Visit Logbook upon arrival and departure from a facility.
- B. When an inmate is to be interviewed by an attorney all necessary precautions including searching of the inmate shall be taken before the visit to ensure the safety of the attorney, other inmates and Department staff.
- C. Communications between inmates and attorneys during visits are confidential and shall not be monitored except visually. Proper security precautions shall be taken to ensure the protection of the attorney, to prevent an inmate escape, and to prevent injury to other inmates or personnel.

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	CLASSIFICATION # 6002		
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II. POLICY (continued)

- D. Visits between inmates and their attorneys shall not be included in calculating the total number of visits to which an inmate is entitled.
- E. Departmental passes (e.g. Attorneys, Legal Assistants, Special One Day Passes) are not transferable and shall be retained by the persons to whom they were issued. Departmental passes with elapsed expiration dates will not be honored and will be confiscated.
- F. After the initial registration at the Rikers Island Control Building, attorneys visiting multiple inmates on Rikers Island on the same day need not re-register at the Rikers Island Control Building that day. Depending on the Rikers Island bus schedules, they may travel directly between institutions.
- G. Attorney visits shall take precedence over other visits that may take place in the attorney visit areas.

III. PROCEDURES

A. General

1. The fact that one attorney represents an inmate shall not be grounds for preventing that inmate from visiting with other attorneys.
2. Attorneys possessing a departmental pass will be permitted to visit any inmate under the jurisdiction of the Department. A Legal Aid Society identification card shall also be a valid pass to visit any inmate under the jurisdiction of the Department.
3. If an attorney arrives at a facility for a visit with an inmate while a change of tour count, emergency count or other emergency is in progress, the attorney shall not be permitted to visit until such time as the count/emergency has been completed.

B. Rikers Island Attorney Visits

1. Upon presentation of a departmental pass an attorney arriving at the Rikers Island Control Building shall provide the name and housing facility of the inmate being visited. Attorneys conducting more than one interview shall supply the name and housing facility of the first interview. The officer at the Rikers Island Control Building shall verify the housing facility and notify that facility's Control Room of the attorney's arrival.

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	CLASSIFICATION # 6002		
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III. PROCEDURES (continued)

- The attorney shall be required to complete the information on the Attorney Visit tracking card. The card will be time stamped and returned to the attorney to present to the facility counsel visit officer.
2. Immediately upon notification by the Rikers Island Control Building, the housing facility's Control Room shall notify the inmate's housing unit to send the inmate to the counsel visit area. In the event the inmate is not in the housing unit at the time, the housing officer shall contact the area to which the inmate was sent and notify the inmate. The inmate shall be provided a pass or escorted to the counsel visit area immediately upon notification unless a change of tour count is in progress or an emergency exists that prevents the inmate's movement. In the event that the inmate wishes to return to his or her housing area to pick up legal materials for the visit before proceeding to the visit, the inmate shall be permitted to do so. If such a detour causes the time periods set forth in this directive to be exceeded, the detour shall be noted as the cause of the delay
 3. Upon arrival at the facility front entrance the attorney shall sign the Attorney Visit Logbook and inform the officer that he or she is there for an attorney visit. The officer shall verify the inmate's arrival at the counsel visit area. The attorney shall present the time stamped card to the counsel visit officer and upon commencement of the attorney visit the card shall be time stamped in the appropriate section and retained by the officer.
 4. An attorney conducting multiple visits on Rikers Island will obtain a new attorney visit card at each facility after the first. At each such facility, the counsel visit officer shall complete a new card, using the front entrance logbook to complete the attorney's time of arrival at the facility. Upon commencement of the attorney visit the card shall be time stamped in the appropriate section and retained by the officer.
 5. The counsel visit officer shall bring to the attention of the area supervisor any attorney visit that does not commence within forty-five minutes of the attorney's registration at the Rikers Island Control Building or thirty minutes of the attorney's registration at the facility front entrance. The supervisor shall take immediate steps to locate the inmate for the visit and then initiate an investigation into the reason(s) for the delay. A written report of the results of the investigation shall be submitted to the Program Deputy Warden.

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	CLASSIFICATION # 6002		
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III. PROCEDURES (continued)

6. Any complaint from an attorney concerning a delay in commencing a visit over forty five minutes from the Rikers Island Control Building or thirty minutes from the front entrance or at a borough facility shall be brought to the attention of the area supervisor. If an attorney's concerns about any such delay are not being reasonably addressed, the attorney may speak with the supervisor. The supervisor shall take immediate steps to locate the inmate for the visit and then initiate an investigation into the reason(s) for the delay. A written report of the results of the investigation shall be submitted to the Program Deputy Warden.

C. Borough Facility Attorney Visits

1. Upon presentation of a departmental pass an attorney arriving at a borough facility shall provide the name of the inmate being visited. The front entrance officer shall verify the inmate's presence and the attorney shall sign the Attorney Visit Logbook. The front entrance officer shall notify the inmate's housing unit to send the inmate to the counsel visit area.
2. In the event the inmate is not in the housing unit at the time, the housing officer shall contact the area to which the inmate was sent and notify the inmate. The inmate shall be provided a pass or escorted to the counsel visit area immediately upon notification unless a change of tour count is in progress or emergency exists. In the event that the inmate wishes to return to his or her housing area to pick up legal materials for the visit before proceeding to the visit, the inmate shall be permitted to do so. If such a detour causes the time periods set forth in this directive to be exceeded, the detour shall be noted as the cause of the delay.
3. The front entrance officer shall verify the inmate's arrival at the counsel visit area. The counsel visit officer shall complete an attorney visit card, using the front entrance logbook to complete the attorney's time of arrival at the facility. Upon commencement of the attorney visit the card shall be time stamped in the appropriate section and retained by the officer.

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	CLASSIFICATION # 6002		
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III. PROCEDURES (continued)

4. An attorney conducting multiple visits in a borough facility will obtain a new attorney visit card from the counsel visit officer when the attorney requests that an inmate be brought to the counsel visit area for a subsequent visit. The procedures set out in paragraph C.3 above shall then be followed for each subsequent visit.
5. The front entrance officer shall bring to the attention of the area supervisor any Attorney Visit that does not commence within thirty of the attorney's registration at the facility front entrance. The supervisor shall initiate an investigation and forward the results and any recommendations to the Program Deputy Warden .
6. Any complaint from an attorney concerning a delay in commencing a visit over thirty minutes from the front entrance shall be brought to the attention of the area supervisor. If an attorney's concerns about any such delay are not being reasonably addressed, the attorney may speak with the supervisor. The supervisor shall take immediate steps to locate the inmate for the visit and then initiate an investigation into the reason(s) for the delay. A written report of the results of the investigation and any recommendations shall be submitted to the Program Deputy Warden.

D. Scheduling Attorney Visits in Advance

1. Attorneys may call the Department to inquire whether an inmate will be available at a particular time and to leave a message informing the inmate of the time of the attorney's intended visit.
2. Attorneys are also permitted to schedule visits up to forty-eight hours in advance by calling the General Office of the inmate's housing facility. Upon verification that the inmate is housed in that facility and not scheduled for court, the staff member receiving the call will contact the counsel visit officer for space availability and complete the Advance Notification of Attorney Visit form and forward it to the facility Program office. Visits may be scheduled in one-hour blocks for a maximum of two hours. If the space is not needed for another scheduled visit, the visit may extend beyond the two hours.
3. The program officer shall notify the counsel visit officer of the date and time of the scheduled Attorney Visit so that the information can be recorded and an area reserved. A scheduled Attorney Visit shall take priority over an unscheduled Attorney Visit. Upon arrival of an attorney with a scheduled visit the counsel visit officer is authorized to suspend any unscheduled visits

	EFFECTIVE DATE 12/28/00	SUBJECT ATTORNEY VISITS	
	CLASSIFICATION # 6002		
	DISTRIBUTION A	PAGE 6 OF 6 PAGES	

III. PROCEDURES (continued)

(Attorney for unscheduled visit should be advised that his visit might be suspended) should the space be needed to accommodate the scheduled visit. The unscheduled visit can resume when space is available.

4. Scheduled Attorney Visits shall be processed in the same manner as other Attorney Visits. It is the responsibility of the Program officer to ensure the Attorney Visit space is not overbooked and to maintain a listing of scheduled visits.
5. The counsel visit officer shall notify the area supervisor whenever a scheduled attorney visit is delayed.
6. It is not the responsibility of the Department to immediately accommodate attorneys who arrive more than thirty minutes late for a scheduled Attorney Visit. After thirty minutes the visit will be considered an unscheduled visit and processed according to space availability.

E. Monitoring

1. The Program Deputy Warden shall submit a monthly report to the Warden detailing all investigations relative to delayed Attorney Visits and/or complaints concerning delayed Visits.
2. ISCD shall collect the time stamped Attorney Visit cards and copies of the front entrance and attorney visit logbooks from each facility each week.
3. ISCD shall prepare a quarterly report to the court on the performance of the Department relative to Attorney Visits. This quarterly report shall include the number of unscheduled attorney visits displaced by scheduled attorney visits in accordance with paragraph II.G above.

IV. REFERENCES

- A. Board of Correction Minimum Standards for New York City Correctional Facilities, section 1-09 (c) Access to Counsel.
- B. Benjamin v. Kerik, 75 Civ. 3073, Attorney Visit Order (August 3, 2000)
- C. Directive # 6000, entitled "ATTORNEY, LEGAL, AND OFFICIAL VISITS." dated 09/03/96.

V. ATTACHMENT

Form # 6002, "ADVANCE NOTIFICATION OF ATTORNEY VISITS."



**CITY OF NEW YORK
DEPARTMENT OF
CORRECTION**

**ADVANCE NOTIFICATION
OF ATTORNEY VISIT**



FORM : #6002
REF : DIRECTIVE #6002

FACILITY:

DATE:

INSTRUCTIONS : PRINT ALL INFORMATION

NAME OF INMATE:

FIRST NAME:

TELEPHONE CALL

CALL RECEIVED BY :

DATE TIME

NAME OF ATTORNEY/ LEGAL VISITOR

TELEPHONE NUMBER

ADDRESS

DATE OF SCHEDULED VISIT

TIME OF SCHEDULED VISIT

PRINT NAME

TITLE

SHIELD/ I.D.NUMBER

SIGNATURE

TITLE

SHIELD/ I.D.NUMBER

INSTRUCTION: ATTORNEYS ARE PERMITTED TO SCHEDULE VISITS UP TO FORTY-EIGHT HOURS IN ADVANCE BY CALLING THE GENERAL OFFICE OF THE INMATE'S HOUSING FACILITY. UPON VERIFICATION THAT THE INMATE IS HOUSED IN THAT FACILITY AND NOT SCHEDULED FOR COURT, THE STAFF RECEIVING THE CALL WILL SCHEDULE THE VISIT BY COMPLETING THIS FORM AND FORWARDING IT TO THE COUNSEL VISIT AREA. VISITS MAY BE SCHEDULED IN ONE-HOUR BLOCKS FOR A MAXIMUM OF TWO HOURS. IF SPACE IS NOT NEEDED FOR ANOTHER SCHEDULED VISIT, THE VISIT MAY BE EXTEND BEYOND THE TWO HOURS.

INSTRUCTION:

- ONE (1) ORIGINAL INMATE FOLDER
- ONE (1) COPY TO DEPUTY WARDEN PROGRAM
- ONE (1) COPY TO ATTORNEY VISITING

NEW YORK CITY DEPT. OF CORRECTION
1-DAY ATTORNEY/ATTORNEY ASST. VISIT PASS

The person whose signature appears below
is authorized to visit the inmate named herein
on the date indicated for the purpose shown.

JOHN DOE
NAME OF VISITOR

000 LEX AVE, NEW YORK, N.Y. 00000
BUSINESS ADDRESS

JOHN Q PUBLIC
NAME OF INMATE

ATTORNEY
OCCUPATION

0000000000
BIC NO



EXP: 01/01/2013

John Doe

01/01/2013
Date of Visit

01/01/2013
Date of Issue

01/01/2013
Expiration Date

BING BING
Institution

LEGAL
Purpose of Visit

PAA-1 00000
Title of Issuing Officer

This pass must be surrendered upon completion of visit or upon demand.

No. 20071

If found return to:
New York City Department of Correction
Human Resources, Legal Pass Office
75-20 Astoria Boulevard, Suite 320
East Elmhurst, New York 11370
(718) 546-3161

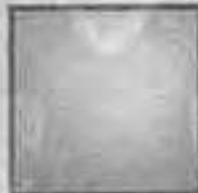
NEW YORK CITY DEPT. OF CORRECTION
4-MONTH ATTORNEY ASSISTANT VISIT PASS

JOHN
First Name

DOE
Last Name

000 LEX AVE
Business Address

NEW YORK, N.Y. 00000



EXP: 01/01/2013

John Doe

180
Weight

5'10"
Height

BRN
Hair

BRN
Eyes

ATTORNEY ASSISTANT
Occupation

01/01/2013
Date of Issue

01/01/2013
Expiration Date

PAA-1 00000
Title of Issuing Officer

No. 20071

If found return to:
New York City Department of Correction
Human Resources, Legal Pass Office
75-20 Astoria Boulevard, Suite 320
East Elmhurst, New York 11370
(718) 546-3161

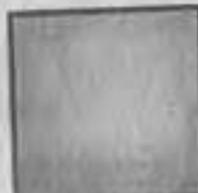
NEW YORK CITY DEPT. OF CORRECTION
1-YEAR ATTORNEY ASSISTANT VISIT PASS

JOHN
First Name

DOE
Last Name

000 LEX AVE
Business Address

NEW YORK, N.Y. 00000



EXP: 01/01/2013

John Doe

180
Weight

5'10"
Height

BRN
Hair

BRN
Eyes

ATTORNEY ASSISTANT
Occupation

01/01/2013
Date of Issue

01/01/2013
Expiration Date

PAA-1 00000
Title of Issuing Officer

No. 20071

If found return to:
New York City Department of Correction
Human Resources, Legal Pass Office
75-20 Astoria Boulevard, Suite 320
East Elmhurst, New York 11370
(718) 546-3161

NEW YORK CITY DEPT. OF CORRECTION
3-YEAR ATTORNEY VISIT PASS

JOHN
First Name

DOE
Last Name

000 LEX AVE
Business Address

NEW YORK, N.Y. 00000



EXP: 01/01/2013

John Doe

180
Weight

5'10"
Height

BRN
Hair

BRN
Eyes

01/01/2000
Date of Last Admission

JUDICIAL DEPT. NYS BAR ADMISSION

01/01/2013
Date of Issue

01/01/2013
Expiration Date

PAA-1 00000
Title of Issuing Officer

No. 20071

If found return to:
New York City Department of Correction
Human Resources, Legal Pass Office
75-20 Astoria Boulevard, Suite 320
East Elmhurst, New York 11370
(718) 546-3161

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2007-002822
SENT: 04/03/07 1521 HRS

TELETYPE ORDER NO. HQ -00847-0

DATE APRIL 03, 2007
TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS
FROM MARTIN F. HORN, COMMISSIONER
SUBJECT DIRECTIVE 6002 ATTORNEY VISITS (REVISION NOTICE)

* * * * * I M M E D I A T E A T T E N T I O N * * * * *

1. PENDING THE REVISION OF DIRECTIVE 6002, ENTITLED "ATTORNEY VISITS" DATED 12/29/00, THE FOLLOWING REVISION IS EFFECTIVE IMMEDIATELY:

SECTION III., PROCEDURES, SECTION "A", PARAGRAPH 4 a, b & c, ADDED TO READ AS FOLLOWS:

4. a. REQUESTS BY DEFENSE ATTORNEYS OR THEIR REPRESENTATIVES TO VIEW VIDEO TAPES AND/OR DIGITAL VIDEO (DVD) DISKS OR LISTEN TO AUDIO TAPES AND/OR COMPACT DISKS (CD/ROM) RELATIVE TO THEIR CLIENT'S CASES, DURING A VISIT WITH THEIR CLIENT, SHALL BE COORDINATED THROUGH THE DEPUTY WARDENS OF SECURITY OR THEIR DESIGNEES. COURT ORDERS AND LEGAL DIVISION APPROVAL ARE NOT REQUIRED.

b. THESE VISITS SHALL BE TREATED IN THE SAME MANNER AS ANY OTHER ATTORNEY VISIT AND THE SAME SECURITY PRECAUTIONS SHOULD BE TAKEN. VIEWING AND/OR LISTENING TO TAPES, DVD AND CD/ROM MEDIA, WHICH ARE RELEVANT TO THE COURT CASE, IS ESSENTIAL TO DUE PROCESS AND THE INMATE'S RIGHT TO COUNSEL.

c. SECURITY OFFICE STAFF SHALL PROVIDE VIDEO PLAYERS SO THAT THE VIEWING MAY BE CONDUCTED IN AN EXPEDITIOUS AND SECURE MANNER. AUDIO PLAYERS (WITH MULTI-LISTENING DEVICES) SHALL BE PROVIDED BY THE ATTORNEYS SO AS NOT TO INTERFERE WITH OTHER ATTORNEY VISITS.

2. ALL OTHER PROVISIONS OF DIRECTIVE 6002 REMAIN IN FULL FORCE AND EFFECT.

3. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE DIRECTED TO ENSURE THAT THE APPROPRIATE PERSONNEL ARE APPRISED OF THE CONTENTS OF THIS TELETYPE ORDER AND INSTRUCTED ACCORDINGLY. COMMANDING OFFICERS ARE ALSO TO ENSURE THAT THIS TELETYPE ORDER IS POSTED IN APPROPRIATE AREAS.

NYC000290

4. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS SHALL ALSO ENSURE STRICT COMPLIANCE WITH THE FOREGOING, AND THAT COMMAND-LEVEL ORDERS ARE REVIEWED AND REVISED TO INCLUDE THE ABOVE PROVISIONS.

AUTHORITY:
COMMISSIONER
RMG/FM

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2008-009545
SENT: 12/18/08 1735 HRS

TELETYPE ORDER NO. HQ -03149-0

DATE DECEMBER 18, 2008

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM MARTIN F. HORN, COMMISSIONER

SUBJECT COUNSEL VISITS FOR ATTORNEY REPRESENTATIVES

1. IN ORDER TO CLARIFY DIRECTIVE NO. 6002 ENTITLED "ATTORNEY VISITS", DATED 12/29/00 (AS AMENDED), AND IN ACCORDANCE WITH DIRECTIVE NO. 6000R-A ENTITLED "ATTORNEY, LEGAL, AND OFFICIAL VISITS", DATED 04/07/05 STAFF ARE REMINDED TO ADHERE TO THE FOLLOWING PROCEDURES:

- A. LEGAL ASSISTANTS, INVESTIGATORS, SOCIAL WORKERS, ETC., EMPLOYED BY AN ATTORNEY, WHO WISH TO VISIT WITH AN INMATE OR IMMATES HOUSED ON RIKERS ISLAND, SHALL REGISTER AT THE SAMUEL PERRY CONTROL BUILDING AND BE PROCESSED IN THE SAME MANNER AS THE ATTORNEY(S) THEY REPRESENT.
- B. SUCH LEGAL ASSISTANTS, INVESTIGATORS, SOCIAL WORKERS, ETC., MUST HAVE A VALID IDENTIFICATION CARD FROM THEIR EMPLOYER AND THE APPROPRIATE DOC ISSUED DEPARTMENTAL PASS.
- C. DOC STAFF SHALL FOLLOW THE PROCEDURES SET FORTH IN DIRECTIVE #6002 WITH REGARD TO THE ISSUANCE AND TIME STAMPING OF THE ATTORNEY VISIT CARDS. THE YELLOW CARDS ARE TO BE ISSUED AT THE SAMUEL PERRY CONTROL BUILDING AND THE BLUE CARDS AT THE HOUSING FACILITIES.
- D. STAFF ARE FURTHER REMINDED THAT HOUSING FACILITIES LOCATED OFF RIKERS ISLAND WILL FOLLOW THE SAME PROCEDURES WITH THE EXCEPTION OF USING THE YELLOW CARDS WHICH ARE ONLY FOR USE WITH RIKERS ISLAND ATTORNEY VISITS.
- E. ALL OTHER PROVISIONS OF DIRECTIVE #6002 AND #6000R-A REMAIN IN FULL FORCE AND EFFECT.

