

NEW YORK CITY
BOARD OF CORRECTION

September 13, 2010

MEMBERS PRESENT

Hildy J. Simmons, Chair
Michael J. Regan, Vice Chair
Catherine M. Abate, Esq.
Pamela S. Brier
Robert L. Cohen, M.D.
Stanley Kreitman
Alexander Rovt, PhD.
Milton L. Williams, Jr., Esq.

An excused absence was noted for Rosemarie Maldonado, Esq.

DEPARTMENT OF CORRECTION

Dora B. Schriro, Commissioner
Michael Hourihane, Deputy 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
Maggie Peck, Director of Constituent Services

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Louise Cohen, Deputy Commissioner
Homer Venters, M.D., Medical Director, Correctional Health Services (CHS)
Chrispin Kambili, M.D., Assistant Commissioner, Bureau of Tuberculosis Control
Farah Parvaez, M.D., Medical Director, Correctional Public Health Services
Cecilia Flaherty, Project Manager
Danny Selling, M.D., Executive Director, Mental Health Services
Alexsander Shalshin, M.D., Deputy Medical Director, CHS
George Axelrod, Esq., Executive Director, Quality Improvement, CHS

OTHERS IN ATTENDANCE

Alexandra Cox, Institute for Juvenile Justice Reform
Susana Guerrero, State Commission of Correction
William Hongach, City Council
Danielle Louis, Office of Management & Budget
Milton Zelermyer, Esq., Legal Aid Society, Prisoners' Rights Project

Chair Hildy Simmons opened the meeting at 9:05 a.m. A motion to approve minutes from the July 12, 2010 meeting was approved without opposition. She thanked Member Stanley Kreitman for chairing the July meeting in her absence. Chair Simmons commended the Department of Correction for its efforts to cope with extreme heat conditions in the jails over the summer, and asked Commissioner Dora Schriro to present the Department's capital plan. Using a PowerPoint presentation (attached), Commissioner Schriro reported as follows:

DOC has been calibrating its population forecasts and its usable beds, comparing the latter with DOC's anticipated needs, based on a revised security assessment instrument. Low- and medium-custody inmates will typically be in dormitories; high-custody and special-category inmates will be in cells. DOC anticipates no growth, or only slight growth, in the foreseeable future. DOC projects an average daily inmate population of 13,500; today it is 13,200. Seasonal surges could yield peak populations as high as 14,750. Additional beds are needed for classification reasons. An analogy to schools would be to say a first-grade student should not be put in a classroom with third-graders. Finally, additional beds are needed to allow for plant maintenance. DOC assumes a rated capacity of 14,750 for general population, and 2,070 unrated beds for both new admissions (to separate them from general population for observation and needs assessment) and special categories. Thus, approximately 16,800 beds are needed going forward. DOC currently has 19,400 beds, but almost 4,000 modular and sprung beds will be demolished, and the James A. Thomas Center's 1200 beds no longer will be used to house inmates.

Chair Simmons noted that the modular beds were supposed to have useful lives of five to seven years. The Commissioner noted that many of DOC's air-conditioned beds are in dilapidated mods, so the plan is to demolish in stages to ensure that DOC meets its statutory responsibilities to provide air-conditioned housing to "heat sensitive" inmates. She continued her report, as follows:

DOC will "re-purpose JATC, build a new 1500-bed facility for new admissions (approximately 900 beds) and an Infirmary, with as many as 600 beds. In the boroughs, the Brooklyn and Queens Houses will reopen at their former capacities, and the Vernon C. Bain Center barge will be moved from the Bronx to Rikers Island. This plan will give DOC the beds it needs – 16500 rather than 15000 – at appreciably lower cost than previously-announced plans.

Placing a new jail on Rikers allows DOC to have a larger, centralized infirmary and provide for centralized intake, and to improve inmate property operations, which is a source of many inmate complaints. The revised plan will reduce the number of beds on Rikers and reduce the census, and will cost \$415 million less than the prior plan. Budget reductions reduced the funds available for the previous plan, and with the remaining difference in plan costs, \$200 million, the Department will accelerate improvements and repairs in several critical areas.

Member Pamela Brier asked if the money was in an approved capital budget, or a proposed one. Deputy Commissioner Robert Maruca said the funds in the approved capital budget are being reallocated to different projects. Ms. Brier asked if the money had already been signed-off on. Commissioner Schriro said this is correct, and that the money is being distributed differently. She said the time line for the plan is presented in a slide [Slide 8], as are the interim facility improvements [Slide 11], which will be accelerated. Member Robert Cohen, M.D., asked about the time line for making improvements to the existing Infirmary. Mr. Maruca said that in calendar year 2011 DOC, together with the Department of Design and Construction (DDC), will begin a shower renovation project in the North Infirmary Command (NIC). He said the project will take 18 months, noting that housing areas will be renovated as the project moves throughout the facility. Dr. Cohen asked if bed replacement will be part of the project. Mr. Maruca said it would. Dr. Cohen asked when this would happen, and Mr. Maruca said that the project would move from housing area to housing area, upgrading as it moves through the facility. Mr. Wolf asked whether the NIC project will begin with the Infirmary areas. Mr. Maruca said DOC has some flexibility with DDC, and will be able to prioritize the Infirmary. Member Alexander Rovt asked about the scope of the project. Mr. Maruca said the project will focus on the surface materials in the showers. Commissioner Schriro said some shower areas have patches of missing or loose tiles, creating sanitation issues, and that ventilation and lighting are also included. Dr. Cohen noted that there is no way for nurses and other people to wash their hands as they move from bed to bed, and asked if there are plans to mount dispensers in the areas. He also asked why the beds cannot be replaced sooner, noting that some are in dangerous condition, and that these should be replaced now rather than when renovations of the unit are completed. Member Catherine Abate asked Dr. Cohen if there were no anti-bacterial dispensers in the Infirmary areas. He said he saw none during his last inspection. Commissioner Schriro said dispensers were installed after the Board's visit. DOHMH Deputy Commissioner Louise Cohen added that there is soap and dispensers at every sink. Dr. Cohen said there are no sinks in the room where the prisoners are housed, although there are sinks by the toilets. Ms. Cohen said that part of the renovation planning will be to figure out how to have a better functioning Infirmary. Ms. Abate pointed out that there are standards that a provider should only use an anti-bacterial three or four times, after which it is ineffective. She said that thereafter the provider must wash her hands. Dr. Cohen said that decent working conditions encourage providers to believe that people care about what they do.

