

NEW YORK CITY
BOARD OF CORRECTION

November 8, 2010

MEMBERS PRESENT

Hildy J. Simmons, Chair
Michael J. Regan, Vice Chair
Catherine M. Abate, Esq.
Pamela S. Breier
Robert L. Cohen, M.D. (via telephone)
Stanley Kreitman
Rosemarie Maldonado, Esq.
Alexander Rovt, PhD.
Milton L. Williams, Jr., Esq.

DEPARTMENT OF CORRECTION

Dora B. Schriro, Commissioner
Larry W. Davis, Chief of Department
Lewis S. Finkelman, Esq., General Counsel/Deputy Commissioner for Legal Matters
Sharman Stein, Deputy Commissioner, Public Information
Archana Jayaram, Chief of Staff
Robert Maruca, Deputy Commissioner
Erik Berliner, Associate Commissioner

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Louise Cohen, Deputy Commissioner
Alexsander Shalshin, M.D., Deputy Medical Director, CHS
George Axelrod, Esq., Executive Director, Quality Improvement, CHS

OTHERS IN ATTENDANCE

Harold Appel, M.D., Doctors' Council
Alexandra Cox, NYC Juvenile Justice Coalition
Geoff Gray *New York Magazine*
Susana Guerrero, State Commission of Correction
William Hongach, City Council
Danielle Louis, Office of Management & Budget (OMB)
Lindsey Oates, OMB
Irene Salas-Menotti, Intern, Board of Correction
Eisha Wright, Finance Division, City Council
Milton Zelermyer, Esq., Legal Aid Society, Prisoners' Rights Project

Chair Hildy Simmons opened the meeting at 9:07 a.m. A motion to approve minutes from the September 13, 2010 meeting was approved without opposition.

Chair Simmons reported that Member Dr. Robert Cohen was participating by telephone, but could not vote. She thanked him for working with the Department of Health and Mental Hygiene (DOHMH) on Legionella issues and keeping the Board apprised of developments. Chair Simmons asked for a report from DOC Commissioner Dora Schriro, who reported as follows:

DOC has prepared a draft visiting directive, which includes all changes from the follow-up meeting between BOC and DOC staffs. Copies of revised notices regarding the visitors' dress code and permissible items have been completed as well, with all information except the effective date. (Copies were distributed, and are attached hereto.) A new, more permissive visitor identification requirement has been developed that is consistent with national "best practices". ID no longer will be required for visitors under the age of 16, except for those with minor children visiting a blood relative. The new ID policy will be implemented sooner than other visiting procedure changes.

DOC has developed a visitor satisfaction comment card, which will be collected via a drop-off at the conclusion of a visit, or a visitor may mail the card to DOC postage-free. (Copies were distributed, and are attached hereto.)

Chair Simmons asked that the Board have an opportunity to review the visit-related items and to provide comments. The Commissioner agreed, and said that going forward she would provide documents to the Board in advance whenever possible. Chair Simmons said the visitor satisfaction card should make clear that visitors may submit it without giving their names, and that the process is entirely optional. The Commissioner agreed. Vice Chair Michael Regan voiced support for the idea of obtaining feedback from visitors. Executive Director Richard Wolf said the card should be available in Spanish, and Commissioner Schriro said it would be. She continued her report, as follows:

To make the visiting process more "family-friendly", DOC has developed a calendar of events, which included the Valentine's Day opportunity for inmates to purchase mementos for visitors. Similar opportunities were presented for both Mothers' Day and Fathers' Day. Visit houses were decorated for Halloween. [Photographs were shown to the Members.]

Plans for the Visit Control Building remain unchanged. OMB has provided a budget modification to encumber the funds. By January 1, 2011 approval of the general contractor will be in place. A work permit will be filed by mid-February, and construction should be completed before Memorial Day. Signs will be posted in advance of construction advising everyone of the planned improvements.

Centralized intake is moving forward in two phases. It eventually will be sited in the planned new 1500-bed facility, which is scheduled to open in 2017. In the interim, DOC will use four existing Sprungs for centralized intake. [Diagrams of four Sprungs (attached) were shown to the Members.] The four buildings will be connected, and each serves a separate but related function. Plans have been developed in collaboration with DOHMH and some community organizations.

DOC Deputy Commissioner Robert Maruca reported on the time line for the interim project, as follows: Procurement will end by January 2011, using an existing design contract. Design will begin in February and be completed by July 2011. An existing construction contract will be used for the procurement process, which also will be completed by July 2011. Construction will begin in August 2011 and be completed in August 2012.

Commissioner Schriro said that DOC continues to refine the classification risk-assessment instrument, and will be training staff in its use at three intake facilities – MDC, RMSC and the new site – rather than the current seven. She said that DOC will ask to conduct intake for males, both adolescent and adult, at the interim Sprung facility. Commissioner Schriro said there will be enough holding cells to separate adults from adolescents, adding that prisoners will be confined in intake pens only for hours before being transferred to new admission housing areas. She said that centralized intake will speed the intake process, particularly intake health exams. Mr. Wolf asked where the new admission housing areas would be located. Commissioner Schriro said male adolescents would be housed at RNDC, and adult males would be housed in adult facilities. Chair Simmons asked if prisoners would be processed on Rikers and then sent to the soon-to-reopen Brooklyn and Queens Detention Complexes. Commissioner Schriro said yes. Board Member Stanley Kreitman asked if the funds for the project already are allocated in DOC's budget. Commissioner Schriro said the money is there, and DOC is arranging with OMB to have it reallocated. Mr. Regan asked for the square footage of the holding pens and the number of prisoners who might be confined in each. Mr. Maruca said each is at least 300 square feet, and he will provide precise dimensions and capacity assumptions. Member Catherine Abate asked about transportation costs for prisoners who will be brought from borough jails to Rikers for processing and then returned to borough facilities. Commissioner Schriro said the cost will not be great, and centralized intake will yield net savings. She said she would provide the transportation costs to the Board, noting that DOC is thinking about using Queens in a "non-traditional" way, such as a therapeutic community. She added that the small size of the facility and its single-cell construction could serve as incentives for program participants. Commissioner Schriro, noting that Brooklyn is a moderate-sized facility, said that the cost benefits of bringing Brooklyn detainees to Rikers for intake outweighs doing intake

in Brooklyn. She added that DOC is completing a length-of-stay study, which considers for the first time prisoners who are considered new admissions but never leave a court pen. She said the information will be used to refine how intake questioning occurs: which questions are asked in the court pens and which are asked once a prisoner has a bed in a new admissions housing area, when he/she is less tired and "more relaxed". DOHMH Deputy Commissioner Louise Cohen said that from a health perspective, centralized intake will facilitate better intake examinations, improve information gathering, and promote better follow-up with prisoners in new admission housing for things such as flu shots. Mr. Regan said that Brooklyn detainees would go from central booking to Rikers for intake, and then back to the Brooklyn Detention Complex. He asked if the additional transportation costs would be offset by savings on costs for medical professionals. Commissioner Schriro said that reduced costs was one benefit, and that Ms. Cohen articulated others. Member Pamela Breier asked whether DOC or DOHMH were requesting additional funds to establish interim centralized intake. Ms. Cohen said DOHMH did not; Commissioner Schriro said the only additional funds sought by DOC were one-time capital expenses.

Member Alexander Rovt asked whether the notice regarding the visitor dress code, with a picture of an "acceptable" visitor with short hair, meant that someone with long hair would not be allowed to visit. Commissioner Schriro pointed out that the "unacceptable" visitor was wearing a hood, which is prohibited – length of hair is not an issue. Member Rosemarie Maldonado said that DOC should add "pants" to "acceptable" clothing for women. Commissioner Schriro agreed. She continued her report, as follows:

Classification consultant Jim Austin will return on November 23rd. DOC is moving to phase 2 of field testing, scoring 1000 files with the new classification instrument. DOC also is seeking to determine what and when discharge planning information should be made available to prisoners. Given that 20% of detainees leave the system before getting to an intake facility, DOC is contemplating making information available at the earliest stages of custody.