2. COMMANDING OFFICERS SHALL ENSURE THAT A COMMAND LEVEL ORDER IS PROMULGATED WITH A COPY BEING MAINTAINED ON POST AT THE FRONT ENTRANCE.

NYC000292

3. COMMANDING OFFICERS SHALL ENSURE THAT THE CONTENTS OF THIS TELETYPE ORDER IS STRICTLY ADHERED TO AND POSTED IN APPROPRIATE AREAS FOR STAFF TO REVIEW.

4. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE TO ENSURE THAT THIS TELETYPE ORDER IS READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

AUTHORITY:
COMMISSIONER
HA/CR

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2013-002009
SENT: 04/02/13 1036 HRS

TELETYPE ORDER NO. HQ -00738-0

DATE APRIL 02, 2013

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM EVELYN A. MIRABAL, CHIEF OF DEPARTMENT

SUBJECT OPERATIONS ORDER 01/10 ENTITLED, "ATTORNEY, NON-ATTORNEY AND LEGAL ASSISTANT ACCESS TO COURT FACILITIES"

***** IMMEDIATE ATTENTION *****

1. PENDING THE REVISION OF OPERATIONS ORDER 01/10 ENTITLED, "ATTORNEY, NON-ATTORNEY AND LEGAL ASSISTANT ACCESS TO COURT FACILITIES" DATED JANUARY 1, 2010, THE FOLLOWING AMENDMENT IS EFFECTIVE IMMEDIATELY.

2. ON PAGE 2 OF OPERATIONS ORDER 01/10, SECTION III. ACCESS TO SECURE COURT PENS BY ATTORNEYS, NON-ATTORNEYS AND LEGAL ASSISTANTS WITH VALID IDENTIFICATION, REPLACE SUB SECTION A.2 WITH NEW SUB SECTION A.2 BELOW:

2. THE DOC LEGAL DIVISION PASS (ATTORNEY AND ATTORNEY ASSISTANT)

- A. GREEN, THREE-YEAR ATTORNEY VISIT PASS
- B. PINK, ONE YEAR ATTORNEY ASSISTANT VISIT PASS
- C. BLUE, FOUR-MONTH ATTORNEY ASSISTANT VISIT PASS
- D. YELLOW, ONE DAY ATTORNEY/ATTORNEY ASSISTANT VISIT PASS

3. ON PAGE 5 SECTION VI. ATTACHMENTS, REPLACE SECTION B. WITH NEW SECTION B. BELOW:

- B. DOC LEGAL DIVISION PASS (ATTORNEY-GREEN, ATTORNEY ASSISTANT-PINK, ATTORNEY ASSISTANT-BLUE, AND ATTORNEY/ATTORNEY ASSISTANT-YELLOW) SAMPLES

4. THERE IS NO CHANGE TO ANY OTHER CURRENT POLICY PURSUANT TO ATTORNEY VISITS, OTHER THAN THE ADDITION OF THE NEW BLUE FOUR-MONTH ATTORNEY ASSISTANT PASS SPECIFIED IN THIS TELETYPE ORDER, AND THE CHANGE FROM "LEGAL" ASSISTANT TO "ATTORNEY" ASSISTANT TITLE OF THAT PASS.

5. EFFECTIVE APRIL 1, 2013, THE HUMAN RESOURCES, LEGAL PASS OFFICE, WILL ONLY ISSUE THE FOUR PASSES DENOTED ABOVE.

NYC000294

NOTE: D.O.C. WILL CONTINUE TO ACCEPT PREVIOUSLY ISSUED GREEN, PINK, AND YELLOW PASSES WITH "LEGAL" PASS IN THE TITLE, UNTIL THAT PASS EXPIRES AS INDICATED BY THE EXPIRATION DATE ON THE PASS.

6. ACCESS TO A FACILITY WITH AN ATTORNEY/ATTORNEY ASSISTANT PASS IS RESTRICTED TO ONLY THOSE AREAS WITHIN THE COMMAND WHERE COUNSEL VISITS ARE AUTHORIZED TO OCCUR.

7. ALL COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE DIRECTED TO ENSURE THAT:

- A. THE APPROPRIATE PERSONNEL ARE APPRISED OF THE CONTENTS OF THIS TELETYPE ORDER AND INSTRUCTED ACCORDINGLY;
- B. THIS TELETYPE ORDER IS TO BE PLACED IN ALL COURT FACILITY'S MAIN ENTRANCE AND PORT OF ENTRY POST ORDER FOLDERS, POSTED IN ALL OTHER APPROPRIATE AREAS AND STRICTLY COMPLIED WITH; AND
- C. THE CONTENTS OF THIS TELETYPE ORDER IS TO BE READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

AUTHORITY:
CHIEF OF DEPARTMENT
MM/CR

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2013-002021
SENT: 04/02/13. 1334 HRS

TELETYPE ORDER NO. HQ -00743-0

DATE APRIL 02, 2013

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM EVELYN A. MIRABAL, CHIEF OF DEPARTMENT

SUBJECT OPERATIONS ORDER 28/88 ENTITLED, "VISITING ATTORNEYS, LEGAL ASSISTANTS/INVESTIGATORS WITH D.O.C. ISSUED PASSES - REGISTRATION PROCEDURES UPON ENTERING A DEPARTMENT FACILITY"

******* IMMEDIATE ATTENTION *******

1. PENDING THE REVISION OF OPERATIONS ORDER 28/88 ENTITLED, "VISITING ATTORNEYS, LEGAL ASSISTANTS/INVESTIGATORS WITH D.O.C. ISSUED PASSES - REGISTRATION PROCEDURES UPON ENTERING A DEPARTMENT FACILITY" AS AMENDED, DATED DECEMBER 31, 2009, THE FOLLOWING AMENDMENT IS EFFECTIVE IMMEDIATELY.

2. ON PAGE 1 OF OPERATIONS ORDER 28/88, PROCEDURE, REPLACE SECTION 6 WITH NEW SECTION 6 BELOW:

*6 - IN THE COLUMN, "ADDRESS OF AGENCY," ONLY THE TYPE OF D.O.C. PASS AND PASS NUMBER WILL BE ENTERED FOR THOSE PERSONS WITH PASSES. ALL OTHERS MUST ENTER THEIR BUSINESS ADDRESS.

*THIS AGENCY'S HUMAN RESOURCES, LEGAL PASS OFFICE, ISSUES FOUR (4) TYPES OF PASSES:

- A. GREEN, THREE-YEAR ATTORNEY VISIT PASS
- B. PINK, ONE YEAR ATTORNEY ASSISTANT VISIT PASS
- C. BLUE, FOUR-MONTH ATTORNEY ASSISTANT VISIT PASS
- D. YELLOW, ONE DAY ATTORNEY/ATTORNEY ASSISTANT VISIT PASS

3. THERE IS NO CHANGE TO ANY OTHER CURRENT POLICY PURSUANT TO ATTORNEY VISITS, OTHER THAN THE ADDITION OF THE NEW BLUE FOUR-MONTH ATTORNEY ASSISTANT PASS SPECIFIED IN THIS TELETYPE ORDER, AND THE CHANGE IN TITLE FROM "LEGAL" ASSISTANT TO "ATTORNEY" ASSISTANT ON THE PASSES.

4. EFFECTIVE APRIL 1, 2013, THE HUMAN RESOURCES, LEGAL PASS OFFICE, WILL ONLY ISSUE THE PASSES DENOTED ABOVE.

NYC000296

NOTE: D.O.C. WILL CONTINUE TO ACCEPT PREVIOUSLY ISSUED GREEN, PINK, AND YELLOW PASSES WITH "LEGAL" PASS DENOTED IN THE TITLE, UNTIL SUCH TIME THAT THE PASS EXPIRES AS INDICATED BY THE EXPIRATION DATE ON THE PASS.

5. ACCESS TO A FACILITY WITH AN ATTORNEY/ATTORNEY ASSISTANT PASS IS RESTRICTED TO ONLY THOSE AREAS WITHIN THE COMMAND WHERE COUNSEL VISITS ARE AUTHORIZED TO OCCUR.

6. ALL COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE DIRECTED TO ENSURE THAT:

A. THE APPROPRIATE PERSONNEL ARE APPRISED OF THE CONTENTS OF THIS TELETYPE ORDER AND INSTRUCTED ACCORDINGLY;

B. THIS TELETYPE ORDER IS TO BE PLACED IN ALL MAIN ENTRANCE AND PORT OF ENTRY POST ORDER FOLDERS, POSTED IN ALL OTHER APPROPRIATE AREAS AND STRICTLY COMPLIED WITH; AND

C. THE CONTENTS OF THIS TELETYPE ORDER IS TO BE READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

AUTHORITY:
CHIEF OF DEPARTMENT
MM/CR

NYC000297

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2013-001863
SENT: 04/03/13 1509 HRS

TELETYPE ORDER NO. HQ -00752-0

DATE APRIL 3, 2013

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM EVELYN A. MIRABAL, CHIEF OF DEPARTMENT

SUBJECT PROCEDURES FOR ALL PORTS OF ENTRY

1. PENDING THE PROMULGATION OF A COMPREHENSIVE POLICY REGARDING PORT OF ENTRY PROCEDURES THE FOLLOWING SHALL BE IMPLEMENTED IMMEDIATELY.

2. PERSONS ENTERING A DEPARTMENT FACILITY SHALL DISPLAY THE FOLLOWING CREDENTIALS TO THE SATISFACTION OF THE OFFICER ASSIGNED TO THE FRONT GATE, AND TO ANY OTHER UNIFORMED MEMBER OF SERVICE ASSIGNED TO THE MAIN ENTRANCE:

- A. VALID PHOTO IDENTIFICATION ACCEPTABLE TO THE DEPARTMENT; AND
- B. SHIELD (IF APPLICABLE).

3. THE OFFICER ASSIGNED TO THE FRONT GATE SHALL NOT PERMIT ACCESS TO THE FACILITY WITHOUT FACE-TO-PHOTO CONFIRMATION OF THE PERSON'S IDENTITY AND CONFIRMATION OF THE CREDENTIALS AS VALID.

4. STAFF ASSIGNED TO THE FRONT GATE SHALL INSPECT THE IDENTIFICATION CARD TO DETERMINE WHETHER IT HAS EXPIRED (IF THERE IS AN EXPIRATION DATE). IN ADDITION, STAFF SHALL DETERMINE WHETHER THE IDENTIFICATION CARD SHOW SIGNS OF TAMPERING.

5. IF A VISITOR HAS AN IDENTIFICATION CARD AND A SHIELD, THE OFFICER MUST VERIFY THAT THE AGENCY LISTED ON THE IDENTIFICATION CARD AS WELL AS THE RANK OR TITLE, IF PROVIDED, MATCHES THE AGENCY AND RANK OR TITLE DEPICTED ON THE SHIELD.

6. THE FRONT GATE OFFICER, AND ANY OFFICER ASSIGNED TO THE MAIN ENTRANCE, MAY DENY ANY PERSON ACCESS TO THE FACILITY PENDING VERIFICATION OF PROPER IDENTIFICATION AND CREDENTIALS.

7. IN CASES WHERE THE OFFICER ASSIGNED TO THE FRONT GATE, IDENTIFIES DISCREPANCIES, IS CONCERNED ABOUT TAMPERING, HAS ANY QUESTIONS ABOUT WHETHER THE PERSON SHOULD BE ADMITTED OR SUSPECTS THAT A PERSON MAY NOT BE WHO HE OR SHE CLAIMS, THE FRONT GATE OFFICER SHALL RETAIN POSSESSION OF THE

NYC000298

IDENTIFICATION CARD (AND SHIELD, IF APPLICABLE), DENY THE PERSON ACCESS AND REQUEST THE ASSISTANCE OF A SUPERVISOR WHO SHALL REPORT TO THE FRONT GATE AND EVALUATE THE MATTER.

8. UNIFORMED STAFF MAY DETAIN ANY PERSON WHO KNOWINGLY PRESENTS A FAKE/FRAUDULENT IDENTIFICATION CARD IN AN ATTEMPT TO ACCESS A DEPARTMENT OF CORRECTION FACILITY. UNIFORMED STAFF WHO REASONABLY SUSPECT THAT AN IDENTIFICATION CARD IS FAKE/FRAUDULENT SHALL CONFISCATE THE CARD AND NOTIFY A SUPERVISOR WHO SHALL EVALUATE THE SITUATION. IMMEDIATE NOTIFICATION TO THE FACILITY'S TOUR COMMANDER, THE SPECIAL OPERATIONS DIVISION'S TOUR COMMANDER, AND THE INTELLIGENCE UNIT SHALL BE MADE IN THE EVENT ANY PERSON IS DETAINED FOR KNOWINGLY PRESENTING A FAKE/FRAUDULENT IDENTIFICATION CARD.

9. THE CAPTAIN RESPONSIBLE FOR THE FRONT GATE SHALL REVIEW FRONT GATE SIGN-IN LOGBOOKS AT LEAST TWICE PER TOUR FOR COMPLETE AND LEGIBLE ENTRIES.

10. ANY AUTHORIZED CONTRACTOR OR DOC EMPLOYEE MAKING AN APPROVED DELIVERY TO A FACILITY. ENTERING A SPECIFIC AREA OF A FACILITY THROUGH A PORT OF ENTRY OTHER THAN THE FRONT GATE (I.E., COMMISSARY, KITCHEN, ETC.) SHALL NOT BE PERMITTED ACCESS BEYOND THAT AREA FOR ANY REASON. TO ACCESS ANY OTHER PART OF THE FACILITY, THAT PERSON MUST DEPART THROUGH THE SAME PORT OF ENTRY AND THEN, REENTER THE FACILITY VIA THE FRONT GATE AND SATISFACTORILY REPEAT THE CREDENTIALING PROCESS.

11. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS SHALL ENSURE THAT THIS TELETYPE ORDER IS READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS AND POSTED IN APPROPRIATE EMPLOYEE AREAS.

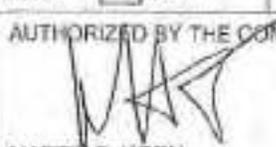
AUTHORITY:
OFFICE OF THE CHIEF OF DEPARTMENT
MM/CR



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED			SUBJECT		
EFFECTIVE DATE 04/07/2005		* TERMINATION DATE / /	ATTORNEY, LEGAL, AND OFFICIAL VISITS		
CLASSIFICATION # 6000R-A	SUPERSEDES 6000	DATED 09/03/96	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DISTRIBUTION A	PAGE 1 OF 6 PAGES
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER			AUTHORIZED BY THE COMMISSIONER		
 ROBERT N. DAVOREN, CHIEF OF DEPARTMENT SIGNATURE			 MARTIN F. HORN SIGNATURE		

I. PURPOSE

To delineate the policy and procedure regarding Attorney, Legal and Official Visits with inmates in departmental facilities.

II. POLICY

- A. Inmates who are awaiting trial or any other court disposition shall have the right to communicate with an attorney.
- B. Attorneys possessing a Departmental or Unified Court System (OCA) pass will be permitted to visit any inmate under the jurisdiction of the Department. In addition, Legal Aid (LAS) Attorneys will be permitted access with their Legal Aid Attorney ID. Only LAS Attorneys are permitted access based on their LAS ID. All other LAS employees must obtain appropriate DOC ID.
- C. Attorney visiting hours shall be permitted for at least eight (8) hours per day between 0800 and 2000 hours. During business days, four (4) of those hours shall be 0800 to 1000 hours and 1800 to 2000 hours. The attorney visit schedule shall be posted at each facility. All attorneys shall be required to complete the Counsel Logbook upon arrival and departure from a facility.
- D. When an inmate is to be interviewed by an official of the Department or other public official or for an attorney or legal visit, all necessary precautions, including the searching of the inmate, shall be taken to ensure the safety of the official.
- E. Visits and telephone communication between inmates and attorneys shall be kept confidential and protected unless a lawful warrant is obtained. Visits or telephone communication between inmates and their legal counsel shall not be monitored except visually. Proper security precautions shall be taken to ensure the protection of the attorney, to prevent an inmate escape, and to prevent injury to other inmates or personnel.

	EFFECTIVE DATE 04/07/05	SUBJECT		
	CLASSIFICATION # 6000R-A	ATTORNEY, LEGAL, AND OFFICIAL VISITS		
	DISTRIBUTION A	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAGE 2 OF 6 PAGES	

II. POLICY (cont.)

- F. Visits and telephone communication between inmates and their legal counsel shall not be included in the total number of visits or phone calls to which an inmate is entitled.
- G. Mail between prisoners and attorneys shall not be delayed, read or interfered with in any manner except to search for contraband or pursuant to a lawful search warrant.
- H. Departmental passes (e.g. Attorneys, Legal Assistants or Investigator, Special One Day Passes) shall be retained by the persons to whom they were issued. No Departmental, Unified Court System (OCA) pass or LAS Attorney ID, which will be accepted in lieu of a DOC pass, will be honored after the expiration date has elapsed.
- I. Any attorney visiting an inmate on Rikers Island shall be permitted to proceed directly to any other institution of Rikers Island to visit another inmate without first returning to the Control Building or any other Central Processing Facility.

III. PROCEDURE

- A. General
 1. Inmates shall not be restricted in their communication with attorneys. The fact that an inmate is represented by one attorney shall not be grounds for preventing that inmate from communicating with other attorneys.
 2. If an attorney arrives at a facility for a visit with an inmate while a count is in progress, the attorney shall not be permitted to visit until such time as the count has been completed.
 3. Attorneys are permitted to arrange visits in advance by calling to inquire as to whether a particular inmate will be available at a particular time and to leave a message informing the inmate of the time of the attorney's intended visit.

	EFFECTIVE DATE 04/07/05	SUBJECT		
	CLASSIFICATION # 6000R-A	ATTORNEY, LEGAL, AND OFFICIAL VISITS		
	DISTRIBUTION A	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAGE 3 OF 6 PAGES	

III. PROCEDURE (cont.)

4. Inmates are allowed to receive incoming calls from their attorney. If an inmate is unavailable, a message shall be taken and the inmate shall be permitted to return the call as soon as possible. This call will be in addition to the number of permitted calls and shall be made at Departmental expense if it is a local call. If it is a long distance call, it shall be a collect call. In the event that an incoming legal call is received after the commencement of the evening lock-in, the return call shall be permitted no later than the following morning.
 5. All inmates shall be entitled to make the number of completed telephone calls necessary to contact and retain legal counsel. Indigent inmates shall be entitled to make such unlimited calls at facility expense. Long distance telephone calls for the purpose of retaining or consulting with legal counsel shall be made collect, except that, at the discretion of the Commanding Officer or a designee, arrangements may be made to permit inmates to bear the cost of such calls or to allow such calls to be made at the facility expense.
- B. Notice to the Warden (Procedure in Lieu of DOC or OCA Pass)
1. This procedure applies to attorneys who have been assigned as counsel by the Court but who do not currently possess a DOC pass or an OCA pass.
 2. An attorney requesting to visit an inmate who is awaiting trial or other court disposition, may file at the facility a "Notice to the Warden" form. This instrument, executed under seal and signed by the clerk of the court of jurisdiction, advises the Commanding Officer that the attorney named has filed a "Notice of Appearance" with court. When a "Notice to the Warden" has been presented at the facility, the attorney named therein shall be treated as the attorney of record. A Notice to the Warden is good for one visit. If the attorney wishes to make future visits, he or she should be advised to obtain a DOC attorney pass or an OCA pass. Otherwise, the attorney will be required to present new Notices for each future visit.
 3. Whenever an attorney files a "Notice to the Warden", appropriate entries shall be made in the "Notice to the Warden" logbook indicating the date, name of attorney, name of inmate concerned and the court which issued said notice. When entries have been made, the "Notice to the Warden" form shall then be filed in the respective Inmate Record Envelope. In addition, the name and address of the attorney of record shall be entered in the "Remarks" section of the Inmate Detention Record, (Form #239) and the Accompanying Card (Form #236).