Chair Simmons asked the Commissioner to respond to two points: (1) the construction plan would result in no jail in the Bronx, which is inconsistent with the notion of having facilities near the courts; and (2) in the past, the Department had informed the Board that longstanding, significant Rikers Island infrastructure issues – including access and sewage – were exacerbated by housing so many prisoners on the Island. Commissioner Schriro said that DOC looked at allocating beds in the boroughs based on the number of cases generated by borough and where arraignments were occurring. She said the previous plan to expand capacity in the boroughs “barely moved the needle”, noting that in Brooklyn, the beds to be added were exceptionally costly to construct (more than \$600,000 apiece) and would be expensive to staff because of the

smaller size of the housing units. She said the reason to consolidate VCBC on Rikers was to maximize the benefits of consolidation, adding that a new facility contemplated by the previous plan would have yielded only an additional 750 beds. She also said that DOC did test runs and determined that Hunts Point and Rikers were equidistant from the Bronx courts and that travel times were the same.

Chair Simmons said that consolidating beds on Rikers Island would make it more difficult for families to visit prisoners there. She asked if any of the more flexible capital funds would be used to upgrade visiting facilities and operations. Vice Chair Michael Regan asked about the previous plan for Brooklyn. Commissioner Schriro said an additional 720 beds would have been added to the existing 759 beds and that by reopening only the existing beds, the City need not go through ULURP procedures. Ms. Abate asked for the net change in beds when the proposed plan is completed. Commissioner Schriro said the new capacity would be approximately 16,500 beds. She said there are more than 19,000 beds today, but many are unusable, including JATC's 1200 beds and 4000 modular and sprung beds that will be demolished. Ms. Brier asked about the change in usable beds. The Commissioner said that currently there are 15000 usable beds, and after the project, there will be a net increase of 1500 usable beds. Ms. Brier asked if there would be a net increase in visiting space. Commissioner Schriro said the new facility would have its own visiting house. Mr. Kreitman asked, given the current financial pressures on the City and State, how certain is the Department that it will receive the funds currently called for in future budgets. Commissioner Schriro said the money has been appropriated and the need has been recognized. Mr. Wolf, noting that the new facility is due to come on-line in 2017 and VCBC is to move to Rikers in 2017, asked about how changes in Island-wide capacity will affect visiting. Commissioner Schriro said in the earlier years, inmates will be moved off Rikers into beds in the Brooklyn and Queens Detention Complexes, resulting in fewer inmates on Rikers and thereby easing the strain on visiting operations. She added that DOC intends to increase capacity of the central visiting processing center and increase the number and size of visitors' lockers. Dr. Cohen asked about DOC's inmate population projections, noting that it would be a shame to spend scarce dollars to increase prisoner capacity when the City's experience over the past 20 years has been to see a significant decrease in the population. The Commissioner said that the reasons DOC anticipates some small growth over time are the potential impact of changes in the Rockefeller drug laws on the use of local corrections beds, increases in the average length of stay, and increases in *Brad H.* prisoners – including the mental observation subset – as a percentage of the total population. Dr. Cohen noted that the Board, and DOHMH in particular, should be interested in not incarcerating this population. Commissioner Schriro said the Department has developed a draft 5-year strategic plan looking at day-to-day custody management and discharge planning, and staff development. Mr. Kreitman asked if DOC has considered building a technology center so that inmates would not have to be brought to court for routine appearances. The Commissioner said DOC will continue to do tele-medicine, tele-conferencing, and tele-court proceedings when possible. She noted that the inmate often has the option not to use telecommunications.

Chair Simmons said that the idea that DOC now is securing for the next generation a concentration of inmates on Rikers Island instead of in the boroughs, close to the courts, where many of us have for a long time felt facilities needed to be and the City's investment needed to be, is troublesome. She said that the jail system envisioned by the plan is designed for a public policy with which many of us disagree. Commissioner Schriro said that at the end of the day, the plan yields a difference of 1000 beds. Chair Simmons said the plan is a move in a very different direction.

Ms. Brier said she was concerned about space available for visitor processing. Commissioner Schriro distributed a document (attached) and reported as follows:

One side is an aerial view showing plans to add a structure in front of the existing visitor processing building. This will increase sheltered space for lockers and will improve traffic flow. Visitors will disembark the buses and get to a sheltered area more promptly than they do now. The other side of the document shows how the lockers will be placed and how the pedestrian traffic will flow. The renovations will accommodate more visitors in a more accommodating way. The plan will increase the number of working lockers from approximately 750 to more than one thousand. The project is funded. It will begin in March. As the work is performed, signs will be posted advising visitors that the renovations will result in improvements to the processing center. The timetable for the project, which will be completed in three phases, will be forwarded to Mr. Wolf.

At the July Board meeting, Ms. Abate and others raised concerns that the visitor dress code was onerous. The Department checked with the twenty largest jail systems and others on the East Coast, and learned that DOC is far more liberal than other jurisdictions, and far more specific than other jail systems. 23 of 25 systems did not have contact visiting on a routine basis.