Regarding capacity plans, a new 800-bed facility at RMSC is close to completion. A Certificate of Occupancy should be obtained by December, after which punch-list items will be addressed. DOC must then seek State Commission of Correction approval for occupancy, and the Department will decide which female prisoners to house in the new space. The facility will house prisoners by February 2011. [The Commissioner referred to a schematic drawing, attached.] GMDC is depicted in blue and RMSC in pink. As part of the next phase, an area of RMSC will be closed so it can be air-conditioned and the new area will be incorporated into the RMSC command. Currently GMDC's capacity is 2098 beds; RMSC's is 1419. When this phase is completed, GMDC's capacity will become 2078 and RMSC's will be 1447 beds. When all work is completed, GMDC's capacity will increase to 2137 beds and RMSC's will be reduced to 1156.

Ms. Abate said she thought the number of female detainees was increasing. Commissioner Schriro said this has not been the case for several years, and women are 6-7% of the prisoner population. She added that if the trend changes, DOC has the flexibility to reallocate housing areas. Chief of Department Larry Davis said the average daily census at RMSC is approximately 1100. The Commissioner said that the planned configuration will consolidate the female prisoners and maximize their access to programs and services. Mr. Wolf said that the plan, when the new 800-bed unit opens, will be to shift some housing areas from RMSC to GMDC. Chair Simmons noted that the plan will substantially increase the number of women living in dorms. She asked that DOC keep the Board posted on progress, and suggested that the Members might wish to visit the new space before it opens.

Commissioner Schriro next reported on violence issues, as follows:

DOC continues to look at issues affecting safety and security. In looking at uses of force, inmate-inmate fights, serious injuries to inmates, weapons, lockdowns and numbers of positive urine drug tests, it is clear that there are "hot spots". Most jails and most areas of most jails operate well. As discussed in the past, high levels of fights occur in mental observation areas and high-custody areas. Several Board members and staff were recently briefed on DOC's new risk-assessment instrument. DOC wants to modify custody management practices to be congruent with custody levels. Prisoners identified at intake and every 60 days thereafter as having the greatest propensities for violence would be subject to the most stringent control. [The Commissioner distributed to the Members a "first draft" of a document presenting DOC's view of how each of the three custody levels should be managed.] The document also describes custody management controls for prisoners in administrative segregation, punitive segregation, protective custody, and prisoners confined in medical and mental health areas. Clinical input will influence the otherwise consistent assumptions about management of low, medium and high custody prisoners.

Chair Simmons asked Mr. Wolf to present BOC staff's observations about violence indicators. Mr. Wolf said that some of the Department's suggestions implicate the Standards. The Commissioner said that perhaps some could be "tried out" through variances. Ms. Brier asked how the proposals on the distributed document stack up against the Standards. Mr. Wolf said he would want to review each of DOC's proposals and then explain the implications of each to the Members. Chair Simmons said that staff's review will facilitate a more thorough conversation, which cannot be done in the abstract. She reminded those present that the Board recently completed a review and revision of many of the Minimum Standards. Commissioner Schriro said the document reflects widespread, better practices and that, once one assesses a prisoner's threat risk, it is important to manage him/her consistent with the assessment. She said that some individuals must be managed more closely than others. She said the plan would encourage prisoners to make good decisions which would improve the conditions of their detention, thereby creating "immediacy to their behaviors". Dr. Cohen asked whether DOC could reconsider its current policy and allow newly-admitted prisoners who owe

punitive segregation time from a previous incarceration to begin the current custody with a "clean slate". He said the current policy would discourage behavior modification by new prisoners who would be sent directly to the bing. Commissioner Schriro said that in conjunction with its custody management review, DOC currently is reviewing punitive segregation policies and disciplinary directives. She said that distinctions must be drawn between assaultive behavior that might have or did result in injury and other, lesser rules violations. Chair Simmons pointed out that the DOC custody management draft would have been more helpful had it included DOC's assessment of which Standards provisions were implicated by each suggestion. She asked Mr. Wolf to report on violence indicators. Mr. Wolf reported as follows:

Board staff's analysis shows that the rate, year-to-date, of reported "A" Uses of Force – the most serious uses of force – has increased by 50% over last year's rate. The rate of reported "B" Uses of Force, many of which involve the use of spray, is up 18% over last year's rate. The rate of reported stabbing and slashing incidents has doubled over last year, although the numbers and rates remain low compared to those many years ago. Serious injuries to inmates from fights have been reported this year at a rate that is 60-65% higher than last year.

Commissioner Schriro said that some of BOC's findings are the result of DOC's efforts at detection and intervention, which are "appreciably improved". She also noted that DOC had broadened definitions of reportable incidents, so that slashings and stabbings were reported in the past only if sutures were required; DOC now reports incidents in which surgical glue is used to address an injury. She said the Department wants reporting to be more inclusive, so it will know about the full range of incidents occurring in the facilities. The Commissioner said that slashing and stabbing incidents are not counted as "assaults", so there is no double-counting. She added that DOC was developing new indicators, which it will present to the Board. Ms. Abate said that years ago, if seven people were injured in an assault, it was counted as seven incidents. Mr. Wolf agreed that the injuries were counted separately. Ms. Abate said that in approximately 1998, DOC changed reporting practices and the seven injuries were counted as one incident. She said she assumes DOC has returned to a practice of "accurate reporting". Commissioner Schriro agreed, noting that DOC had reported the number of fights, not the number of inmates who were fighting. Ms. Abate reiterated that there had been underreporting, and that it will be useful to know how DOC now reports on violence. Chair Simmons asked the Commissioner to provide to the Board, in advance of its January 2011 meeting, a document summarizing DOC's revised reporting definitions and procedures. Commissioner Schriro agreed, and offered to meet with a BOC work group to discuss the Department's planned changes to violence reporting. Chair Simmons asked Mr. Wolf to set up a meeting.

Chief Davis reported that DOC will issue a teletype order rescinding the Operations Order regarding footwear. He said the Order will be rewritten "in a way that we can comply with it", because in its current form, compliance is not possible. He said DOC will present a new Order to the Board before it is implemented, probably within the next 30 days. Chief Davis said the new plans will ensure that every inmate has suitable

footwear. He reported that in the interim, all new admission inmates who lack suitable footwear will be given sneakers, and all adolescent prisoners will be given sneakers. He said that when the new classification program begins, special category prisoners will wear institutional sneakers. He noted that DOC will base its inventory on the assumption that sneakers will last only one-half as long as the manufacturer claims. Chief Davis showed the Board a prototype of the sneaker the Department intends to purchase, noting that it is of substantially higher quality than the currently-supplied slip-on canvas shoes. He said the cost of each pair will be \$6.53. Mr. Wolf asked whether DOC intends to allow some incoming prisoners to retain their personal footwear. Chief Davis said yes, and Mr. Wolf described this as a "big change" in policy. Chief Davis said that new admissions would not be allowed to retain personal shoes with hollow soles, and certain sneaker brands will be prohibited, including New Balance and Pro Keds. Chair Simmons said the Chief was suggesting a movement away from the Standards amendment authorizing DOC to require prisoners to wear uniforms. Chief Davis said that for footwear replacement to work, it must occur in steps – the capability is not there to do provide sneakers to 13000 inmates and to keep providing them. He said that DOC's original intention was to go to uniforms, and that sneakers were the first phase. He said that it is now DOC's plan to focus on certain populations: adolescents and special categories. Chair Simmons said that this represents a fundamental change, and needs to be presented to the Board in writing. She said that if the Department is now unable to fulfill BOC's authorization, the Board needs to understand. Commissioner Schriro said during her tenure the procurement process has been "less than terrific", in that firms have failed to deliver on promised shipments, both with respect to quantity and quality (some sneakers arrived with wooden blocks in the heels). She said DOC has a new vendor who will supply a better product, which will last longer. Ms. Brier said DOC told the Board in great detail that putting all prisoners in institutional sneakers was so important, and that hearing about this change in plans at a Board briefing creates an information and process issue. Mr. Regan said the previous DOC administration described this as a safety and security issue. Commissioner Schriro said that the new plans for institutional footwear are consistent with DOC's custody management plans. Chair Simmons asked the Chief for a written plan, indicating what footwear is and is not acceptable, who is affected, and where this interim plan leads. Mr. Kreitman asked why institutional footwear cannot be manufactured in the United States, as opposed to China. First Deputy Commissioner Lewis Finkelman said that the sneakers are procured by the Department of Citywide Administrative Services (DCAS), which is required to issue specifications upon which any vendor may bid. Mr. Rovt said the sneakers are acceptable for walking, but not for playing soccer due to the Velcro securing straps. Dr. Cohen asked that, if DOC is contemplating changes to its plans for uniforms, the Board should be advised promptly.

