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Injury Response in NYC Jails

NYC BOARD OF CORRECTION ANALYSIS OF 2024 DATA

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NYC Board of Correction

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Board of Correction Analysis of 2024 (January 1 – December 31, 2024) Data

Table of Contents

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Executive Summary

Pursuant to §626(c) and (h) of the New York City Charter (Charter), the New York City Board of Correction (BOC) assessed whether the New York City Department of Correction (DOC) and New York City Health + Hospitals/Correctional Health Services (CHS) complied with §3-16 of Title 40 of the Rules of the City of New York (RCNY) concerning injury response during calendar year 2024 (CY2024).

BOC conducted a mixed-methods review, including analysis of administrative data, monthly and annual reports, and a randomized sample of CY2024 Injury-to-Inmate forms. The assessment examined compliance with each subsection of §3-16—Policy (§3-16(a)), Investigations (§3-16(b)), Coordination (§3-16(c)), and Reporting and Review (§3-16(d)). In addition, pursuant to Charter § 626(c)(4), BOC evaluated the effectiveness of DOC's policies and procedures developed under 40 RCNY § 3-16(a).

Overall, the review found that DOC and CHS have operationalized several requirements of §3-16, including maintaining relevant directives, completing investigations, holding quarterly meetings, and producing monthly reports. However, the assessment also identified persistent gaps in timeliness, data reconciliation, transparency, and documentation that limit the effectiveness of §3-16 as a system for injury response and prevention.

Based on these findings, BOC recommends:

§3-16(a) Policy

1. DOC and CHS should revise and update their policies and procedures for addressing and preventing injuries to people in custody so they align with the investigative, coordination, and reporting requirements of Minimum Standard §3-16.
2. DOC policies should explicitly clarify how investigative findings are systematically used to inform injury prevention measures, strengthening the connection between investigation outputs and proactive corrective actions.
3. CHS policies should explicitly clarify expected timelines for injury response, documentation (e.g. Injury-to-Inmate forms), and reporting (e.g. Joint Monthly Injury Report and Monthly Public Self-Harm Report).

§3-16(b) Investigations

4. DOC should enhance the completeness and accuracy of Injury-to-Inmate forms by digitizing the form and requiring mandatory fields to be filled before submission, thereby reducing missing or inconsistent data. The digitized version of the Injury-to-Inmate form should also allow the inclusion of supporting evidence (e.g., video footage) and enable electronic signatures to improve accountability and reduce reliance on handwritten concurrence, which currently predominates.
5. DOC should establish internal monitoring processes to track investigation timeliness, including clear deadlines for investigation closure, to address observed delays where some investigations extended beyond longer than average timeframes.
6. Given the observed high rate of refusal by people in custody to participate in investigations, DOC should explore strategies to better engage people in custody during investigations to enhance completeness and accuracy, while respecting their rights and the Standards' requirements.

§3-16(c) Coordination

7. To enhance transparency and support effective oversight, DOC and CHS should voluntarily provide BOC with detailed minutes or summaries of quarterly meetings conducted under §3-16(c)(1), documenting the review of injury data, identification of trends, and quality assurance activities.
8. DOC and CHS must fulfill the mandate to develop and maintain a coordinated electronic injury tracking system that integrates both serious and non-serious injury data in a single reconciled platform, as required by §3-16(c)(2).

§3-16(d) Reporting and Review

9. DOC and CHS should implement internal controls and monitoring to ensure timely submission of Injury-to-Inmate forms and Joint Monthly Injury Reports to BOC, addressing chronic delays that undermine effective oversight (§3-16(d)(1)-(3)).
10. DOC and CHS should reconcile their differing injury and self-injurious behavior counts into a single unified Joint Monthly Injury Report, that includes all required disaggregation, to comply fully with §3-16(d)(1)-(3).
11. DOC should ensure that its annual review of Joint Monthly Injury Reports required by § 3-16(d)(4) includes documented findings regarding compliance with § 3-16, identification of systemic issues, and detailed corrective action plans with associated steps and timelines. In addition to submitting these annual reports to BOC, DOC should publicly disseminate the reports in accordance with the Standard.
12. To comply fully with §3-16(d)(5), CHS should ensure that its monthly public reports on self-harm incidents consistently disaggregate data by seriousness (serious vs. non-serious injuries) as required by the Minimum Standards.

Introduction

In January 2019, the New York City (NYC) Board of Correction (BOC) published a report titled "Serious Injury Reports in NYC Jails" analyzing aggregate data on serious injuries to people in custody from NYC Department of Correction (DOC) data from 2008 to 2017 and NYC Health + Hospitals/Correctional Health Services (CHS) data from June 2016 to September 2018.

In July 2019, BOC adopted amended rules related to injury tracking and reporting in jails and other facilities operated by DOC (CROL, 2019). The purpose of the rule amendment was to "improve DOC's and CHS's ability to address and prevent injuries to people in custody and strengthen the Board's oversight of the agencies' progress toward achieving these goals" (*ibid.*). BOC's amended Minimum Standards outlined three phases of data collection and coordination over the three years following their effective date. DOC and CHS were in the implementation stage of these phases through August 2022, making 2023 the first full year of data collection following implementation.

In accordance with §626(c) and (h) of the New York City Charter (Charter), BOC now seeks to assess DOC and CHS's progress in meeting the requirements of §3-16 of Title 40 of the Rules of the City of New York (RCNY) concerning injury response. Additionally, under Charter § 626(c)(4), BOC evaluated the effectiveness of DOC policies and procedures developed under 3-16(a).

Background

Effective injury response is critical in correctional settings because it directly informs injury prevention strategies (Smith et al. 2024). BOC has monitored injury response and prevention practices since at least 2013 through the review and approval of 12 variances between 2013 and 2019 and public reporting in 2019. Its 2019 report, together with findings from the *Nunez* monitoring process, documented longstanding deficiencies in injury reporting and response. The *Nunez* monitoring—initiated by a 2011 class action lawsuit (*Nunez and United States v. City of New York*, 2011) and governed by a federal consent decree—focused on violent incidents that frequently resulted in injuries (Martin et al. 2017). Early monitoring periods (e.g., October 22, 2015–February 29, 2016) and subsequent reports, including the Third Independent Monitor Report (August–December 2016), highlighted discrepancies in DOC's documentation of violent incidents, underscoring a decade-long concern about injury response. BOC has since provided informal feedback regarding timeliness of report submissions.

Between 2013 and 2019, BOC granted 12 variances allowing CHS to share diagnosis data with DOC for injury-reporting purposes. The 2019 Serious Injury Report—originally intended to assess the need for these variances—identified persistent gaps in documentation. For April–June 2018, CHS reported 169 serious injuries, but BOC could audit only 149 because DOC did not generate, or could not produce, corresponding Injury to Inmate Report forms for all cases. BOC found that DOC underreported serious injuries and lacked a single metric for determining their actual number. Notably, 67 percent (n=100) of the CHS-designated serious injuries audited by BOC were never reported by DOC as any type of incident (BOC 2019).

In response, BOC promulgated amendments to § 3-08 of the Minimum Standards (Privacy and Confidentiality) in 2019 to modernize the Standards in line with electronic medical record practices and reduce the need for repeated variance requests.

Public Board meetings throughout 2019 documented the transition from reliance on variances to adoption of new rules. In February 2019, CHS did not seek renewal of its variance under § 3-08(c)(3), citing a Law Department

opinion. The Board subsequently passed a resolution on disclosure of injury diagnoses. In March 2019, Board Members again raised concerns about transparency and injury investigation. By May 2019, the Board proposed new rules to address the deficiencies identified in BOC's Serious Injury Report, calling for more consistent data collection and reporting between DOC and CHS. After CHS reviewed the proposed rules in June 2019, it voluntarily agreed to provide BOC with a recurring self-harm report expressing "the strongest objections to a DOC investigative process around self-harm, which among other negative outcomes will disincentivize patients from engaging in honest therapeutic relationships with the mental health staff and could lead to patient harm" (Yang 2019).