Mr. Wolf said that the most relevant information would be from jurisdictions that provide contact visiting. Commissioner Schriro distributed a survey summary. She suggested that BOC staff meet soon with Department staff to discuss remaining issues regarding DOC's planned dress code. The Commissioner showed two examples of notices that will be posted delineating items that visitors may not bring into DOC facilities (attached). Mr. Wolf asked if DOC had set a revised implementation date. Commissioner Schriro said it would be set for 30 days following closure of the remaining dress code issues. Mr. Wolf asked if DOC had developed pictures or diagrams of acceptable visitor dress. Commissioner Schriro said picture notices are being developed, for both visitors and DOC staff. She added that actual photographs of acceptable and unacceptable dress will be used during staff training, and distributed drawings of acceptable visitor dress (attached). Commissioner Schriro next reported on classification, as follows:

Consultant Jim Austin recently returned to NYC for additional meetings with DOC, and will be back again in approximately one month. The Department will arrange for Board representatives to meet with Dr. Austin.

Work groups have been established to write policy, identify appropriate housing, and address custody management issues. Prisoners in the three different categories – low, medium and high – need to be managed differently. A pilot is underway by which DOC is testing the first iteration of a revised classification instrument. This involves classification staff reviewing 250 inmate files. A second run-through will involve at least 1000 files, and will help DOC identify the extent to which it needs to recalibrate the instrument. DOC anticipates adopting the new instrument by January 1, 2011, after DOC concludes conversations with the Board and notifies the State Commission of Correction.

Revising classification is intimately connected to developing centralized intake, and an interim facility is being developed so the initiative can be begun well before the new facility comes on line in 2017. DOC is meeting with DOHMH because provider assessments are critical to intake. DOC plans to retrofit four Sprung buildings and this will be ready in 18 months. Consolidation of the classification function, currently performed in seven intake facilities, is a Department priority.

Chair Simmons asked for reports from DOC and DOHMH on the two prisoner suicides that occurred over the summer. Noting the disclosure limitations of ongoing investigations, Commissioner Schriro reported that George Coombs entered DOC custody on July 16, 2010, which was the date of his death. She said the State Commission of Correction suicide screening instrument was completed, and there was no indication of suicidal ideation. Mr. Rovt asked how the suicide occurred. Commissioner Schriro said the decedent, 40 years old, used his shoelaces to hang from the bars in his cell. She said he was charged with Robbery, having previously been in prison for a robbery conviction. She said that he was twice taken to the hospital, cleared by medical staff. She said that when he returned, he was placed in a staging cell pending transfer to Rikers Island. Commissioner Schriro said that Mike Perlov, 43, was admitted to DOC custody on June 9 and died on August 25. She said that at intake, he was seen by mental health staff and cleared for general population housing. Mr. Rovt noted that the decedent killed himself on his birthday. The Commissioner said the decedent was charged with Burglary 2, and hanged himself with a piece of sheet tied to the desk in his cell. Ms. Cohen said that DOH was looking at the suicide screening instrument, which she described as “standard”. She said DOH had not completed its review, adding that when reviewing suicides, DOH always looks at the physical plant, as well as staff training. Mr. Regan said the current case, unlike some past cases, does not suggest a physical plant reconfiguration. Commissioner Schriro said that the screening instrument is completed by correctional staff, noting that the only medical staff in the court pens is Emergency Medical Services (EMS). Mr. Wolf asked if DOC and DOHMH review each suicide together. Ms. Cohen said the medical review is done separately, and when DOHMH identifies issues it presents them DOC. She added that staff-to-staff conversations occur as information is being gathered. Mr. Wolf said that BOC obtained information suggesting a disagreement between medical providers and DOC staff regarding the condition of the second decedent when medical staff arrived. He said DOC staff said the

inmate was alive and breathing and medical staff said he was “blue and cold”. Ms. Cohen said she would look into it. Dr. Homer Venters observed that when DOC staff comes upon an emergency, it notifies medical providers with clinical expertise, and oftentimes the two groups have different impressions. Mr. Wolf said he would like to know if agreement is reached on the matter. Ms. Cohen said that DOHMH shares recommendations with DOC, but confidentiality of medical records survives death. Dr. Cohen said the point is that DOC and DOHMH should discuss cases together, and Mr. Rovt agreed. Dr. Cohen said the Board used to review deaths with the agencies, and hopefully it will do so again. Commissioner Schriro introduced Associate Commissioner Erik Berliner who oversees health care for DOC. Ms. Abate said that inmates sometimes are not honest about their prior history and medications. Ms. Cohen said that electronic medical records enable providers to look at medical history. Ms. Abate suggested that the staff training in use of the suicide assessment instrument be reviewed, and how to get better information from people who may be reluctant to be forthcoming. Commissioner Schriro said the instrument was developed by nationally-known suicide prevention expert Lindsey Hayes. Dr. Cohen said post-suicide, it is valuable to contact the decedent’s family to learn about his mental health, and perhaps to learn why the instrument failed. Ms. Cohen said risk assessment is difficult, and having other records available can make a difference. She said that the implementation of central intake will cause all participants to reevaluate their practices, adding that DOHMH, DOC and the Board share common interests in reducing the risk of prisoner suicide.