Chair Simmons asked for a report from the Department of Health and Mental Hygiene (DOHMH), and Ms. Brier asked that Ms. Cohen begin with a report on the extension of the Prison Health Services (PHS) contract and RFP update, and then the Health and Hospital Corporations' (HHC) proposal to consolidate forensic services at Metropolitan Hospital. Ms. Cohen reported as follows:

DOHMH has decided to extend the PHS contract for two years through a "negotiated acquisition amendment". This will give DOHMH time to "put additional ideas into play". The vendor has agreed to the extension and the contract soon will be presented to the Comptroller. There will be no increase in the contract rate, except for cost of living adjustments. Salaries are 92% of the contract.

The HHC proposed consolidation remains in the very early stages of discussion. Representatives from Metropolitan toured the Rikers Island Infirmiry. The Departments of Health and Corrections and HHC all will have to agree before the plan could move ahead. There is no capital plan in place. Metropolitan officials have expressed interest in creating "correctional health centers of excellence".

Ms. Brier asked if there are plans to place funds in next year's capital budget to establish prison ward facilities at Metropolitan Hospital. Ms. Cohen said she has not been told that HHC has done so, and there is no "plug number" in the plan at this time. Chair Simmons said whatever plans emerge from discussions among DOHMH, HHC and DOC, must comply with the Board's Standards, and plans should be shared with – and will be reviewed by – the BOC. Ms. Cohen said she understands, noting that there have been no discussions about space, expansion of Metropolitan's emergency room, bed allocation or other issues. She said this is an idea, not yet a plan. Dr. Cohen said that nothing in the plan described so far suggests any benefit to patients from Rikers Island, and he asked whether there should a public hearing. He suggested that a senior HHC official should come and explain to the Board why this is a good idea.

Mr. Regan asked if the PHS contract extension will cause potential vendors who expressed interest to "go away". Ms. Cohen said the City did not receive the level of competition it hoped for, and DOHMH is thinking about different ways of doing procurement. Chair Simmons said the Board recognizes the effort made by DOHMH officials to seek responsive bidders, and is confident that it will continue to do so.

Ms. Cohen reported that a candidate has been identified for the medical director position for PHS, and interviews are scheduled for next week. Ms. Cohen said that she will continue in the position of acting assistant commissioner for correctional health services. Dr. Cohen said that Ms. Cohen had said she wanted to continue in the acting assistant commissioner position in order to assist a new correctional health provider. He said that since the PHS contract is being extended, her stated reason no longer applies, and there is much work to be done on Rikers Island by Dr. Venters and his staff, including providing medical leadership for PHS. He said that the assistant commissioner position should be filled. Ms. Cohen said she appreciates Dr. Cohen's point, but feels that DOHMH has a strong senior staff. She said she is very involved in what goes on on Rikers Island and that there currently is a hiring freeze. She said that perhaps the search will be reopened in the later part of the year.

Regarding the variance for tuberculosis screening, Ms. Cohen said DOHMH asked for a variance in advance because it did not want to engage in detailed planning

unless it knew it would have approval. She said the variance will not likely be implemented until January 2011, although preparations have begun, including arranging for a communications pipeline from the laboratory into the electronic medical records system. Chair Simmons asked for a further update at the Board's January meeting.

Ms. Cohen reported on Legionella, as follows:

There have been no new cases of Legionella beyond the three at OBCC that were identified within a two-month period. After the second case was identified, screening was initiated for anyone with risk factors in a particular housing area. DOHMH's environmental and communicable disease staffs were brought in to work with DOC staff. A plan was developed and new admissions were stopped at OBCC. Screening was conducted on all patients who were living in the housing area. More than 5000 people were screened. Approximately 25 Legionella tests were conducted; all were negative.

Risk was mitigated by changing the shower heads to provide water in a stream rather than a mist, which reduces the risk of people getting Legionella into their lungs. DOC raised the water temperature. Also, DOC did a hyper-chlorination of the water, which eliminates Legionella from the reservoir and removes the bio-film from inside the water pipes. DOC also installed a copper-silver ionization system, which maintains the reduction in Legionella. These measures are recommended by the Centers for Disease Control and OSHA. Intake has resumed at OBCC, and screening continues for high-risk new admissions. Officials are "pretty hopeful" that these steps have eliminated the problem.

Commissioner Schriro, noting that there have been several occurrences of Legionella during the past ten years, said the measures taken should eradicate the problem going forward. She added that there is a contract in place for monthly testing for the foreseeable future.

Mr. Wolf said there is a pending request for renewal of existing variances, including a variance authorizing DOC to house together all categories of pregnant female prisoners to facilitate H1N1 monitoring. A motion was approved without opposition. Mr. Wolf said another variance request from DOC seeks approval to operate visits on a daytime schedule on Thanksgiving Day, to facilitate visits and to increase opportunities for DOC staff to enjoy the holiday with family and friends. He noted that the Board grants this variance each year. A motion to approve the variance was approved without opposition.

A motion was made, seconded and approved without opposition for the Board to go into executive session to discuss an ongoing criminal investigation. The public meeting was adjourned at 10:31 a.m.

The Board met in executive session from until 10:50 a.m.

Attachments

1. Visitors dress code notices (2 pp.)
2. Impermissible items notices (2 pp.)
3. Visitor satisfaction comment card
4. Interim central intake diagrams (4 pp.)
5. Rose M. Singer Center 800-bed addition diagram (3 pp.)

Effective as of



VISITORS DRESS CODE

THE DEPARTMENT OF CORRECTION ENCOURAGES VISITS BY INMATES' FAMILY AND FRIENDS. PLEASE HELP US TO MAKE THOSE VISITS SAFE AND SECURE BY FOLLOWING DOC RULES ABOUT APPROPRIATE CLOTHING WHILE VISITING.

ACCEPTABLE

NOT ACCEPTABLE

Clothing appropriate for a family friendly environment

Skirts, shorts or dresses with a hem no more than three inches above the knee

Tops and dresses that cover the chest, stomach and back

Clothing free of gang logos, or references to sex, obscene language, drugs or violence

Spandex leggings, only when covered up by tops, shorts, skirts or dresses

Undergarments must be worn



Uniforms

Clothing with holes or rips that are located more than three inches above the knee

Hooded garments, hats and head coverings

Clothing identifying a gang by name or logo

Clothing that makes explicit reference to obscene language, drugs, sex, or violence

Swimming attire or see-through garments

Jewelry other than a wedding ring and a religious medal

Tops or dresses, exposing the chest, stomach, or back

Shorts, skirts, or dresses with a hem more than 3 inches above the knee

Spandex leggings, that are not covered up by tops, shorts, skirts or dresses

Outer garments including coats, shawls, ponchos, jackets, vests, gloves, or over boots or overshoes (outer boots or shoes that slip over other shoes)

Please help us to ensure that your visit can take place smoothly, in a safe and secure manner. The Department of Correction asks that all visitors wear appropriate clothing. Visitors who violate this dress code will be asked to wear a cover-up garment provided by the Department.