	EFFECTIVE DATE 04/07/05	SUBJECT ATTORNEY, LEGAL, AND OFFICIAL VISITS		
	CLASSIFICATION # 6000R-A			
	DISTRIBUTION A	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAGE 4 OF 6 PAGES	

III. PROCEDURE (cont.)

C. Sentenced Inmates

1. All attorneys desiring to visit inmates serving sentences in Departmental facilities shall present a Departmental Attorney Pass, Unified Court System (OCA) pass or LAS Attorney ID.
2. In cases where sentenced inmates are awaiting trial or other court disposition on pending criminal cases, they shall be permitted to visit with any attorney who presents a DOC pass, an OCA pass or who files a "Notice to the Warden" form at the facility.

D. Federal Inmates

An attorney requesting to visit a federal inmate detained in an institution of the Department shall present a Departmental Attorney pass or a Unified Court System (OCA) pass.

E. Other Official Visits

1. Upon presentation of proper credentials to the Commanding Officer, members of any law enforcement agency, investigators from the Civilian Complaint Review Board (CCRB), and members of the clergy, shall be permitted to interview inmates in connection with their official duties. A record shall be maintained of all such interviews and such record will include the signatures of the officials and clergy concerned. In addition Consulate Visits shall be permitted as set forth in Operations Order #11/87. These individuals do not require clearance.
2. In addition to documenting the official visit by law enforcement personnel as noted above, the Commanding Officer or designee shall notify the Intelligence Unit, anytime members from any outside law enforcement agency request to interview an inmate. The following information shall be provided to the Intelligence Unit:
 - Date and time of visit;
 - Inmate's first & last name;
 - Inmate's Book & Case number;
 - Inmate's NYSID number;
 - Inmate's arrest number (if available);

	EFFECTIVE DATE 04/07/05	SUBJECT: ATTORNEY, LEGAL, AND OFFICIAL VISITS		
	CLASSIFICATION # 6000R-A			
	DISTRIBUTION A	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAGE 5 OF 6 PAGES	

III. PROCEDURE (cont.)

- Name of official visiting;
- Agency employing the visiting official; and
- Facility name providing information.

The only exceptions to this notification procedure are interviews being conducted by members of the following agencies;

- New York State Division of Parole
- New York City Department of Probation
- New York City Board of Correction
- New York State Commission of Correction
- New York City Police Department Internal Affairs Bureau
- New York City Police Department Intelligence Division personnel assigned to the DOC Intelligence Unit.
- United States Department of Homeland Security Immigration & Customs Enforcement (ICE) personnel assigned to the Rikers Island Field Office.

NOTE: The notification to the Intelligence Unit shall not be construed as requesting permission to allow the official visit to take place.

3. The Commanding Officer of the Intelligence Unit shall establish a hardcover logbook and record the above noted information. This information shall be transmitted daily to the New York City Police Department Personnel assigned to the Intelligence Unit, who shall process this information in accordance to their established procedures.
4. Members of social service or charitable organizations desiring to interview an inmate shall present a special or annual Departmental pass. Representatives of the Department of Social Services shall present the following items issued by the Department of Social Services for identification: an identification card, and a special Departmental pass.

IV. REFERENCES

- A. Benjamin v. Kerik, 75 Civ 3073 (HB), 08/03/2000.
- B. Directive #6002, ATTORNEY VISIT, dated 12/29/00
- C. Board of Correction Minimum Standards for New York City Correctional Facilities, Section 1-09 (c) Access to Counsel.

	EFFECTIVE DATE 04/07/05	SUBJECT		
	CLASSIFICATION # 6000R-A	ATTORNEY, LEGAL, AND OFFICIAL VISITS		
	DISTRIBUTION A	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAGE 6 OF 6 PAGES	

IV. REFERENCES (cont)

- D. Operations Order #11/87, ACCESS TO FACILITIES BY EMBASSY AND CONSULATE OFFICIALS, dated 03/09/1987.
- E. Teletype Order #3910-0, ATTORNEY VISITS, dated 09/05/1999.
- F. New York City Charter, Section 626 (Board of Correction).
- G. New York State Correction Law, Article 3 (State Commission of Correction).

V. SUPERSEDES

Directive #6000, ATTORNEY, LEGAL, AND OFFICIAL VISITS, dated 09/03/1996.

NEW YORK CITY DEPT. OF CORRECTION
1-DAY ATTORNEY/ATTORNEY ASST, VISIT PASS

The person whose signature appears below
is authorized to visit the inmate named herein
on the date indicated for the purpose shown

JOHN DOE
NAME OF VISITOR
000 LEX AVE, NEW YORK, N.Y. 00000
BUSINESS ADDRESS

JOHN Q PUBLIC
NAME OF INMATE

ATTORNEY
OCCUPATION 0000000000
SOC NO.



EXP: 01/01/2013

John Doe

01/01/2013
Date of Issue

01/01/2013
Expiration Date

01/01/2013
Date of Issue

BING BING
Inmate
LEGAL
Purpose of Visit
PAA-1 00000
Title of Issuing Office

This pass must be surrendered upon completion of visit or upon demand.

No. 20071

If found return to:
New York City Department of Correction
Human Resources, Legal Pass Office
75-20 Astoria Boulevard, Suite 320
East Elmhurst, New York 11370
(718) 546-3161

NEW YORK CITY DEPT. OF CORRECTION
4-MONTH ATTORNEY ASSISTANT VISIT PASS

JOHN
First Name
DOE
Last Name
000 LEX AVE
Business Address
NEW YORK, N.Y. 00000



EXP: 01/01/2013

John Doe

180 Weight 5'10" Height BRN Hair BRN Eyes

ATTORNEY ASSISTANT
Occupation

01/01/2013
Date of Issue

01/01/2013
Expiration Date

PAA-1 00000
Title of Issuing Office

No. 20071

If found return to:
New York City Department of Correction
Human Resources, Legal Pass Office
75-20 Astoria Boulevard, Suite 320
East Elmhurst, New York 11370
(718) 546-3161

NEW YORK CITY DEPT. OF CORRECTION
1-YEAR ATTORNEY ASSISTANT VISIT PASS

JOHN
First Name
DOE
Last Name
000 LEX AVE
Business Address
NEW YORK, N.Y. 00000



EXP: 01/01/2013

John Doe

180 Weight 5'10" Height BRN Hair BRN Eyes

ATTORNEY ASSISTANT
Occupation

01/01/2013
Date of Issue

01/01/2013
Expiration Date

PAA-1 00000
Title of Issuing Office

No. 20071

If found return to:
New York City Department of Correction
Human Resources, Legal Pass Office
75-20 Astoria Boulevard, Suite 320
East Elmhurst, New York 11370
(718) 546-3161

NEW YORK CITY DEPT. OF CORRECTION
3-YEAR ATTORNEY VISIT PASS

JOHN
First Name
DOE
Last Name
000 LEX AVE
Business Address
NEW YORK, N.Y. 00000



EXP: 01/01/2013

John Doe

180 Weight 5'10" Height BRN Hair BRN Eyes

01/01/2000
Date of Issue

FIFTH DEPT.
Judicial Dept. NYSD Par Admission

01/01/2013
Date of Issue

01/01/2013
Expiration Date

PAA-1 00000
Title of Issuing Office

No. 20071

If found return to:
New York City Department of Correction
Human Resources, Legal Pass Office
75-20 Astoria Boulevard, Suite 320
East Elmhurst, New York 11370
(718) 546-3161

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2008-009545
SENT: 12/18/08 1735 HRS

TELETYPE ORDER NO. HQ -03149-0

DATE DECEMBER 18, 2008

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM MARTIN F. HORN, COMMISSIONER

SUBJECT COUNSEL VISITS FOR ATTORNEY REPRESENTATIVES

1. IN ORDER TO CLARIFY DIRECTIVE NO. 6002 ENTITLED "ATTORNEY VISITS", DATED 12/29/00 (AS AMENDED), AND IN ACCORDANCE WITH DIRECTIVE NO. 6000R-A ENTITLED "ATTORNEY, LEGAL, AND OFFICIAL VISITS", DATED 04/07/05 STAFF ARE REMINDED TO ADHERE TO THE FOLLOWING PROCEDURES:

- A. LEGAL ASSISTANTS, INVESTIGATORS, SOCIAL WORKERS, ETC., EMPLOYED BY AN ATTORNEY, WHO WISH TO VISIT WITH AN INMATE OR INMATES HOUSED ON RIKERS ISLAND, SHALL REGISTER AT THE SAMUEL PERRY CONTROL BUILDING AND BE PROCESSED IN THE SAME MANNER AS THE ATTORNEY(S) THEY REPRESENT.
- B. SUCH LEGAL ASSISTANTS, INVESTIGATORS, SOCIAL WORKERS, ETC., MUST HAVE A VALID IDENTIFICATION CARD FROM THEIR EMPLOYER AND THE APPROPRIATE DOC ISSUED DEPARTMENTAL PASS.
- C. DOC STAFF SHALL FOLLOW THE PROCEDURES SET FORTH IN DIRECTIVE #6002 WITH REGARD TO THE ISSUANCE AND TIME STAMPING OF THE ATTORNEY VISIT CARDS. THE YELLOW CARDS ARE TO BE ISSUED AT THE SAMUEL PERRY CONTROL BUILDING AND THE BLUE CARDS AT THE HOUSING FACILITIES.
- D. STAFF ARE FURTHER REMINDED THAT HOUSING FACILITIES LOCATED OFF RIKERS ISLAND WILL FOLLOW THE SAME PROCEDURES WITH THE EXCEPTION OF USING THE YELLOW CARDS WHICH ARE ONLY FOR USE WITH RIKERS ISLAND ATTORNEY VISITS.
- E. ALL OTHER PROVISIONS OF DIRECTIVE #6002 AND #6000R-A REMAIN IN FULL FORCE AND EFFECT.

2. COMMANDING OFFICERS SHALL ENSURE THAT A COMMAND LEVEL ORDER IS PROMULGATED WITH A COPY BEING MAINTAINED ON POST AT THE FRONT ENTRANCE.

NYC000307

3. COMMANDING OFFICERS SHALL ENSURE THAT THE CONTENTS OF THIS TELETYPE ORDER IS STRICTLY ADHERED TO AND POSTED IN APPROPRIATE AREAS FOR STAFF TO REVIEW.

4. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE TO ENSURE THAT THIS TELETYPE ORDER IS READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

AUTHORITY:
COMMISSIONER
HA/CR

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2009-003964
SENT: 05/29/09 1837 HRS

TELETYPE ORDER NO. HQ -01359-0

DATE MAY 29, 2009

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM MARTIN F. HORN, COMMISSIONER

SUBJECT DIRECTIVE #6000R-A, ATTORNEY, LEGAL, AND OFFICIAL VISITS

1. PENDING THE REVISION OF DIRECTIVE #6000R-A, ENTITLED "ATTORNEY, LEGAL, AND OFFICIAL VISITS", DATED 04/07/2005, THE FOLLOWING AMENDMENT IS EFFECTIVE IMMEDIATELY:

II. POLICY

B. ATTORNEYS POSSESSING A DEPARTMENTAL PASS (DOC ID ISSUED BY THE APPLICANT INVESTIGATION UNIT), UNIFIED COURT SYSTEM (OCA) PASS, OR A SEALED AND SIGNED NOTICE TO THE WARDEN FORM WILL BE PERMITTED TO VISIT ANY INMATE UNDER THE JURISDICTION OF THE DEPARTMENT. LEGAL AID (LAS) ATTORNEYS WILL BE PERMITTED ACCESS WITH THEIR LEGAL AID ATTORNEY ID. ONLY LAS ATTORNEYS ARE PERMITTED ACCESS BASED ON THEIR LAS ID. ALL OTHER LAS EMPLOYEES MUST OBTAIN APPROPRIATE DOC ID. IN ADDITION, ATTORNEYS ADMITTED IN A JURISDICTION OUTSIDE OF NEW YORK STATE, MUST OBTAIN AN APPROPRIATE OCA PASS, DOC ID FROM THE APPLICANT INVESTIGATION UNIT, OR RETAIN A SEALED AND SIGNED NOTICE TO THE WARDEN FORM, TO VISIT AN INMATE IN DOC CUSTODY.

(NEW MATERIAL UNDERLINED AND BOLD)

2. ALL OTHER PROVISIONS OF DIRECTIVE #6000R-A REMAIN IN FULL FORCE AND EFFECT.

3. COMMANDING OFFICERS SHALL ENSURE THAT ALL RELATED COMMAND LEVEL ORDERS ARE REVIEWED AND REVISED ACCORDINGLY.

4. COMMANDING OFFICERS OF ALL FACILITIES AND DIVISIONS SHALL ENSURE THAT ALL SUPERVISORS SIGN FOR A COPY OF THIS TELETYPE ORDER. COMMANDING

NYC000309

OFFICERS SHALL CONDUCT MEETINGS WITH ALL SUPERVISORY STAFF ASSIGNED TO THEIR COMMANDS FOR THE PURPOSE OF APPRISING THEM OF THIS POLICY.

5. THE COMMANDING OFFICER OF THE CORRECTION ACADEMY SHALL ENSURE ALL RELEVANT LESSON PLANS ARE UPDATED TO CONFORM TO THE CONTENTS OF THIS TELETYPE ORDER.

6. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS SHALL ENSURE THIS TELETYPE ORDER IS READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS AND THAT IT IS POSTED IN APPROPRIATE AREAS OF EACH FACILITY.

AUTHORITY:
COMMISSIONER
HA/CR

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2013-002009
SENT: 04/02/13 1036 HRS

TELETYPE ORDER NO. HQ -00738-0

DATE APRIL 02, 2013

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM EVELYN A. MIRABAL, CHIEF OF DEPARTMENT

SUBJECT OPERATIONS ORDER 01/10 ENTITLED, "ATTORNEY, NON-ATTORNEY AND LEGAL ASSISTANT ACCESS TO COURT FACILITIES"

***** IMMEDIATE ATTENTION *****

1. PENDING THE REVISION OF OPERATIONS ORDER 01/10 ENTITLED, "ATTORNEY, NON-ATTORNEY AND LEGAL ASSISTANT ACCESS TO COURT FACILITIES" DATED JANUARY 1, 2010, THE FOLLOWING AMENDMENT IS EFFECTIVE IMMEDIATELY.

2. ON PAGE 2 OF OPERATIONS ORDER 01/10, SECTION III. ACCRSS TO SECURE COURT PENS BY ATTORNEYS, NON-ATTORNEYS AND LEGAL ASSISTANTS WITH VALID IDENTIFICATION, REPLACE SUB SECTION A.2 WITH NEW SUB SECTION A.2 BELOW:

2. THE DOC LEGAL DIVISION PASS (ATTORNEY AND ATTORNEY ASSISTANT)

- A. GREEN, THREE-YEAR ATTORNEY VISIT PASS
- B. PINK, ONE YEAR ATTORNEY ASSISTANT VISIT PASS
- C. BLUE, FOUR-MONTH ATTORNEY ASSISTANT VISIT PASS
- D. YELLOW, ONE DAY ATTORNEY/ATTORNEY ASSISTANT VISIT PASS

3. ON PAGE 5 SECTION VI. ATTACHMENTS, REPLACE SECTION B. WITH NEW SECTION B. BELOW:

- B. DOC LEGAL DIVISION PASS (ATTORNEY-GREEN, ATTORNEY ASSISTANT-PINK, ATTORNEY ASSISTANT-BLUE, AND ATTORNEY/ATTORNEY ASSISTANT-YELLOW) SAMPLES

4. THERE IS NO CHANGE TO ANY OTHER CURRENT POLICY PURSUANT TO ATTORNEY VISITS, OTHER THAN THE ADDITION OF THE NEW BLUE FOUR-MONTH ATTORNEY ASSISTANT PASS SPECIFIED IN THIS TELETYPE ORDER, AND THE CHANGE FROM "LEGAL" ASSISTANT TO "ATTORNEY" ASSISTANT TITLE OF THAT PASS.

5. EFFECTIVE APRIL 1, 2013, THE HUMAN RESOURCES, LEGAL PASS OFFICE, WILL ONLY ISSUE THE FOUR PASSES DENOTED ABOVE.

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NOTE: D.O.C. WILL CONTINUE TO ACCEPT PREVIOUSLY ISSUED GREEN, PINK, AND YELLOW PASSES WITH "LEGAL" PASS IN THE TITLE, UNTIL THAT PASS EXPIRES AS INDICATED BY THE EXPIRATION DATE ON THE PASS.

6. ACCESS TO A FACILITY WITH AN ATTORNEY/ATTORNEY ASSISTANT PASS IS RESTRICTED TO ONLY THOSE AREAS WITHIN THE COMMAND WHERE COUNSEL VISITS ARE AUTHORIZED TO OCCUR.

7. ALL COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE DIRECTED TO ENSURE THAT:

- A. THE APPROPRIATE PERSONNEL ARE APPRISED OF THE CONTENTS OF THIS TELETYPE ORDER AND INSTRUCTED ACCORDINGLY;
- B. THIS TELETYPE ORDER IS TO BE PLACED IN ALL COURT FACILITY'S MAIN ENTRANCE AND PORT OF ENTRY POST ORDER FOLDERS, POSTED IN ALL OTHER APPROPRIATE AREAS AND STRICTLY COMPLIED WITH; AND
- C. THE CONTENTS OF THIS TELETYPE ORDER IS TO BE READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

AUTHORITY:
CHIEF OF DEPARTMENT
MM/CR

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2013-002021
SENT: 04/02/13 1334 HRS

TELETYPE ORDER NO. HQ -00743-0

DATE APRIL 02, 2013

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM EVELYN A. MIRABAL, CHIEF OF DEPARTMENT

SUBJECT OPERATIONS ORDER 28/88 ENTITLED, "VISITING ATTORNEYS, LEGAL ASSISTANTS/INVESTIGATORS WITH D.O.C. ISSUED PASSES - REGISTRATION PROCEDURES UPON ENTERING A DEPARTMENT FACILITY"

******* IMMEDIATE ATTENTION *******

1. PENDING THE REVISION OF OPERATIONS ORDER 28/88 ENTITLED, "VISITING ATTORNEYS, LEGAL ASSISTANTS/INVESTIGATORS WITH D.O.C. ISSUED PASSES - REGISTRATION PROCEDURES UPON ENTERING A DEPARTMENT FACILITY" AS AMENDED, DATED DECEMBER 31, 2009, THE FOLLOWING AMENDMENT IS EFFECTIVE IMMEDIATELY.

2. ON PAGE 1 OF OPERATIONS ORDER 28/88, PROCEDURE, REPLACE SECTION 6 WITH NEW SECTION 6 BELOW:

*6 - IN THE COLUMN, "ADDRESS OF AGENCY," ONLY THE TYPE OF D.O.C. PASS AND PASS NUMBER WILL BE ENTERED FOR THOSE PERSONS WITH PASSES. ALL OTHERS MUST ENTER THEIR BUSINESS ADDRESS.

*THIS AGENCY'S HUMAN RESOURCES, LEGAL PASS OFFICE, ISSUES FOUR (4) TYPES OF PASSES:

- A. GREEN, THREE-YEAR ATTORNEY VISIT PASS
- B. PINK, ONE YEAR ATTORNEY ASSISTANT VISIT PASS
- C. BLUE, FOUR-MONTH ATTORNEY ASSISTANT VISIT PASS
- D. YELLOW, ONE DAY ATTORNEY/ATTORNEY ASSISTANT VISIT PASS

3. THERE IS NO CHANGE TO ANY OTHER CURRENT POLICY PURSUANT TO ATTORNEY VISITS, OTHER THAN THE ADDITION OF THE NEW BLUE FOUR-MONTH ATTORNEY ASSISTANT PASS SPECIFIED IN THIS TELETYPE ORDER, AND THE CHANGE IN TITLE FROM "LEGAL" ASSISTANT TO "ATTORNEY" ASSISTANT ON THE PASSES.

4. EFFECTIVE APRIL 1, 2013, THE HUMAN RESOURCES, LEGAL PASS OFFICE, WILL ONLY ISSUE THE PASSES DENOTED ABOVE.

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NOTE: D.O.C. WILL CONTINUE TO ACCEPT PREVIOUSLY ISSUED GREEN, PINK, AND YELLOW PASSES WITH "LEGAL" PASS DENOTED IN THE TITLE, UNTIL SUCH TIME THAT THE PASS EXPIRES AS INDICATED BY THE EXPIRATION DATE ON THE PASS.