Chair Simmons asked Ms. Cohen to present DOHMH’s request for a variance. Mr. Wolf said he had not distributed the request to interested parties as required by the Minimum Standards. Chair Simmons suggested that the Board vote and note any comments received thereafter, and if a comment requires the Board to reconsider, it will do so. Mr. Regan and Mr. Rovt agreed. Ms. Cohen introduced its subject matter experts, Dr. Farah Parvaez, on loan to DOH from the Centers for Disease Control (CDC), and Dr. Chrispin Kambili, Assistant Commissioner, Bureau of Tuberculosis Control. She then presented the following:

The request has two components. The first is to use a more modern test for TB, recommended by the CDC, which is a blood test, rather than a skin test. The new test is more accurate, and the results will come back regardless of whether the person leaves the system. A documented result will be entered into the electronic medical record. The blood test is used routinely in the TB Bureau. It has a lower rate of false positives, so fewer patient work-ups are required. It is a test for latent TB. Screening for active TB involves a series of symptom checks and a history is taken, and a cross-match with the TB Registry is done on all new admissions. Potential active cases are sent to the Contagious Disease Unit for a complete work-up. The second component of the request is to perform the blood test on an annual basis, rather than each time someone enters DOC custody. This will give a better history and reduce costs. DOHMH is confident, based on experience of the Bureau of TB Control, that an annual test will identify everyone with latent TB. However, based on conversations with Dr. Cohen, DOHMH proposes testing once every six months, and moving to an annual test if the data show that the test

is as effective as expected. DOHMH will begin at the Rose M. Singer Center, and will share data with the Board.

Chair Simmons thanked Dr. Cohen for his work with DOHMH on its proposal. Dr. Cohen said the Department was very supportive and helpful throughout the process, and responsive to his suggestions. Ms. Abate asked how DOHMH will measure success. Dr. Parvaez said DOHMH has extensive data on positive test results, number of conversions, and number of work-ups. She said DOHMH would use the historical data as a benchmark and see whether test results change and yield more positives, and will work with the TB Control Bureau to learn whether any factors, such as outbreaks in the community, are affecting results in the jails. She added that DOHMH would not move to an annual test unless it was satisfied with the results of the pilot. Ms. Cohen said the test is more expensive than the PPD test, but the added cost is offset by the fact that it will no longer be necessary to find inmate-patients to read their implants, thereby reducing costs to DOHMH and DOC. She said that full implementation will await the move to central intake. Dr. Kambili said that the blood test cost \$35, but there will be many fewer false positives. He said PPDs yielded 25% positivity, whereas the blood test yields 8%, and all positives must receive a chest x-ray. Dr. Cohen said he strongly endorses the variance and expects a very successful process. Milton Zelermyer, from the Prisoners' Rights Project, objected to the vote going forward without interested parties having an opportunity to comment. Dr. Cohen asked when DOHMH plans to implement the new test. Ms. Cohen said DOHMH does not have a start date. It would like to begin sometime in October at RMSC, noting that DOHMH has an agreement with a lab company and a pipeline into the electronic medical record. Dr. Cohen said he strongly believes the parties should have an opportunity to comment, as the Board's procedures require. Chair Simmons suggested that the Board vote on a variance only for RMSC as a demonstration project for six months, and consider the full variance at the November meeting. A motion was approved without opposition. Ms. Cohen then introduced Dr. Alexander Shalshin, CHS' Deputy Medical Director, who also participated in preparing the variance request.

In response to Board concerns about the medical leadership at Prison Health Services (PHS), Ms. Cohen said PHS has an acting medical director, Dr. Luis Cintron, and a search is underway to fill the position. Dr. Cohen said he is very disturbed that PHS is in this situation, especially since Dr. Cintron is not Board-certified. Mr. Wolf asked about the duration of the PHS contract. Ms. Cohen said the current contract ends on December 31st and, although the RFP process is active, an extension has been offered to PHS, which must decide whether to accept. Ms. Cohen said DOHMH is working on contingencies, and she guaranteed that correctional health services will be provided on January 1, 2011. Chair Simmons asked for a time frame. Ms. Cohen said she has asked PHS to respond promptly. Dr. Cohen said that any extension should not expire on December 31st because change is especially difficult during a holiday period. He asked if DOHMH had rejected the bids that had come in during the RFP process. Ms. Cohen said no, noting that DOHMH did not have sufficient time to negotiate a new contract before the current one expires. Dr. Cohen asked if the extension would provide the same dollar amount to PHS. Ms. Cohen said the extension amount will be higher because of

contracted-for cost-of-living agreements. Chair Simmons asked for an update of the RFP process at the November BOC meeting.

Ms. Cohen turned to the Health and Hospital Corporation's proposed restructuring plan, which calls for moving all forensic medical and mental health services to Metropolitan Hospital. She said HHC, DOC and DOHMH must all agree before a plan may go forward, and it will not do so unless all funds are in place for what is likely to be a substantial renovation. She said the plan is not imminent. Chair Simmons said such a move would implicate the Board's Standards, and she told Deputy Mayor Linda Gibbs that the Board must be consulted before the plan moves ahead to ensure compliance with the Minimum Standards. Ms. Cohen said this is "not a done deal yet", and there will be plenty of time for planning.

Ms. Cohen said that the *Brad H.* case has sunsetted, and an appeal is pending. She said that DOHMH might do things differently than required by the stipulation, but remains committed to discharge planning.

A motion to renew all existing variances was approved without opposition. The meeting was adjourned at 10:40 a.m.

Attachments
September 13, 2010 BOC meeting minutes

1. DOC Facilities Plan Presentation (3 pp.)
2. Construction/renovation drawings: Rikers Island Visitors Processing Building (2 pp.)
3. "Items not permitted in any facility" (1 p.)
4. "Items not permitted on the visit floor" (1 p.)
5. "Visitors Dress Code" (female) (1 p.)
6. "Visitors Dress Code" (male) (1 p.)