The new rules, effective August 2019, required DOC and CHS to establish and maintain a coordinated electronic injury tracking system for serious injuries by August 2020 and a coordinated electronic injury tracking system for all injuries, both serious and non-serious by August 2021 (40 RCNY 3-16(c)(2)). The new rules also required DOC and CHS to submit a Joint Monthly Injury Report starting in September 2019 ((40 RCNY 3-16(d)). These reporting requirements were implemented in three phases. Each phase progressively expanded the scope and detail of reporting, beginning with basic counts and characteristics of serious and non-serious injuries. Subsequent phases added more granular information on injury circumstances, investigations, and reporting processes, culminating in a comprehensive, standardized monthly dataset designed to support oversight, identify trends, and inform injury prevention efforts.

Methods

BOC employed a structured, mixed-methods design (Creswell & Plano 2018) combining quantitative and qualitative analysis to assess compliance with Minimum Standard §3-16 and evaluate effectiveness of DOC policies and procedures developed under this standard.

BOC developed a compliance checklist aligned to each subsection of §3-16 (Appendix A) to guide its analytic work. Checklist-based reviews are widely used in compliance monitoring as a structured, replicable means of assessing implementation (Gibbs, 2018). BOC used the checklist to determine its methodology for assessing whether each provision was met, partially met, or unmet, and to document areas of inconsistency.

To assess compliance with Minimum Standard §3-16(a)[1], BOC reviewed DOC and CHS policies related to injury response and prevention. This review included DOC directives 4516R-D (Injury to Inmate Reports), 7001R (Investigation Division), and 5001R-A (Report and Notification of Incarcerated Individual Death or Serious Injury or Illness) as well as the CHS policy MED 7 (Injured Inmate Evaluation).

To assess compliance with Minimum Standard §3-16(b)[2], BOC performed content analysis (Merriam & Tisdell 2016) to systematically examine the information recorded on each Injury-to-Inmate form. Content analysis is an unobtrusive technique for interpreting the meaning, symbolic qualities, and communicative roles of recorded data (Krippendorff 2013).

[1] "*Policy.* The Department of Correction and the Health Authority ("Agencies") shall establish policies and procedures to address and prevent injuries to people in custody." [40 RCNY 3-16(a)]

[2] "*Investigations.* Investigations of injuries of people in custody, including all supporting documentation such as Injury-to-Inmate forms, shall be completed in a prompt, accurate, and objective manner. For the purposes of this section, investigations shall mean investigations conducted in the manner required by the Department of Correction ("Department") including, but not limited to, investigations conducted by the facility or investigations contained in Injury-to-Inmate forms." [40 RCNY 3-16(b)]

Review dates for the content analysis were randomly selected in proportion to the number of injuries reported per month in 2024 so that higher-volume months contributed proportionally more cases (Table 1). For each sampled date, one investigation form was randomly[3] selected. Although the sample represents <1% of the ~30,000 injury forms, the sampling proportion has a negligible effect on statistical precision. In probability sampling, representativeness is achieved through random selection rather than the proportion of the population sampled. Using a standard 95% confidence level and a sample of n=99 cases, the margin of error (MOE)[4] ranges from ±4% to ±10% which is acceptable for identifying patterns, assessing compliance, and guiding further investigation.

Table 1: Sampling Methodology for BOC Injury Form Audit

Month	DOC Reported Injuries (N)	DOC Reported Injuries (%)	BOC Audit Sample Size
Jan-24	2,183	8%	8
Feb-24	2,053	7%	7
Mar-24	2,290	8%	8
Apr-24	2,282	8%	8
May-24	2,433	9%	9
Jun-24	2,285	8%	8
Jul-24	2,280	8%	8
Aug-24	2,358	8%	8
Sep-24	2,382	8%	8
Oct-24	2,618	9%	9
Nov-24	2,508	9%	9
Dec-24	2,601	9%	9
Total	**28,273**	**100%**	**99**

Source: BOC analysis of administrative project data

The content analysis assessed compliance with Minimum Standard 3-16(b) requirements that investigations be completed in a prompt, accurate, and objective manner in the following ways:

- Promptness was assessed using the mean (average) number of days between the date of injury and the date of investigation closure. Unlike the median, which represents the midpoint of the distribution, the mean reflects the magnitude of all observations, including extreme values (outliers), and therefore captures delays that would not affect the median.
- Accuracy was assessed based on the presence of missing, inconsistent, or incorrect dates within the investigative documentation.
- Objectivity was assessed through independent review by two research staff who coded the Injury-to-Inmate Reports separately before discussing their assessments. Interrater reliability – a measure of

[3] Randomization was performed in R (version 4.3.3) using the slice_sample() function from the dplyr package.

[4] The margin of error is calculated as $1.96 * \sqrt{[p(1-p)/n]}$ where p is the proportion being estimated (e.g., the share of cases meeting a given standard) and n is the sample size. The value 1.96 reflects the standard multiplier used to capture 95% of the expected results in a normal distribution. For a sample size of n=99, the margin of error equals about ±10% when p = 0.50 (i.e., when an outcome occurs half of the time) and about ±4% when p is near 0.05 (i.e., when an outcome is very rare or very common).

agreement between two reviewers – was assessed using Gwet's AC1[5]. Reports were classified as objective when the narrative described the incident in a neutral, factual, and unbiased manner.

To assess compliance with Minimum Standard §3-16(c), BOC (1) inquired with DOC and CHS regarding the quarterly meetings[6] and (2) conducted descriptive statistical analysis of the injury metrics reported by DOC and CHS[7]. For the descriptive analysis, we compared the overall number of injuries reported, the overall number of self-injurious behavior (SIB) incidents reported, and the additional stream of self-harm incidents reported by CHS during clinical encounters. Because each agency reports its own totals[8], these comparisons allowed us to assess alignment and highlight inconsistencies in the absence of a single reconciled figure.

To assess compliance with Minimum Standard §3-16(d) we assessed (1) the number of Injury-to-Inmate forms uploaded to the BOC and DOC shared folder relative to the number of injuries reported[9], (2) the timeliness and completeness of the Joint Monthly Report by calculating the number of days between each monthly report's mandated due date and its actual submission date and reviewing report completeness against the information required in the Minimum Standards[10], (3) whether the monthly data file includes injury-level information corresponding to the data enumerated in the Joint Monthly Report[11], (4) whether DOC has provided an annual report detailing (a) the steps taken in their review, (b) findings, and any plans for corrective action, and (c) status

[5] Interrater Reliability measures how consistently two or more independent judges or observers agree when evaluating the same subject or phenomenon (Gibbs, 2018). Interrater reliability was assessed using Gwet's AC1, which accounts for agreement that may occur by chance and remains stable when certain responses are much more common than others. This makes it less prone to bias than other commonly used measures of agreement, such as Cohen's kappa (Gwet 2008).

[6] "(1) *Quarterly Meetings.* The Agencies shall engage in regular communication and quarterly meetings, to review data on injuries, identify trends, and perform quality assurance on injury report documentation. These communications and quarterly meetings shall include data-informed development of corrective action plans." [40 RCNY 3-16(c)(1)]

[7] "(2) *Injury Tracking System.* Within one year of the effective date of this rule, the Agencies shall maintain a coordinated electronic injury tracking system for serious injuries, which for purposes of 40 RCNY § 3-16 are defined as injuries designated as serious by the Health Authority for the sole purpose of tracking injuries. Within two years of the effective date of this rule, the Agencies shall maintain a coordinated electronic injury tracking system for all injuries, both serious and non-serious." [40 RCNY 3-16(c)(2)]

[8] This discrepancy in totals is due to CHS reporting on the total number of injury reports documented by their agency during the reporting period, whereas DOC reports on the total number of injuries during the reporting period that have received a medical designation at the time the report is compiled. The Department can investigate an injury at any time; investigative timeliness is not tied to CHS medical determinations.