VISITORS VIOLATING THE DRESS CODE WILL NOT BE ALLOWED TO VISIT UNLESS THEY WEAR A COVER-UP GARMENT PROVIDED BY THE DEPARTMENT.

Att. #1-1



VISITORS DRESS CODE

THE DEPARTMENT OF CORRECTION ENCOURAGES VISITS BY INMATES' FAMILY AND FRIENDS. PLEASE HELP US TO MAKE THOSE VISITS SAFE AND SECURE BY FOLLOWING DOC RULES ABOUT APPROPRIATE CLOTHING WHILE VISITING.

ACCEPTABLE	NOT ACCEPTABLE
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Clothing appropriate for a family friendly environment

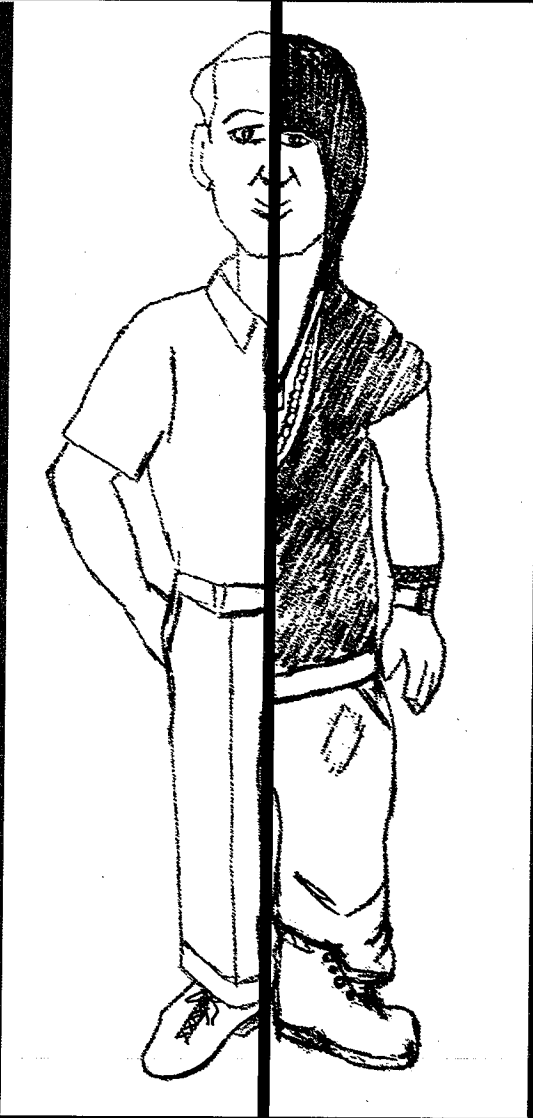
Pants without holes or rips that are located more than three inches above the knee

Shirts and tops that cover the chest

Clothing without gang names or logos

Shirts and other clothing free of references to obscene language, drugs, sex or violence

Boxers or briefs must be worn



Uniforms

Clothing with holes or rips that are located more than three inches above the knee

Hooded garments, hats and head coverings

Clothing identifying a gang by name or logo

Clothing that makes explicit reference to obscene language, drugs, sex, or violence

Swimming attire or see-through garments

Jewelry other than a wedding ring and a religious medal

Outer garments including coats, shawls, ponchos, jackets, vests, gloves, or overboots or overshoes (outer boots or shoes that slip over other shoes)

Please help us to ensure that your visit can take place smoothly, in a safe and secure manner. The Department of Correction asks that all visitors wear appropriate clothing. Visitors who violate this dress code will be asked to wear a cover-up garment provided by the Department.

VISITORS VIOLATING THE DRESS CODE WILL NOT BE ALLOWED TO VISIT UNLESS THEY WEAR A COVER-UP GARMENT PROVIDED BY THE DEPARTMENT.

Att.#1
-2

ITEMS NOT PERMITTED IN ANY FACILITY INCLUDING THE VISIT CONTROL BUILDING



To ensure the safety and wellbeing of the inmate population, DOC staff and visitors, none of the following items may be brought into the Rikers Island Visit Control Building, jails on Rikers Island and borough facilities, or any other facility including the hospital prison wards:

- Guns, bullets, and imitation guns and bullets
- Illegal drugs
- Syringes
- Knives, imitation knives, box cutters, needles, razors, hobby blades, scalpels, scissors, other sharp objects, and any other weapons
- Tools
- Metal or glass objects
- Nail clippers and fingernail files
- Tobacco products and related paraphernalia including cigarettes, cigars, rolling paper, chewing tobacco, and pipes
- Electronic devices including cellular telephones, cellular telephone accessories, personal digital assistants, portable media players, pagers, beepers, laptops, cameras, recording devices, and radios
- Padlocks
- Law enforcement badges, equipment, facsimiles
- Liquids, gels and beverages including alcoholic beverages (except two clear plastic baby bottles)
- Metal hairclips and hairpins
- Non-prescription medications or sunglasses
- More than a total of three books, newspapers and/or magazines (except when included in an inmate package)
- Digital media (CDs, DVDs, etc.)
- Photographs (except when included in an inmate package, but excluding Polaroid photos and provided they are not photographs that include pictures of the inmate)
- Explosive devices, matches or lighters
- Gum

If necessary for the duration of the visit, visitors may bring prescription medication in its original container to the facility, which — except for life-saving prescription medication — must be stored in a facility locker and may not be brought to the facility visit area.

ATT.
#2-1

ITEMS NOT PERMITTED

ON THE VISIT FLOOR

- **Pocketbooks, purses, backpacks, russet sacks, waist pouches, diaper bags or wallets**
- **Money and Metrocards**
- **Identification**
- **Keys**
- **Beverages (excluding one clear plastic baby bottle)**
- **Reading materials**
- **Toys**
- **Strollers**
- **Diapers (excluding the diaper worn by the baby)**
- **Food and candy**

ITEMS PERMITTED

ON THE VISIT FLOOR

- **One baby blanket, one clear plastic baby bottle, one baby bib**
- **Only life-saving prescription medication such as an asthma pump or nitroglycerin (Visit floor staff will store the medicine for the duration of the visit, provide medication to the visitor on an as-needed basis, and return the remainder of the medication to the visitor at the conclusion of the visit)**
- **Mobility aids such as walkers, canes and crutches to the facility visit area (Visit floor staff will store mobility aids for the duration of the visit and return the aid to the visitor at the conclusion of the visit)**



Att.
#2-2

**New York City Department Of Correction
Visitor Satisfaction Survey**

To improve our visit process, we want to hear your comments. Please take a few minutes to fill out this card and deposit it in the Comments Box in the Central Visit Control Building or U.S. postal mailbox (no postage required). Thank you!