DOC Facilities Plan Presentation for the NYC Board of Correction

September 13, 2010

Total Bed Need

- Based on the population trends, the DOC recommended capacity is 16,820 beds and includes 14,750 *rated* general population beds plus 2,070 *unrated* beds.
- A 14,750-bed *rated* capacity would accommodate:
 - An average daily population of 13,500 general population inmates
 - A peak population of 14,750 general population inmates
 - Average bed loss of 4 percent for housing assignment separations (current separation loss is 10 percent)
 - Average bed loss of 3 percent for routine and emergency maintenance and repair (currently, the average bed loss is 10 percent of the daily population)
- A 2,070-bed *unrated* capacity would include:
 - 900 intake beds (approximately 200 admissions daily x 4-day admission process)
 - 1,170 Special Population housing (Punitive and Administrative Segregation and Protective Custody)

Note: Correctional planners generally assume that a correction system should have enough rated beds to accommodate the entire peak population ensuring non-rated beds (punitive and administrative segregation, intake and protective custody) are not relied upon to house the general population.

Current Bed Capacity After Previously Planned Reductions

Facility	Cells				Total	Cells				Total	Cells				Total
	Cells	Domms	Modulars	Sprungs		Cells	Domms	Modulars	Sprungs		Cells	Domms	Modulars	Sprungs	
Queens Island Facilities															
Queens House of Correction	1,504	564	477	2,545	2,545	1,490	564	477	2,531	2,531	463	52	1,922		
Queens House of Correction - Annex	1,518	53	391	2,342	2,342	1,490	53	391	2,334	2,334	463	52	1,989		
Queens House of Correction - JATC	195	1,916	83	2,194	2,194	1,490	1,916	83	3,489	3,489	463	52	4,004		
Queens House of Correction - JATC - Annex	1,914	136	1,550	3,600	3,600	1,490	136	1,550	3,176	3,176	463	52	3,691		
Queens House of Correction - JATC - Annex - JATC	1,312	-	-	1,312	1,312	1,490	-	-	2,802	2,802	463	52	3,317		
Queens House of Correction - JATC - Annex - JATC - Annex	1,191	-	-	1,191	1,191	1,490	-	-	2,681	2,681	463	52	3,196		
Queens House of Correction - JATC - Annex - JATC - Annex - Annex	45	251	41	347	347	1,490	251	41	2,082	2,082	463	52	2,597		
Queens House of Correction - JATC - Annex - JATC - Annex - Annex - Annex	719	617	-	1,336	1,336	1,490	617	-	2,727	2,727	463	52	3,242		
Queens House of Correction - JATC - Annex - JATC - Annex - Annex - Annex - Annex	849	5	174	1,028	1,028	1,490	5	174	2,169	2,169	463	52	2,684		
Queens House of Correction - JATC - Annex - JATC - Annex - Annex - Annex - Annex - Annex	189	-	897	1,086	1,086	1,490	-	897	2,487	2,487	463	52	3,002		
Queens House of Correction - JATC - Annex - JATC - Annex - Annex - Annex - Annex - Annex - Annex	190	-	-	190	190	1,490	-	-	3,180	3,180	463	52	3,695		
Queens Island Subtotal	7,763	2,027	2,417	12,207	12,207	11,370	2,027	2,417	24,134	24,134	4,643	262	25,039		
Brooklyn Facilities															
Brooklyn House of Correction	310	-	-	310	310	310	-	-	620	620	205	-	825		
Brooklyn House of Correction - Annex	202	181	-	383	383	310	181	-	671	671	205	-	876		
Brooklyn House of Correction - JATC	310	119	-	429	429	310	119	-	758	758	205	-	963		
Brooklyn House of Correction - JATC - Annex	190	79	-	269	269	310	79	-	689	689	205	-	894		
Brooklyn Island Subtotal	2,019	379	-	2,398	2,398	11,370	379	-	23,954	23,954	1,519	164	25,637		
Max. Operating Capacity	9,782	4,812	2,417	17,011	17,011	11,370	2,417	2,417	32,954	32,954	6,162	218	39,334		

Total Beds Available v. Total Beds Needed (Before Capacity Replacement)

	Domms			Cells			Total		
	AC	NOAC	NEAC	AC	NOAC	TOTAL	AC	NOAC	TOTAL
Beds Available - No Replacement	2,674	3,023	6,447	1,760	6,808	9,888	4,434	10,631	15,015
Total Beds Needed	3,049	9,510	12,559	1,354	2,916	4,270	4,594	12,426	16,820
Surplus/(Need)	(415)	(6,487)	(6,112)	406	3,892	4,318	(10)	(1,795)	(1,765)

"Beds Available" includes 900 new RMSC annex beds, 896 modular beds that are in good condition and will not be demolished, the 758 existing beds at the Brooklyn House of Detention, and the 456 beds at the Queens House of Detention. JATC and the 3,914 modular and Sprung beds in significant disrepair are excluded from the "beds available" number.

"Total Beds Needed" includes both rated and unrated capacity.

