New York City Board of Correction
Annual Lockdown Report

May 2019

Executive Summary

Background

According to New York City Department of Correction ("DOC" or "the Department") policy, during emergency lock-ins (or "lockdowns") people in custody are confined to their cells or dormitory areas, meals are eaten in cells or on beds, all services, television, and phone calls are suspended, and all out-of-house movement is prohibited, with the exception of movement needed for medical reasons and court appearances.[1] DOC policy indicates that lockdowns may be imposed to allow staff to investigate or avoid a serious incident, conduct searches, or restore order or safety.[2] New York City Board of Correction ("BOC" or "the Board") Minimum Standard 1-05 requires that the time people in custody spend confined to their cells "should be kept to a minimum and required only when necessary for the safety and security of the facility."[3] In addition to confining people to their cells, lockdowns have a significant impact on access to Minimum Standards-mandated services such as health and mental health care, visiting, phone calls, showers, law library, and more.

In January 2018, the Board published its first report examining the Department's use of lockdowns and found an 88% increase in the annual number of lockdowns from 2008 to 2017.[4] At the Board's April 2018 public meeting discussion, the Department expressed a commitment to limiting lockdowns to specific housing areas, wherever possible, rather than locking down entire facilities.[5] Since then, the Board has worked with the Department and City Council to improve accountability and transparency around lockdowns. In October 2018, City Council passed Local Law No. 164, which requires quarterly and annual reports by the Department on its use of emergency lock-ins. The information provided in these public reports will promote ongoing transparency and public information about the use of lockdowns and their impact on mandated services.[6]

This annual report provides: an updated analysis comparing 2017 and 2018 data on lockdowns; qualitative findings on the perspectives of people living and working in DOC facilities affected by lockdowns; and an audit of DOC and H+H Correctional Health Services (CHS) documentation on the services impacted during lockdowns.

Summary of Key Findings
Data Findings
- The number and duration of DOC lockdowns decreased from 2017 to 2018.
    - For the first time since 2014, the number of lockdowns in DOC facilities decreased.
    - From 2017 to 2018 there was a 9% decrease in the DOC average daily population and an 18% decrease in the number of lockdown incidents, from 1,595 lockdowns in 2017 to 1,313 lockdowns in 2018.
    - The duration of lockdowns decreased from an average of 12 hours in 2017 to 11 hours in 2018.

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[1] New York City Dep't of Correction, Directive No. 4009 R-B, Lock-In / Lock-Out (REV. 11/17/17) (eff. 12/22/17)

[2] *Id* at II.C.

[3] New York City Board of Correction Minimum Standard 1-05, available at http://library.amlegal.com/nxt/gateway.dll/New%20York/rules/title40boardofcorrection/chapter1correctionalfacilities?f=templates$fn=default.htm$3.0$vid=amlegal:newyork_ny$anc=JD_T40C001_1-05

[4] Board of Correction Lockdowns Report (January 2018) (analyzing DOC lockdowns from January 2017 through November 2017) available at https://www1.nyc.gov/assets/boc/downloads/pdf/Reports/BOC-Reports/Lockdown-Report-Jan-8-2018.pdf

[5] New York City Board of Correction Public Meeting, April 2018 https://www1.nyc.gov/site/boc/meetings/apr-20-2018.page

[6] Summary and full text of Local Law 2018/164 are available here: https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3343742&GUID=467266B5-11CB-42FD-90AD-59D8EE3AAE98

- o People in General Population housing were afforded 22% (3.1 hours) fewer hours of lock-out time per day (10.9 hours) than the 14 required by the Minimum Standards.
- Uses of force, inmate tension, and inmate fights were the top three reasons for lockdowns in both 2017 and 2018.
  - o Use of force is the reported reason for a growing proportion of lockdowns. In 2018, nearly half (49%, n=648) of lockdowns were imposed due to a use of force, compared to 36% (n=588) of all lockdowns in 2017.
- The Department has made progress toward its objective of limiting lockdowns to specific housing areas, rather than locking down entire facilities in response to incidents.
  - o In 2018, facility-wide lockdowns accounted for 12% (n=166) of all DOC lockdowns, down from 16% (n=265) in 2017.