Name of Facility _____ **Date:** _____

Visiting Room: Excellent Good Poor **Comments:** _____

Restroom: Excellent Good Poor **Comments:** _____

Vending machines: Excellent Good Poor **Comments:** _____

Visit staff: Excellent Good Poor **Comments:** _____

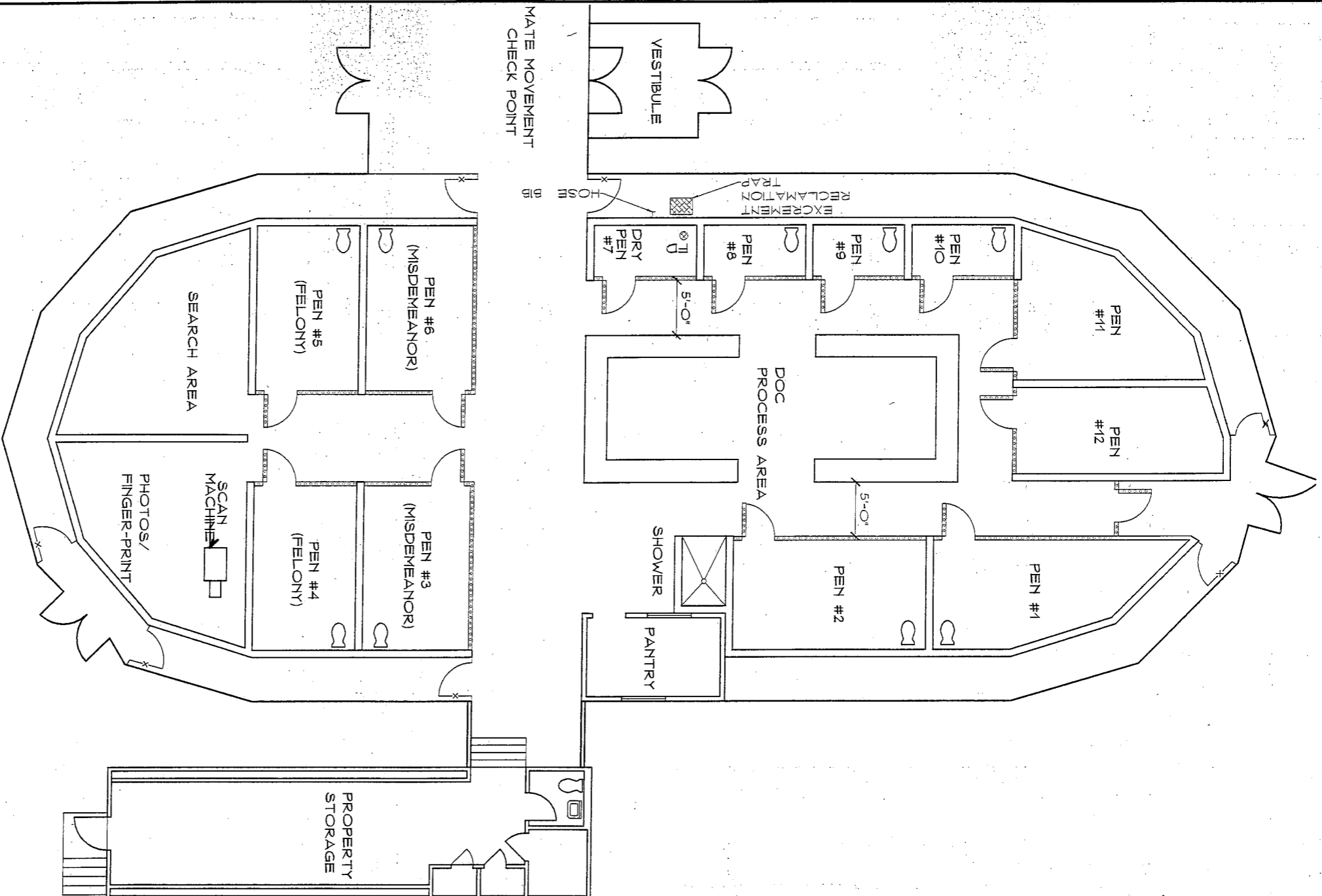
Positive notes about visitation experience: _____

Suggestions for improvement: _____

Name: _____ **Email:** _____ **Contact Number:**(_____) _____
(optional) *(optional)* *(optional)*

You can also send your feedback to us at www.nyc.gov/doc

ATT. #3



SPRUNG #1 INTAKE INCOMING



THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION
 DIVISION OF CAPITAL POLICY
 AND DEVELOPMENT
 DESIGN UNIT

TITLE/PROJECT/LOCATION		REVISION DATE		DRAWN BY	
WEST FACILITY CENTRAL INTAKE RIKERS ISLAND, NEW YORK		10/8/2010 SECURITY REQUIREMENTS		S. CHOW	
FLOOR PLAN SPRUNG #15 AND #16		PRJ. MANAGER SING CHOW		SCALE N.T.S.	
		DIRECTOR JUNG SHIN R.A.		DATE JULY 8-2010	
				DRAWING NO A-1	

ATTACHMENT # 4-1



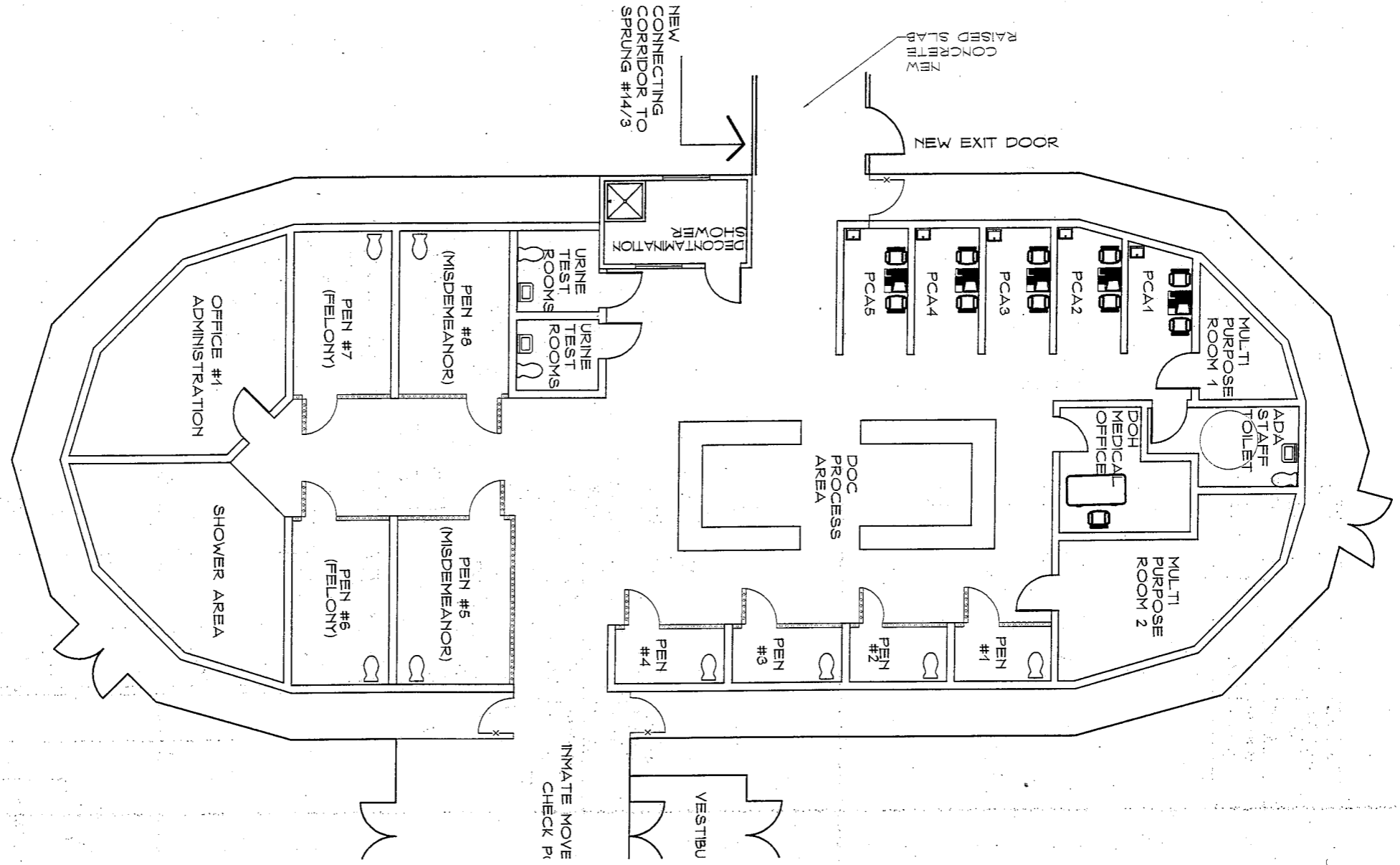
THE CITY OF NEW YORK
 DEPARTMENT OF CORRECTION
 DIVISION OF CAPITAL POLICY
 AND DEVELOPMENT
 DESIGN UNIT

TITLE/PROJECT/LOCATION
 WEST FACILITY
 CENTRAL INTAKE
 RIKERS ISLAND, NEW YORK

REVISION DATE
 40/4/2010 DOH REQUIREMENTS ADMIN / PCA ROOMS
 PROJ. MANAGER
 SING CHOW
 CONTRACT/REQUEST/REQ. NO
 DIRECTOR
 JUNG SHIN R.A.