ATT. #1

Recommended:
Build a new 1,500-bed jail, relocate VCBC and reopen the Queens House

Facility	New		Planned		Comments
	Cases	Open Beds	Cases	Open Beds	
Queens Island Facilities					
James A. Donovan Center	2,310	2,310	1,500	1,500	Open to accommodate beds
Eric M. Taylor Center	2,000	2,000	1,800	1,800	Open to accommodate beds
George Washington Carver Center	2,000	2,000	1,800	1,800	Open to accommodate beds
George R. Viner Center	1,710	1,710	1,500	1,500	Open to accommodate beds
James A. Thomas Center	1,100	-	-	-	Reallocate and reconfigure for another use
Harb Island Command	475	475	410	410	Open to accommodate beds
Queens Correctional Center	1,620	1,620	1,400	1,400	Open to accommodate beds
Queens House of Correction	1,210	1,210	1,400	1,400	Open to accommodate beds, Open 100-bed annex
Wiley Family	900	900	700	700	Open to accommodate beds
Harb Island Facility	-	-	1,500	1,500	Reallocate
Queens House of Correction	-	-	600	600	Reallocate
Queens House of Correction	-	-	14,420	14,420	All jail capacity in NY of capacity now open
Queens Island Beds Subtotal	16,410	16,295	14,420	14,420	Red 60% of beds in the recommended plan
Open Percentage	86%	86%	86%	86%	
Borough Facilities					
South House of Correction	710	710	700	700	Reallocate, 60-bed annex
Queens House of Correction	450	-	450	-	
Manhattan House of Correction	800	800	800	800	
Queens House of Correction	500	500	-	-	
Borough Beds Subtotal	2,460	2,010	2,110	2,110	Reallocate 15% of current capacity
Open Percentage	81%	81%	81%	81%	
TOTAL BEDS	18,000	17,715	16,530	16,530	
CAPITAL COST			\$669.11		

Note: Red rows indicate those facilities in which the planned future capacity varies in each option.

Bed Summary Proposed Capacity Plan

Facility	Operating Capacity - January 2010			Planned Changes			Operating Capacity after Reductions		
	Cases	Open Beds	Spring	Cases	Open Beds	Spring	Cases	Open Beds	Spring
Queens Island Facilities									
James A. Donovan Center	2,310	2,310	2,310	1,500	1,500	1,500	1,500	1,500	1,500
Eric M. Taylor Center	2,000	2,000	2,000	1,800	1,800	1,800	1,800	1,800	1,800
George Washington Carver Center	2,000	2,000	2,000	1,800	1,800	1,800	1,800	1,800	1,800
George R. Viner Center	1,710	1,710	1,710	1,500	1,500	1,500	1,500	1,500	1,500
James A. Thomas Center	1,100	-	-	-	-	-	-	-	-
Harb Island Command	475	475	475	410	410	410	410	410	410
Queens Correctional Center	1,620	1,620	1,620	1,400	1,400	1,400	1,400	1,400	1,400
Queens House of Correction	1,210	1,210	1,210	1,400	1,400	1,400	1,400	1,400	1,400
Wiley Family	900	900	900	700	700	700	700	700	700
Harb Island Facility	-	-	-	1,500	1,500	1,500	1,500	1,500	1,500
Queens House of Correction	-	-	-	600	600	600	600	600	600
Queens House of Correction	-	-	-	14,420	14,420	14,420	14,420	14,420	14,420
Queens Island Beds Subtotal	16,410	16,295	16,410	14,420	14,420	14,420	14,420	14,420	14,420
Borough Facilities									
South House of Correction	710	710	710	700	700	700	700	700	700
Queens House of Correction	450	-	-	450	-	-	450	-	-
Manhattan House of Correction	800	800	800	800	800	800	800	800	800
Queens House of Correction	500	500	500	-	-	-	-	-	-
Borough Beds Subtotal	2,460	2,010	2,010	2,110	2,110	2,110	2,110	2,110	2,110
Max Operating Capacity	17,870	18,305	18,420	16,530	16,530	16,530	16,530	16,530	16,530

- ### Benefits of Plan
- A new jail on R.I. includes a larger infirmary replacing and improving the North Infirmary Command infirmary.
 - A new jail on R.I. also enables centralized and standardized Intake/Discharge and Inmate Property.
 - The revised bed capacity and census on R.I. is reduced by 1,988 beds and 429 inmates.
 - The current plan is estimated to cost \$415 million less than the prior plan.
 - This cost reduction will enable us to reinvest about \$200 million more over ten years in critical capital priorities including fire safety, ventilation, showers and plumbing, and building exteriors. DOC's FY2011 and FY2012 capital budget includes:
 - \$95 million for fire safety projects,
 - \$68 million for heating and ventilation projects,
 - \$14 million for shower and plumbing projects, and
 - \$35 million for façade, roof, and window rehabilitation projects.

Preliminary Timeline

	2010	2011	2012	2013	2014	2015	2016	2017
Re-open Brooklyn House								
- Reallocate & reconfigure								
- Complete Project (Phase 1)								
- Complete Project (Phase 2)								
- Complete Project (Phase 3)								
- Reallocate of DOC staff								
Re-open Queens House								
- Reallocate & reconfigure								
- Complete Project (Phase 1)								
- Complete Project (Phase 2)								
Queens Island 1,500-bed jail								
- Construction of Project								
- Construction of Project								
- Construction of Project								
VCBC Relocation								
- Complete Project								
- Complete Project								
- Complete Project								

Preliminary Timeline

- Re-open Brooklyn House within one year
 - Requirements:
 - Repairs and cleaning (12 months)
 - Secure funding from OMB for DOHMH to operate the clinic (12 months)
 - Reassign correction staffing by closing NIC (9 months) when the first phase of the MDC Day Pen project is completed (6-9 months)
- Re-open the Queens House within one year
 - Requirements:
 - Repairs and cleaning (12 months)
 - Obtain funding from OMB to staff the facility (including medical staff for DOHMH) and hire and train new staff (12 months)

Timeline (continued)