[9] "(1) By the fourth Friday of September 2019 and on the fourth Friday of every month thereafter, the Department shall provide the Board with all Injury-to-Inmate forms (or any other injury reporting mechanism that may replace the Injury-to-Inmate form) created in the previous month and any forms updated in the previous month." [40 RCNY 3-16(d)(1)]

[10] On the fourth Friday of every month, "(2) The Agencies shall provide the Board with a joint, monthly, public report of data on injuries and serious injuries to people in custody ("Joint Monthly Injury Report"), as follows: [*Subsections i to iii omitted to conserve space; See Appendix A for a complete listing*]." [40 RCNY 3-16(d)(2)]

[11] "(3) Starting on the fourth Friday of September 2019, the Agencies shall provide the Board with a monthly data file with injury-level information corresponding to the data enumerated in the Joint Monthly Injury Report. This file shall also include all relevant identifying injury-level information (e.g., injury report number, Central Operations Desk/Use of Force report number, injury date, date of injury report, specific unit and housing area, housing area type, date investigation was closed, incarcerated person-identifiers, and witnessing-staff identifiers) for each injury reported. Each file shall be shared in an electronic, machine-readable format and shall be updated cumulatively from each prior data reporting period. The file shall be maintained as confidential by the Board." [40 RCNY 3-16(d)(3)]

of corrective actions described in prior reports[12], and (5) whether CHS has provided the Board with a monthly public report on self-harm disaggregated according to the requirements of the Minimum Standards[13].

Findings

§3-16(a) Policy

Minimum Standard §3-16(a) requires that DOC and CHS establish policies and procedures to address and prevent injuries to people in custody. Our review confirmed that both agencies maintain directives and policies. Because §3-16(a) does not prescribe specific content or timelines, the existence of these directives and policies satisfies the minimum requirement to "establish procedures" for injury reporting and investigation. Although the existence of the policies is technically in compliance with 3-16(a), BOC evaluated the effectiveness of the policies as it relates to prevention which necessarily depends on the timely completion of investigations and the availability of accurate investigative data.

The current DOC directives (DOC Directive 4516R-D Injury to Inmate Reports, effective date 10/03/2019 and DOC Directive 7001R: Investigation Division, effective date 9/28/1992) and related guidance do not clearly establish timelines for completing investigations or describe how investigative findings are systematically used to prevent future injuries. The only timeline is stipulated in Directive 5001R-A: Report and Notification of Incarcerated Individual Death or Serious Injury or Illness (effective date 2/26/2021). This directive uses words like "expeditiously" and "as promptly as possible" throughout the document. The only defined time requirement is under Section V.(A)(2) which specifies that the Tour Commander must notify the Central Operations Desk (COD) within 15 minutes of learning that a PIC has sustained a serious injury or illness, and V.(A)(4) which states that the Tour Commander must notify the COD within 15 minutes of a PIC having died from illness or injuries or is found dead and also after the person in custody is pronounced dead by the physician. The absence of a defined investigation completion timeframe has implications beyond prevention, as it can affect compliance with §3-16(d)(1)-(3) which requires that Injury to Inmate forms and related data from the preceding month be submitted to BOC by the fourth Friday of each month. The lack of a formal definition for "prompt" and "expeditious" in these directives leaves BOC to rely on calculated averages.

CHS Policy MED 7 governs the evaluation of injuries to people in custody. The policy requires that individuals receive a physical examination and a treatment plan following an injury and specifies that completion of an injury form must not delay medical treatment. For Use of Force–related incidents, the policy requires that medical attention be provided "as soon as possible," but it does not establish a specific response-time standard. The policy defines the injuries that CHS classifies as serious. With respect to investigation, the policy assigns responsibility to the DOC Investigating Captain. For incidents involving self-injurious behavior, the policy requires referral to Mental Health. In addition, CHS staff are directed to immediately notify CHS Operations if they become aware of an imminent threat to patient safety or well-being. The policy does not establish specific

[12] "(4) On at least an annual basis, beginning on the first day of the sixth month after the effective date of this Rule, the Department shall review all Joint Monthly Injury Reports submitted in the previous year pursuant to subdivision 40 RCNY § 3-16(d)(2). Within 60 days of each such annual review, the Department shall provide the Board with a written public report detailing: [*Subsections i to iii omitted to conserve space; See Appendix A for a complete listing*]." [40 RCNY 3-16(d)(4)]

[13] "(5) Starting on the fourth Friday of September 2019 and on the fourth Friday of every month thereafter, the Health Authority shall provide the Board with a monthly public report on self-harm, including the following information in a machine-readable format using both numerical values and percentages, for the previous month and for the year-to-date: [*Subsections A to C omitted to conserve space; See Appendix A for a complete listing*]." [40 RCNY 3-16(d)(5)]

timelines for medical response, nor does it include explicit procedures for monitoring delayed responses or for ensuring that injury-related data are available within the timeframes required for monthly reporting to BOC.

These findings suggest that despite the presence of policy frameworks, the lack of defined timelines and systematic processes for using investigative findings may hinder effective injury prevention and compromise timely, accurate reporting essential for BOC oversight.

§3-16(b) Investigations

Minimum Standard §3-16(b) requires that investigations of injuries to people in custody, including all supporting documentation such as Injury-to-Inmate forms, be completed in a prompt, accurate, and objective manner.

To assess compliance, BOC conducted a systematic content analysis (Merriam & Tisdell 2016) of a randomly selected sample of Injury-to-Inmate forms from 2024, using a probability sampling approach proportional to monthly injury volume (Table 1). This method ensured representativeness of the sample despite its small size relative to the total number of injury reports (~30,000). The 99 cases reviewed provide a margin of error ranging from ±4% to ±10% at a 95% confidence level, sufficient for identifying compliance patterns and guiding further inquiry.

Promptness was assessed as the average number of days between the injury date and the date of investigation closure recorded on the form. The analysis revealed a mean closure time of nine days (standard deviation: 15 days; range: 0 to 91 days). This variability indicates that while many investigations are completed within a nine-day timeframe, some experience significant delays. These delays may reduce the effectiveness of investigations in informing timely injury prevention and meeting reporting requirements.

Accuracy was assessed by identifying missing, inconsistent, or incorrect dates within the investigative documentation. This approach reflects a threshold assessment of record accuracy, rather than a full factual validation of incident narratives, which would require review of external corroborating sources (e.g., grievances, medical records, or video footage) and was outside the scope of this review. 10 of 99 (10%) of forms contained incomplete or inconsistent date information, which compromises the reliability of the investigation records. The most common inaccuracies involved missing, inconsistent (e.g., an investigation closure date before the injury date), or incorrect dates (e.g., dates prior to 1/1/2000). Dates are the first line of data received by BOC. They are necessary to sequence events and initiate any follow-up investigations or oversight actions. If the dates are incorrect or missing, it severely obstructs BOC's ability to conduct follow-up investigations.

Objectivity was assessed through independent, blinded[14] coding of the investigating officer's narrative descriptions by two research staff members to determine neutrality and factual tone. Reports were classified as objective when the narrative described the incident in a neutral, factual, and unbiased manner. Interrater reliability before peer debriefing was substantial and improved following peer debriefing and consensus discussions[15]. Overall, 86 of 99 (87%) reports were rated as fully objective.