5. ACCESS TO A FACILITY WITH AN ATTORNEY/ATTORNEY ASSISTANT PASS IS RESTRICTED TO ONLY THOSE AREAS WITHIN THE COMMAND WHERE COUNSEL VISITS ARE AUTHORIZED TO OCCUR.

6. ALL COMMANDING OFFICERS OF FACILITIES AND DIVISIONS ARE DIRECTED TO ENSURE THAT:

- A. THE APPROPRIATE PERSONNEL ARE APPRISED OF THE CONTENTS OF THIS TELETYPE ORDER AND INSTRUCTED ACCORDINGLY;
- B. THIS TELETYPE ORDER IS TO BE PLACED IN ALL MAIN ENTRANCE AND PORT OF ENTRY POST ORDER FOLDERS, POSTED IN ALL OTHER APPROPRIATE AREAS AND STRICTLY COMPLIED WITH; AND
- C. THE CONTENTS OF THIS TELETYPE ORDER IS TO BE READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

AUTHORITY:
CHIEF OF DEPARTMENT
MM/CR

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2013-001863
SENT: 04/03/13 1509 HRS

TELETYPE ORDER NO. HQ -00752-0

DATE APRIL 3, 2013

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM EVELYN A. MIRABAL, CHIEF OF DEPARTMENT

SUBJECT PROCEDURES FOR ALL PORTS OF ENTRY

1. PENDING THE PROMULGATION OF A COMPREHENSIVE POLICY REGARDING PORT OF ENTRY PROCEDURES THE FOLLOWING SHALL BE IMPLEMENTED IMMEDIATELY.

2. PERSONS ENTERING A DEPARTMENT FACILITY SHALL DISPLAY THE FOLLOWING CREDENTIALS TO THE SATISFACTION OF THE OFFICER ASSIGNED TO THE FRONT GATE, AND TO ANY OTHER UNIFORMED MEMBER OF SERVICE ASSIGNED TO THE MAIN ENTRANCE:

- A. VALID PHOTO IDENTIFICATION ACCEPTABLE TO THE DEPARTMENT; AND
- B. SHIELD (IF APPLICABLE).

3. THE OFFICER ASSIGNED TO THE FRONT GATE SHALL NOT PERMIT ACCESS TO THE FACILITY WITHOUT FACE-TO-PHOTO CONFIRMATION OF THE PERSON'S IDENTITY AND CONFIRMATION OF THE CREDENTIALS AS VALID.

4. STAFF ASSIGNED TO THE FRONT GATE SHALL INSPECT THE IDENTIFICATION CARD TO DETERMINE WHETHER IT HAS EXPIRED (IF THERE IS AN EXPIRATION DATE). IN ADDITION, STAFF SHALL DETERMINE WHETHER THE IDENTIFICATION CARD SHOW SIGNS OF TAMPERING.

5. IF A VISITOR HAS AN IDENTIFICATION CARD AND A SHIELD, THE OFFICER MUST VERIFY THAT THE AGENCY LISTED ON THE IDENTIFICATION CARD AS WELL AS THE RANK OR TITLE, IF PROVIDED, MATCHES THE AGENCY AND RANK OR TITLE DEPICTED ON THE SHIELD.

6. THE FRONT GATE OFFICER, AND ANY OFFICER ASSIGNED TO THE MAIN ENTRANCE, MAY DENY ANY PERSON ACCESS TO THE FACILITY PENDING VERIFICATION OF PROPER IDENTIFICATION AND CREDENTIALS.

7. IN CASES WHERE THE OFFICER ASSIGNED TO THE FRONT GATE, IDENTIFIES DISCREPANCIES, IS CONCERNED ABOUT TAMPERING, HAS ANY QUESTIONS ABOUT WHETHER THE PERSON SHOULD BE ADMITTED OR SUSPECTS THAT A PERSON MAY NOT BE WHO HE OR SHE CLAIMS, THE FRONT GATE OFFICER SHALL RETAIN POSSESSION OF THE

NYC000315

IDENTIFICATION CARD (AND SHIELD, IF APPLICABLE), DENY THE PERSON ACCESS AND REQUEST THE ASSISTANCE OF A SUPERVISOR WHO SHALL REPORT TO THE FRONT GATE AND EVALUATE THE MATTER.

8. UNIFORMED STAFF MAY DETAIN ANY PERSON WHO KNOWINGLY PRESENTS A FAKE/FRAUDULENT IDENTIFICATION CARD IN AN ATTEMPT TO ACCESS A DEPARTMENT OF CORRECTION FACILITY. UNIFORMED STAFF WHO REASONABLY SUSPECT THAT AN IDENTIFICATION CARD IS FAKE/FRAUDULENT SHALL CONFISCATE THE CARD AND NOTIFY A SUPERVISOR WHO SHALL EVALUATE THE SITUATION. IMMEDIATE NOTIFICATION TO THE FACILITY'S TOUR COMMANDER, THE SPECIAL OPERATIONS DIVISION'S TOUR COMMANDER, AND THE INTELLIGENCE UNIT SHALL BE MADE IN THE EVENT ANY PERSON IS DETAINED FOR KNOWINGLY PRESENTING A FAKE/FRAUDULENT IDENTIFICATION CARD.

9. THE CAPTAIN RESPONSIBLE FOR THE FRONT GATE SHALL REVIEW FRONT GATE SIGN-IN LOGBOOKS AT LEAST TWICE PER TOUR FOR COMPLETE AND LEGIBLE ENTRIES.

10. ANY AUTHORIZED CONTRACTOR OR DOC EMPLOYEE MAKING AN APPROVED DELIVERY TO A FACILITY. ENTERING A SPECIFIC AREA OF A FACILITY THROUGH A PORT OF ENTRY OTHER THAN THE FRONT GATE (I.E., COMMISSARY, KITCHEN, ETC.) SHALL NOT BE PERMITTED ACCESS BEYOND THAT AREA FOR ANY REASON. TO ACCESS ANY OTHER PART OF THE FACILITY, THAT PERSON MUST DEPART THROUGH THE SAME PORT OF ENTRY AND THEN, REENTER THE FACILITY VIA THE FRONT GATE AND SATISFACTORILY REPEAT THE CREDENTIALING PROCESS.

11. COMMANDING OFFICERS OF FACILITIES AND DIVISIONS SHALL ENSURE THAT THIS TELETYPE ORDER IS READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS AND POSTED IN APPROPRIATE EMPLOYEE AREAS.

AUTHORITY:
OFFICE OF THE CHIEF OF DEPARTMENT
MM/CR



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED			SUBJECT		
EFFECTIVE DATE 06/18/14		TERMINATION DATE / /		ASSIGNMENT OF INMATES TO WORK DETAILS	
CLASSIFICATION # 3255R	SUPERSEDES 3255	DATED 06/29/87	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DISTRIBUTION A	PAGE 1 OF 5 PAGES
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER 			AUTHORIZED BY THE COMMISSIONER 		
WILLIAM PILEMONS, CHIEF OF DEPARTMENT SIGNATURE			JOSEPH PONTE SIGNATURE		

I. PURPOSE

The purpose of this directive is to institute procedures and guidelines for the selection, supervision, and rotation of sentenced inmates and pre-trial detainee work details.

II. POLICY

- A. Detention and Sentenced inmates in the department's custody are eligible to apply for a work detail.
- B. Uniformed employees shall be the only persons authorized to supervise inmate work details.
- C. Inmates applying for the Inmate Observation Aide Program must also be evaluated and cleared by Mental Health prior to being approved for the program.
- D. The Deputy Warden for Security shall be responsible for affecting the security screening of each applicant prior to approval/endorsement of the Deputy Warden for Programs.
- E. All inmate job assignments to work details must have prior approval and endorsement of the Deputy Warden for Programs.

III. GENERAL RESPONSIBILITIES

A. SUPERVISION OF INMATE WORK DETAILS

The Correction Officer assigned or other department employee designated to supervise the work detail(s) is responsible for monitoring each inmates work performance. In no situation shall an inmate be permitted to direct other inmates or to exercise authority or supervision over other inmates. The designation of an inmate as "captain" or "head" inmate of the work detail, or the use of any such

	EFFECTIVE DATE 06/18/14	SUBJECT ASSIGNMENT OF INMATES TO WORK DETAILS		
	CLASSIFICATION # 3255R			
	DISTRIBUTION A	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAGE 2 OF 5 PAGES	

III. GENERAL RESPONSIBILITIES (Cont.)

terminology that would imply or give a particular inmate the impression that he or she has authority over inmates assigned to the work detail is strictly prohibited.

B. FACILITY PROGRAMS – ROTATION OF INMATE WORK DETAILS

1. Inmates assigned to work details shall be rotated as follows:
 - a. Pre trial detainees every 60 days
 - b. Sentenced inmates every 90 days
2. Work detail rotation does not preclude inmates with special skills or those with mitigating circumstances from remaining in the same job assignment. Approval to remain in any job assignment beyond the specified time frame must be authorized by the Deputy Warden for Programs or in his/her absence, a person designated by the Programs Deputy Warden to make such authorizations.

This provision is not intended to preclude any inmate from being removed from a job assignment because of poor performance, infraction of inmate rules of conduct, or where it has been determined that the inmate is a threat to the safety, security, and good order of the facility.

3. Upon reaching a determination that an inmate should involuntarily be removed from a job assignment, the reasons for such determination should be set forth in writing and submitted to the Deputy Warden for Programs or his/her designee.

C. MEDICAL / MENTAL HEALTH

1. Mental Health evaluates all inmates who apply for Observation Aide Program assignments including inmates classified as Mental Observation and Brad H. Each candidate must have clearance from the Deputy Warden for Security prior to being evaluated by Mental Health. Mental Health must evaluate each inmate's suitability on a case by case basis.
2. Medical evaluates all inmates who apply for Food Service assignments. Each candidate must be cleared by the medical staff and have been issued a food handlers certificate prior to being considered for approval for this work detail.

D. DEPUTY WARDEN FOR SECURITY

When determining the eligibility of an inmate for a work detail, the Deputy Warden for Security shall be exhaustive in citing tangible security risks prior to affecting a

	EFFECTIVE DATE 06/18/14	SUBJECT ASSIGNMENT OF INMATES TO WORK DETAILS		
	CLASSIFICATION # 3255R			
	DISTRIBUTION A	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAGE 3 OF 5 PAGES	

III. GENERAL RESPONSIBILITIES (Cont.)

denial. Being identified as members of a Security Risk Group or Watch Group, as an Intended Contraband Recipient, or as a Parole Violator cannot be the sole reason for an inmate's denial for placement on all work details.

E. DEPUTY WARDEN FOR PROGRAMS

The Deputy Warden for Programs shall affect the posting of written notices in each inmate housing area (including those areas specified in Section IV.A.2.) outlining the procedures for inmates to request employment and/or assignment to work details.

IV. PROCEDURES

A. INMATE JOB APPLICATION

1. Whenever an inmate desires to be employed or have a change in assignment during his/her incarceration, the inmate shall be directed to complete Section #1 of Form #3255, "Inmate Job Application" (Attachment A).
2. Inmate job applications are to be made available in all areas where inmates are processed for admission to the facility, inmate housing areas, libraries, social service areas, inmate orientation areas, and other inmate congregate areas as appropriate. Inmate job applications should also be made available to inmate grievance representatives within the respective housing areas.

NOTE: If the inmate is ineligible for the job requested and may qualify for another job assignment, direct the inmate to resubmit a new application or assign the inmate to another job if appropriate.

B. PROCESSING OF INMATE JOB APPLICATIONS

1. Inmates must:
 - a. Complete section #1 of the job application; and
 - b. Submit the completed application to the Correction Officer or other support staff person as specified in Section IV.B.2. of this Directive.
2. Correction Officers must:
 - a. Review section #1 of the application for completeness; and
 - b. Forward the application to the Inmate Assignment Office.

	EFFECTIVE DATE 06/18/14	SUBJECT ASSIGNMENT OF INMATES TO WORK DETAILS		
	CLASSIFICATION # 3255R			
	DISTRIBUTION A	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAGE 4 OF 5 PAGES	

IV. PROCEDURES (Cont.)

3. The Inmate Assignment Office must:
 - a. Complete section #2 of the job application and forwards same to the Office of Deputy Warden for Security;
 - b. File a copy of the completed job application in the inmate's Record Envelope/Inmate Folder when received from the Deputy Warden for Programs; and
 - c. Affect job assignments of all applicants whose job applications have been approved.
4. The Deputy Warden for Security must:
 - a. Review the job application;
 - b. Conduct a security investigation of the applicant;
 - c. Complete section #3 of the application; including:
 - i. Recommend approval/disapproval;
 - ii. Endorsement of the application; and
 - d. Forward the endorsed application to the Deputy Warden for Programs.
5. The Deputy Warden for Programs must:
 - a. Review and evaluate the job application, and either approve or disapprove the request;
 - b. Endorse Section #4 of the application;
 - c. Forward a copy of the completed endorsed application to the requesting inmate; and
 - d. Forward the completed endorsed application to the Inmate Assignment Office for processing.

*Note: Inmate is not to receive a copy of an application that contains confidential security information. USE GENERAL TERMS.

C. RECOMMENDATIONS FOR ASSIGNMENT TO WORK DETAILS

	EFFECTIVE DATE 06/18/14	SUBJECT ASSIGNMENT OF INMATES TO WORK DETAILS		
	CLASSIFICATION # 3255R			
	DISTRIBUTION A	APPROVED FOR WEB POSTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAGE 5 OF 5 PAGES	

IV. PROCEDURES (Cont.)

Non-supervisory personnel may recommend an inmate for a particular job assignment; however, the final determination shall be made in accordance with the procedures specified herein.

D. SELECTION OF INMATES FOR WORK DETAILS

In order to maximize the effectiveness of the Inmate Incentive Wage Program, a supervisory officer designated by the Facility Commander may direct the assignment of an inmate to a work detail. However, no such assignment shall be effected until the Deputy Warden for Programs or a designee has approved the Inmate Job Application.

V. ATTACHMENTS

Attachment A – Inmate Job Application, Form #3255 (English)

Attachment B – Inmate Job Application, Form #3255 (Section 1 - Spanish)

VI. REFERENCE

1. Directive #4017R-A entitled "Inmate Observation Aide Program, dated 06/18/14.
2. Rules and Regulations 6.15.020, chapter 6, "Emergencies", dated 06/18/14.

VII. SPECIAL INSTRUCTIONS

- A. Within ten (10) calendar days of the effective date of this order, all Commanding Officers shall generate a Command Level Order incorporating the policy and provisions outlined herein and send to their respective Division Chief for approval prior to implementation.
- B. All facility managers and supervisors shall ensure strict enforcement of the policy, guidelines and procedures noted herein

NEW YORK CITY DEPARTMENT OF CORRECTION
INMATE JOB APPLICATION

1. TO BE COMPLETED BY INMATE (CHECK THE APPROPRIATE BOX)

NAME _____ NUMBER _____

LOCATION _____ JOB REQUESTED _____

DO YOU HAVE A FOOD HANDLERS CERTIFICATE [] YES [] NO

DO YOU HAVE AN INMATE OBSERVATION AIDE CERTIFICATE [] YES [] NO

DO YOU HAVE A LAW LIBRARY CERTIFICATE [] YES [] NO

DO YOU HAVE ANY MONEY IN YOUR COMMISSARY ACCOUNT [] YES [] NO

REQUESTING CHANGE OF ASSIGNMENT FROM: _____ TO _____

SPECIAL SKILLS OR TALENTS _____

INMATE'S SIGNATURE: _____

2. TO BE COMPLETED BY INMATE ASSIGNMENT OFFICE

BAIL _____ WARRANTS _____ [] YES [] NO CHARGE(S) _____

JOB CATEGORY/CLASSIFICATION _____ INDIGENT [] YES [] NO

PROPOSED HOURS _____

3. TO BE COMPLETED BY DEPUTY WARDEN FOR SECURITY

NUMBER OF INFRACTION(S) _____ TYPE: CONTRABAND [] ASSAULT []

POSSESSION OF WEAPON [] FIGHTING [] DISOBEYING ORDER []

INMATE HAS A HISTORY OF VIOLENCE []

OTHER: _____

SIGNATURE _____ DATE _____

4. TO BE COMPLETED BY D/W FOR PROGRAMS [] APPROVED [] DISAPPROVED

REASON/DISAPPROVAL _____

SIGNATURE _____ DATE _____

FORM #3255

SECTION #1- PRINTED IN SPANISH ON THE REVERSE SIDE -ATTACHMENT B

NYC000322

NEUVA YORK DEPARTAMENTO DE CORRECCION
 APLICACION DE TRABAJO

=====

1. SER COMPLETADO POR RECLUSO

NOMBRE _____ NUMERO _____

LOCACION _____ TITULO DE TRABAJO _____

MARQUE SI O NO

TIENE USTED CERTIFICADO DE MANEJAR COMIDA [] SI [] NO

TIENE USTED CERTIFICADO DE AYUDANTE OBSERVADOR
 DE REDUSOS [] SI [] NO

TIENE USTED CERTIFICADO DE LIBRERIA DE LEYES [] SI [] NO

TIENE USTED DINERO EN LA COMISARIA [] SI [] NO

DESEO UN CAMBIO DE TRABAJO DE _____ PARA _____

HABILTIADES ESPECIALES O TALENTOS _____

FIRMA DE PRISONERO _____

=====

2. TO BE COMPLETED BY INMATE ASSIGNMENT OFFICE

BAIL _____ WARRANTS _____ [] YES [] NO CHARGE(S) _____

JOB CATEGORY/CLASSIFICATION _____ INDIGENT [] YES [] NO

PROPOSED HOURS _____

=====

3. TO BE COMPLETED BY DEPUTY WARDEN FOR SECURITY

NUMBER OF INFRACTION(S) _____ TYPE: CONTRABAND [] ASSAULT []

POSSESSION OF WEAPON [] FIGHTING [] DISOBEYING ORDER []

INMATE HAS A HISTORY OF VIOLENCE []

OTHER: _____

SIGNATURE _____ DATE _____

=====

4. TO BE COMPLETED BY D/W FOR PROGRAMS [] APPROVED [] DISAPPROVED

REASON/DISAPPROVAL _____

 SIGNATURE _____ DATE _____

FROM: CHIEF'S ORDER
TO :
SUBJ:

MSG#: 2020-002131
SENT: 03/28/20 0025 HRS

TELETYPE ORDER NO. HQ -00982-0

DATE MARCH 28, 2020

TO COMMANDING OFFICERS, FACILITIES AND DIVISIONS

FROM HAZEL JENNINGS, CHIEF OF DEPARTMENT

SUBJECT TELEVISITS DURING COVID-19

1. PENDING THE REVISION OF DIRECTIVE 2007R-D, "INMATE VISIT PROCEDURES," DATED 6/1/18, AND OPERATIONS ORDER 6/18, "TELEVISITING", DATED 5/1/18 THE FOLLOWING PROCEDURES SHALL BE ADHERED TO:

- A. THE DEPARTMENT SHALL PROVIDE INDIVIDUALS IN CUSTODY WITH ACCESS TO TELEVISITING TO HELP MAINTAIN FAMILY AND COMMUNITY TIES DURING THE COVID-19 PANDEMIC.
- B. TELEVISITING SESSIONS ARE SUBJECT TO SCHEDULING, AVAILABILITY, AND ADHERENCE TO SECURITY PROTOCOLS AND VISITATION POLICIES.

2. TELEVISITING GUIDELINES:

- A. TELEVISITING SESSIONS SHALL BE HELD IN EACH FACILITY'S VIDEO VISIT AREA.
- B. ALL TELEVISIT REQUESTS SHOULD BE SUBMITTED BY THE VISITOR(S) SEVENTY-TWO (72) HOURS IN ADVANCE, BUT NO LESS THAN TWENTY-FOUR (24) HOURS IN ADVANCE OF THE VISIT TIME.
- C. ALL TELEVISITING SESSIONS MUST BE REVIEWED BY THE CENTRAL VISITS STAFF PRIOR TO THE VISITOR(S) BEING SCHEDULED. EACH VISITOR MUST FILL OUT AND ELECTRONICALLY SUBMIT A "VIDEO VISIT REQUEST FORM" FOUND ON THE INMATE INFORMATION PAGE ON THE DOC WEBSITE.
- D. UPON RECEIVING THE TELEVISIT REQUEST FORM VIA E-MAIL, THE CENTRAL VISITS STAFF SHALL REVIEW ALL FORMS INCLUDING, BUT NOT LIMITED TO, CHECKING VISITOR/INMATE RESTRICTIONS, INMATE SEPARATION ORDERS, AND HOUSING AREAS IN ORDER TO SCHEDULE DIFFERENT CATEGORIES OF INMATES BASED ON DEPARTMENTAL POLICIES AND PROCEDURES.