- Construct a new 1,500-bed facility on Rikers Island (up to 7 years)
 - Requirements:
 - Procure architect and design the new Jail (up to 3 ¼ years)
 - To provide sufficient air conditioned dormitory beds, open the 800-bed annex to RMSC and complete OBCC 947-bed dormitory air conditioning project (2 years concurrently with the design of the new jail)
 - Demolish GMDC/RMSC sprung complex (1,550 beds) as the first phase of construction (first 3 months of construction)
 - Construct and occupy new jail (3¼ years)
- Move VCBC to Rikers Island (3-4 year design and construction process to be completed one quarter after the occupancy of the new 1,500-bed jail)
 - Concurrently with the construction of the new 1,500-bed jail, design the piers and mooring system and obtain necessary permits (1 ½ years)
 - Construct piers and mooring system (1 ½ years)
 - De-populate barge, tow across Long Island Sound, moor to Rikers Island, and reconnect utilities (3-6 months)

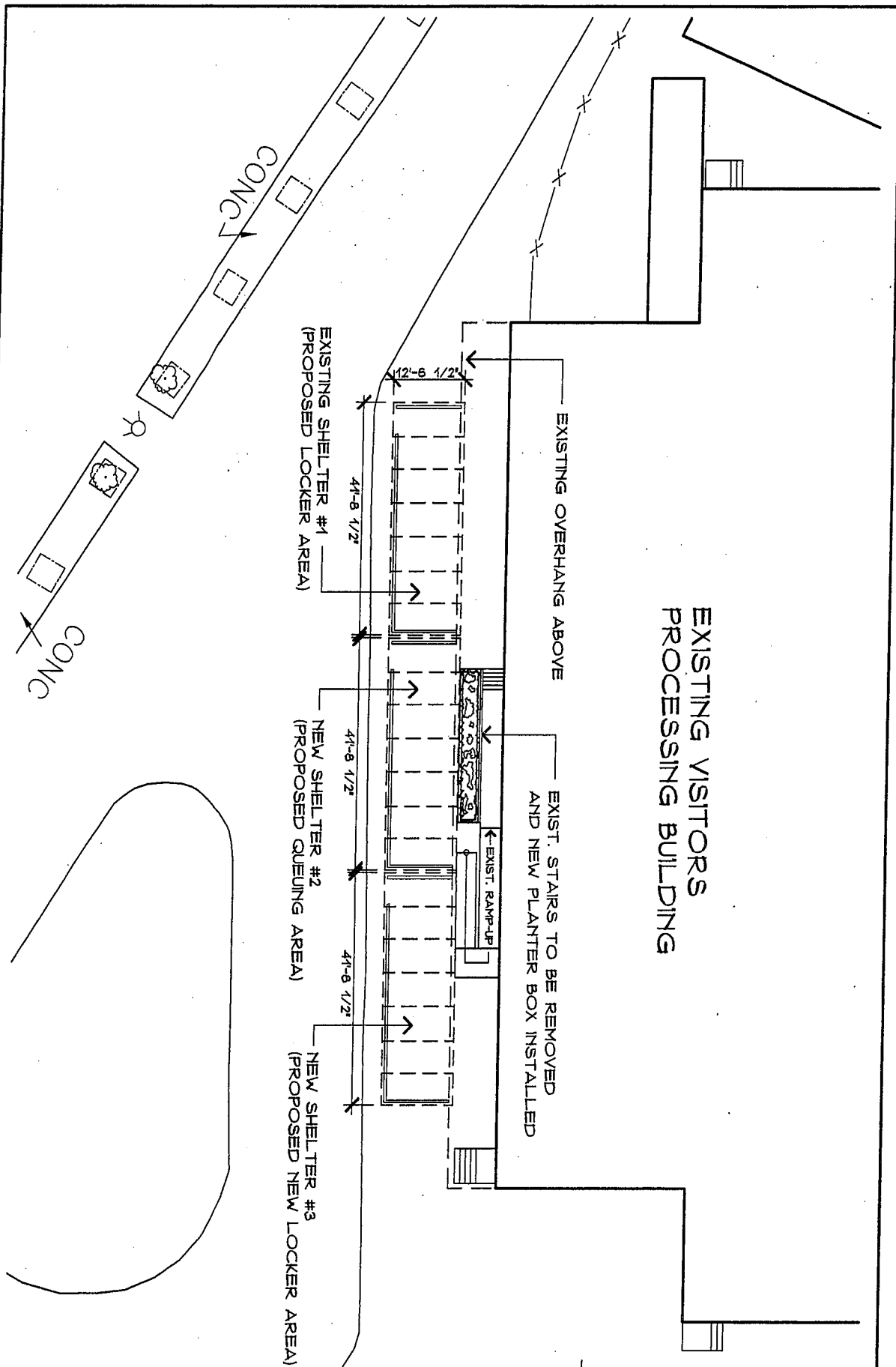
10


Interim Facility Improvements

- DOC's Support Services Division has recently initiated a 2½ -year project to rehabilitate 90 housing areas on Rikers Island (3,576 beds). Improvements will include bathroom and shower renovations, floor upgrades, and the elimination of exposed rust and wood patches.
- Facility renovation projects affecting 45 housing areas (1,872 beds) are in various stages of design and procurement. These include:
 - Installation of air conditioning in the main building of NIC
 - Shower renovations in NIC
 - Shower renovations at GRVC
 - Flooring and shower improvements at OBCC
 - Shower improvements at VCBC
- Facility maintenance staffs within each jail are performing repairs and maintenance to improve the conditions and sanitation of 105 housing areas (3,992 beds) in various facilities.
- Renovations of the AMKC clinic, GMDC Mod 2, and RNDC showers are now underway. The RNDC shower project will be completed in January 2011. The other two projects are expected to be completed in April 2011.
- As housing areas in NIC are closed for shower repairs, housing area improvements will be made to each housing area including those used as infirmaries. DOC and DOHM are also working to improve infection control policies in these housing areas.
- DOC is working to address fire safety conditions in all of the jails, focusing on abating violations discovered in annual inspections. DOC is also working to finalize a contract with a vendor to improve safety systems and structural conditions at AMKC and will then work to establish similar contracts at other facilities.