During the content analysis, BOC noted that DOC investigators formally agreed with investigative findings in 92 of 99 cases (93%), either by handwritten notes or stamps stating "I concur" or "I agree". This indicates a routine

[14] Independent, blinded coding means that each researcher coded the material as objective or not objective independently and neither researcher had access to each other's coding (Gibbs, 2018).

[15] Interrater reliability was assessed using Gwet's AC1. Initial agreement was 0.77, indicating substantial agreement. Following peer debriefing and clarification of coding definitions, interrater reliability increased to 0.88.

practice of investigators endorsing the investigation outcomes. Additionally, BOC observed that in 97 of 99 cases (98%), people in custody refused to participate in the investigation process. While the Minimum Standards do not require participation, this consistently high refusal rate may impact the completeness of investigations and highlights an opportunity to explore ways to better engage people in custody in the investigative process.

BOC's review finds that DOC is formally compliant with §3-16(b) in completing injury investigations in a prompt, accurate, and objective manner. Nonetheless, variability in timeliness, data completeness, and narrative objectivity highlight areas where clearer investigation timelines, enhanced training on report documentation, and routine quality assurance could strengthen the investigative process and better fulfill the standard's intent of injury prevention and oversight.

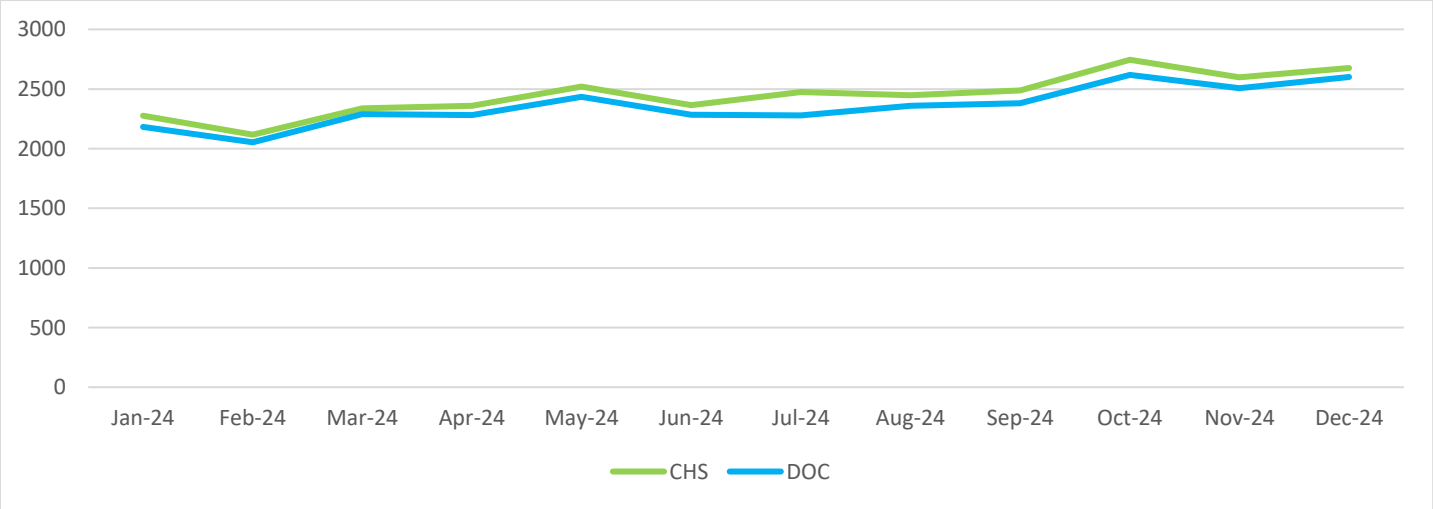
§3-16(c) Coordination

Minimum Standard §3-16(c)(1) requires DOC and CHS to hold quarterly meetings to review injury data, identify trends, and develop corrective action plans. DOC and CHS reported to BOC that these quarterly meetings occur; however, neither agency provides minutes or related documentation, which limits BOC's ability to verify the content of these meetings or assess how data are being used to guide corrective actions.

Section §3-16(c)(2) requires DOC and CHS to maintain a coordinated electronic injury tracking system. This requirement has not been met. The agencies continue to maintain separate systems, and no unified, reconciled dataset exists. As part of this assessment, BOC compared the injury totals reported by each agency. Across CY2024, CHS reported 29,405 injuries and DOC reported 28,273—a 4% difference (Figure 1).

CHS also reported more injuries than DOC across all months of CY2024. The monthly reports include a standing note clarifying that CHS reports all injuries it evaluates during the month, whereas DOC reports only injuries confirmed to have occurred during that month; CHS's totals therefore include cases from prior months and cases still pending clinical determination. As a result, the two agencies' monthly injury counts are drawn from different underlying incident sets and cannot be reconciled into a single monthly figure.

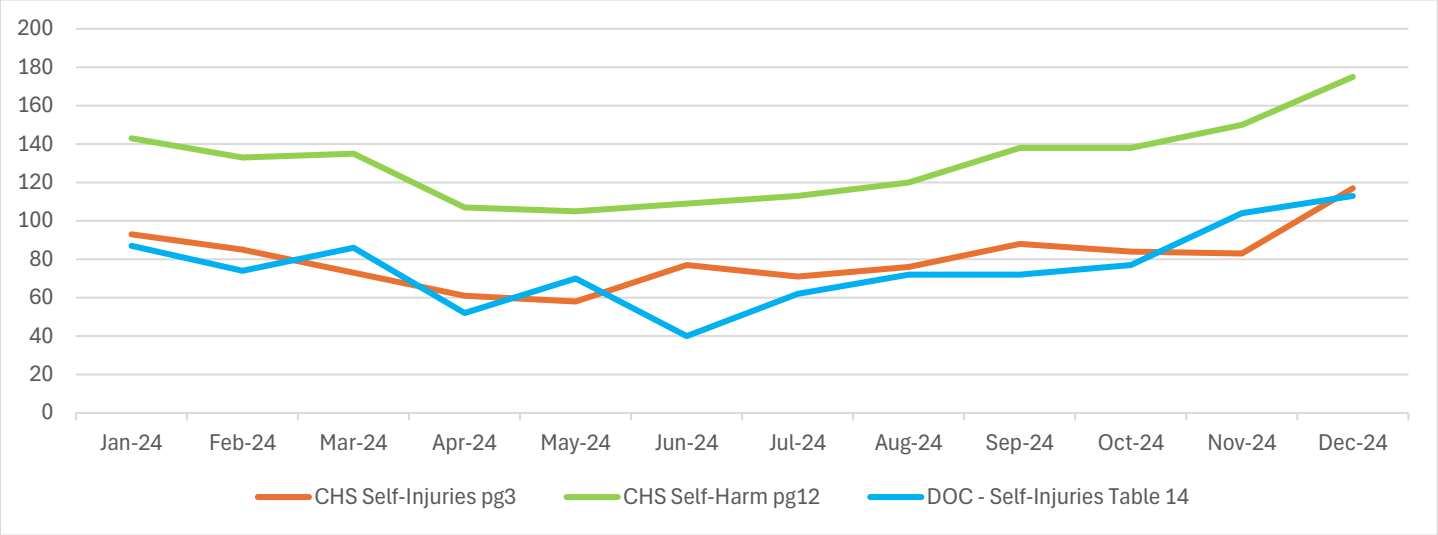
Figure 1: Monthly Injuries Reported by DOC and CHS in CY2024



Source: BOC analysis of administrative project data

In addition to injury totals, CHS reports on self-harm incidents identified during clinical encounters, creating a third, unreconciled reporting stream (Figure 2). As a result, the Joint Monthly Injury Report includes three distinct figures for self-injurious behavior: two reported by CHS and one reported by DOC. The first CHS number appears on page 3 ("Injury Reports by Injury Determination"), the second on page 12 ("Incidents of Self-Harm by Type as Determined by CHS Staff"), and the DOC figure appears in the DOC section of the report. None of these numbers match, and the report does not include an explanation or footnote clarifying the differences.