NYC000029

- a. ALL VISITORS WHO ARE DENIED WILL BE NOTIFIED VIA E-MAIL THROUGH CENTRAL VISITS INFORMING THEM OF THE REASON FOR DENIAL AND APPEAL PROCEDURES BY ATTACHING FORM 143R "NOTICE TO INMATE/VISITOR OF CANCELLATION/LIMITATION/DENIAL OF VISITING ACCESS" TO E-MAIL.
 - E. ONCE APPROVED BY CENTRAL VISITS STAFF, ALL PAPERWORK SHALL BE SCANNED VIA E-MAIL TO EACH FACILITY'S WARDEN, DEPUTY WARDEN OF PROGRAMS, TOUR COMMANDER, VISIT CAPTAIN, AND DESIGNATED VISIT STAFF.
 - a. THE FACILITY STAFF UNDER THE DIRECT SUPERVISION OF THE VISIT SUPERVISOR WILL SCHEDULE ALL VISITS ACCORDING TO AVAILABILITY AND ADHERENCE TO SECURITY PROTOCOL AND VISIT POLICY.
 - F. VISIT STAFF AT EACH FACILITY WILL ENTER THE VISITOR'S INFORMATION INTO THE TELEVISITING REGISTRATION SYSTEM AND ASSIGN A VISIT DATE AND TIME. A CONFIRMATION E-MAIL SHALL BE SENT TO THE VISITOR WITH THE SPECIFICS OF THE VISIT. BOOTH RESERVATIONS MAY BE SCHEDULED WITH A FACILITY UP TO SEVENTY-TWO (72) HOURS IN ADVANCE, BUT NO LESS THAN TWENTY-FOUR (24) HOURS IN ADVANCE.
3. INDIVIDUALS IN CUSTODY TELEVISITING SCHEDULE HOURS ARE AS FOLLOWED:
- A. WEDNESDAY AND THURSDAY 2PM TO 8PM BASED ON LAST NAME, DEPARTMENT-WIDE. THE LAST VISITATION SESSION SHALL START AT 8 PM AND END AT 9 PM.
 - B. FRIDAY THROUGH SUNDAY 8AM TO 2PM, BASED ON LAST NAME, DEPARTMENT-WIDE. THE LAST VISITATION SESSION SHALL START AT 2 PM AND END AT 3 PM.
 - C. TELEVISITING SESSIONS ARE ONE (1) HOUR IN LENGTH.
4. VISITOR IDENTIFICATION (ID)
- A. ALL TELEVISITORS EIGHTEEN (18) YEARS OF AGE AND OLDER MUST SUBMIT THEIR PROPER IDENTIFICATION BY UPLOADING SAME DURING THE SUBMISSION OF THE TELEVISIT FORM.
 - I. ACCEPTABLE IDENTIFICATION INCLUDES: PICTURE IDENTIFICATION CARD ISSUED BY FEDERAL, STATE, OR LOCAL GOVERNMENT (DRIVER'S LICENSE, NON-DRIVER'S LICENSE ID, PASSPORT, AND WORK ID).

- II. A TELEVISITOR WHO CAN BE POSITIVELY IDENTIFIED BY THEIR PICTURE ID SHALL BE ALLOWED ACCESS TO THE TELEVISIT SESSION REGARDLESS OF THE GENDER/SEX INDICATED ON THE ID.
 - III. TELEVISITORS WHOSE IDENTITY CANNOT BE CONFIRMED BY THE IDENTIFICATION WILL NOT BE PERMITTED TO VISIT.
- B. ACCEPTABLE ID FOR AN INDIVIDUAL UNDER THE AGE OF EIGHTEEN (18) YEARS IS A BIRTH CERTIFICATE. THE BIRTH CERTIFICATE MUST HAVE THE NAME OF THE ACCOMPANYING PARENT ON IT. IF THE INDIVIDUAL ACCOMPANYING THE CHILD IS NOT A PARENT, THAT INDIVIDUAL IS TO PROVIDE DOCUMENTATION ATTESTING TO GUARDIANSHIP. ACCEPTABLE DOCUMENTATION CAN BE A COURT ORDER, OTHER COURT DOCUMENTS, GUARDIANSHIP PAPERS, FOSTER CARE/ADOPTION DOCUMENTS, AND NOTARIZED LETTERS.
- I. TELEVISITORS UNDER THE AGE EIGHTEEN (18) MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN AT THE TIME OF THE VISIT.
 - II. CHILDREN MUST NEVER BE LEFT UNATTENDED FOR ANY REASON WHILE TELEVISITING.
5. DEVICES THAT ARE STRICTLY PROHIBITED IN TELEVISITING SESSIONS:
- A. ELECTRONIC DEVICES INCLUDE ANY CAMERA, CELL PHONE, TABLET, IPAD, LAPTOP, IPOD, SMART WATCH (FITBIT, APPLE WATCH, ANDROID WATCH, SAMSUNG WATCH, ETC.) CALCULATOR, TAPE RECORDER, CAMCORDER, HEADPHONES, PORTABLE GAME CONSOLES, PORTABLE SPEAKERS, ETC.
 - B. ALL PHOTOGRAPHY AND VIDEO OR AUDIO RECORDINGS ARE STRICTLY PROHIBITED. FAILURE TO COMPLY WILL RESULT IN TERMINATION OF THE VISIT AND/OR THE SUSPENSION OF VISITATION PRIVILEGES.
6. TELEVISITING PROCEDURES:
- A. FACILITY VISITATION AREA PROTOCOL AND RESPONSIBILITIES
 - I. ON A DAILY BASIS AND PRIOR TO THE COMMENCEMENT OF THE TELEVISITING SESSIONS, THE ASSIGNED OFFICER(S) SHALL CONDUCT A SECURITY INSPECTION OF THE VIDEO BOOTHS AND EQUIPMENT THEN MAKE AN ENTRY IN THE TELEVISITING VIDEO LOGBOOK DETAILING THE RESULTS OF THE SECURITY INSPECTION. THE OFFICER SHALL TEST THE EQUIPMENT AND MAKE A LOGBOOK ENTRY INDICATING WHETHER THE EQUIPMENT IS OPERABLE OR INOPERABLE. WORK ORDERS SHALL BE SUBMITTED WHEN NECESSARY TO THE AREA SUPERVISOR.

- a. IF THE EQUIPMENT IS INOPERABLE, BECOMES INOPERABLE DURING THE COURSE OF THE VISIT, OR NEEDS SERVICING, THE OFFICER SHALL CONTACT EACH OF THE FOLLOWING:
 - I. THE AREA SUPERVISOR;
 - II. IT SUPPORT ONLINE OR BY TELEPHONE (718-546-1800).
 - b. THE OFFICER SHALL ACCURATELY AND CHRONOLOGICALLY LIST ALL OCCURRENCES OF EQUIPMENT FAILURES IN THE OFFICER'S LOGBOOK. ENTRIES MUST INCLUDE:
 - I. DATE AND TIME OF EQUIPMENT FAILURE;
 - II. NATURE OF EQUIPMENT FAILURE;
 - III. DATE AND TIME OF REPAIR CALL;
 - IV. WHO WAS CALLED AND ADVISED OF THE FAILURE;
 - V. DATE AND TIME REPAIR PERSON ARRIVED; AND
 - VI. DATE AND TIME THE EQUIPMENT WAS REPAIRED.
 - c. ONCE IT HAS BEEN DETERMINED THE EQUIPMENT IS AGAIN OPERABLE, THE OFFICER SHALL IMMEDIATELY NOTIFY THE AREA SUPERVISOR.
- II. THE VISIT STAFF AT EACH FACILITY SHALL REVIEW THAT DAY'S TELEVISITING SCHEDULE AND TAKE NOTE OF THE INDIVIDUALS THAT ARE SCHEDULED, THE TIMES OF THEIR TELEVISITING SESSIONS, AND THEIR HOUSING AREA LOCATIONS.
 - III. THE VISIT STAFF SHALL NOTIFY THE RESPECTIVE HOUSING AREAS PROVIDING THEM WITH THE INDIVIDUALS' NAMES AND THE TIMES THEY ARE EXPECTED TO BE PRODUCED IN THE FACILITY VISITS AREA.
 - IV. FOR INDIVIDUALS REQUIRING AN ESCORT, THE VISIT CAPTAIN SHALL ARRANGE FOR AN ESCORT SO THAT THE INDIVIDUAL IS PRODUCED IN THE FACILITY VISITS AREA THIRTY (30) MINUTES PRIOR TO THE SCHEDULED APPOINTMENT.
 - V. DEPENDING ON THE FACILITY AND THE SIZE OF THE FACILITY'S VISIT AREA HOLDING ACCOMMODATIONS, THE INDIVIDUALS SHALL BE STAGED FROM THE HOUSING AREA TO THE FACILITY VISIT AREA. EACH FACILITY HAS THE LATITUDE TO DETERMINE THE MANNER BY WHICH INDIVIDUALS SHALL MOVE TO THE FACILITY VISIT AREA. THE FACILITY SHALL ENSURE THAT SOCIAL DISTANCING IS PRACTICED.
 - VI. WHEN THE INDIVIDUAL ARRIVES IN THE TELEVISIT AREA, THE OFFICER SHALL CONTACT THE OFFICER WITH THE VISITOR STATING THAT THE TELEVISIT IS READY TO BEGIN AND INFORM THEM WHICH

TELEVISIT BOOTH THEY SHOULD DIAL INTO. THE OFFICER SHALL THEN INSTRUCT THE INDIVIDUAL OF THEIR RESPONSIBILITY DURING THE TELEVISIT AND PLACE THE INMATE IN THE PROPER TELEVISIT BOOTH. THE SESSION BEGINS AS SOON AS ALL PARTIES ARE READY.

- a. IF A TELEVISIT DOES NOT BEGIN ON TIME, THERE IS A TEN (10) MINUTE GRACE PERIOD. AFTER TEN (10) MINUTES HAVE PASSED, THE SESSION SHALL BE LOGGED AS "CANCELLED." IF THE SESSION BEGINS LATE, IT SHALL STILL END ON THE HOUR, AS ORIGINALLY SCHEDULED.
- b. IF THE APPOINTMENT IS NOT KEPT, IT IS CONSIDERED "CANCELLED" AND WILL HAVE TO BE RESCHEDULED.
- c. A TELEVISIT MAY BE TERMINATED AT THE DISCRETION OF THE DEPARTMENT FACILITY STAFF. STAFF ARE REQUIRED TO FOLLOW THE GUIDELINES OF OPERATIONS ORDER 6/18, "TELEVISITING", LISTED IN SECTION R.

VII. ONCE AN INDIVIDUAL CONCLUDES THE TELEVISIT, STAFF SHALL IMMEDIATELY ESCORT THE INDIVIDUAL OUT OF THE TELEVISIT AREA, SO THE NEXT INDIVIDUAL CAN USE THE BOOTH.

VIII. THERE WILL BE A 30 MINUTE DELAY BETWEEN EACH TELEVISIT SESSION. ONCE THE INDIVIDUAL HAS VACATED THE BOOTH, DOC STAFF SHALL ENSURE THAT THE TELEVISIT BOOTH IS SANITIZED INCLUDING THE CHAIR, COUNTER, AND OTHER CONTACT SURFACE AREAS.

IX. STAFF MEMBERS ARE PROHIBITED FROM ENTERING THE TELEVISIT BOOTH WHILE THE BOOTH IS IN USE UNLESS INSTRUCTED TO DO SO BY A SUPERVISOR DUE TO A VIOLATION OF PROTOCOL BY THE INDIVIDUAL OR THE TELEVISITOR, THE INDIVIDUAL IS REQUESTING ASSISTANCE, OR IN THE EVENT OF AN EMERGENCY (MEDICAL, FIRE DRILL, ETC.).

X. IN AN EMERGENCY, THE OFFICER MAY ENTER THE BOOTH AND POLITELY INFORM THE VISITOR THAT THE INDIVIDUAL HAS TO EXIT THE BOOTH.

XI. UPON COMPLETION OF THE TELEVISIT SESSION, THE OFFICER SHALL:

- a. LOGBOOK ENTRY; AND
- b. MAKE A ENSURE THAT THE INDIVIDUAL IS ESCORTED BACK TO THEIR ASSIGNED HOUSING AREA.

- XII. THE OFFICER SHALL CONSTANTLY TOUR THE TELEVISIT AREA AND COORDINATE THE ESCORTING OF INDIVIDUALS TO AND FROM THE AREA.
- XIII. THE AREA SUPERVISOR SHALL MAKE PERIODIC TOURS OF INSPECTION IN THE TELEVISIT AREA TO MONITOR THE PROGRESS OF THE TELEVISITING SESSIONS AND, WHEN NECESSARY, TAKE APPROPRIATE ACTION TO CORRECT ANY PROBLEM(S) NOTICED.
- XIV. THE AREA SUPERVISOR SHALL MAKE A LOGBOOK ENTRY DENOTING THE CONDITIONS AT THE TIME OF THE TOUR OF INSPECTION AND ANY SPECIAL INSTRUCTIONS GIVEN TO THE RESPECTIVE OFFICERS.
- XV. AFTER THE COMPLETION OF ALL SCHEDULED TELEVISITS, THE OFFICER SHALL SHUT DOWN THE EQUIPMENT AND MAKE A LOGBOOK ENTRY TO THAT EFFECT. THE OFFICER SHALL THEN COMPLETE THE "VIDEO TELECONFERENCE DAILY SUMMARY REPORT" AND FORWARD IT TO THE FACILITY INFORMATION SYSTEM (FIS) OFFICE AND CENTRAL VISITS.

7. TELEVISITING SESSIONS MAY BE DENIED FOR THE FOLLOWING REASONS:

- A. THE INDIVIDUAL IS NO LONGER IN DEPARTMENT CUSTODY.
- B. THE INDIVIDUAL IS IN A HOSPITAL PRISON WARD AND MEDICAL CLEARANCE WAS NOT GRANTED.
- C. THE INDIVIDUAL HAS PREVIOUSLY VIOLATED DEPARTMENT RULES AND REGULATIONS OR IS CONSIDERED A SECURITY RISK.
- D. THE INDIVIDUAL MAY REFUSE A VISIT BY TELEVISITING. ONCE THE INDIVIDUAL HAS DENIED THE VISIT, THE VIDEO TELECONFERENCING OFFICER SHALL IMMEDIATELY ADVISE THE VISITOR.
- E. INDIVIDUALS HELD IN MEDICAL CONFINEMENT WILL NOT BE PERMITTED TO PARTICIPATE IN TELEVISITS.

8. THIS TELETYPE SHALL BE READ AT TWENTY-ONE (21) CONSECUTIVE ROLL CALLS.

AUTHORITY:
OFFICE OF THE CHIEF OF DEPARTMENT
HJ/CR

OFFICE OF COMPLIANCE CONSULTANTS
5 WEST 15th ST · HIGH IMPACT COMPOUND · MERCADO TRAILER · EAST ELMHURST, NY
11370

Report on Environmental Conditions

Benjamin v. Brann, 75 Civ. 3073 (LAP) Progress Report, May – August 2020

Nicole N. Austin–Best
10/15/2020

I. INTRODUCTION

The Office of Compliance Consultants (“OCC”) is authorized to monitor the Defendants’—the City of New York’s (“NYC”) and the NYC Department of Correction’s (“DOC” or the “Department”)—compliance with the Court’s mandates contained in various orders: the Order re: Fire Safety, dated November 13, 1998; the Order on: Environmental Conditions (the “Environmental Order”), dated April 26, 2001; the Order re: Testing and Repair of Ventilation Systems (the “Ventilation Order”), dated November 14, 2003; the Amended Supplementary Order re: Repair and Renovation of Ventilation Systems (the “Am. Supp. Ventilation Order”), dated February 11, 2009; the Amended Order re: Lighting Conditions (the “Am. Lighting Order”), dated October 7, 2010; the “so ordered” Stipulation concerning withdrawal of sanitation motions and steps to improve sanitation (the “Sanitation Stipulation”), dated October 14, 2010; the Supplemental Order re: Construction Projects Required by Amended Supplementary Ventilation Order, dated October 20, 2011; and the Second Supplemental Order re: Construction Projects Required by Amended Supplementary Ventilation Order, dated December 18, 2012.

This report summarizes the status of sanitation, ventilation, lighting, and fire safety within various New York City jails as reviewed by OCC during May–August 2020 (the “monitoring period”). A discussion of complaints reported to OCC by The Legal Aid Society’s Prisoners’ Rights Project (“LAS” or “Plaintiffs,” sometimes “Plaintiffs’ counsel”) conclude this report. As required by the Order re: Timetable for Submission of OCC Progress Reports, dated January 19, 2007, a draft of this report was circulated to the parties for review and comment. In accordance with longstanding practice, the parties’ comments to the draft report are incorporated into this final version and appended to this report. The Plaintiffs’ counsel sought and obtained

an order from the Court for a three-week extension to submit the parties' comments. OCC's submission of this final report was delayed accordingly.

II. MONITORING OBSERVATIONS

A. Sanitation

1. DOC Sanitation Reports

a. Defendants' Obligations

The Environmental Order requires Environmental Health Officers to “make a thorough inspection of the entire institution in the course of the week and [to] make more frequent inspections when necessary to respond to particular problems—e.g., inmate complaints.” ¶ 3b. “The [E]nvironmental [H]ealth [O]fficer shall submit . . . reports of all such inspections, including a description of any ameliorative actions taken, planned [,] or recommended.” *Id.* at ¶ 3c. Public Health Sanitarians are required to conduct “weekly inspections of all facilities as well as weekly reports of deficiencies” and shall “provide reports on a regular basis to [OCC] with respect to environmental conditions that are the subject of this Order.” *Id.* ¶ 4. “[E]ach jail has an assigned Environmental Health Officer [], who is a captain trained by civilian managers (who are Public Health Sanitarians) at DOC's Environmental Health Unit [], and who conduct regular sanitation inspections. In addition, certain areas of jails are also regularly inspected by [] Public Health Sanitarians themselves.” Jan – April 2019 Report at FN1.

b. Defendants' Performance

During this monitoring period, OCC received redacted Public Health Sanitarian (“PHS”) reports and Environmental Health Officer (“EHO”) weekly reports from the Environmental Health Unit (“EHU”), intermittently, from May 5 – August 13. The PHS reports consisted of inspections conducted March 23 – July 31, 2020 and EHO reports of inspections conducted

March 9 – July 17, 2020. Each PHS report is comprised of individual inspections of several intake and living areas carried out on a specific date. The EHO reports, in comparison, are not comprised of individual inspections, but include several locations on each inspection report, dated for a specific day or several days depending on the facility. The PHS and EHO reports are provided to OCC as individual pages of larger reports instead of full reports since certain of the inspections involve matters or locations that are not currently subject to *Benjamin* monitoring. For example, OCC does not monitor staff areas, clinics and medical locations, and pantries; accordingly, some of the report pages provided to OCC are redacted for the same reason.

