



New York City Board of Correction Monitoring COVID-19 Responses in New York City Jails, April 5 – April 16, 2020

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Overview

Over the course of the COVID-19 emergency in New York City, the Board of Correction (the Board, BOC) has been monitoring the Department of Correction's (the Department, DOC) strategies and responses to mitigate the spread of COVID-19 among staff and people in custody in the City's correctional facilities. The Department and Correctional Health Services (CHS) have been in close communication with the Board on their response efforts and have made time on at least weekly basis, often more frequently, to answer Board questions regarding their response.

The Department, with guidance from CHS, has been housing people according to COVID-19 diagnosis, symptoms, and potential exposure and has publicly committed to taking a number of precautions to prevent the spread of Covid-19 in NYC jails including: implementing strategies to promote social distancing (such as the use of alternate bed spacing in dorm areas and permitting fewer people at a time in day rooms and congregate areas), providing Personal Protective Equipment (PPE) and masks for all who work or are confined in DOC facilities, and ensuring the availability of sanitation supplies and increasing the frequency of sanitation.

This report presents observational data collected by Board staff using remote access to the Department's Genetec security video footage system¹ to monitor: (1) Social Distancing, (2) Use of PPE Among Staff, (3) Use of Masks Among People in Custody, (4) Phone Access and Cleaning, and (5) DOC Rounding Practices (in cell units). Board staff observed housing areas used for Confirmed COVID-19 Patients, Symptomatic Individuals, and Likely Exposed but Asymptomatic Individuals (quarantined areas).

While the Department and CHS have taken extraordinary steps to respond to the COVID-19 pandemic, the findings in this report highlight the immense structural challenges to protecting both people in custody and staff from the spread of COVID-19 in correctional settings.

*We acknowledge and thank Board staff, including Dilcio Acosta, Joshua Acquaye, Bart Baily, Kate Horton, Christin Johnson, Jemarle McFarlane, and Kate McMahon for their contributions to this report.

¹ The Department has approximately 14,000 wall-mounted video surveillance cameras Department-wide. Eighth Report of the Nunez Independent Monitor at 119, available at https://www1.nyc.gov/assets/doc/downloads/pdf/8th_Monitor_Report.pdf#page=119.

Methodology and Limitations

Over the two-week audit period, Board staff conducted a total of 72 audits of 56 unique housing areas (see Table 1). Board staff employed purposive sampling aiming for even distribution across facilities and weighted according to the number of open units in each COVID-designated housing category on each day audited (for example, more units sampled from asymptomatic and exposed units because there were more of them on a given audit day), with as little repetition in housing areas audited as possible. While housing areas were selected to be reflective of the department’s COVID-19 housing categories, the sample is not intended to be statistically representative, and these observational findings are not generalizable beyond the housing areas that were observed.

Per guidance from the Mayor and the Department of Health and Mental Hygiene, Board staff have been working remotely since mid-March. Given the Board’s decision to limit its staff’s in-person access to the jails for the safety of staff and people in custody, Board staff collected data via remote access to the Department’s Genetec security footage and were limited to information that was observable and capable of remote verification through this system. Monitoring via Genetec presents several notable limitations, including a lack of audio, intermittent loss of coverage, poor camera angles, and blind spots. Where formal written policies have not yet been memorialized, Board staff developed metrics based on DOC’s public statements or information provided in updates to Board leadership. Every effort was made to develop a structured, replicable approach to observations. Detailed supporting documentation of Board staff’s observations by date and housing area has been shared with the Department.

Table 1: Number and Type of Housing Areas Audited April 5-April 16, 2020

	Week 1 April 5-April 9, 2020		Week 2 April 12-April 16, 2020		Total	
	Number of unique Housing Areas Audited	Number of Audits	Number of unique Housing Areas Audited	Number of Audits	Number of unique Housing Areas Audited	Number of Audits
Confirmed COVID-19 Cells	2	2	0	0	2	2
Confirmed COVID-19 Dorm	3	4	8	8	10	12
Confirmed COVID-19 and Symptomatic	3	3	5	7	5	10
Symptomatic Cells	5	5	5	7	7	12
Symptomatic Dorms	2	5	0	0	2	5
Likely Exposed but Asymptomatic Cells	8	8	8	8	16	16
Likely Exposed but Asymptomatic Dorms	7	7	8	8	14	15
Total	30	34	34	38	56	72