Audit & Qualitative Findings
- An audit of DOC's documentation of services affected by lockdowns in November 2018 found that lockdowns impeded people's access to mandated services, including recreation, law library, visits, religious services, educational services, sick call, and other forms of medical care.
  - o In 56% of lockdowns in November 2018, six or more of these services were either delayed or cancelled.
- In 2018, the Department's documentation of lockdowns via Area Lock-In Forms improved substantially; tracking was both more complete and more consistent, but the forms themselves do not capture critical information, such as medical services beyond sick call, incidents where no services were affected, and the number of staff required to leave their posts to address a lockdown.
- DOC lockdown documentation does not include a description of what activities staff members must undertake to address the stated reason for a lockdown, making it difficult to understand the number of staff or length of time required to address distinct types of lockdowns (e.g. use of force vs. inmate tension).
- People in custody subjected to lockdowns perceive lockdowns as an unfair form of punishment for others' behavior.
- People in custody report that the loss of human connection from the suspension of phone calls and visits is a detrimental impact of lockdowns.
- Correction Officers report that lockdowns are an effective form of de-escalation. However, people in custody and officers in certain housing areas report feeling less safe as a result of lockdowns.

DOC & CHS Coordination Findings
- Current DOC policy does not explain to which CHS staff the tour commander is required to communicate potential disruptions to health and mental health services during lockdowns, or within what timeframe this communication must occur.
- There are significant discrepancies between DOC security staff, DOC Health Affairs, and CHS documentation on how lockdowns impact health-related services: DOC security staff reported that lockdowns affected sick call 96 more times in November 2018 than DOC Health Affairs tracked, and 103 more times than CHS reported. This suggests gaps in coordination between DOC and CHS and hinders understanding of the impact that emergency lockdowns have on health and mental health services for people in custody.

Summary of Recommendations

- Continue to reduce the number and duration of lockdowns to the fewest and shortest necessary to restore order and maintain security.
- Work toward ending the use of facility-wide lockdowns and instead use shorter, more targeted interventions so that only those housing areas that must be locked down are affected. This will reduce the number of people and services unnecessarily impacted by lockdowns and minimize the perception of lockdowns as unfair or excessive punishment.
- Create a system by which all lockdowns impacting visits and/or phone calls are listed on the Department website so that friends and family members can plan accordingly or understand why their loved ones may not be calling.
- Continue to improve consistency and completeness of data tracking and documentation on lockdowns by updating the information captured in the Department's "Area Lock-In Forms" and developing an electronic tracking system. Updated Area Lock-In Forms should include:
    - Complete information on medical and mental health services affected beyond sick call, including: clinic, medication administration, follow up appointments, and specialty appointments;
    - Specific programs affected by lockdowns; and
    - Specific DOC staff activities undertaken during lockdowns to resolve or address stated reasons for lockdowns and the number of staff diverted from their regular posts to effectuate lockdowns.
- Collect and analyze information on the specific time, operational steps, and numbers of staff needed to address different lockdowns procedures (i.e. slashings, searches, fights) and the intended goals of those activities.
- Update DOC policy to outline the communication procedures and reporting timeframes between DOC security staff, DOC Health Affairs staff, and CHS staff when lockdowns are implemented.
    - CHS and DOC should together develop systems to track how lockdowns affect scheduled services, medication provision, and patients requesting sick call, and develop a policy addressing how access to care across different service types is prioritized and rescheduled when lockdowns occur.
- Provide the Board with the updated draft policy on lockdowns prior to finalization so that the Board can share feedback.
- Provide Board staff with direct access to lockdown documentation ("Area Lock-In Forms") for review and monitoring by Board staff.

Methodology & Data Sources

Data Findings
Board staff compared DOC's Monthly Security Statistical Reports from 2008-2018, which report the total number of lockdowns in a given month, and analyzed data on lockdowns in DOC's 24-Hour Central Operations Desk (COD)[7] reports from January 2017-December 2018. DOC's 24-Hour COD reports include daily information on lockdown incidents (i.e. facility-wide or housing area lockdown, facility, incident date, report date) and lockdown durations. Board staff coded reasons for lockdown, duration of lockdown, total census, and location as reported in the 24-hour COD reports to identify the most common reasons for lockdowns, calculate the percentage of lock-out time lost, and the average number of people affected. Board staff then compared 2017 and 2018 results to identify changes and trends.