Figure 2: Monthly Self-Injurious Behavior Incidents Reported by DOC and CHS in CY2024



Source: BOC analysis of administrative project data

BOC contacted CHS regarding this discrepancy in July 2025 and learned that while the SIB incidents in Summary Data Table 13 are documented during medical injury report visits, instances of "self-harm" may originate from an injury visit, another medical encounter, or a patient's self-report to a mental health clinician. BOC also learned that only the self-injury data is shared with DOC, while self-harm data is maintained within CHS' mental health service and is not shared. The data files exchanged among DOC, CHS, and BOC do not include line-level self-harm data from CHS, meaning that a portion of self-harm incidents is not investigated by DOC.

The absence of a coordinated electronic injury tracking system, combined with the existence of multiple unreconciled reporting streams, represents a compliance gap under §3-16(c)(2). Without an integrated system and shared, consistent line-level data, DOC and CHS cannot jointly monitor injury and self-harm trends or produce a unified count of incidents as required by the Standard.

§3-16(d) Reporting and Review

Minimum Standard §3-16(d) establishes comprehensive reporting and review obligations for DOC and CHS related to injury data. BOC's assessment identified several areas of partial compliance and ongoing challenges that impact the effectiveness of oversight.

Under §3-16(d)(1), DOC is required to provide BOC with all Injury-to-Inmate forms created or updated in the previous month by the fourth Friday of each month. BOC initially received 23,664 forms, representing 84% of the 28,273 injuries DOC reported that year, indicating partial compliance. Following their review of an earlier

draft of this report, DOC uploaded the May 2024 Injury-to-Inmate forms in November 2025, increasing the total to 26,493 forms, or 94% of reported injuries, reflecting progress but still not full compliance.

With respect to §3-16(d)(2), DOC and CHS submit Joint Monthly Injury Reports; however, these reports were consistently late. In 2023, the average delay was 17 days, increasing substantially to 72 days in 2024. These chronic delays undermine the timeliness and utility of oversight activities. Given that the average time to complete investigations following an injury is approximately nine days, it remains unclear why the Joint Monthly Reports continue to experience such protracted delays. This ongoing issue suggests that §3-16(d)(2) is only partially met.

Section §3-16(d)(3) requires DOC and CHS to provide BOC with monthly injury-level data files containing the same detailed elements enumerated in the Joint Monthly Injury Reports. Currently, BOC receives these files only from DOC, not from CHS. The absence of corresponding injury-level data from CHS limits BOC's ability to verify individual cases, reconcile discrepancies, and conduct comprehensive oversight across both agencies. This gap significantly restricts effective monitoring of injury reporting and investigation processes.

Under §3-16(d)(4), DOC must annually review all Joint Monthly Injury Reports from the prior year and provide BOC with a written public report detailing (i) the steps taken in the review, (ii) findings and any plans for corrective action, and (iii) the status of corrective actions described in prior reports submitted over the past five years.

DOC submitted its 2024 Annual Injury Review to BOC in August 2025 (Appendix B). The report stated that DOC reviewed the twelve monthly injury reports and associated raw data for 2024, which fell under the final reporting phase of BOC's injury reporting rules (§3-16). DOC acknowledged a 4% year-over-year increase in total injuries, stating, "this increase was driven by a rising census" (Appendix B).

However, BOC's analysis of injury rates per 1,000 people in custody shows a decline from 372 in 2023 to 365 in 2024, indicating that population growth alone does not fully explain the increase in injury counts. The 2024 report also noted a 9% decrease in serious injuries and a 5% increase in non-serious injuries but lacked context using injury rates, which could misrepresent the actual magnitude of change.

Review of DOC's 2024 Annual Injury Review indicates that the report did not document findings identifying deficiencies related to compliance with § 3-16 or assess DOC's performance against the requirements of the standard. While DOC acknowledged challenges related to the timeliness of injury reporting and referenced ongoing efforts to improve submission timelines, the report stated that DOC had "no newfound findings of our own to share" and did not articulate corrective action plans with defined steps or timelines responsive to those challenges (Appendix B). This omission is notable given that, in the 2023 Annual Injury Review, DOC acknowledged that BOC had begun tracking submission compliance against the reporting rules, including timeliness requirements under § 3-16 (Appendix C).

Overall, DOC's 2024 Annual Injury Review partially meets the reporting requirements of §3-16(d)(4) but falls short in fully satisfying the standard's expectations for transparency and accountability.

Finally, §3-16(d)(5) requires CHS to provide BOC with monthly public reports on self-harm incidents disaggregated by seriousness and other factors. While many elements of this requirement are addressed, some remain incomplete. For instance, self-injurious behavior incidents reported in Section XII "Self-Harm" of the Joint Monthly Injury Reports are not disaggregated by seriousness as required, and does not correspond to Table

13 of the public report. See Figures 3 and 4 demonstrating differing totals in number of self-harm injuries in GRVC in December of 2024 (CHS and DOC, 2025). This inconsistency hinders the Board's ability to fully assess self-harm trends and related responses.

Figure 3: December 2024 CHS and DOC Joint Injury Report: GRVC Table 13 as reported by CHS (Highlight Added)

Table 13

Confirmed Injury Reports by Cause of Injury as Reported by Patient to CHS	Serious		Non-Serious		All Injuries	
	Number	Percent	Number	Percent	Number	Percent
Attack by unknown assailant	22	16%	27	3%	49	5%
Door/gate closure	1	1%	35	4%	36	4%
Environment	3	2%	12	2%	15	2%
Inmate on inmate fight	63	46%	286	37%	349	38%
Occupational	0	0%	1	0%	1	0%
Recreational	0	0%	10	1%	10	1%
Self-injury	11	8%	106	14%	117	13%
Sexual assault	2	1%	7	1%	9	1%
Slip and fall	15	11%	82	10%	97	11%
Transportation	0	0%	6	1%	6	1%
DOC use of force	9	7%	125	16%	134	15%
Other	12	9%	86	11%	98	11%
Total	**138**	**100%**	**783**	**100%**	**921**	**100%**

Figure 4: December 2024 CHS and DOC Joint Injury Report: Self-Harm data as reported by CHS (Highlight Added)

XII. Self-Harm

CHS Self-Harm Report

Reporting Period 12/01/2024-12/31/2024

Table 1

Incidents of Self-Harm by Type (as Determined by CHS Staff)	Number	Percent
Banged head or other body part	24	14%
Hang up/attempted hang-up	33	19%
Laceration	71	41%
OD on medication/pills	10	6%
Ingestion	8	5%
Multiple methods	15	9%
Other	14	8%
Total	**175**	**100%**

Table 2

Incidents of Self-Harm by Age at Time of Incident	Banged head or other body part		Hang up/ Attempted hang-up		Laceration		OD on medication/pills		Ingestion		Multiple methods		Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
18-21	1	4%	3	9%	9	13%	1	10%	0	0%	0	0%	1	7%	15
22+	23	96%	30	91%	62	87%	9	90%	8	100%	15	100%	13	93%	160
Total	**24**	**100%**	**33**	**100%**	**71**	**100%**	**10**	**100%**	**8**	**100%**	**15**	**100%**	**14**	**100%**	**175**