Given the different formatting of the EHO reports and the reporting differences among the individual facilities, which make it difficult to ascertain violation dates, e.g. reporting period covering a day in some facilities versus one week in others, those reports have not been reviewed in this report. Moreover, these reports are not formatted for *Benjamin* compliance rating and would take an inordinate amount of time for OCC to reformat and calculate. Nonetheless, the PHS and EHO reports, collectively, provide a snapshot of the conditions observed by the Sanitarians and Officers at a given time and aid in the ongoing assessment of the sanitation conditions within the jails. OCC's review of the current monitoring period's PHS and EHO reports, as submitted by the EHU, indicates some improvement in the Defendants' compliance.

c. Defendants' Compliance

The Defendants are not yet in substantial compliance with the Court's sanitation mandates. Eighty percent (with zero housekeeping management observations) is the agreed upon minimum compliance percentage for the Department to meet accepted sanitation standards in individual intake and living areas and although there has been improvement in intake areas,

the DOC has not met this standard in a significant number of instances.¹ OCC’s analysis of the PHS findings indicates that during 168 inspections of intake and living areas in May – July 2020, 76% indicated compliance, but significantly, in living areas, the Defendants’ compliance is 60%.

i. OCC Methodology and Analysis

OCC randomly selected the following thirty living areas plus all intake areas to review for compliance with the sanitation mandates during the monitoring period:

Living Areas						Intake Areas		
1	AMKC	1 Top	16	OBCC	3 Lower	1	AMKC	Main Intake
2	AMKC	4 Upper	17	OBCC	3 North	2	AMKC	C-71 Intake*
3	AMKC	Mod 1 Upper A	18	OBCC	5 West	3	GRVC	Intake
4	AMKC	Mod 9 B	19	OBCC	7 Lower	4	MDC	Main Intake
5	AMKC	Quad Lower 13	20	RMSC	Building 1	5	NIC	Annex Intake
6	AMKC	Quad Upper 12	21	RMSC	Building 2	6	NIC	Main Intake
7	AMKC	West 17 Lower A	22	RMSC	Building 3	7	OBCC	Main Intake
8	AMKC	West 17 Upper A	23	RMSC	Infirmary*	8	OBCC	Tower Intake*
9	GRVC	11B (Quad 4)	24	RNDC	5 Lower South	9	RMSC	Intake
10	GRVC	4B	25	RNDC	6 Upper South	10	RNDC	Intake
11	GRVC	7A	26	VCBC	2 BA	11	VCBC	Intake
12	GRVC	8A	27	VCBC	3 CB	12	West Facility	Main Intake
13	GRVC	9B	28	West Facility	Sprung 10	13	West Facility	CDU Intake
14	MDC	5 West	29	West Facility	Sprung 11			
15	NIC	2C	30	West Facility	Sprung 12			

* no inspections during monitoring period

The Court requires that “[s]hower facilities, janitors’ closets, laundry areas, and toilets, washbasins, sinks and other personal hygiene and sanitation facilities . . . shall be thoroughly cleaned and sanitized at least once daily and more often if necessary.” Environmental Order ¶

¹ [[T]he parties’ experts and OCC’s expert] adopted the 80% score with no sanitation management citations as the scoring criteria to determine a units (sic) pass or failure. The Department felt that a housekeeping score of 80% was easily achievable. The group felt that no sanitation management issues should exist, as these constitute the highest threat to human health.

11(a).² The Department has removed most laundry areas, but the other types of sanitation facilities remain and are present in intake and living areas.

Intake Areas

OCC reviewed 101 inspection reports of the intake areas in AMKC, GRVC, MDC, NIC, OBCC, RMSC, RNDC, VCBC, and West Facility during May – July 2020. Compliance ratings ranged from 62.16 (West Facility Main Intake on 7/31/20) to 100.00³ (West Facility CDU Intake on 6/12/20). PHS reports indicate intake areas improved in compliance during this monitoring period, from 62% during last monitoring period to 86% during this monitoring period.⁴ A number of factors may contribute to this remarkable increase as the Defendants reported working with staff to improve compliance in these areas. Per Plaintiffs' counsel, "Whatever lessons may be learned from the improvement in intake areas should be of interest in improving other areas and will be essential should we seek remedial measures before the Court." Pls.' comments at 2.

Living Areas

In addition to the Court's requirement, mentioned above, "Every living area (cells, dormitory, and modular sleeping areas, and showers/bathrooms and dayrooms in each of these units) shall be thoroughly cleaned and sanitized each week." Environmental Order ¶ 11(c). Further:

Each housing area shall have an adequately ventilated janitor [sic] closet equipped with a sink, or accessible to a sink, and shall have an adequate supply of cleaning implements and supplies, accessible to all detainees, so that each detainee can clean his cell daily and so

² This provision of the Environmental Order also requires that showers be power washed with a bleach solution on a quarterly basis. By Order re: Power Washing, dated December 14, 2010, the Court suspended this mandate and permitted the Department to steam clean or use less-damaging measures in an effort to preserve tile work.

³ The EHU rated West Facility CDU Intake as having 100% compliance on 5/14/20; however, the corrected rating is 95.24 since the slop sink in the janitor's closet was not clean. Per the "Housekeeping and Sanitation Inspection Strategy and Evaluation Matrix" developed by the *Benjamin* sanitation experts, clean means to be "visibly free from foreign matter such as dirt, accumulated organic or inorganic matter, or impurities; unsoiled." The PHS noted that the slop sink was "slightly dirty."

⁴ West Facility intake areas were not inspected during the previous monitoring period.

that common areas of the housing blocks can also be cleaned. All cleaning implements shall be cleaned thoroughly after each use and stored in a clean, adequately ventilated place.

Id. ¶ 11(f)–(g).

OCC reviewed 67 inspection reports of living areas in AMKC, GRVC, MDC, NIC, OBCC, RMSC, RNDC, VCBC, and West Facility during May – July 2020. Compliance ratings ranged from 70.00 (AMKC Mod 1UA on 7/22/20⁵ and GRVC 11B on 7/20/20) to 97.78 (OBCC 3 Lower on 6/17/20). Three living areas that were surveyed during the last monitoring period were randomly selected again and surveyed during this monitoring period. The compliance ratings were similar from last monitoring period to the current period, indicating no improvement in these specific areas.

Facility	Living Area	Inspection Date	Compliance Rating
GRVC	11B	1/29/2020	76.00
		2/18/2020	73.81
		5/11/2020	71.43
		6/18/20	74.00
		7/20/2020	70.00
Facility	Living Area	Inspection Date	Compliance Rating
GRVC	8A	1/8/2020	84.00
		2/3/2020	73.47
		5/8/2020	82.00
		7/13/2020	72.00
Facility	Living Area	Inspection Date	Compliance Rating
RNDC	6 Upper S	1/30/2020	85.00
		2/18/2020	75.00
		5/12/2020	78.57
		6/16/20	78.57
		7/13/2020	76.79

⁵ The EHU incorrectly included the mental health office in the inspection and calculation of the housing area. OCC removed the location from the calculation and corrected the compliance rating to 70.00.

Ultimately, PHS reports indicate living areas declined in compliance during this monitoring period, from 64% during the previous monitoring period to 60% during this monitoring period.

Vacant Cells

The Defendants were additionally not compliant in cleaning and maintaining vacant cells according to the Court’s mandate that “[e]very cell shall be thoroughly cleaned and sanitized upon becoming vacant, shall be kept clean of garbage and debris while vacant, and shall be inspected prior to reoccupancy to ensure that it is cleaned and sanitized.” Environmental Order ¶ 11(c). In the sample reviewed by OCC, the Sanitarians visited one hundred two vacant cells, twelve of which were inspected twice during the monitoring period, resulting in 114 inspections.⁶ Of the 114 vacant cell inspections conducted by the Sanitarians in the areas surveyed by OCC during the monitoring period, 99 (87%) of those inspections yielded a combined 343 violations, as detailed in Att. 1. When compared to the previous monitoring period, there is no marked improvement.

Undoubtedly, the Defendants need to improve sanitation in living areas and are encouraged to apply similar tactics as employed in the intake areas. Per the Defendants, “[t]his is not that easy due to the differing environments.” Defs.’ comments at 3. Reportedly, the frequent turnover of inmates in the housing areas is an issue because sanitation is their responsibility. *Id.* The Defendants must understand that sanitation training and supervision of inmates are the Department’s responsibility and regardless of where an inmate is housed, he or she is supposed to have undergone the same training and held to the same standards; consequently, no matter where an inmate is housed he or she should be cognizant of the sanitation protocols and disciplined as necessary when procedures are not followed. DOC staff

⁶ One cell, #10 in RMSC Bldg. 2, had no violation during both inspections.

members are additionally responsible for overall sanitation and should also be held accountable for deficiencies. The Defendants report that when deficiencies are found the PHS interview area staff and supervisors and review procedures as necessary. Defs.’ comment at FN1. Further, “[a] memo is also typically sent to the Warden informing him or her of the issue, and to further reiterate the importance of adhering to departmental policies.” *Id.* OCC is familiar with this practice and has previously received copies of such memoranda when protocols were not followed; however, OCC received no such memo during this monitoring period and none was produced in response to the issues reported by OCC.

A review of the inspection protocol, violations observed during the PHS inspection, and analysis of the inspections may be helpful toward assessing, improving, and achieving overall compliance.

Inspection Protocol

During PHS inspections, compliance is assessed in eleven categories, discussed below, using a binary scoring method of “0” if the location meets accepted standards or requirements and “1” if the location does not in the particular category. This binary system means that a score can be placed in the applicable field only if an assessment was made. Scoring a location in a category for which it was not assessed skews the compliance rating and makes it inaccurate. (The effect is similar when non-*Benjamin* locations (such as staff areas and clinics and medical locations) are included in inspections for this litigation.) An example of the inspection form is immediately below for reference. The sum of scores of each location in an intake or housing area is then calculated to produce a component trend score, for which “reduced sampling scoring must be 3 or less for the housing component to be considered to have met sanitary standards or requirements on all rows except the General, Day Room Furnishings, and Dormitory Bed rows which must be 2 or less.”

The compliance percentages are automatically calculated when the electronic inspection reporting form is used because the formula is embedded in the form, an Excel spreadsheet. Manually, the compliance percentages can be calculated as follows:

$$\frac{\textit{the sum of the component trend scores}}{\textit{the count of scores}} - 1$$

The compliance percentage must be 80.00 or higher for an intake or living area to be compliant; however, if there is at least one observation of cleaning and sanitizing procedures not being followed, lack of cleaning chemicals, inadequate cleaning equipment and equipment station, or inadequate water facilities, the area fails the inspection, regardless of score. An example of this protocol is seen in the sample inspection form below: the area's housekeeping compliance is 81.36%, but it does not pass the inspection because cleaning and sanitizing procedures were not followed in at least one instance.

ii. Discussion of Findings

The PHS inspections found 1931 violations distributed across all facilities, in the categories listed in the chart, immediately below, and the details of the violations observed in the categories are specified below or attached, if not identified here. The inspection findings are discussed below in terms of the housekeeping inspection matrix developed by the expert sanitarians.

Violation Category	Count of Violations
Cleaning and Sanitizing Procedures (not) Followed–Management Violation	2
Inadequate Cleaning Equipment and Equipment Station–Management Violation	4
Vermin–Management Violation	43
Unclean to Sight	1072
Organic Soil Accumulations	51
Surfaces (not) Smooth and Easily Cleanable	467
Presence of Malodors	1
(Inadequate) Lighting	55
Obstructed Light Shield⁷	2
Ventilation	234

The following evaluative housekeeping criteria are taken directly from the training material and are used to assess compliance during sanitation inspections and apply to the PHS inspections undertaken during this monitoring period. The following discussion is limited to the PHS inspections surveyed by OCC and does not represent all inspections undertaken during the May–August 2020 monitoring period.

⁷ This is not a category developed by the expert sanitarians. It is a DOC housekeeping criterion that impacts the condition of light shields, which affects lighting and sanitation; accordingly, observations are recorded during PHS inspections.

ADMINISTRATIVE and MANAGERIAL OBSERVATIONS – The following five criteria apply to all areas, and at least one observation of any of the first four causes the area to fail the inspection.

1. CLEANING AND SANITIZING PROCEDURES (NOT) FOLLOWED

- a) uniform sanitary procedures as detailed in policies and procedures not followed
- b) cleaning frequency inadequate to maintain proper sanitation
- c) policy is inadequate to address soiling of the unit
- d) no evidence of training of inmates to housekeeping policy
- e) disposable gloves and other personal protective equipment not available, provided or used as per manufacturer's label requirements and/or institutional policy

Verification of these criteria is by indicating two or more of the following:

- lack of adherence to established policies and procedures
- no notation in unit log (schedule or frequency)
- absence of training materials or instructional postings in critical housekeeping areas
- direct chemical test of finished disinfectant solution
- negative responses to inmate and/or staff interviews

There were two instances, limited to West Facility, in which the EHU determined that the Department's cleaning and sanitizing procedures were not being followed. West Facility's Main Intake had no goggles on 7/31/20 and had a compliance score of less than 80.00, so the area did not pass inspection even without the management violation. In West Facility Sprung 12, the institutional aide⁸ had a spray bottle with an unknown solution on 6/24/20. If this did not occur, the housing area would have passed inspection, with a compliance score higher than 80.00. The Defendants minimize the seriousness of these violations, stating "these deficiencies did not transform the otherwise clean housing areas into unsanitary living areas." Defs.' comments at 3. Foremost, inmate safety is compromised without the availability of goggles, which could result in serious

⁸ Management of Institutional Aides at the Communicable Disease Unit (CDU) and North Infirmery Command (NIC).

"The Assistant Commissioner for Environmental Health is responsible for supervising the supervising housekeepers at the CDU and NIC to develop proper cleaning protocols and schedules and to provide technical support. The facilities' commanding officers are responsible for the day-to-day supervision of the supervising housekeepers." DOC Directive 3900R-A Environmental Health Program.

injury or refusal to undertake sanitation responsibilities for lack of personal protective equipment. Unknown chemicals could cause an adverse reaction or simply be ineffective for the condition that needs to be remedied. These are serious matters and OCC agrees with the classification of these instances as management violations but believes there are four additional instances not so classified by the EHU.

- In GRVC 7A, there was no sanitation manual on 7/6/20 and, in GRVC 8A, there were outdated English and Spanish sanitation posters on 7/13/20. Neither of these housing areas passed inspection with compliance scores of less than 80.00.
- MDC 5 West had no English sanitation posters on 5/27/20 and 6/23/20. The housing area had a compliance score less than 80.00 during the first inspection and did not pass but had a higher compliance score during the latter and passed that inspection.

2. LACK OF CLEANING CHEMICALS

- a) cleaning chemicals not provided at the unit
- b) par levels not appropriate to the unit

Verification of the deficiency is by any one of the following:

- boundary markers in inventory levels that signal replenishment is necessary not established, or,
- amount or level considered to be adequate, not maintained, or,
- absence of a standard quantity as established by policy

There were no reported instances of a lack of cleaning chemicals during the PHS inspections, making it puzzling that the institutional aide mentioned above opted to use an unknown solution instead of the authorized cleaning chemicals, and, as discussed below, there were four instances where an inappropriate chemical was found in the possession of staff and inmates or the machine to dispense the appropriate chemical was inoperable. If these latter four instances do not represent a lack of cleaning chemicals, OCC believes they are indicative of a failure to follow the cleaning and sanitizing procedures more than inadequate equipment. In any case, it would be helpful for the EHU

to inquire why staff and inmates opt for inappropriate cleaning chemicals when such instances are observed.

3. INADEQUATE CLEANING EQUIPMENT AND EQUIPMENT SANITATION

- a) cleaning equipment in poor repair or worn
- b) cleaning equipment is visibly dirty and possibly malodorous
- c) inadequate storage of housekeeping equipment
- d) cleaning equipment storage appurtenances not available for the sanitary and safe storage of mops, brooms and brushes
- e) par levels inappropriate to the facility or not established to meet cleaning needs

There were four instances recorded in this category during the PHS inspections. In AMKC 1 Top a bottle of Milcide was found in the sleeping area on 5/28/20, but the housing area would not have passed inspection even without this violation as it had a compliance score of less than 80.00. A Corcraft mold and mildew remover spray bottle was found in AMKC Quad 13 Lower, occupied cell #20, on 7/13/20. The area would have passed the inspection otherwise. In OBCC, a bottle of Milcide was found in the Main Intake on 7/10/20. The area would have passed the inspection otherwise. The Diversey dispenser, which dispenses cleaning and sanitizing chemicals, was inoperable in OBCC 5 West on 6/10/20 causing the area to fail the inspection.

4. ADEQUATE WATER FACILITIES PROVIDED

- a) utility sink not readily available and/or accessible
- b) hot and cold water of adequate flow and pressure not provided
- c) absence of a free-flowing drain

During this monitoring period, there were no instances of inadequate water facilities during the PHS inspections surveyed by OCC.

5. PRESENCE OF VERMIN INCLUDING INDICATOR ARTHROPODS

Unlike the other four management categories, observations in this category do not cause an area to automatically fail inspection.

This criterion is listed under the management section because the presence of vermin or indicator organisms requires subsequent action by the correctional staff in reporting the observable condition. However, no further action on their part is necessary unless so directed. If an observation is made, that observation is informational only and does not factor into the overall unit compliance unless it remains unreported or uncorrected.

“Housekeeping Inspection Matrix” at 12. The inspections reviewed by OCC, indicated that the Sanitarians observed vermin in all facilities except for VCBC and West Facility, in the instances listed immediately below.

Finding	Facility	Area	Location	Date
"mice droppings"	AMKC	<i>1 Top</i>	janitor's closet	6/24/20
"mice droppings"		<i>4 Upper</i>	sleeping area	7/20/20
"mice droppings"			storage	5/28/20
"mice droppings"		<i>W 17LA</i>	sleeping area	6/22/20
"mice droppings"	RNDC	<i>Intake</i>	pen #5 Brooklyn	7/15/20
ants	RNDC	<i>Intake</i>	pen #4	6/12/20
dead cockroach on floor	RMSC	<i>Intake</i>	showers	5/12/20
flies in area	OBCC	<i>7 Lower</i>	sleeping area	5/13/20
large roaches (dead and live)	OBCC	<i>3 North</i>	cell #26 (vacant)	6/10/20
live drain flies on wall	AMKC	<i>W 17UA</i>	showers	7/24/20
live drain flies on wall	GRVC	<i>7A</i>	showers	7/6/20
live drain flies on wall	RMSC	<i>Intake</i>	showers	5/12/20
live flies on wall	GRVC	<i>7A</i>	showers	6/10/20
live flies on wall		<i>9B</i>	showers	5/5/20
live fruit flies	AMKC	<i>Mod 1UA</i>	showers	6/16/20 (was 6/12/20, 6/14/20, and 6/16/20)
live fruit flies			dayroom	7/22/20 (was 7/10/20)
live fruit flies	MDC	<i>Intake</i>	pen #3	7/10/20
live fruit flies			pen #4	7/10/20
live fruit flies			pen #5	7/2/20
live fruit flies				7/16/20
live fruit flies			showers	7/2/20
live fruit flies				7/10/20
live fruit flies				7/16/20
two dead water bugs in light fixture	AMKC	<i>Main Intake</i>	pen #8	7/16/20

live ants on floor	AMKC	<i>4 Upper</i>	sleeping area	7/20/20
live ants on floor		<i>Mod 1UA</i>	cell #15 (occupied)	7/22/20
live ants on floor	GRVC	<i>8A</i>	cell #18 (occupied)	7/13/20
ants in cell	RMSC	<i>Bldg. 2</i>	cell #7 (vacant)	7/13/20
large roach on toilet	RMSC	<i>Bldg. 2</i>	cell #6 (vacant)	7/13/20
flies on window screen	RNDC	<i>Intake</i>	middle section pens	7/15/20
fly at window area	RNDC	<i>Intake</i>	pen #6	7/15/20
live gnats in area	AMKC	<i>4 Upper</i>	toilet area	7/20/20
live gnats in area	MDC	<i>5 West</i>	janitor's closet	7/29/20
live gnats in area		<i>Intake</i>	common area	7/30/20
live gnats in area			search	7/23/20
live gnats in area			showers	6/18/20
live gnats in area			showers	7/23/20
live ant in sink	AMKC	<i>Mod 1UA</i>	cell #11 (vacant)	7/22/20
live roaches on floor	GRVC	<i>11B</i>	showers	7/20/20 (wos 7/3/20)
flies observed	NIC	<i>Main Intake</i>	pen #4	7/22/20
two dead water bugs in light shield	AMKC	<i>Main Intake</i>	showers	7/23/20
two dead water bugs in light shield	AMKC	<i>Main Intake</i>	showers	7/30/20
several gnats at every stall	MDC	<i>Intake</i>	showers	7/30/20

Per, the “Inspection Matrix” (at 2) that was developed by Mr. Eugene Pepper and the parties’ experts in 2011 and currently used by the Department during its facility inspections.