Qualitative findings
Interviews
To capture the experience of lockdowns from the perspective of people living and working in DOC jails, Board staff conducted qualitative interviews with 32 people in custody and seven Correction Officers in six facilities (RMSC, OBCC, EMTC, VCBC, GRVC, BKDC)[8] with units that had been locked down for longer than nine hours at a time between March 14 and April 1, 2019.[9] Fewer officers were interviewed than people in custody, as officers on duty during the lockdowns selected for the survey were difficult to locate due to shift schedules and changing housing area assignments. Survey instruments are included for reference as Attachment C.

Lockdown-Related Grievances Filed with DOC
Board staff reviewed 40 of 207 lockdown-related grievances[10] submitted by people in custody to the Department of Correction in 2018. [11]

Audit of DOC's "Area Lock-In Forms"
The DOC Lock-In/Lock-Out Directive requires DOC staff to report all unscheduled lock-ins to the Central Operations Desk (COD) and to record all information regarding an ordered lock-in on the "Facility Report of Area Lock-In" (or "Area Lock-In Form"). This form includes information on the duration, housing area, and reason for lock-in and indicates whether lockdown incidents result in delays or cancellations of the following mandated services: law library, recreation, religious services, sick call, visits, educational services, and "other." A sample copy of this form is included for reference as Attachment A. Per DOC policy, DOC tour commanders are required to complete these forms at the conclusion of every lockdown incident.[12] To understand the effect

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[7] Lockdown information is derived from the Department's 24-Hour Report data from COD notifications, matched to the Department's 5am Daily Census Report. DOC Tour Commanders are required to contact the COD in the case of a pending or continuing emergency lockdown, and the COD Tour Commander must include the lockdown status in the 24-Hour Report.

[8] Interviewees were housed in ESH and GP units in men's and women's facilities.

[9] These interviews were not intended as an audit of DOC procedures, nor do they constitute a representative sample of the DOC population or workforce. Rather, this exercise was undertaken to provide a qualitative perspective to the Board's analysis, by sharing first-person accounts of people's lived experiences of lockdowns.

[10] In general, complaints made to the Department regarding lockdowns are not subject to the grievance process and instead are forwarded to the facility's Warden to resolve. Lockdown complaints only go through the grievance process if they reference other grievable complaints that resulted from the lockdown (for example, if people missed sick call or were not fed as a result of a lockdown).

[11] Quoted complaints filed with the Department are identified as "GRIEVANCE" In Section II of this report.

[12] New York City Dep't of Correction, Directive No. 4009 R-B, Lock-In / Lock-Out (REV. 11/17/17) (eff. 12/22/17) at Section III.B.9.f.: "The Tour Commander shall ensure that all information regarding the ordered lock-in is recorded on Form OD/SM

on services mandated by the Minimum Standards and other services provided to people in custody, Board staff requested all Area Lock-In Forms from all DOC facilities for the month of November 2018, and the Department provided Board staff with scanned copies of 155 paper Area Lock-In Forms. Review of these forms allowed BOC staff to calculate how frequently each of the listed services were negatively affected by lockdowns in the month-long audit period. Board staff compared the information reported in the forms submitted for November 2018 against the 24-Hour COD Reports from the same month to identify any discrepancies. Board staff also compared findings to its audit of November 2017 forms completed last year to understand whether DOC's documentation had improved.

Comparison of DOC and CHS Documentation on Lockdowns
In order to further assess the impact of lockdowns on service provision in DOC facilities, Board staff reviewed the impact of lockdowns on health services in particular. BOC staff compared two additional sources documenting the medical and mental health services negatively impacted by lockdowns: Correctional Health Services' After-Incident Log[13] and the DOC Health Affairs Daily Facility Sick Call Productivity Tracking Report[14] for November 2018. Board staff compared these reports against one another and the Area Lock-In Forms to determine which health metrics are being tracked by the different entities involved in delivering medical and mental health services during lockdowns, track any inconsistencies in the data being reported, and identify opportunities for improved inter-agency communication around healthcare during lockdowns.