Table 3

Incidents of Self-Harm by Facility	Banged head or other body part		Hang up/ Attempted hang-up		Laceration		OD on medication/pills		Ingestion		Multiple methods		Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
EMTC	5	21%	6	18%	9	13%	0	0%	0	0%	1	7%	0	0%	21
GRVC	4	17%	10	30%	20	28%	5	50%	2	25%	6	40%	3	21%	50
NIC	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0
OBCC	3	13%	10	30%	11	15%	0	0%	5	63%	2	13%	4	29%	35
RESH	0	0%	0	0%	3	4%	0	0%	0	0%	2	13%	5	36%	10
RMSC	2	8%	0	0%	3	4%	0	0%	0	0%	1	7%	0	0%	6
RNDC	4	17%	7	21%	25	35%	4	40%	0	0%	3	20%	2	14%	45
WF	6	25%	0	0%	0	0%	1	10%	1	13%	0	0%	0	0%	8
Total	**24**	**100%**	**33**	**100%**	**71**	**100%**	**10**	**100%**	**8**	**100%**	**15**	**100%**	**14**	**100%**	**175**

Table 4

Incidents of Self-Harm by Housing Type at Time of Incident	Banged head or other body part		Hang up/ Attempted hang-up		Laceration		OD on medication/pills		Ingestion		Multiple methods		Other		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
GP	16	67%	19	58%	19	27%	3	30%	3	38%	3	20%	2	14%	65
MO	7	29%	10	30%	44	62%	7	70%	2	25%	9	60%	5	36%	84
ESH	0	0%	0	0%	3	4%	0	0%	0	0%	2	13%	5	36%	10
RR	1	4%	4	12%	5	7%	0	0%	3	38%	1	7%	2	14%	16
Total	**24**	**100%**	**33**	**100%**	**71**	**100%**	**10**	**100%**	**8**	**100%**	**15**	**100%**	**14**	**100%**	**175**

Recommendations

Based on BOC's assessment of DOC and CHS's compliance with Minimum Standard §3-16 and the findings detailed above, the following recommendations are provided to address identified gaps and strengthen injury response, investigation, coordination, and reporting practices in NYC correctional facilities.

§3-16(a) Policy

1. DOC and CHS should revise and update their policies and procedures for addressing and preventing injuries to people in custody so they align with the investigative, coordination, and reporting requirements of Minimum Standard §3-16.
2. DOC policies should explicitly clarify how investigative findings are systematically used to inform injury prevention measures, strengthening the connection between investigation outputs and proactive corrective actions.
3. CHS policies should explicitly clarify expected timelines for injury response, documentation (e.g. Injury-to-Inmate forms), and reporting (e.g. Joint Monthly Injury Report and Monthly Public Self-Harm Report).

§3-16(b) Investigations

4. DOC should enhance the completeness and accuracy of Injury-to-Inmate forms by digitizing the form and requiring mandatory fields to be filled before submission, thereby reducing missing or inconsistent data. The digitized version of the Injury-to-Inmate form should also allow the inclusion of supporting evidence (e.g., video footage) and enable electronic signatures to improve accountability and reduce reliance on handwritten concurrence, which currently predominates.
5. DOC should establish internal monitoring processes to track investigation timeliness, including clear deadlines for investigation closure, to address observed delays where some investigations extended beyond longer than average timeframes.
6. Given the observed high rate of refusal by people in custody to participate in investigations, DOC should explore strategies to better engage people in custody during investigations to enhance completeness and accuracy, while respecting their rights and the Standards' requirements.

§3-16(c) Coordination

7. To enhance transparency and support effective oversight, DOC and CHS should voluntarily provide BOC with detailed minutes or summaries of quarterly meetings conducted under §3-16(c)(1), documenting the review of injury data, identification of trends, and quality assurance activities.
8. DOC and CHS must fulfill the mandate to develop and maintain a coordinated electronic injury tracking system that integrates both serious and non-serious injury data in a single reconciled platform, as required by §3-16(c)(2).

§3-16(d) Reporting and Review

9. DOC and CHS should implement internal controls and monitoring to ensure timely submission of Injury-to-Inmate forms and Joint Monthly Injury Reports to BOC, addressing chronic delays that undermine effective oversight (§3-16(d)(1)-(3)).
10. DOC and CHS should reconcile their differing injury and self-injurious behavior counts into a single unified Joint Monthly Injury Report, that includes all required disaggregation, to comply fully with §3-16(d)(1)-(3).

11. DOC should ensure that its annual review of Joint Monthly Injury Reports required by § 3-16(d)(4) includes documented findings regarding compliance with § 3-16, identification of systemic issues, and detailed corrective action plans with associated steps and timelines. In addition to submitting these annual reports to BOC, DOC should publicly disseminate the reports in accordance with the Standard.
12. To comply fully with §3-16(d)(5), CHS should ensure that its monthly public reports on self-harm incidents consistently disaggregate data by seriousness (serious vs. non-serious injuries) as required by the Minimum Standards.

Conclusion

This assessment of DOC and CHS's implementation of Minimum Standard §3-16 reveals important progress alongside persistent gaps that limit the effectiveness of injury response, investigation, coordination, and reporting in NYC jails. While both agencies maintain foundational policies and conduct investigations in compliance with basic requirements, the absence of clear timelines, inconsistent data reconciliation, and incomplete reporting hinder transparency and oversight. The lack of a coordinated injury tracking system and ongoing delays in submitting comprehensive reports reduce the ability to identify trends and implement timely preventive measures.

Addressing these challenges through strengthened policies, improved data integration, and enhanced accountability mechanisms is essential to fulfill the intent of the Minimum Standards and safeguard the health and safety of people in custody. The recommendations herein provide a roadmap for DOC and CHS to enhance their injury reporting systems, improve interagency coordination, and increase transparency to BOC and the public.

Sustained commitment to these improvements will better position the agencies to identify and prevent injuries, ensure more timely and objective investigations, and ultimately promote safer conditions within NYC's correctional facilities.

References

Board of Correction. (2019). *Serious Injury Reports in NYC Jails*

The City Record Online (CROL). Final Rule Regarding Injury Reporting in NYC Jails. (2019, July 22). New York City. https://a856-cityrecord.nyc.gov/RequestDetail/20190717105

CHS and DOC (2025, March 12). Joint Injury Report December 2024. New York City.

Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). SAGE Publications.

Department of Correction Directive 7001R (1992)

Department of Correction Directive 4516R-D (2019)

Department of Correction Directive 5001R-A (2021)

Gibbs, G. R. (2018). Analyzing Qualitative Data.

Gwet, K. L. (2008). Computing inter-rater reliability and its variance in the presence of high agreement. British Journal of Mathematical and Statistical Psychology, 61(1), 29–48.

Health + Hospitals/Correctional Health Services Policy MED 7 (2019)

Krippendorff, K.H. (2013). *Content analysis: An introduction to its methodology.* Thousand Oaks, CA: Sage.

Martin, S., Dedel, K., Friedberg, A. E., Gonzalez, D. O., Hurley, P., Lee, S. R., Sparkman, E., & Bucci Vanderveer, C. (2017, April 3). Third Report of the Nunez Independent Monitor. New York City; The Nunez Monitoring Team.

Merriam, S.B. & Tisdell, E.J. (2016). *Qualitative Research: A Guide to Design and Implementation.* (4th Ed.). San Francisco, CA: Jossey-Bass.

New York City Board of Correction. (2019, February 12). February 12, 2019 PUBLIC MEETING MINUTES. New York City.

New York City Board of Correction. (2019, March 12). March 12, 2019 PUBLIC MEETING MINUTES. New York City.

New York City Board of Correction. (2019, May 14). May 14, 2019 PUBLIC MEETING MINUTES. New York City.