This observation was included because housekeeping is a major component of integrated pest management. As such, it is integral to an effective housekeeping program. Because the actual pest eradication is coordinated by a professional pest control technician, who is not under the direct supervision of inmate management administration, it is not controlled as other components of the housekeeping program. Even though this observation is essential in the health and wellbeing of the inmates and staff, it does not factor into the compliance score, but is included as an informational component that requires immediate action when noted.

In three cases, the sanitarian noted that a work order was submitted prior to the latest inspection’s finding of vermin, indicating an ongoing issue: On 7/20/20, the PHS observed “live roaches” on the shower floor at GRVC 11B and noted that a work order was submitted on 7/3/20 for the area. On 6/16/20, the PHS observed “fruit flies” in the AMKC Mod 1UA shower and noted that work orders were submitted on two occasions prior to that inspection, which yielded a third work order for the same issue; likewise, on 7/22/20, the PHS observed “live fruit flies” in the AMKC Mod 1UA

dayroom and noted that a work order was submitted on 7/10/20 for that area. There is no indication of the Department’s efforts toward remedying the conditions, and the PHS inspections indicate that indicia of vermin were observed in the same location during different inspections. Plaintiffs’ counsel finds it “[p]articularly disturbing . . . that DOC has apparently done nothing at all to abate the presence of vermin in several areas, as well the numerous instances of other repeat violations going unabated. (citation omitted) This is unacceptable.” Pls.’ comments at 2. The Defendants report that the areas were treated on several occasions (Defs.’ comments at 4); yet, the conditions remained unabated. Ultimately, “[t]he Department notes that it faces continued challenges in staffing all open exterminator positions.” *Id.*

HOUSEKEEPING OUTCOME OBSERVATIONS – the following six criteria are direct observations of physical housekeeping conditions.

1. Unclean to Sight:

- presence of loose filth and garbage
- dust and dirt accumulation
- soiling of touch points and/or high (common) touch surfaces
- soiled bed frames and dayroom furnishings
- soiled utility (janitor’s) closet
- soil imbedded at transition areas such as edges of spalled tile, floor to wall junctions, door jambs, and furnishing floor anchors

The sanitarians recorded 1072 instances, across all facilities, and the instances consist principally of dirty floors, corners, and junctions; dirty walls; dirty/dusty window screens and ledges; and dirty light shields. Att. 2. In certain cases, the PHS noted that the same condition was previously reported, indicating that “unclean to sight” observations are not necessarily temporary if they are not being addressed once reported.

2. Organic Soil Accumulations in Wet and Moist Areas:

- organic debris accumulation in and around toilets, urinals, utility sinks, lavatories and showers
 - drain screens⁹ not cleaned of hair and debris; partially occluded drains resulting in temporary pooling of water
 - chronic pooling of water and/or presence of chronically wet walking surfaces
-

As indicated below, the observations in this category consisted mostly of mildew on floors, walls, and ceilings in all facilities except NIC and West Facility. Pooling of water was limited to two separate instances in the AMKC Intake showers and once in the RMSC Intake’s pen #4.

⁹ Per the Housekeeping Matrix, “If the floor drain is occluded or partially occluded with organic deposits below the drain screen, it cannot be cleaned using regular housekeeping methods. Therefore, it is not considered a non-compliance issue and a notation of the observation should be made in the comments section on the inspection report.”

Facility	Area	Finding	Location	Date
AMKC	4 Upper	mildew on floor guards	showers	16-Jun
		mildew on junction at wall/floor	showers	20-Jul
	Main Intake	pooling water at floor corner	showers	13-May
		pooling water at floor corner		19-May
	Q13L	mildew on ceiling	dayroom toilet	4-May
	W 17LA	mildew on ceiling	showers	22-Jun
		mildew on wall	showers	22-Jun
	W 17UA	mildew on ceiling	showers	22-Jun
		mildew on wall	showers	22-Jun
GRVC	11B	mildew on wall/wall junction	showers	20-Jul
	7A	mildew on wall	janitor's closet	10-Jun
		mildew on wall		6-Jul
		mildew at junctions	showers	6-Jul
	9B	mildew on floor	showers	5-May
		mildew on floor		10-Jun
		mildew on floor		6-Jul
		mildew on junction at wall/floor	showers	10-Jun
		mildew on wall	janitor's closet	10-Jun
		mildew on wall		6-Jul
		mildew at junctions	showers	6-Jul
MDC	5 West	mildew on junction at wall/floor	showers	29-Jul
		mildew on wall	showers	23-Jun
		mildew on door	showers	29-Jul
		mildew on doorframe	showers	29-Jul
OBCC	5 West	mildew on floor	showers	5-May
		mildew on wall	showers	5-May
	7 Lower	mildew on floor	showers	13-May
		mildew on floor		14-Jul
		mildew on wall	showers	13-May
		mildew on grout	showers	14-Jul
RMSC	Intake	"flooded water"	pen #4	28-May
		mildew on floor	showers	10-Jul
		mildew on floor		17-Jul
		mildew on floor		31-Jul
		mildew on wall	showers	10-Jul
		mildew on wall		17-Jul
		mildew on wall		24-Jul
		mildew on wall		31-Jul
		mildew at junctions	showers	10-Jul
RNDC	6 Upper S	mildew on floor	showers	12-May
		mildew on wall	showers	12-May
		mildew on floor	showers	16-May
		mildew on wall	showers	16-May
		mildew in toilet	cell #16 (vacant)	16-May
VCBC	3CB	mildew on ceiling	showers	23-Jun
		mildew on ceiling		30-Jul
		mold on ceiling	showers	20-May
	2BA	mildew on ceiling	showers	17-Jun
		mildew on ceiling/wall junctions	showers	17-Jun

3. Surfaces (not) Smooth and Easily Cleanable:

- structural surfaces in poor repair; porous; uneven/irregular/jagged, for example: wall-floor junctions not smooth, rounded, or sealed; cracks, joints and tile grouting not sealed or in good repair
- beds and/or dayroom furnishings in poor repair

There were 467 observations in this category (Att. 3); however, some are apparently inconsistent and seem to have been recorded during the inspections depending on which sanitarian undertook the inspection, ultimately affecting the outcome of the inspection. For instance, during the first inspection, the PHS recorded six instances in this category, including in the showers and toilet area and a different sanitarian conducted the second inspection and recorded several of the same instances in the sleeping area, storage, dayroom, and common area, but none in the showers and toilet area. This difference alone—without consideration of the difference in ventilation findings—was a determining factor in whether the housing area passed or failed the inspection.

The foregoing is not a condemnation of the sanitarians and hopefully will not be viewed as a disparagement of the important work that they do daily. Rather, this issue is raised to illustrate that there is a lack of uniformity amongst the sanitarians during the inspections that could affect the outcomes. This inconsistency is found in additional categories such as unclean to sight and ventilation observations but is most identifiable in this category due to the relative “intransience” of the instances. Of course, it is not expected that every sanitarian will observe every violation during all inspections and the observations will vary among inspecting agencies. Indeed, the Defendants have previously argued about the effect of the variability in the experts’ observations during sanitation inspections; accordingly, it would benefit the Defendants to reduce variability among PHS inspection practices to get a more reliable understanding of the inspection findings. Such an understanding within the EHU will provide a more consistent view of the sanitation conditions to the facilities and ultimately improve compliance.

The Defendants’ reported compliance does not incorporate the triggering of management violations based on the frequency of Unclean to Sight, Surfaces (not) Smooth and Easily Cleanable, and Organic Soil Accumulations in a unit. Per OCC’s sanitation expert, Eugene Pepper,

These three criteria citations point out two critical failure by the institution. The first is the failure to properly clean (Unclean to Sight and Organic Soil Accumulations). The first step in any sanitation operations. This step is basically a soap and water step! This is a failure in procedure The frequency of these housekeeping failures, over 2 times in any one unit, is evidence of a general failure in following cleaning procedures prior to the sanitation step. Such high frequencies of this citation trigger the more critical citation for failure to follow “Cleaning and Sanitizing Procedures” a management citation and an automatic non-compliance rating for the unit.

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AT RIKERS ISLAND, at 7. The Defendants disagree with Mr. Pepper’s position, which was supported by Plaintiffs’ Counsel’s expert during the 2011 sanitation inspection.

4. Lighting

- less than 10 foot-candles, measured at three feet from the target horizontal surface, or,
- less than optimal lighting from an existing and operational luminary—this includes observable conditions such as dimming or flickering and/or the presence of blackened ends of fluorescent light bulbs

The Defendants’ reporting of lighting observations has improved during this monitoring period; however, there is concern that the deficiencies are being ignored or that the inspections are not consistent enough to identify the scope of the delays in abating the deficiencies, in certain cases. For example, the AMKC Main Intake was inspected eleven times and during the first two inspections (conducted by “PHS1”) the storage area and janitor’s closet were found to have inadequate lighting as evidenced by 3.8 FC in the janitor’s closet and 2.1 FC in the storage area with a dirty light shield and “dim light noted” therein, on 5/5/20, and 3.6 FC in the janitor’s closet and 1.7 FC in the storage area with a “repeat” observation of a dirty light shield and a “dim light noted,” on 5/13/20.

During subsequent inspections, conducted by two different sanitarians:

- 5/19/20: 4.8 FC in janitor’s closet; storage inspected for all but lighting (PHS 1)
- 6/9/20: 3.9 FC in janitor’s closet; storage inspected for all but lighting (PHS 1)
- 6/19/20: janitor’s closet not inspected; storage inspected for all but lighting (PHS 2)
- 6/24/20: janitor’s closet not inspected; storage inspected for all but lighting (PHS 2)
- 7/2/20: janitor’s closet not inspected; storage inspected for all but lighting (PHS 2)
- 7/9/20: janitor’s closet not inspected; storage inspected for all but lighting (PHS 2)
- 7/16/20: janitor’s closet not inspected; storage inspected for all but lighting (PHS 2)
- 7/23/20: janitor’s closet not inspected; storage inspected for all but lighting (PHS 2)
- 7/30/20: janitor’s closet not inspected; storage inspected for all but lighting (PHS 2)

The area passed the first inspection, but failed the second. The area passed all subsequent inspections; however, if the lighting had been assessed similar to the first two inspections with similar findings during subsequent inspections, e.g. 5/19/20, 6/9/20, 7/16/20, the area would not have passed all of these inspections.

During every inspection throughout the monitoring period, the sanitarians reported that the lighting in the RMSC janitor’s closet was not being maintained and was inadequate in nine of the ten inspections. In the tenth instance, the PHS was simply incorrect.

- 5/1/20: 2.8 FC *Inspection Note: R - lighting not maintained—“One light fixture in the janitor room was inoperable.”*
- 5/12/20: 2.5 FC *Inspection Note: R1 – lighting not maintained—“One light fixture in the janitor room was inoperable.” “No operational light.”*
- 5/19/20: 2.7 FC *Inspection Note: R - lighting not maintained—“Light fixture in janitor room was inoperable.”*
- 5/28/20: 3.2 FC *Inspection Note: WOS; R3 – lighting not maintained—“no operational light in janitor closet”*
- 6/12/20: 2.1 FC *Inspection Note: WOS; R4 – lighting not maintained—“Light fixture was flickering and too dimmed.”*
- 6/22/20: 1.4 FC *Inspection Note: WOS; R4 – lighting not maintained—“operational light . . . was dimmed”*
- 7/10/20: 2.1 FC *Inspection Note: lighting not maintained—“one light fixture . . . was inoperable”*
- 7/17/20: 3.6 FC *Inspection Note: lighting not maintained—“light fixture noted inoperable”*
- 7/24/20: *Inspection Note: R1– lighting not maintained “one light fixture . . . was inoperable”*
- 7/31/20: 3.8 FC (no inspection note)

The EHU reported that the lighting in the janitor’s closet was adequate during the 7/24/20 inspection despite the inoperable light fixture and maintained that the light reading was *14.8 FC*. This is highly

unlikely given that the light fixture was not repaired at the time of this inspection and the light readings during and after this inspection were all exceptionally low, single-digit readings.¹⁰

Facility	Area	Finding (foot-candles)	Location	Date	
AMKC	1 Top	4.9	janitor's closet	28-May	
		5.0	janitor's closet	24-Jun	
		5.6	toilet area	24-Jun	
		9.6	showers	24-Jun	
	4 Upper	2.5	janitor's closet	28-May	
		2.8	janitor's closet	16-Jun	
		2.6	janitor's closet	20-Jul	
	Main Intake	1.7	storage	13-May	
		2.1	storage	5-May	
		3.6	janitor's closet	13-May	
		3.8	janitor's closet	5-May	
		3.9	janitor's closet	9-Jun	
	Mod 9B	4.8	janitor's closet	19-May	
		2.8	janitor's closet	17-Jul	
		"no light fixture"	janitor's closet	15-Jun	
		"no light fixture"	janitor's closet	19-May	
		Q13L	3.4	dayroom toilet	8-Jun
			4.0	dayroom toilet	13-Jul
			4.5	showers	13-Jul
4.7	dayroom toilet		4-May		
4.8	showers		8-Jun		
4.9	showers		4-May		
7.1	janitor's closet		13-Jul		
7.2	janitor's closet		4-May		
W 17UA	7.2	janitor's closet	8-Jun		
	9.3	janitor's closet	26-May		
GRVC	11B	0.9	janitor's closet	20-Jul	
MDC	5 West	8.1	janitor's closet	23-Jun	
		8.2	janitor's closet	27-May	
	Intake	7.9	showers	18-Jun	
OBCC	Intake	8.1	showers	25-Jun	
	3 North	7.2	janitor's closet	8-Jul	
	5 West	5.7	janitor's closet	8-Jul	
	[light reading illegible]		janitor's closet	5-May	
	<i>Inspection Note: inoperable light fixture</i>				
RMSC	Intake	1.4	janitor's closet	22-Jun	
		2.1	janitor's closet	10-Jul	

¹⁰ Lighting should be adequate enough for cleaning personnel to see soil or soap residues on surfaces. The American Public Health Association Standards for Health Services in Correctional Institutions recommends minimum light intensities for toilets and washrooms be 20 foot-candles, and for corridors and exit ways 10 foot-candles. This consultant (Eugene Pepper) continues to recommend that the utility/janitor closets should have a minimum of 20 foot-candles of lighting as well to better facilitate proper cleaning of these closets.

2013 ENVIRONMENTAL HEALTH INSPECTIONS FOR NEW YORK CITY JAIL FACILITIES AT RIKERS ISLAND, at 16.

The Defendants disagree with Mr. Pepper's recommendation.

		2.1	janitor's closet	12-Jun
		2.5	janitor's closet	12-May
		2.7	janitor's closet	19-May
		2.8	janitor's closet	1-May
		3.2	janitor's closet	28-May
		3.6	janitor's closet	17-Jul
		3.8	janitor's closet	31-Jul
		14.8	janitor's closet	24-Jul
RNDC	5 Lower S	3.5	janitor's closet	27-Jul
		6.8	janitor's closet	7-May
	Intake	2.7	janitor's closet	9-Jul
		3.3	janitor's closet	29-Jul
		3.4	janitor's closet	22-Jul
		3.5	janitor's closet	15-Jul
		6.8	showers	22-Jul
		8.1	showers	9-Jul
		9.7	showers	15-Jul
West Facility	Main Intake	6.9	janitor's closet	31-Jul
		7.1	janitor's closet	24-Jul

Circumstances such as those in AMKC and RMSC should not be allowed to persist without consequence. These repeated and unabated violations—the R in the sanitarians’ notes, above, indicate that the violation is a “repeat” followed by the number of instances the violation was reported—indicate a failure a “lack of adherence to established policies and procedures” and the absence of these deficiencies on the EHO reports (i.e. “no notation in unit log”) reveal a failure to follow cleaning and sanitizing procedures and should be denoted as such, resulting in a failed inspection for the areas. Permitting these areas to regularly pass inspection despite repeated reports of the same violations sends the wrong message.

5. Presence of Malodors:
Malodors are those that are classified as those that are distinctly septic, putrefactive, or body odors.

The only instance of malodors was reported in the OBCC Intake’s toilet area on 5/22/20.

6. Ventilation:

- exhaust ventilation in toilets, showers and utility closets not working
- exhaust ventilation grills occluded with dust, dirt or sealed with paint

The 234 instances of ventilation deficiencies were reported in all facilities and consisted principally of dirty/dusty vents and partially or fully occluded vents. In limited instances, the PHS reported that there was no vent. Att. 4.

iii. Recommendations

The Defendants have made commendable progress toward improving compliance with the *Benjamin* sanitation mandates; however, those advances are concentrated in intake areas and significant deficiencies, revealing noncompliance, remain in living areas. Overall, compliance may be improved by ensuring that inspections are more uniform and that there are clear consequences for ongoing violations. Mr. Pepper suggested the following after the 2011 and 2013 inspections:

Annual or biannual environmental health inspections by an independent third party/consultant should be put in place to insure:

- A. Verification of proper inspection and reporting by “in house” inspectors.
- B. Verification of proper management follow through to correct unsanitary conditions reported by inspectors.
- C. Provide a training opportunity for OCC and Department inspectors.
- D. Determine the progress, the lack thereof, and/or level of sanitation improvements the institution makes over time. One inspection with this new protocol does not establish the fact that DOC facilities have met compliance criteria.

The Defendants rejected Mr. Pepper’s suggestions, stating, in 2012, “The Department believes that the monthly inspections performed by the NYC Department of Health and Mental Hygiene and the inspections performed by the Department’s public health sanitarians are sufficient oversight.” (As noted below, the monthly inspections by DOHMH inspectors were suspended due to Covid-19.)

OCC believes that another expert sanitation inspection would be very beneficial to the *Benjamin* litigation to (1) assess the Defendants’ overall progress made toward compliance, (2)

review the existing protocol to determine whether modifications need to be made, and (3) to establish the training needs of OCC and EHU. At this time, OCC has no staff to carry out inspections and it would be expedient to wait until after an expert inspection to obtain and train staff to undertake sanitation inspections. OCC requests that an expert inspection be arranged for Spring 2021.

2. DOHMH Inspection Reports

The Environmental Order requires the NYC Department of Health and Mental Hygiene’s Division of Environmental Health, hereinafter “DOHMH,” (formerly DOH) to “thoroughly inspect each jail at least once every month . . . submit to [OCC] . . . reports of all such inspections, and the [DOC] shall provide [OCC] with a description of any ameliorative actions taken, planned or recommended.” Environmental Order at ¶ 6–6(a). As reported during the previous monitoring period, by Order dated March 24, 2020, the Court suspended “Paragraph “6” of the April 26, 2001 Order on Environmental Conditions . . . during the current public health crisis” and ultimately the DOHMH’s inspection and reporting requirements, temporarily.

Plaintiffs’ counsel requests that “the final Report discusses what, if any, impact OCC believes the suspension of these inspections has had on the sanitation of the jails.” Pls.’ comments at 2. OCC is not able to determine the impact, if any, because the Department no longer provides written comments to these reports. Defs.’ Sep. 20, 2019 comments to OCC draft report at 2. Without written responses to the reports, when they were being generated, OCC was unable to determine how long deficiencies lasted or the ameliorative measures taken by the Department once deficiencies were reported by DOHMH. Therefore, there is no benchmark against which to compare the impact of the suspension of the DOHMH reports.

B. Ventilation

1. Operable Windows

Defendants shall ensure that all windows which are designed to be opened are operational. . . . A cell window that is designed to open and close shall not be considered operational unless it can be opened and closed by a detainee without the assistance of a staff member. Detainees shall not be housed in cells without operational windows [except in mental health areas at the direction of the authorities].

Environmental Order ¶ 15(e).

OCC reviewed the Defendants’ inspection reports for the condition of windows in the various living areas. These reports indicate that many windows that are designed to open are not operational, as required by the Environmental Order. Additionally, the inoperable windows remained inoperable despite several reports, some of which spanned weeks or months.