12, "Facility Report of Emergency Lock-In"…and forwarded to the Commanding Officer for review, signature, and distribution. "

[13] Correctional Health Services Policy Int. 11: CHS After-Incident Reports cite any disruption to patient production or treatment as a result of alarms in DOC facilities.

[14] New York City Department of Correction Health Affairs produces a Monthly Sick Call Productivity Report, which notes when DOC Command reported no sick calls as a result of a facility alarm or lockdown.

I. Data Findings:

Total number of lockdowns in DOC facilities:

Over the past ten years, the Department of Correction's use of emergency lockdowns has increased dramatically, reaching a peak in 2013 (3,577 lockdowns reported in the DOC Monthly Security Statistical Report).[15] After dropping sharply in 2014, the number of lockdowns increased steadily from 2014 to 2017.

For the first time since 2014, the number of lockdowns in NYC Department of Correction facilities decreased in 2018: The Department Monthly Security Statistical Report reported 2,151 lockdowns in 2018, down 19.9% from 2,685 in 2017.

Figure 1.

Annual Number of DOC Lockdowns Reported in the Monthly Security Statistical Report

January 2008 - December 2018
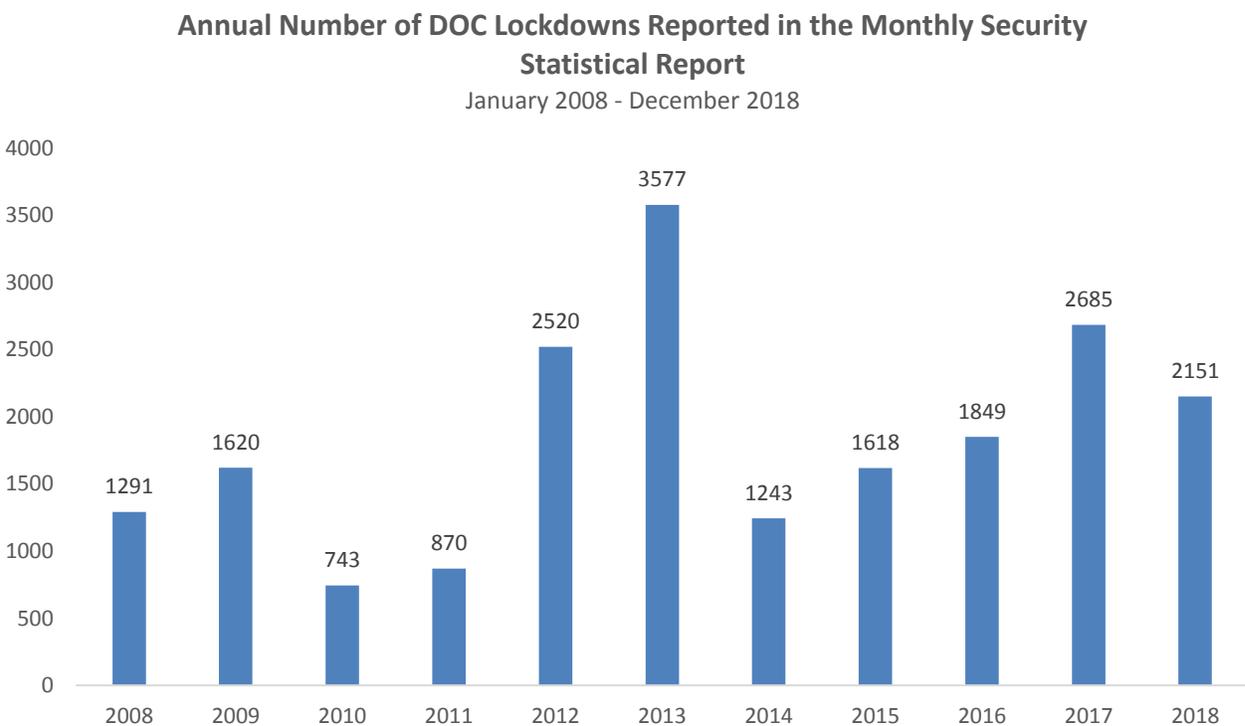
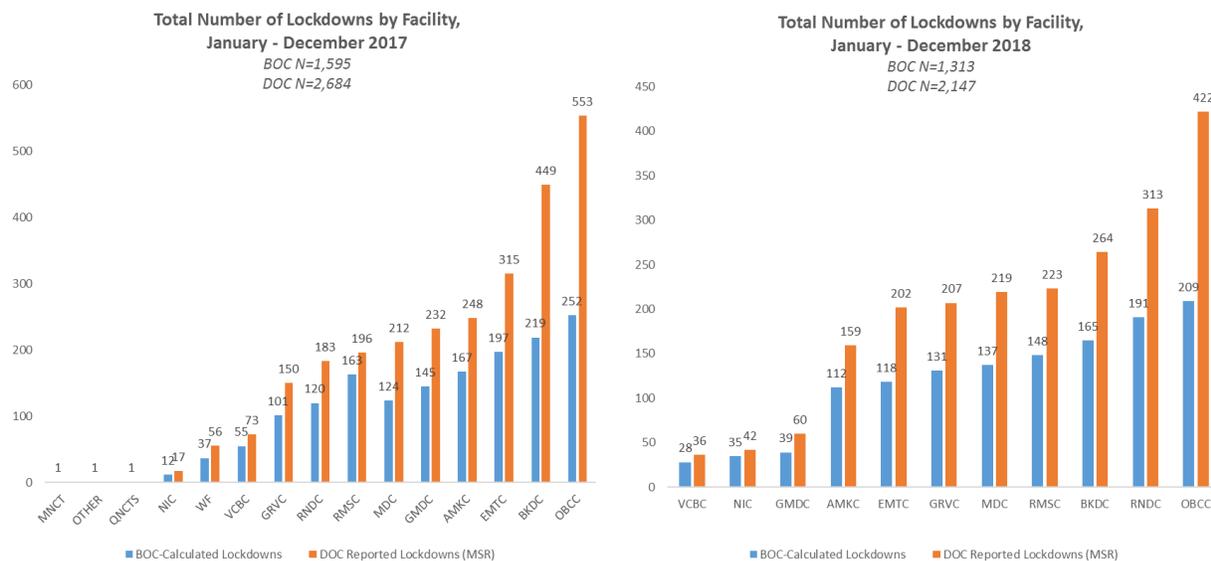SOURCE: DOC Monthly Security Statistical Reports, 2008-2018