Nunez and United States v. City of New York (2011)

United States Attorney's Office, Southern District of New York. (2014, August 4). *RE: CRIPA investigation of the New York City Department of Correction* [Letter]. U.S. Department of Justice. https://www.justice.gov/sites/default/files/usao-sdny/legacy/2015/03/25/SDNY%20Rikers%20Report.pdf

Smith, H. P., Slade, K., Ferdik, F., Potter, A., & Baguley, T. (2024). Sentinel events in prison: surveillance of dual-harming incarcerated populations. *Journal of Offender Rehabilitation*, *63*(1), 1-20.

Yang, P. Correectional NYC Health + Hospitals (2019, June 19) *CHS Testimony on BOC Proposed Injury Rule* [Letter]
https://www.nyc.gov/assets/boc/downloads/pdf/chs_testimony_on_boc_proposed_injury_rule_6_19_19.pdf

Appendix A

Compliance (Circle One)	40 RCNY § 3-16 (Injury Response)
Yes/No/Partial	(a) Policy. The Department of Correction and the Health Authority ("Agencies") shall establish policies and procedures to address and prevent injuries to people in custody.
Yes/No/Partial	(b) Investigations. Investigations of injuries of people in custody, including all supporting documentation such as Injury-to-Inmate forms, shall be completed in a prompt, accurate, and objective manner. For the purposes of this section, investigations shall mean investigations conducted in the manner required by the Department of Correction ("Department") including, but not limited to, investigations conducted by the facility or investigations contained in Injury-to-Inmate forms.
Yes/No/Partial	(c) Coordination.
Yes/No/Partial	(1) Quarterly Meetings. The Agencies shall engage in regular communication and quarterly meetings, to review data on injuries, identify trends, and perform quality assurance on injury report documentation. These communications and quarterly meetings shall include data-informed development of corrective action plans.
Yes/No/Partial	(2) Injury Tracking System. Within one year of the effective date of this rule, the Agencies shall maintain a coordinated electronic injury tracking system for serious injuries, which for purposes of 40 RCNY § 3-16 are defined as injuries designated as serious by the Health Authority for the sole purpose of tracking injuries. Within two years of the effective date of this rule, the Agencies shall maintain a coordinated electronic injury tracking system for all injuries, both serious and non-serious.
Yes/No/Partial	(d) Reporting and Review.

Yes/No/Partial	(1) By the fourth Friday of September 2019 and on the fourth Friday of every month thereafter, the Department shall provide the Board with all Injury-to-Inmate forms (or any other injury reporting mechanism that may replace the Injury-to-Inmate form) created in the previous month and any forms updated in the previous month.
Yes/No/Partial	(2) The Agencies shall provide the Board with a joint, monthly, public report of data on injuries and serious injuries to people in custody ("Joint Monthly Injury Report"), as follows:
Yes/No/Partial	(i) Phase 1. Starting on the fourth Friday of September 2019 and on the fourth Friday of every month thereafter, the Joint Monthly Injury Report shall include the following information in a machine-readable format using both numerical values and percentages, for the previous month and for the year-to-date:
Yes/No/Partial	(A) The Health Authority's definition of serious injuries for that reporting period;
Yes/No/Partial	(B) A list of the Health Authority's injury reporting codes used during that reporting period;
Yes/No/Partial	(C) Total number of injury reports made, overall and disaggregated by treating facility;
Yes/No/Partial	(D) Total number of injuries presented to and confirmed by health care personnel, overall and disaggregated by treating facility, and then further disaggregated by serious and non-serious injuries;
Yes/No/Partial	(E) Total number of injuries confirmed by heath personnel that required urgent care, overall and disaggregated by treating facility, and then further disaggregated by serious and non-serious injuries;
Yes/No/Partial	(F) Total number of injuries confirmed by heath personnel that required hospital emergency care, overall and disaggregated by treating facility, and then further disaggregated by serious and non-serious injuries;
Yes/No/Partial	(G) Age of persons with injuries confirmed by health personnel, overall and disaggregated by treating facility, disaggregated by serious and non-serious injuries, and then re-aggregated by age group (i.e. adolescents ages 16 and 17, young adults ages 18 to 21, and adults ages 22 and over);
Yes/No/Partial	(H) Whether persons with injuries presented to health personnel received or refused treatment, grouped and totaled by "received treatment" or "refused treatment," and then further disaggregated by serious and non-serious injuries;
Yes/No/Partial	(I) Mean, median, minimum, and maximum time between the time of Department Supervisor notification and the time of initial medical evaluation for serious injuries, overall and disaggregated by treating facility;
Yes/No/Partial	(J) Types of serious injuries as defined by the Health Authority, grouped and totaled by serious injury type, overall and disaggregated by treating facility;

Yes/No/Partial	(K) Types of non-serious injuries, including head injuries, lacerations, and other, grouped and totaled by injury type, overall and disaggregated by specific command;
Yes/No/Partial	(L) Bodily location of injuries, grouped and totaled by bodily location, overall and disaggregated by specific command, and then further disaggregated by serious and non-serious injuries;
Yes/No/Partial	(M) Cause of injuries as reported by the injured person to Health Authority, including self-injury, grouped and totaled by reported cause of injury, overall and disaggregated by treating facility, and then further disaggregated by serious and non-serious injuries;
Yes/No/Partial	(N) Any other information deemed notable by the Agencies.
Yes/No/Partial	(ii) Phase 2. Starting one year after the effective date of this rule, and continuing on the fourth Friday of every month thereafter for a period of one year, the Joint Monthly Injury Report shall also include the following information in a machine-readable format using both numerical values and percentages, for the previous month and for the year-to-date:
Yes/No/Partial	(A) Locations within the commands where the serious injuries occurred, grouped and totaled by location, overall and disaggregated by specific command (i.e. facility, transportation, court);
Yes/No/Partial	(B) For serious injuries occurring in housing areas, the specific locations within the housing area where the injuries occurred, overall and disaggregated by specific command;
Yes/No/Partial	(C) Total number of pending facility investigations for serious injuries reported in the previous month, overall and disaggregated by specific command;
Yes/No/Partial	(D) Total number of completed investigations for serious injuries reported in the previous month, overall and disaggregated by specific command;
Yes/No/Partial	(E) Cause of serious injuries, including self-injury, as recorded in the facility investigation, grouped and totaled by cause of injury, overall and disaggregated by specific command;
Yes/No/Partial	(F) Mean, median, minimum, and maximum time between time of Department Supervisor notification and completion of facility investigation for all serious injuries reported in the previous month, overall and disaggregated by specific command; and
Yes/No/Partial	(G) Whether incidents resulting in serious injuries were witnessed by the staff persons who completed the Injury to Inmate reports, grouped and totaled by "witnessed" or "not witnessed," overall and disaggregated by specific command.
Yes/No/Partial	(iii) Phase 3. Starting two years after the effective date of this rule, and continuing on the fourth Friday of every month thereafter, the Joint Monthly Injury Report shall also include all information required pursuant to 40 RCNY §§ 3-16(d)(2)(ii)(A) - (B), (D) - (G) for serious and non-serious injuries, in a machine-readable format using both numerical values and percentages, for the previous month and the year-to-date.