Summary of Findings

Focus Area	DOC Commitment	Key Findings
Social Distancing	On March 27, 2020, DOC shared with Board leadership that in areas housing confirmed or symptomatic individuals the Department aims to follow CHS recommendations to limit the number of people in custody in communal spaces to four (4) people at any given time. ^{2, 3}	<p>Board staff observed people in custody not practicing social distancing, as they were sitting or standing close together in communal spaces such as dayrooms, especially around TV sets, phones, main doors, and during meals.</p> <p>In 50% (n=8) of the 16 celled areas housing likely exposed but asymptomatic individuals, Board staff noted individuals not practicing social distancing.</p> <p>In 50% (n=6) of the 12 celled areas housing symptomatic individuals, Board staff observed more than four (4) people in communal areas at a time and noted poor social distancing in 5 of those areas (see page 6)</p>
	The Department states that housing areas operating below 50% capacity have the space to safely implement social distancing practices, such as alternate bed spacing.	<p>Board staff monitored density in dorm areas to identify areas under 50% capacity where alternate bed spacing was possible; of 20 audited dorm areas for symptomatic or likely exposed but asymptomatic individuals, 45% (n=9) were above and 55% (n=11) were below 50% capacity.</p> <p>Board staff found alternate bed spacing to be consistent in 80% (n=8) of the ten (10) dorms⁴ housing symptomatic or likely exposed but asymptomatic individuals operating below 50% capacity (see page 7).</p>
PPE Use (Staff)	On April 3, 2020 DOC released a teletype stating that staff shall wear masks at all times while on duty, regardless of post, and be in possession of latex gloves.	<p>Of the 943 staff that Board staff observed across the two weeks, 86% (n=813) were wearing masks correctly (meaning the mask covered the staff member’s nose and mouth). Correct staff mask usage improved from 83% (n=359) in week one to 89% (n=454) in week two (see page 8).</p> <p>Staff mask use was consistent (meaning all staff visible on the unit were wearing masks correctly) in 54% (n=39) of the 72 housing area audits, with an improvement from 47% (n=16) in week one to 60% (n=23) in week two (see page 8).</p>

² This metric alone does not reflect the fact that some dayrooms are larger and can safely accommodate more than four (4) people at a time. Board staff quantified observations to reflect the Department’s commitment to implementing CHS recommendations to limit dayroom areas to four (4) people at a time where possible but also observed communal areas for social distancing practices more generally, noting when social distancing did not take place.

³ On April 13th the Department implemented a new Social Distancing Plan with additional strategies to ensure social distancing in other housing areas throughout DOC facilities. The Enhanced Social Distancing Guidelines include: “In GP housing units, no more than 10 individuals will be allowed in the dayroom at any time. Dayroom access will be provided in two-hour blocks.”

⁴ BOC staff were not able to observe whether alternate bed spacing was occurring in one (1) dorm housing likely exposed but asymptomatic individuals due to poor camera angles.

Of the 943 staff⁵ that Board staff observed across the two weeks, 72% (n=680) were wearing gloves. Glove use among staff increased from 70% (n=303) in week one to 74% (n=377) in week two (see page 8).

Mask Use (People in Custody)	On April 3, 2020 DOC released a teletype stating that people in custody shall wear masks while in communal areas.	In 17% (n=42) of observations all visible people in custody were correctly wearing masks, in 49% (n=121) some of the visible people in custody were correctly wearing masks, and in 35% (n=86) none of the visible people in custody were correctly wearing masks (see page 9).
Phone Access and Cleaning	On March 18, 2020, DOC suspended all in-person visiting and has committed to allowing increased phone access to all people in custody, and cleaning and sanitizing all contact surfaces and phones every 2 hours.	Across 45 instances of phone use observed, the phone was cleaned before use three (3) times. On each of these three (3) occasions the person in custody appeared to wipe the phone with a cloth or sponge. When phone sanitation did not occur Board staff did not observe disinfectant or cleaning agents within the vicinity of the phone areas but were unable to confirm whether cleaning supplies were available elsewhere on-site for use by people in custody. Board staff frequently observed people in custody using socks or other fabric to cover phones during use (see page 9).
DOC Rounding	DOC's Directive "Housing Area Logbooks" states that officers posted within non-disciplinary celled housing areas shall conduct active supervision tours every 30 minutes during times that people in custody are confined to their cells.	Board staff observed the required two rounds within a one-hour period in 80% (n=39) of the 49 distinct hours observed in celled housing units (see page 10).