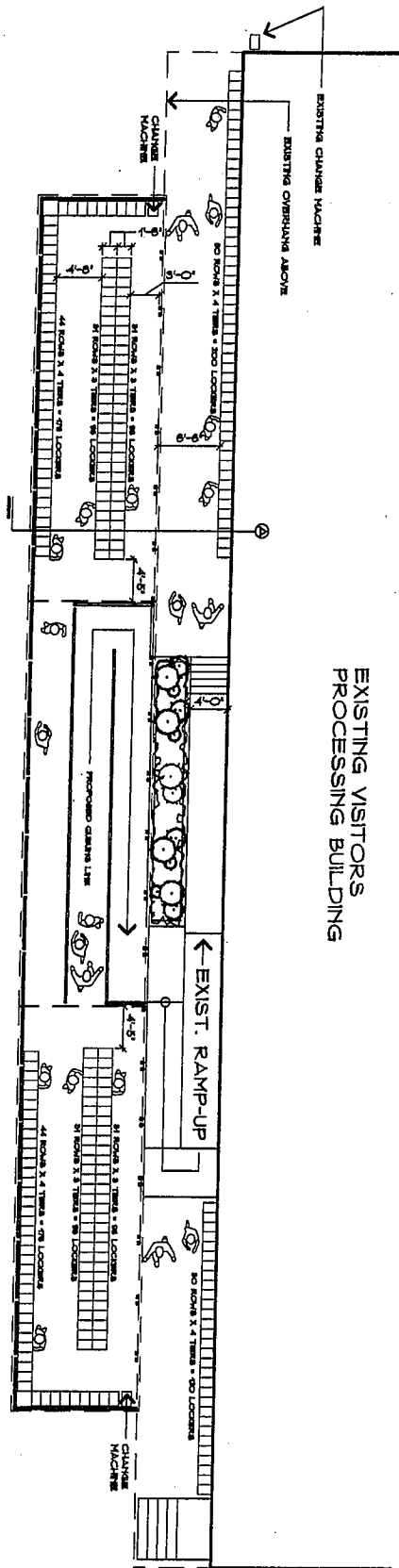
11

EXISTING VISITORS PROCESSING BUILDING



 <p>THE CITY OF NEW YORK DEPARTMENT OF CORRECTION DIVISION OF CAPITAL POLICY AND DEVELOPMENT DESIGN UNIT</p>	TITLE/PROJECT/LOCATION		REVISION DATE		DRAWN BY
	VISITORS PROCESSING BLDG. RIKERS ISLAND, NEW YORK		PROJ. MANAGER	CONTRACT/SUBST./REQ. NO.	SCHOW
	SITE PLAN		SING CHOW	DATE	SCALE
			JUNG SHIN R.A.	8-12-2010	1/16" = 1'-0"
					DRAWING NO. A-1

ATT. #2



EXISTING VISITORS
PROCESSING BUILDING

PLAN PROPOSED LOCKER AND CLEANING AREA
SCALE NOT TO SCALE



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

TITLE/PROJECT/LOCATION
VISITORS PROCESSING BLDG.
Rikers Island, New York
PLAN (NEW SHELTER #2)

REVISION DATE
PROJECT MANAGER
SING CHOW
DIRECTOR
JUNG SHIN RA.

CONTRACT/SUBMIT/REQ. NO.
DATE
6-12-2010

DRAWN BY
S. CHOW
SCALE
N.T.S.
DRAWING NO.
A-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
- Law enforcement badges, equipment, facsimiles
- Uniforms
- Liquids, gels and beverages including alcoholic beverages (except two clear plastic baby bottles)
- Metal hairclips, hairpins, and hair ties
- 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
- 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,
#3

ITEMS NOT PERMITTED

ON THE VISIT FLOOR

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

ITEMS PERMITTED

ON THE VISIT FLOOR

- **One baby blanket and one baby bib for a baby**
- **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)**
- **Wheelchairs and service animals will remain with the visitor during the course of the visit**



ATT.
#4



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

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, pants or shorts only when covered up by tops, shorts, skirts or dresses

Undergarments must be worn



NOT ACCEPTABLE

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 religious medal

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

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

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

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.
#5



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

Clothing appropriate for a family friendly environment

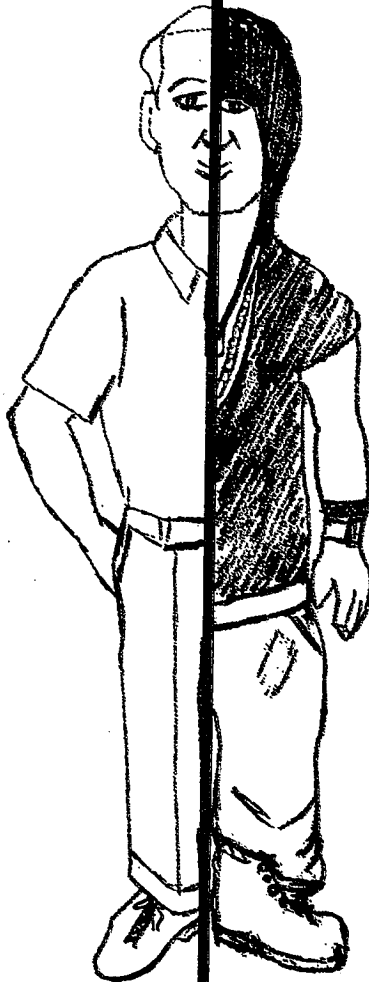
Pants without holes or rips that are located more than three inches above the knee

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



NOT ACCEPTABLE

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 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.

#6