The Department consistently reports a higher count of lockdowns than the Board, because the Department tracks and reports lockdowns that overlap and exceed mandated lock-in periods[16] with separate incident reports in the 24-Hour COD Reports. For example, a lockdown starting at 2pm and ending at 5pm is recorded as two entirely separate lockdown incidents to exclude the mandatory scheduled lock-in period. In this case, the first lockdown incident would be recorded as taking place from 2pm to 3pm and the second from 4pm to 5pm, excluding the mandatory daily lock-in from 3pm to 4pm. Per the Department's tracking method, in this case, each lockdown is reported as lasting one hour despite being caused by the same reason and despite being experienced by people in custody as a three-hour lockdown.

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[15] DOC Monthly Security Statistical Reports.
[16] Daily mandated lock-in times are: 0700-0800, 1500-1600, and 2100-0500.

To understand the "true" number of lockdown incidents and the continuous lock-in time experienced by people in DOC custody, Board staff manually reviewed, recoded, and identified which lockdowns were related to prior reported lockdown incidents.[17] Lockdowns that ended right before and continued immediately after mandatory lock-in periods were identified as part of the same continuous lockdown incident. The total number, duration, and reasons for lockdown incidents were then reanalyzed. Using this methodology, the "true" number of lockdown incidents in DOC facilities was 1,313 in 2018, down 18% from 1,595 in 2017.[18] The difference in lockdown totals reported by DOC and BOC is illustrated in Figure 2. The data in the remainder of this report reflect the Board's reanalysis of the number and duration of lockdowns, based on this methodology.

Figure 2.