⁵ This does not represent the number of unique staff, as the same staff members may have been counted at multiple points throughout the day.

Recommendations

For the Department to effectively implement COVID-19 risk reduction strategies and for the Board to effectively oversee the implementation and effectiveness of such strategies, the Department should:

- 1) Identify and address barriers to the use of Personal Protective Equipment (PPE) among staff and people in custody and continue to educate staff and people in custody on the importance and proper use of PPE.
- 2) Develop and share written protocols for the management and housing of confirmed COVID-19 patients, symptomatic individuals, and individuals who are likely exposed and asymptomatic, including codifying admission and removal criteria for COVID-19 housing types.
- 3) Clarify to the public, to the Board, and to DOC staff what social distancing strategies are to be implemented in COVID-19 housing (including likely exposed and asymptomatic housing areas), and formalize policies and protocols detailing implementation of such strategies.
- 4) Document, monitor, and audit COVID-19 sanitation protocols including but not limited to:
 - a. Cleaning and sanitation of housing areas
 - b. 2-hourly sanitation of phones
 - c. Accessibility of sanitation supplies for people in custody to clean phones
- 5) Ensure compliance with current DOC policies on rounding during lock-in periods in all celled housing areas.

Findings

The findings in this report reflect Board staff's observations in the housing areas audited and are not statistically representative or generalizable to other housing areas.

Social Distancing

Following CHS guidance, DOC has been encouraging **LIMITS ON THE NUMBER OF PEOPLE ALLOWED IN COMMUNAL AREAS** at any given time. On March 27, 2020, DOC shared with Board leadership that in areas housing confirmed or symptomatic individuals the Department aims to follow CHS recommendations to limit the number of people in custody in communal spaces to four (4) people at any given time. While this numerical limit seeks to enable social distancing, it does not reflect more nuanced considerations such as variation in size of communal areas, and people in custody's discretion when practicing social distancing. The Board recognizes that the Department does not allow staff to use force or disciplinary action against people in custody who do not practice social distancing, and these findings reflect the complexities and challenges related to practicing social distancing in correctional settings.

Board staff observed footage in housing areas for extensive periods, monitoring social distancing practices and crowding. To quantify observations of social distancing in symptomatic units,⁶ Board staff documented whether more than four (4) people were in communal areas during lock-out times, reflective of the Department's commitment to implement CHS social distancing recommendations to limit dayroom access to four people. This metric does not reflect that some dayroom areas may be large enough to accommodate more than four people safely.

Board staff observed people in custody not practicing social distancing, as they were sitting or standing close together in communal spaces such as dayrooms, especially around TV sets, phones, main doors, and during meals.

In 50% (n=6) of the 12 celled areas housing symptomatic individuals, Board staff observed more than four (4) people in communal areas at a time and noted individuals not practicing social distancing in 5 of those areas.

In 50% (n=8) of the 16 celled areas housing likely exposed by asymptomatic individuals, Board staff noted individuals not practicing social distancing.

HOUSING DENSITY reflects the percentage of available beds in a unit that are occupied. Lower housing density (fewer occupied beds) allows for greater social distancing, as fewer people are sharing communal spaces. The Department states that most dorm housing areas are operating below 50% capacity,⁷ affording people the

⁶ Board staff prioritized auditing areas housing symptomatic and likely exposed but asymptomatic individuals and did not audit social distancing in confirmed COVID-19 housing areas.

⁷ NYC Department of Correction Social Distancing Guidelines for Staff and People in Custody: <https://www1.nyc.gov/site/doc/media/socialdistancing.page> (Accessed May 1, 2020).

opportunity to more easily practice social distancing precautions. Capacity below 50% in dorm areas allows for alternate bed spacing.

ALTERNATE BED SPACING means leaving every other bed empty to allow for greater distance between occupied beds. The Department publicly committed to implementing alternate bed spacing where possible in dorm housing areas in its COVID-19 presentation at the March 10, 2020 public Board meeting and in its plan posted on the DOC website.⁸

Board staff used DOC data reported daily to the Board⁹ to calculate the percentage of occupied beds in audited areas housing symptomatic individuals or likely exposed but asymptomatic individuals.¹⁰ Board staff documented housing density in dorm areas to determine in which areas alternate bed spacing was possible. In those housing areas, Board staff observed footage at a single point in time during evening lock-in hours (9 pm - 5 am)¹¹ when all or most people in custody were in their beds, to ascertain whether alternate bed spacing was being used consistently, inconsistently, or not at all.