Yes/No/Partial	(3) Starting on the fourth Friday of September 2019, the Agencies shall provide the Board with a monthly data file with injury-level information corresponding to the data enumerated in the Joint Monthly Injury Report. This file shall also include all relevant identifying injury-level information (e.g., injury report number, Central Operations Desk/Use of Force report number, injury date, date of injury report, specific unit and housing area, housing area type, date investigation was closed, incarcerated person-identifiers, and witnessing-staff identifiers) for each injury reported. Each file shall be shared in an electronic, machine-readable format and shall be updated cumulatively from each prior data reporting period. The file shall be maintained as confidential by the Board.
Yes/No/Partial	(4) On at least an annual basis, beginning on the first day of the sixth month after the effective date of this Rule, the Department shall review all Joint Monthly Injury Reports submitted in the previous year pursuant to subdivision 40 RCNY § 3-16(d)(2). Within 60 days of each such annual review, the Department shall provide the Board with a written public report detailing:
Yes/No/Partial	(i) Steps taken in its review;
Yes/No/Partial	(ii) Findings, and any plans for corrective action; and
Yes/No/Partial	(iii) Status of corrective actions described in prior reports submitted over the past five years.
Yes/No/Partial	(5) Starting on the fourth Friday of September 2019 and on the fourth Friday of every month thereafter, the Health Authority shall provide the Board with a monthly public report on self-harm, including the following information in a machine-readable format using both numerical values and percentages, for the previous month and for the year-to-date:
Yes/No/Partial	(A) Total number of injuries reflecting self-harm, as determined by health care personnel, overall and disaggregated by serious and non-serious injuries;
Yes/No/Partial	(B) Injuries reflecting self-harm, disaggregated by age (adolescents ages 16 and 17, young adults ages 18 to 21, and adults ages 22 and older), and further disaggregated serious and non-serious injuries; and
Yes/No/Partial	(C) Injuries reflecting self-harm, disaggregated by housing type, and further disaggregated serious and non-serious injuries.
	(Added City Record 7/22/2019, eff. 8/21/2019)

Appendix B

New York City Department of Correction
2024 Annual Injury Review

(4) On at least an annual basis, beginning on the first day of the sixth month after the effective date of this Rule, the Department shall review all Joint Monthly Injury Reports submitted in the previous year pursuant to subdivision 40 RCNY § 3-16(d)(2). Within 60 days of each such annual review, the Department shall provide the Board with a written public report detailing:

i. Steps taken in review;

The Department (also referred to herein as "DOC") reviewed twelve injury reports from 2024, in addition to the raw data that informs these reports. All reports fell under phase three of the Board of Correction (BOC) injury reporting rules, *§ 3-16 Injury Response*. Phase three is the final reporting phase. The BOC did not issue a public report on injuries in 2024, nor did it issue ad hoc feedback.

As part of the monthly reporting process, the Department, in conjunction with Correctional Health Services (CHS), shares the following line-level injury data for persons in custody (PIC) with BOC:

- NYSID
- Book & case number
- Name
- Current facility
- Facility at time of evaluation
- Signed date of injury
- Signed time of injury
- Which tour the injury occurred during
- Injury date
- Event location
- Availability of DOC injury report
- DOC injury report number
- Bodily location of injury
- Injury determination
- Initial injury evaluation
- Injury designation
- DOC command tour the injury happened at
- Any applicable notes about the injury
- Date the DOC injury investigation was completed
- Days elapsed from injury date to the DOC injury investigation being completed
- Date DOC supervisor notified of injury
- Time DOC supervisor notified of injury
- Date PIC treated by clinic
- Time PIC treated by clinic
- Time elapsed from DOC supervisor notification of injury to time treated by clinic
- Name of housing unit where injury occurred

- Specific area within housing unit where injury occurred
- Cause of injury as determined by DOC investigation
- Whether the injury investigation is pending
- Whether the injury was witnessed
- Shield/ID number for staff witness(es)
- COD/UOF number (for serious injuries only)

ii. Findings, and any plans for corrective action; and

Compared to CY2023, the raw data indicates a 4% increase year-over-year in the total number of injuries in CY2024. This increase was driven by a rising census and includes, year-over-year, a 9% decrease in serious injuries, a 5% increase in non-serious injuries, and a 16% increase in the number of discharged injuries.

We did not receive any substantial feedback from the BOC during CY2024, nor do we have any newfound findings of our own to share.

iii. Status of corrective actions described in prior reports submitted over the past five years.

In the CY2023 report, the Department stated that it was continuously working with CHS to streamline the reporting process in an effort to speed up our submission timeline, and this remains true. We have implemented several initiatives over time in order to accomplish results, including soliciting the Department's OMAP unit to assist with data cleaning, and building in a monthly timeline for CHS to share its raw data.

Appendix C

New York City Department of Correction
2023 Annual Injury Review

(4) On at least an annual basis, beginning on the first day of the sixth month after the effective date of this Rule, the Department shall review all Joint Monthly Injury Reports submitted in the previous year pursuant to subdivision 40 RCNY § 3-16(d)(2). Within 60 days of each such annual review, the Department shall provide the Board with a written public report detailing:

i. Steps taken in review;

The Department (also referred to herein as "DOC") reviewed twelve injury reports from 2023, in addition to the raw data that informs these reports. All reports fell under phase three of the Board of Correction (BOC) injury reporting rules, *§ 3-16 Injury Response*. Phase three is the final reporting phase. The BOC did not issue a public report on injuries in 2023, so the Department was only able to consider ad hoc feedback from the Board throughout the year as part of its review.

As part of the monthly reporting process, the Department, in conjunction with Correctional Health Services (CHS), shares the following line-level injury data for persons in custody (PIC) with BOC:

- NYSID
- Book & case number
- Name
- Current facility
- Facility at time of evaluation
- Signed date of injury
- Signed time of injury
- Which tour the injury occurred during
- Injury date
- Event location
- Availability of DOC injury report
- DOC injury report number
- Bodily location of injury
- Injury determination
- Initial injury evaluation
- Injury designation
- DOC command tour the injury happened at
- Any applicable notes about the injury
- Date the DOC injury investigation was completed
- Days elapsed from injury date to the DOC injury investigation being completed
- Date DOC supervisor notified of injury
- Time DOC supervisor notified of injury
- Date PIC treated by clinic
- Time PIC treated by clinic
- Time elapsed from DOC supervisor notification of injury to time treated by clinic
- Name of housing unit where injury occurred
- Specific area within housing unit where injury occurred
- Cause of injury as determined by DOC investigation

- Whether the injury investigation is pending
- Whether the injury was witnessed
- Shield/ID number for staff witness(es)
- COD/UOF number (for serious injuries only)

ii. Findings, and any plans for corrective action; and

In terms of raw data, CY2023 saw a 4% reduction in total injuries compared to CY2022, buoyed by a 26% reduction in serious injuries and a 2% reduction in non-serious injuries. Because CHS and DOC only began including discharged injuries as part of the report in April 2022, and CY2023 was the first full year in which the Department has data for this category of injury, we will refrain from reporting out a year-over-year change until the next iteration of this report.

Whenever BOC identified issues with a report or the quality of the underlying data, the Department worked to rectify their concerns quickly and effectively. Reviewing BOC's written feedback from throughout the year yielded no significant long-term concerns, though the BOC did share in August 2023 that it had begun tracking submission compliance against what is required by the reporting rules. The reporting rules stipulate that CHS and DOC must submit the report by the fourth Friday of every month.

iii. Status of corrective actions described in prior reports submitted over the past five years.

This is the fifth iteration of this report. In last year's report, the Department stated that it was in the midst of collaborating with its internal Office of Management, Analysis, and Planning (OMAP) to ensure the consistent, robust nature of the monthly data, as well as to speed up the reporting process. The Department is pleased to report that OMAP now plays a regular role in the monthly reporting process. This has undoubtedly assisted with ensuring the broad accessibility of the data, but as alluded to in section two of this report, has not yet helped to yield returns on the speed with which the report is completed.

The Department continues to actively discuss this latter issue. The reporting timeline is inherently complicated by the sheer volume of what the reporting rules require as well as necessary communications between CHS and DOC regarding specific injuries, missing data, or errors in data which take time to work through. We will continue to update the BOC on our continued efforts to streamline this process for the sake of transparency.