SOURCE: DOC Monthly Security Statistical Reports and BOC Analysis of DOC 24-Hour COD Reports (January 2017 – December 2018)

The Otis Bantum Correctional Center (OBCC) was the facility with the greatest number of lockdowns in both 2017 and 2018. In both 2017 and 2018, OBCC accounted for 16% of all lockdowns.[19]

Duration of DOC lockdowns:

From 2017 to 2018, the average duration of lockdowns in DOC facilities decreased by 8%: lockdowns lasted 11 hours on average in 2018, down from 12 hours in 2017.
- The total duration of lock-in hours for the 1,313 lockdowns in 2018 ranged from less than an hour to 51 hours (>2 days).

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[17] Lockdowns were considered related to prior reported lockdown incidents if they referenced the same reason, Use of Force number, or COD number.

[18] When accounting for the GMDC closure in June 2018, the total number of DOC lockdowns decreased by 14% from 2017 to 2018.

[19] All 16-17 year olds in DOC custody were moved to Horizon Juvenile Center in 2018. This facility is jointly operated by DOC and the Administration for Children's Services (ACS). To date, the Department has reported only one lockdown in the facility. Staff in Horizon use a practice similar to lockdowns known as "room restriction." This report does not analyze room restriction, as it is a relatively new practice.

- The longest lockdown period in 2018 was 51 hours, 29% shorter than the longest lockdown in 2017 (72 hours).
- OBCC (14 hours) and RNDC (12 hours) were the facilities with the longest average lock-in time related to lockdown incidents.
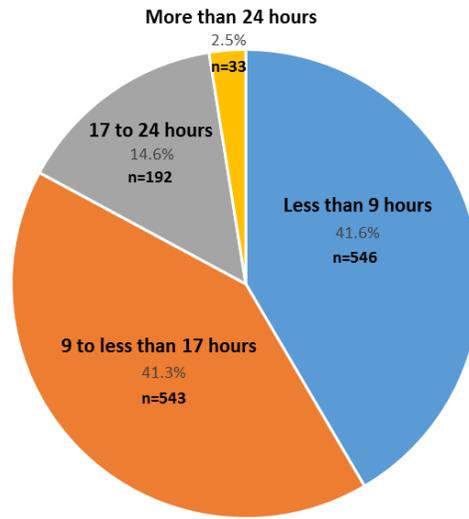
Figure 3.

2017: Duration of Lockdowns by Facility (Hours)
(N=1,595 Lockdowns)

Facility	Min	Max	Mean	Median
AMKC	1	59	10	8
BKDC	1	64	15	13
EMTC	<1	49	11	10
GMDC	1	40	12	11
GRVC	1	51	10	8
MDC	1	48	13	11
MNCT	11	11	11	11
NIC	3	35	11	9.5
OBCC	<1	72	15	12
OTHER	13	13	13	13
QNCTS	3	3	3	3
RMSC	<1	24	9	9
RNDC	<1	72	12	11
VCBC	1	48	10	8
WF	<1	48	13	13
Overall	**<1**	**72**	**12**	**11**

2018: Duration of Lockdowns by Facility (Hours)
(N=1,313 Lockdowns)

Facility	Min	Max	Mean	Median
AMKC	1	25	8	8
BKDC	0	37	10	9
EMTC	1	33	11	11
GMDC	2	33	11	11
GRVC	1	32	11	11
MDC	0	35	10	9
NIC	1	22	8	8
OBCC	1	51	14	13
RMSC	2	24	10	9
RNDC	0	42	12	11
VCBC	2	24	8	8
Overall	**0**	**51**	**11**	**11**

SOURCE: BOC Analysis of DOC 24-Hour COD Reports (January – December 2018)

- Fifty-eight percent (58%, n=768) of all lockdowns in 2018 resulted in nine hours or more of continuous lock-in time for people in custody affected.
- The number of lockdowns lasting longer than 24 hours declined by 72% in 2018: only 33 lockdown incidents lasted longer than 24 hours, down from 119 in 2017.

Figure 4.

Duration of Lock-In Time Associated with Lockdowns, 2018
N=1,313

SOURCE: BOC Analysis of DOC 24-Hour COD Reports (January – December 2018).

Lockdowns with the longest average duration were related to slashings/stabbings (11 hours) and uses of force (11 hours).

Figure 5.