Of 20 audited dorm areas for symptomatic or likely exposed but asymptomatic individuals, 45% (n=9) were above and 55% (n=11) were below 50% capacity.

Board staff found alternate bed spacing to be consistent in 80% (n=8) of the ten (10)¹² dorm areas housing symptomatic or likely exposed but asymptomatic individuals that were operating below 50% capacity.¹³

PPE Use Among Staff

On April 2, 2020 DOC released a Teletype stating that staff shall wear masks at all times while on duty, regardless of post, and be in possession of latex gloves.¹⁴ The Department reports that all staff are provided masks and gloves and replacement masks and gloves are available, as necessary.

To monitor PPE use among staff, Board staff checked footage at a single point in time each hour from 10 am to 6 pm (a total of 9 points in time) to count the number of visible staff in the housing area, the number of staff wearing masks, and the number wearing gloves.

⁸ Social Distancing Guidelines for Staff and People in Custody. NYC Department of Correction.

<https://www1.nyc.gov/site/doc/media/socialdistancing.page> (Accessed May 1, 2020).

⁹ DOC Inmates in Custody File, which is an automated pull from the DOC Inmate Information System (IIS) at 11:00 am; data on Sundays (April 5 and April 12) were from DOC's Daily 5am Census.

¹⁰ Density was not calculated for areas housing only confirmed COVID-19 patients as they have already tested positive.

¹¹ DOC Directive 4009R-B "Lock-In/Lock-out" at 2.

¹² BOC staff were not able to observe whether alternate bed spacing was occurring in one (1) dorm housing likely exposed by asymptomatic individuals due to poor camera angles.

¹³ Consistent alternate bed spacing is not possible when capacity is over 50% and was therefore not audited in the nine (9) dorm areas housing symptomatic or likely exposed but asymptomatic individuals that were over 50% capacity.

¹⁴ DOC Teletype HQ-01008-0 (April 3, 2020).

Of the 943 staff¹⁵ that Board staff observed across the two weeks, 86% (n=813) were wearing masks correctly (meaning the mask covered the staff member's nose and mouth). Correct staff mask usage improved from 83% (n=359) in week one to 89% (n=454) in week two.

Staff mask use was consistent (meaning all staff visible on the unit were wearing masks correctly) in 54% (n=39) of the 72 housing area audits, with an improvement from 47% (n=16) in week one to 60% (n=23) in week two.

Staff mask use was highest in areas housing only confirmed COVID-19 patients, where 96% (n=150) of the 156 staff observed were wearing masks correctly. Seventy-one percent (n=10, 71%) of the 14 housing areas for confirmed COVID-19 patients had 100% correct staff mask use.

Staff mask use was lowest in housing areas for likely exposed but asymptomatic individuals, where 76% (n=291) of the 385 observed staff were wearing masks correctly and 35% (n=11) of 31 housing areas had 100% correct staff mask use.

Of the 943 staff¹⁶ that Board staff observed across the two weeks, 72% (n=680) were wearing gloves. Glove use among staff increased from 70% (n=303) in week one to 74% (n=377) in week two.

Glove use was highest in areas housing symptomatic exposed individuals, where 87% (n=164) of the 188 staff observed were wearing gloves, and 82% (n=10) of the 14 housing areas had 100% staff glove use.

Glove use was lowest in housing areas for likely exposed but asymptomatic individuals, where 63% (n=243) of the 385 staff observed were wearing gloves, and 35% (n=11) of the 31 housing areas had 100% staff glove use.¹⁷

Mask Use Among People in Custody

On April 3, 2020 DOC released a teletype stating that people in custody shall wear masks while in communal areas.¹⁸ The Department reports that all people in custody have been provided masks and replacement masks are available, as necessary.

Board staff sought to observe mask use among people in custody from April 12-April 16 (the second week of the audit period). Board staff used the Genetec system to view the entire housing area each hour on the hour from 10am-6pm for each audit date. At each point in time Board staff documented whether they observed people in custody in any communal areas in the unit and whether: every visible person in custody was wearing a mask correctly (covering their nose and mouth), some of the visible people in custody in the housing area were wearing masks correctly, or none of the visible people in custody in the housing area were wearing masks correctly.

¹⁵ This does not represent the number of unique staff, as the same staff members may have been counted at multiple points throughout the day.

¹⁶ This does not represent the number of unique staff, as the same staff members may have been counted at multiple points throughout the day.