DATE
 JULY 9-2010
 DRAWING NO
 A-2

SPRUNG #2 SEARCH



ATTACHMENT #4-2



THE CITY OF NEW YORK
 DEPARTMENT OF CORRECTION
 DIVISION OF CAPITAL POLICY
 AND DEVELOPMENT
 DESIGN UNIT

TITLE/PROJECT/LOCATION
 WEST FACILITY
 CENTRAL INTAKE
 RIKERS ISLAND, NEW YORK

REVISION DATE
 5/14/2010 OPERATIONS COMMENTS
 02/17/2010 DOH MEDICAL REQUIREMENTS
 PROJECT MANAGER/CONTRACT/NUMBER/NO
 SING CHOW

DRAWN BY
 H. PARISI
 SCALE
 AS INDICATED

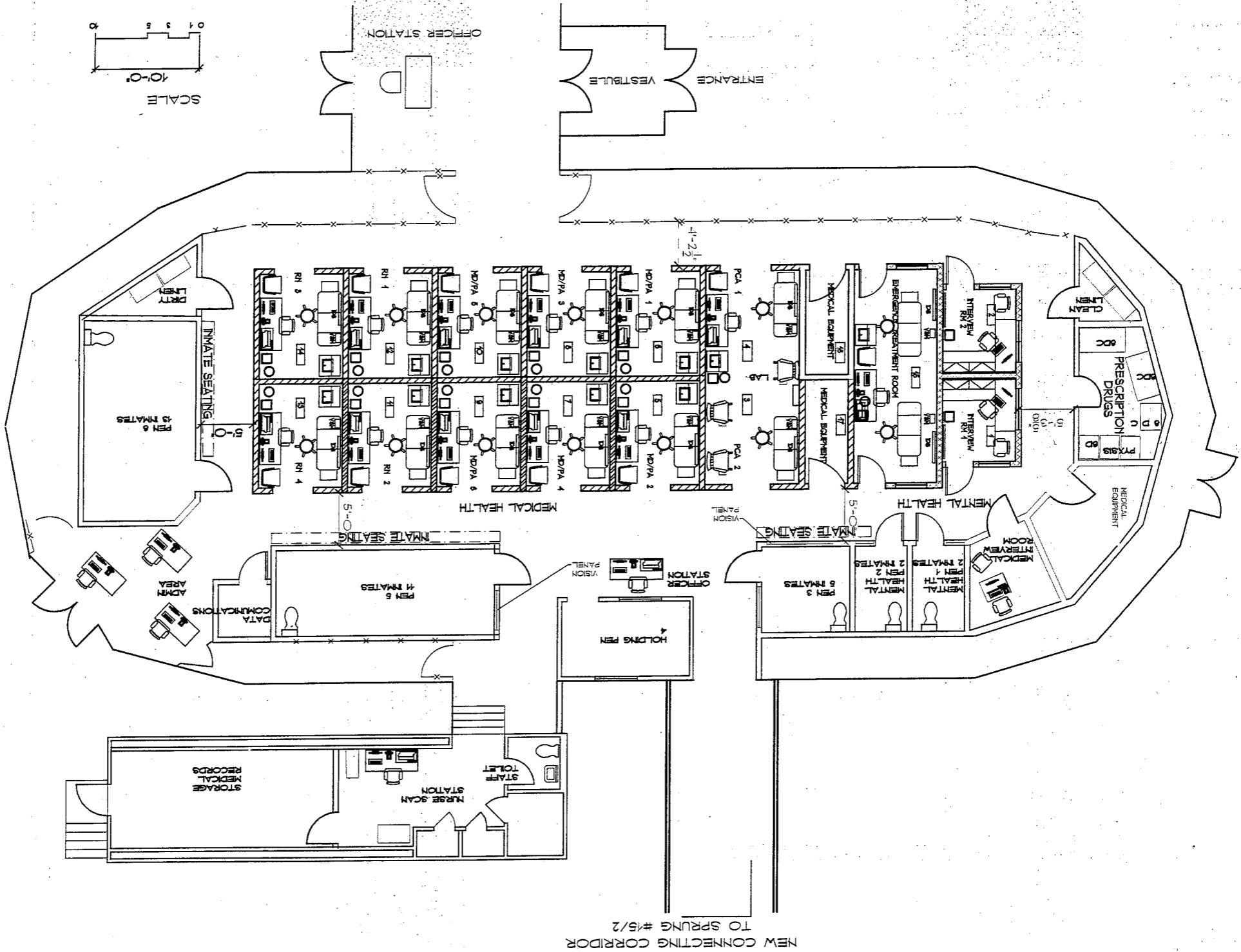
FLOOR PLAN
 SPRUNG # 14/3

DIRECTOR
 JUNG SHIN R.A.