2. Defendants’ Ventilation Reports

a. Defendants’ Obligations

The November 14, 2003 Ventilation Order ¶ 3 mandates, “Copies of [airflow reports], and of any correspondence or documentation made in response to them by the jails’ stationary engineers, by the Director [sic] of Environmental Health, or by any other employee or agent of the Defendants, shall be provided to [OCC] and to Plaintiffs’ counsel on a monthly basis.” The February 11, 2009 Am. Supp. Ventilation Order ¶ 4(b) mandates that “[t]he Monthly Intake Ventilation Reports, Heating and Ventilation Certification Reports, and Monthly [Airflow] Reading Reports produced by the [Ventilation Task Force teams must] be produced to OCC and Plaintiffs’ counsel on a quarterly basis.”

b. Defendants' Performance

i. Annual Ventilation Certification

The Environmental Order (§ 15 (a)) mandates that prior to May 15 of each year, the Department shall inspect, test, and repair or replace to working order all ventilation systems in the various facilities, and —shall certify to the Court, with copies to its counsel, OCC, and Plaintiffs that these tasks have been completed. Thereafter, the systems are to be maintained in working order. The Defendants submitted the ventilation certification on 7/6/20 and the individual facility reports indicate that the majority of the equipment is functional; however, in certain instances, the Defendants provided dates for the abatement of deficiencies, which passed with no indication whether the deficiencies were actually abated as anticipated.

ii. Quarterly Mechanical Equipment Inspection Reports

The Defendants submitted May 2020 mechanical inspection reports for AMKC, GRVC, MDC, NIC, OBCC, RMSC, and RNDC and June 2020 reports for all facilities except NIC. The reports indicate that the majority of the equipment is functional. The Defendants reported that most of the inoperable equipment was repaired and the equipment that remained inoperable affected officer-only areas and did not impact inmate areas. The Defendants provided no additional reports, despite OCC's repeated requests.

iii. Monthly Airflow Reading Reports

During this monitoring period, the Defendants did not submit the monthly airflow reading reports that are required to be submitted to OCC by the 2003 Ventilation Order (at §3) and the 2009 Am. Supp. Ventilation Order. Instead, the Defendants submitted airflow reports for June–August 2020, on the evening of October 6, in response to the draft of this report, which noted the ongoing deficiency. Per the Ventilation Order, the Department's Sanitarians are

required to “check the air flow readings at the ventilation registers, using a vane anemometer, in each jail’s intake areas and in 15% of each jail’s housing areas, including their bathroom and shower areas.” The Defendants additionally are required to provide the airflow deficiency reports, which correspond to the monthly airflow reports; however, those reports have not been submitted. The monthly airflow reading reports differ from the monthly airflow deficiency reports in that the former reports convey the entirety of the findings as observed by the EHU sanitarians and the respective facility engineer or oiler while the latter reports focus only on the deficiencies and their abatement. OCC needs the airflow reports and corresponding airflow deficiency reports to review the Defendants’ compliance with their testing and repair responsibilities. The latter reports still have not been submitted.

AIRFLOW DEFICIENCY REPORTS

Airflow deficiency reports were not submitted for the current monitoring period.

iv. Monthly Intake Ventilation Reports

The Defendants have not submitted the monthly intake ventilation reports as required by the Am. Supp. Ventilation Order ¶ 4(b) on August 14, 2019. These reports chart the findings of inspections of intake mechanical equipment, identify corrective action needed to abate deficiencies, and provide the results of the corrective action. Historically, upon receipt of the various ventilation reports required to be submitted to OCC, this writer would review them and follow-up with DOC for clarification on any inconsistencies in the reports and request action for projects that appear to be delayed. Since the totality of reports were not submitted for the corresponding period, OCC has not been able to monitor compliance with the timely abatement of deficiencies identified by DOC during its required inspections of the ventilation equipment.

c. Defendants' Compliance

The Defendants are not compliant with the provisions of the collective ventilation orders that require them to provide various reports to OCC, Plaintiffs' counsel, and the Court. To date, they have not yet provided all required reports, which continues to affect OCC's ability to monitor compliance with the Court's ventilation mandates.

C. Lighting

a. Defendants' Obligations

“Defendants shall ensure that in all cells and dormitory areas . . . no less than 20 foot–candles of light will be provided at bed or desk level for each inmate” Am. Lighting Order ¶ 1. “In areas in which the Defendants believe it will be unduly burdensome to comply with the 20 foot–candle requirement, the Defendants may provide no less than 15 foot–candles of light at bed or desk level for *each* inmate (emphasis supplied). However, Defendants will make reasonable good faith efforts to provide a higher minimum amount of foot–candles” *Id.* ¶ 2.

“In dormitories where Defendants cannot provide 15 foot–candles of light because of the positions of the lighting fixtures and dormitory beds, each dormitory will have at least one table in a dayroom where there is 20 foot–candles of light, and inmates will be advised of where the maximum lighting area is located—unless readings below 15 foot–candles are isolated and sporadic instances in that dormitory.” *Id.* ¶ 15. Additionally, the Am. Lighting Order requires timely repair and maintenance of lighting by the Defendants (¶¶ 3–5 & ¶¶ 16–17) and conformity of DOC internal policies (¶ 6) with the requirements of the Order.

b. Defendants' Performance

A review of the PHS and EHO inspection reports for the current monitoring period indicate numerous references to the lighting not being maintained, and where work orders have been submitted the conditions have remained unabated, necessitating the submission of additional work orders. For example, in VCBC 2BB, the PHS submitted a work order on 6/17/20 after noticing two ceiling light fixtures remained inoperable in the dayroom after previously submitting a work order on 6/3/20. In the sleeping area three ceiling light fixtures above three beds remained inoperable on 6/17/20 after the PHS submitted a work order on 6/10/20.

c. Defendants' Compliance

The Defendants are not in compliance with the maintenance and repair provisions of the Amended Lighting Order.

D. Fire Safety

During this monitoring period, OCC's fire safety expert, Mario Antonetti sought and received approval (from the Defendants) to have a colleague, Joseph Weiler, assist him in undertaking inspections at OBCC due to concerns about the impact the Covid-19 pandemic may have on his own health. Messrs. Antonetti and Weiler will make all necessary arrangements directly with DOC.

On August 14, 2020, a fire was started by an inmate in MDC 9 South. OCC has requested and received some documents from the Defendants, which are being reviewed by Mr. Antonetti. Mr. Antonetti provided the below preliminary report on the fire and will update his report when he has received all requested documents and media from the Defendants, as well as

the opportunity to interview the engineer or technician with knowledge of the MDC heating, ventilation, and air-conditioning system (HVAC).

The Office of Compliance Consultants has retained Hughes Associates, Inc (HAI) to help with various fire and life safety situations in the New York City jail system. On August 18, 2020, Legal Aid Society through Mr. Robert Quackenbush requested that OCC investigate the cell fire incidence at Manhattan Detention Center (MDC). The incident occurred on August 14, 2020.

The incident was reported to the Fire Safety Unit on Friday August 14, 2020 at approximately 8:30 pm. by automatic alarm (smoke detectors) from the 9th floor south side of the North Tower. Upon investigation it was determined that cell#7 occupied by Mr. Gambino Genao was set on fire. From the photos it appeared he set his mattress on fire and then closed the door to his cell. With the door to the cell closed, Mr. Genoa occupied the barred area immediately outside his cell. At some point the door to the cell was opened by Mr. Genoa which allowed the smoke to enter the main block area activating several smoke detectors. The activation of the detectors shutdown the HVAC systems.

Mr. Genao was removed from the outer cell area and the fire was extinguished with the use of fire extinguishers. By this time with the fans shut down the smoke in the area was heavy and the clients were moved to a secured area. The buses that were brought into the secured fenced in area, were not used.

Mr. Genao was brought to the main clinic for evaluation and sent to NIC.

The NYC Fire Department arrived with heavy support and secured the fire scene. The fire department evacuated the smoke with the use of portable smoke exhaust fans. The area was deemed safe for the clients to return. It was not determined how Mr. Genao started the fire.

As additional information is present the writer, the report will be modified to include the new information.

The Defendants have not commented on Mr. Antonetti's preliminary report, but have promised to provide all requested information and have been cooperative.

III. COMPLAINTS

In addition to general monitoring responsibilities, OCC is tasked with investigating and responding to *Benjamin* related complaints from inmates or their representatives. Currently, OCC does not have staff to directly investigate complaints. During the monitoring period, Plaintiffs’ counsel submitted twenty-six complaints to the Defendants, alleging inhabitable cell conditions, lack of cleaning supplies, and unsanitary living conditions. The Defendants responded to three of the complaints, reporting that they were unsubstantiated. Complaints received from inmates alleging non-*Benjamin* violations were referred to the Department’s Office of Constituent and Grievance Services.

This concludes the summary of the May – August 2020 monitoring period.

Prepared and submitted by:



Deputy Director
Office of Compliance Consultants

REPORT ON ENVIRONMENTAL CONDITIONS

May – August 2020

Dated this 15th day of October 2020

Ventilation

Facility	Area	Finding	Location	Date
AMKC	1 Top	dirty ceiling vent(s)	janitor's closet	24-Jun
		dirty ceiling vent(s)		28-May
	4 Upper	dirty ceiling vent(s)	showers	28-May
		dirty ceiling vent(s)	toilet area	28-May
		partially/occluded vent	janitor's closet	20-Jul
		partially/occluded vent		28-May
	Main Intake	dirty ceiling vent(s)	janitor's closet	5-May
		dusty ceiling vent(s)	pen #3	16-Jul
		dusty ceiling vent(s)	pen #4	16-Jul
		no vent	pen #6	30-Jul
		no vent	pen #7	30-Jul
		partially/occluded ceiling vent(s)	janitor's closet	13-May
		partially/occluded ceiling vent(s)		19-May
		partially/occluded ceiling vent(s)		9-Jun
		partially/occluded ceiling vent(s)	pen #2	2-Jul
		partially/occluded ceiling vent(s)		9-Jul
	Mod 9B	dirty vent(s)	sleeping area	19-May
		dusty wall vent(s)	sleeping area	17-Jul
	Q13L	dirty vent(s)	cell #30 (vacant)	4-May
		dirty vent(s)	cell #31 (vacant)	8-Jun
	W 17LA	dirty ceiling vent(s)	dayroom	26-May
		partially/occluded ceiling vent(s)	dayroom	22-Jun
		partially/occluded ceiling vent(s)	showers	22-Jun
		partially/occluded ceiling vent(s)	toilet area	22-Jun
	W 17UA	dirty ceiling vent(s)	dayroom	26-May
		dusty ceiling vent(s)	dayroom	24-Jul
		dusty ceiling vent(s)	toilet area	22-Jun
		dusty vent(s)	showers	24-Jul
		partially/occluded ceiling vent(s)	dayroom	26-May
		partially/occluded ceiling vent(s)	showers	22-Jun
partially/occluded ceiling vent(s)		sleeping area	22-Jun	
Mod 1UA	partially/occluded ceiling vent(s)	cell #5 (occupied)	22-Jul	
	partially/occluded ceiling vent(s)	common area	22-Jul	
	partially/occluded wall vent(s)	cell #7 (occupied)	22-Jul	
GRVC	11B	dirty wall vent(s)	cell #20 (occupied)	11-May
		dirty wall vent(s)	cell #28 (vacant)	11-May
		dirty wall vent(s)	janitor's closet	11-May
		dirty wall vent(s)	showers	11-May
		dust laden vent	cell #30 (occupied)	20-Jul
		no vent	showers	20-Jul
		partially/occluded vent	cell #30 (occupied)	20-Jul
		partially/occluded wall vent(s)	cell #26 (vacant)	20-Jul
		partially/occluded wall vent(s)	janitor's closet	20-Jul
		partially/occluded wall vent(s)	showers	20-Jul
4B	dirty ceiling vent(s)	showers	8-May	
	dirty high wall vent(s)	common area	8-May	

Ventilation

Facility	Area	Finding	Location	Date
		vent(s) "covered with paper"	cell #15 (vacant)	8-May
	7A	dirty high wall vent(s)	common area	10-Jun
		dirty high wall vent(s)		5-May
		dirty wall vent(s)	cell #25 (occupied)	5-May
	8A	partially/occluded (partially) wall vent(s)	cell #31 (vacant)	8-May
		partially/occluded wall vent(s)	cell #25 (occupied)	13-Jul
		partially/occluded wall vent(s)	cell #8 (vacant)	13-Jul
	9B	dirty high wall vent(s)	common area	10-Jun
		dirty high wall vent(s)		5-May
		dirty wall vent(s)	cell #17 (occupied)	10-Jun
		dirty wall vent(s)	cell #29 (vacant)	5-May
		dust laden high wall vents	common area	6-Jul
		partially/occluded ceiling vent	showers	6-Jul
	Intake	dirty ceiling vent(s)	body scan/search area	13-May
		dirty ceiling vent(s)	pen #10	13-May
		dirty ceiling vent(s)		6-May
		dirty ceiling vent(s)	pen #11	18-May
		dirty ceiling vent(s)		8-Jun
		dirty ceiling vent(s)	pen #2	18-May
		dirty ceiling vent(s)		6-May
		dirty ceiling vent(s)		8-Jun
		dirty ceiling vent(s)	pen #3	13-May
		dirty ceiling vent(s)		22-Jun
		dirty ceiling vent(s)		8-Jun
		dirty ceiling vent(s)	pen #5	6-May
		dirty ceiling vent(s)	pen #6	13-May
		dirty ceiling vent(s)		6-May
		dirty ceiling vent(s)		8-Jun
		dirty ceiling vent(s)	pen #8	18-May
		dirty ceiling vent(s)	pen #9	18-May
		partially/occluded ceiling vent(s)	body scan area	1-Jul
		partially/occluded ceiling vent(s)	pen #9	7-Jul
		partially/occluded ceiling vent(s)	scanning area	14-Jul
		partially/occluded ceiling vent(s)		21-Jul
		partially/occluded ceiling vent(s)		29-Jul
		partially/occluded ceiling vent(s)		7-Jul
		partially/occluded ceiling vent(s)	search	14-Jul
		partially/occluded ceiling vent(s)		1-Jul
		partially/occluded ceiling vent(s)		21-Jul
		partially/occluded ceiling vent(s)		29-Jul
		partially/occluded ceiling vent(s)		7-Jul
MDC	5 West	dirty ceiling vent(s)	showers	23-Jun
		dirty wall vent(s)	common area	27-May
		dusty vent(s)	janitor's closet	29-Jul
		partially/occluded vent	showers	27-May
		partially/occluded vent(s)	showers	29-Jul

Ventilation

Facility	Area	Finding	Location	Date
	Intake	"dried tissue papers" on vent	pen #4	25-Jun
		dirty ceiling vent(s)	search	7-May
		dirty ceiling vent(s)	showers	21-May
		dirty ceiling vent(s)		7-May
		dirty ceiling vent(s)	storage	21-May
		dirty ceiling vent(s)		7-May
		dirty vent(s)	pen #7	21-May
		dirty vent(s)	pen #8	21-May
		dirty vent(s)	search	21-May
		obstructed vent (tissue paper)	pen #8	21-May
NIC	2C	dirty vent(s)	cell #5 (occupied)	25-Jun
		dirty vent(s)	cell #6 (vacant)	25-Jun
		no vent	storage	25-Jun
		partially/occluded vent	cell #4 (vacant)	25-Jun
OBCC	3 Lower	dirty ceiling vent(s)	showers	14-Jul
		dirty ceiling vent(s)	toilet area	14-Jul
		dirty vent(s)	sleeping area	13-May
	3 North	dirty vent(s)	cell #12 (vacant)	5-May
		dirty vent(s)	cell #27 (vacant)	8-Jul
		dirty vent(s)	cell #8 (vacant)	10-Jun
	5 West	dirty ceiling vent(s)	3 point search	8-Jul
		dirty ceiling vent(s)	showers	8-Jul
		dirty vent(s)	cell #17 (vacant)	5-May
		dirty vent(s)	cell #30 (vacant)	10-Jun
		dirty vent(s)	cell #42 (vacant)	8-Jul
		dirty vent(s)	cell #47 (vacant)	5-May
	7 Lower	dirty ceiling vent(s)	dayroom	14-Jul
		dirty ceiling vent(s)	showers	14-Jul
		dusty vent(s)	dayroom	13-May
	Main Intake	partially/occluded ceiling vent(s)	pen #14	10-Jul
RMSC	Bldg. 1	dirty wall vent(s)	cell #6 (vacant)	4-May
		dusty high ceiling vent(s)	common area	4-May
	Bldg. 2	dusty high ceiling vent(s)	common area	4-May
		dusty high wall vent(s)	common area	4-May
		dusty vent(s)	cell #6 (vacant)	13-Jul
		paint on vent(s)	cell #12 (vacant)	4-May
		paint on vent(s)	cell #7 (vacant)	4-May
	Intake	dirty ceiling vent(s)	search	12-Jun
		dirty vent(s)	showers	31-Jul
		dusty ceiling vent(s)	search	22-Jun
RNDC	5 Lower S	dirty vent(s)	cell #10 (vacant)	7-May
		dirty vent(s)	janitor's closet	23-Jun
	6 Upper S	"vent noted painted"	cell #3 (vacant)	12-May
		dusty vent(s)	showers	12-May
		partially/occluded vent	cell #3 (vacant)	13-Jul
		partially/occluded vent	cell #5 (vacant)	13-Jul

Ventilation

Facility	Area	Finding	Location	Date
		partially/occluded vent	showers	13-Jul
		vent "clogged with paint"	cell #5 (vacant)	12-May
VCBC	3CB	dirty ceiling vent(s)	common area	20-May
		dirty ceiling vent(s)	janitor's closet	20-May
		dirty ceiling vent(s)	showers	20-May
		dirty high wall vent(s)	common area	23-Jun
		dirty wall vent(s)	cell #2L (vacant)	23-Jun
		dirty wall vent(s)	cell #L1 (vacant)	20-May
		dirty wall vent(s)	cell #L3 (occupied)	20-May
		dusty vent(s)	common area	30-Jul
		partially/clogged vent(s)	cell #24L (vacant)	30-Jul
		partially/occluded vent	cell #5U (occupied)	23-Jun
	Intake	dirty ceiling vent(s)	common area	12-Jun
		dirty ceiling vent(s)		20-May
		dirty ceiling vent(s)		29-May
		dirty ceiling vent(s)		7-May
		dirty ceiling vent(s)	janitor's closet	12-Jun
		dirty ceiling vent(s)		20-May
		dirty ceiling vent(s)		29-May
		dirty ceiling vent(s)		7-May
		dirty ceiling vent(s)	pen #11	12-Jun
		dirty ceiling vent(s)		20-May
		dirty ceiling vent(s)	pen #12	12-Jun
		dirty ceiling vent(s)		7-May
		dirty ceiling vent(s)	pen #14	12-Jun
		dirty ceiling vent(s)		20-May
		dirty ceiling vent(s)	pen #3	20-May
		dirty ceiling vent(s)	pen #4	20-May
		dirty ceiling vent(s)		29-May
		dirty ceiling vent(s)	pen #5	29-May
		dirty ceiling vent(s)		7-May
		dirty ceiling vent(s)	pen #6	29-May
		dirty ceiling vent(s)		7-May
		dirty ceiling vent(s)	pen #7	29-May
		dirty ceiling vent(s)	pen #8	7-May
		dirty ceiling vent(s)	toilet area	12-Jun
		dirty ceiling vent(s)		20-May
		dirty ceiling vent(s)		29-May
		dirty ceiling vent(s)		7-May
		dusty ceiling vent(s)	janitor's closet	25-Jun
		dusty vent(s)	common area	16-Jul
		dusty vent(s)		30-Jul
		dusty vent(s)		9-Jul
		dusty vent(s)	pen #2	30-Jul
		dusty vent(s)	pen #9	9-Jul
		partially/occluded ceiling vent(s)	common area	25-Jun

Ventilation

Facility	Area	Finding	Location	Date
		partially/occluded vent	showers	25-Jun
	2BA	dusty vent(s)	sleeping area	16-Jul
West Facility	CDU Intake (Sp. 5)	dusty ceiling vent(s)	pen #8	24-Jun
	Main Intake	dust laden ceiling vent	showers	31-Jul
		no vent	janitor's closet	24-Jul
		no vent		31-Jul
		no vent	pen #3	24-Jul
		no vent		31-Jul
		partially/occluded ceiling vent(s)	common area	24-Jul
		partially/occluded ceiling vent(s)		31-Jul