¹⁷ Board staff were unable to assess whether staff were wearing gloves correctly (i.e. changing them between contact with individuals or high-touch surfaces).

¹⁸ DOC Teletype HQ-01008-0 (April 3, 2020).

Board staff conducted 249 unique observations of people in custody across all housing types. In 17% (n=42) of observations all visible people in custody were correctly wearing masks, in 49% (n=121) of observations some visible people in custody were correctly wearing masks, and in 35% (n=86) of observations none of the visible people in custody were correctly wearing masks.

Mask use was lowest in dorm housing areas for confirmed COVID-19 patients, where 54% (n=37) of 68 observations showed no people in custody wearing masks correctly, and highest in housing areas for symptomatic individuals, where only 14% (n=8) of the 58 observations show no people in custody wearing masks correctly. Mask use among people in custody was inconsistent across all housing units with shared communal areas.¹⁹

Board staff observed multiple instances of people in custody wearing masks incorrectly, for example, on their chins.

Phone Access and Cleaning

On March 18, 2020, DOC suspended all in-person visiting and has committed to allowing increased phone access to all people in custody.²⁰ DOC also committed publicly to cleaning and sanitizing all contact surfaces and phones every 2 hours.²¹

The CDC recommends²² high-touch surfaces including phones should be cleaned and disinfected several times per day.

Board staff used Genetec to observe a single instance of phone use in each housing area during the entire 24-hour period of the audit date to verify phone access in the housing area. Board staff monitored each unit audited until at least one instance of phone use was observed, and Board staff then noted whether the phone was cleaned before or after use.²³

Across 45 instances of phone use observed, the phone was cleaned before use three (3) times. On each of these three (3) occasions the person in custody appeared to wipe the phone with a cloth or sponge. When phone sanitation did not occur Board staff did not observe disinfectant or cleaning agents within the vicinity of the phone areas but were unable to confirm whether cleaning supplies were available elsewhere on-site for use by people in custody. Board staff frequently observed people in custody using socks or other fabric to cover phones during use.

¹⁹ In contagious disease units used to house confirmed COVID-19 patients and symptomatic individuals a total of three (3) people in custody were observed out of their cells in the entire audit week, all of whom were wearing masks.

²⁰ People in custody are permitted 21 minutes of phone time every 3 hours. All phone calls are free.

²¹ New York City Department of Correction: COVID19 Preparation & Action Plan <https://www1.nyc.gov/site/doc/media/cleaningandprevention.page> (Accessed May 1, 2020).

²² Centers for Disease Control and Prevention Interim Guidance on Management of Coronavirus Disease (COVID-19) in Correctional and Detention Facilities (p.9) <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf>

²³ This metric is limited by the use of Genetec for observations; Board staff are unable to confirm the frequency of phone cleaning throughout the course of any one day using Genetec footage.

DOC Rounding in Cell Housing

DOC's Directive "Housing Area Logbooks" states that officers posted within non-disciplinary celled housing areas shall conduct active supervision tours every 30 minutes during times that people in custody are confined to their cells. Active supervision requires visual observations of each person in custody for signs of life and checking that each cell is secured.²⁴

Board staff monitored rounding in cell housing areas due to the increase in people who are actively unwell or symptomatic and therefore at increased risk of deterioration, as well as potential increases in time spent in cells to increase social distancing. In regular celled housing areas for symptomatic individuals or likely exposed but asymptomatic individuals, BOC staff observed Genetec footage for a single hour during the night to confirm whether DOC staff rounded twice within that hour.²⁵ In contagious disease units housing both confirmed COVID-19 patients and symptomatic individuals Board staff observed footage for a single hour on each tour (morning, afternoon, and night) as people in custody generally remain in their cells for 24 hours a day.

Board staff observed the required two rounds within a one-hour period in 80% (n=39) of the 49 distinct hours observed in celled housing units.

Rounding was most consistent in the contagious disease units (for confirmed COVID-19 patients and symptomatic individuals), where of the 22 single hours observed, Board staff observed only one (1) hour where staff did not round twice.

²⁴ DOC Directive 4514R-C "Housing Area Logbooks" at 4.

²⁵ Board staff focused on celled housing with confirmed COVID cases and symptomatic individuals as those areas house people who are actively unwell and symptomatic and therefore at increased risk of deterioration. Officers are required to round in all housing areas every 30 minutes where individuals are locked in cells per DOC Directive 4514R-C "Housing Area Logbooks" at 4.