DATE
 AUG 26-2010

DRAWING NO
 A-3

SPRUNG #3 CLINIC



NEW CONNECTING CORRIDOR
 TO SPRUNG #6/2
 DRAWING #6/2

ATTACHMENT # 4-3

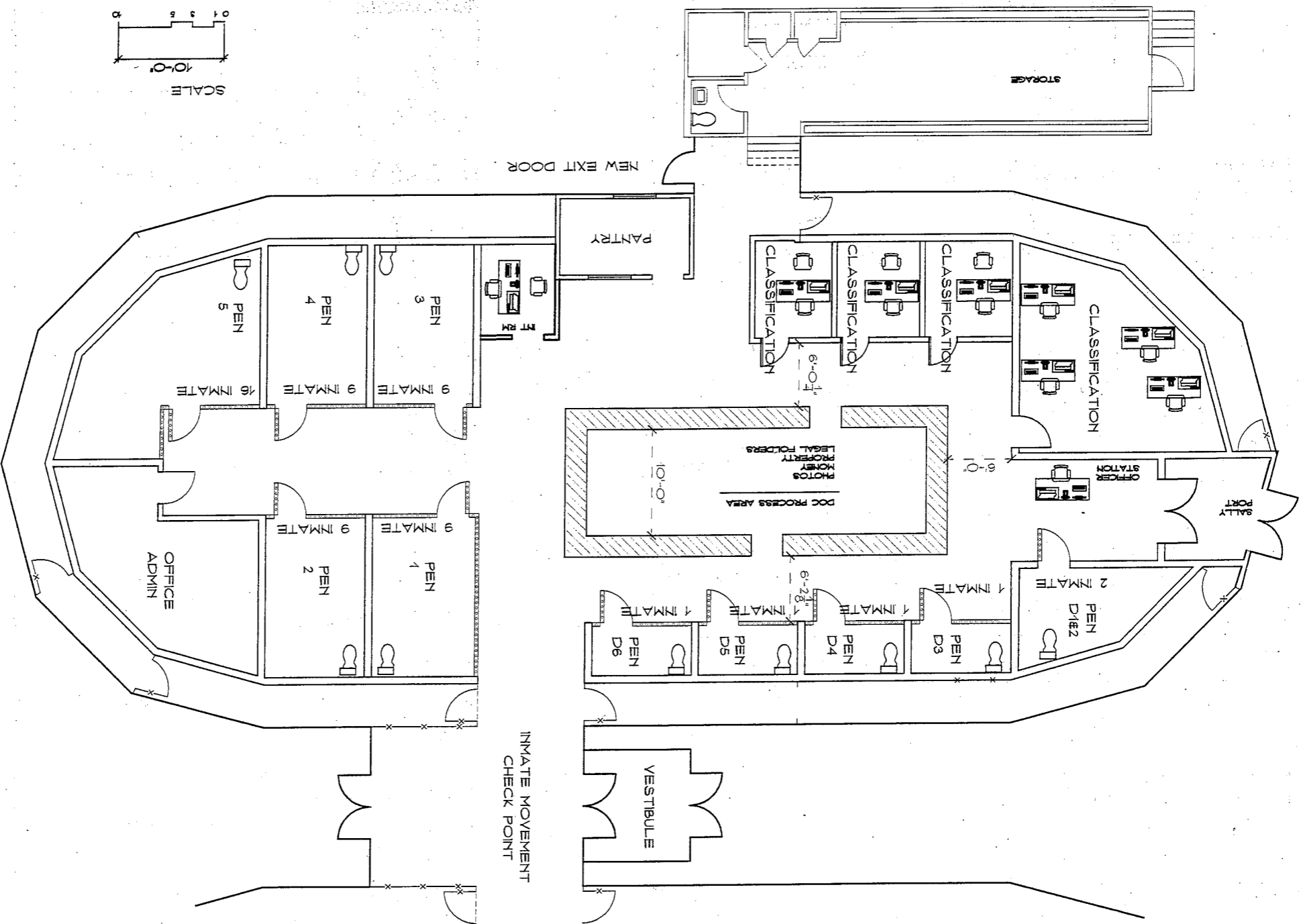


THE CITY OF NEW YORK
 DEPARTMENT OF CORRECTION
 DIVISION OF CAPITAL POLICY
 AND DEVELOPMENT
 DESIGN UNIT

TITLE/PROJECT/LOCATION
 WEST FACILITY
 CENTRAL INTAKE
 Rikers Island, New York

REVISION DATE SEPT. 16-2010	DRAWN BY H. PARISI
PROJECT MANAGER/CONTRACT/AGENCY NO SING CHOW	SCALE AS INDICATED
DIRECTOR JUNG SHIN R.A.	DATE AUG 26-2010
	DRAWING NO A-4

SPRUNG #4 OUTGOING



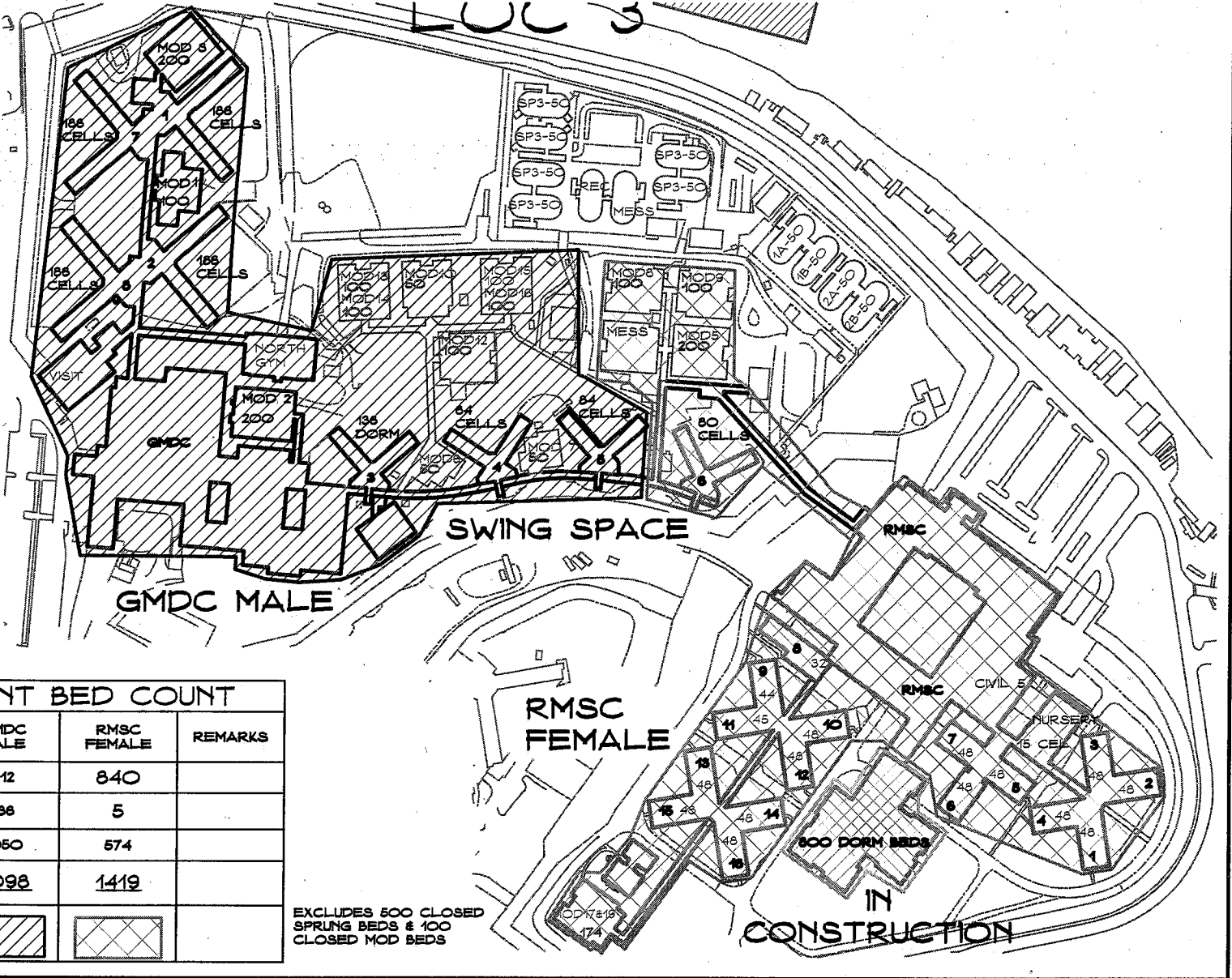
ATTACHMENT #4-4



CURRENT

RIKERS ISLAND

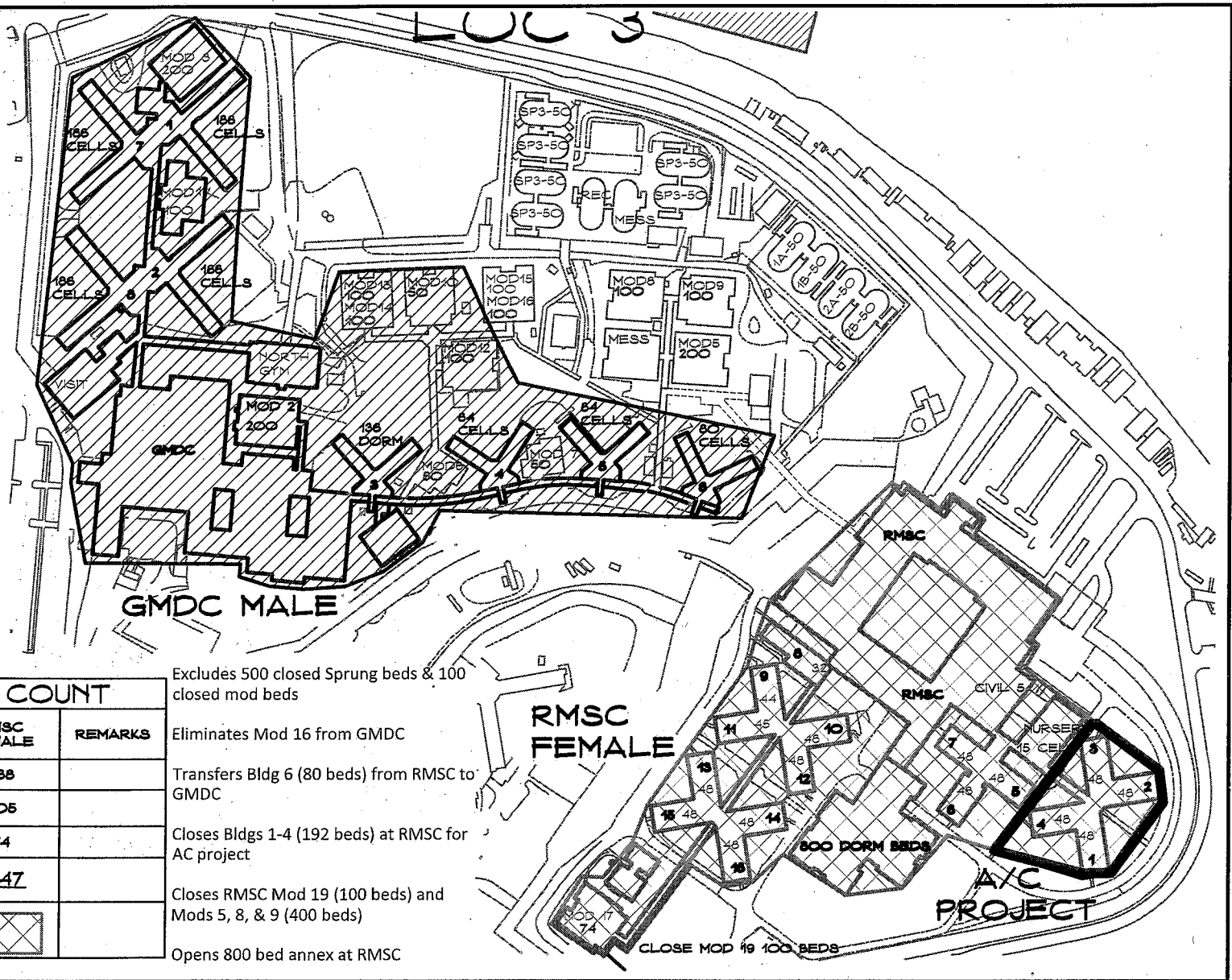
NORTHEAST QUADRANT REPLACEMENT STUDY

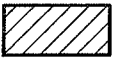



CURRENT BED COUNT			
BED DISPOSITION	GMDC MALE	RMSC FEMALE	REMARKS
CELLS	912	840	
DORMS	136	5	
MODS	1050	574	
TOTAL	2098	1419	
LEGEND			

EXCLUDES 500 CLOSED SPRUNG BEDS & 100 CLOSED MOD BEDS

PHASE 1
 RIKERS ISLAND
 NORTHEAST QUADRANT REPLACEMENT STUDY



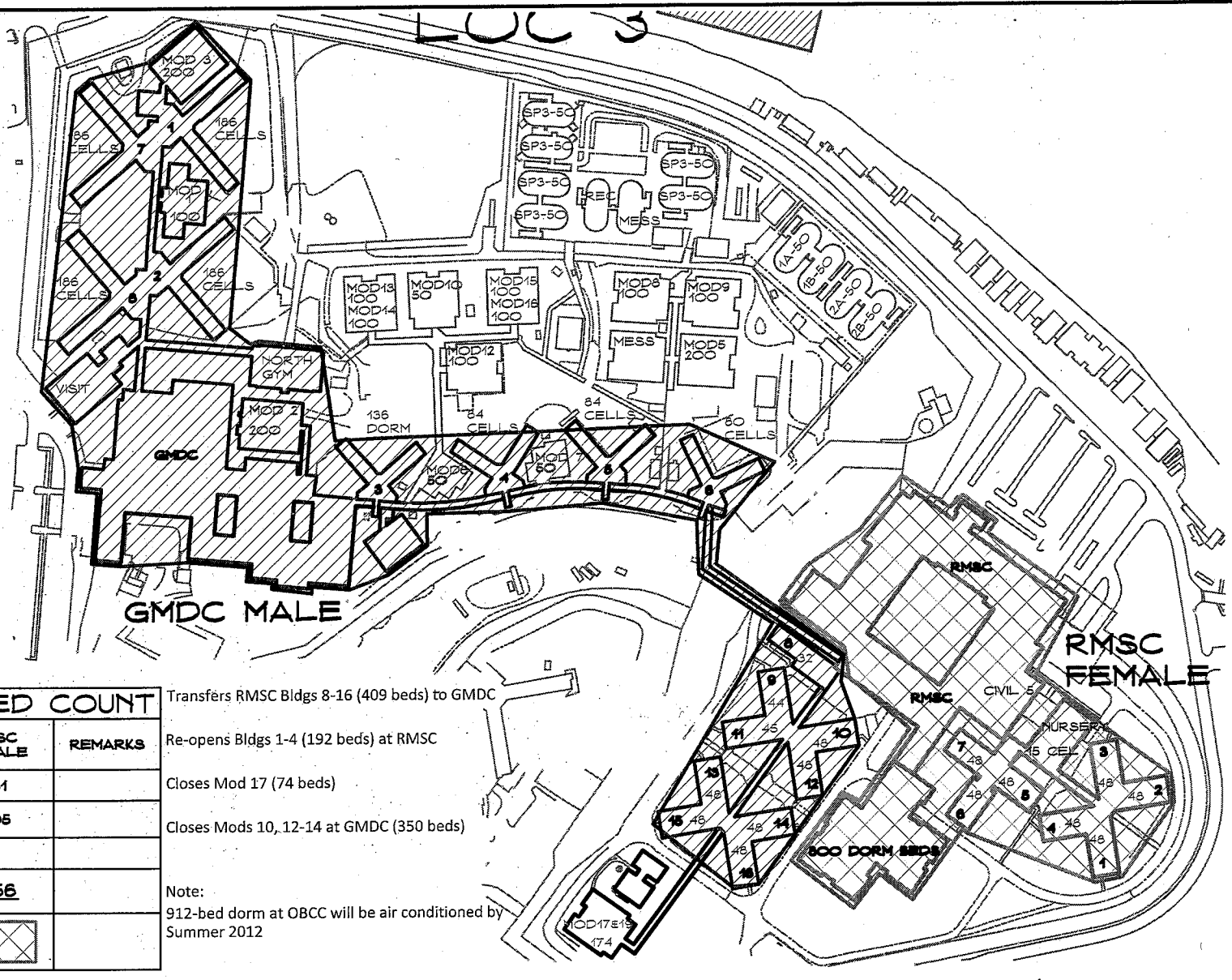
PHASE 1 BED COUNT			
BED DISPOSITION	GMDC MALE	RMSC FEMALE	REMARKS
CELLS	992	588	
DORMS	136	805	
MODS	950	74	
TOTAL	2078	1447	
LEGEND			

Excludes 500 closed Sprung beds & 100 closed mod beds
 Eliminates Mod 16 from GMDC
 Transfers Bldg 6 (80 beds) from RMSC to GMDC
 Closes Bldgs 1-4 (192 beds) at RMSC for AC project
 Closes RMSC Mod 19 (100 beds) and Mods 5, 8, & 9 (400 beds)
 Opens 800 bed annex at RMSC

FINAL LAYOUT

RIKERS ISLAND

NORTHEAST QUADRANT REPLACEMENT STUDY



FINAL LAYOUT BED COUNT

BED DISPOSITION	GMDC MALE	RMSC FEMALE	REMARKS
CELLS	1401	351	
DORMS	136	805	
MODS	600	-	
TOTAL	2137	1156	
LEGEND			

Transfers RMSC Bldgs 8-16 (409 beds) to GMDC

Re-opens Bldgs 1-4 (192 beds) at RMSC

Closes Mod 17 (74 beds)

Closes Mods 10, 12-14 at GMDC (350 beds)

Note:

912-bed dorm at OBCC will be air conditioned by Summer 2012