Duration of Lockdowns by Reason, 2018

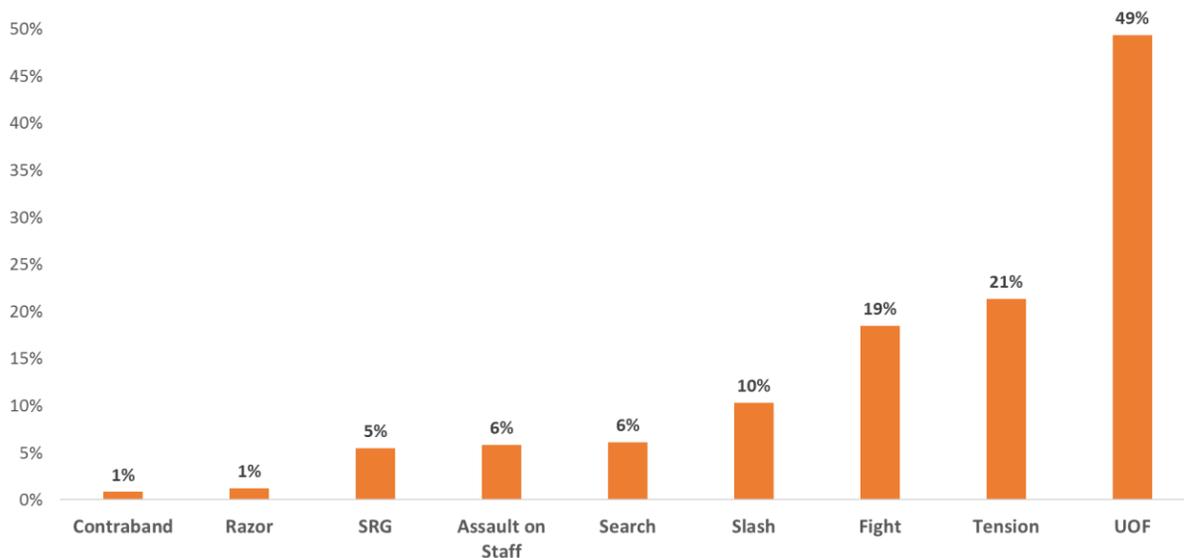| Lockdown Reason	Lockdown Incidents		Lockdown Duration (Hours)			
	Count	Percent of Total Lockdown Incidents	Minimum Lockdown Duration (Hrs.)	Maximum	Mean	Median
Contraband	11	1%	3	13	8	8
Razor	16	1%	0	19	7	5.5
SRG	72	5%	3	27	10	11
AOS	77	6%	0	27	9	10
Search	80	6%	0	37	10	8
Slash	135	10%	1	42	11	11
Fight	243	19%	0	24	9	8
Tension	280	21%	0	32	10	11
UOF	648	49%	0	50	11	11
Grand Total	**1313**	**119%**	**0**	**50**	**10**	**10**

SOURCE: BOC Analysis of DOC 24-Hour COD Reports (January – December 2018)

Reasons for lockdowns:

Uses of force (49%, n=648), inmate tension (21%, n=280), and inmate fights (19%, n=243) were the main reasons cited for lockdowns in 2018.[20] The same was true in 2017, when uses of force were cited as the reason for 36% (n=588) of lockdowns, inmate tension for 21% (n= 364), and inmate fights for 18% (n=328).

A higher percentage of lockdowns were attributed to uses of force, increasing from 36% in 2017 to 49% in 2018.

Figure 6.   **Reasons for Lockdowns, January-December 2018**
N=1,313

SOURCE: BOC Analysis of DOC 24-Hour COD Reports (January – December 2018). Percentages do not add up to 100%, because there may be more than one reason associated with one lockdown incident.

Housing Area vs. Facility-Wide Lockdowns:

At the public Board of Correction meeting in April 2018, the Department of Correction expressed its commitment to limiting lockdowns to specific housing areas, wherever possible, rather than locking down entire facilities.[21] The Department has made progress toward this objective and reduced the overall number of facility-wide and housing-area lockdowns:
- There was a 37% decrease in the number of facility-wide lockdowns[22] from 2017 to 2018: facility-wide lockdowns accounted for 16% (n=265) of all DOC lockdowns in 2017 and only 12% (n=166) of all lockdowns in 2018.

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[20] Percentages do not add up to 100%, because there may be more than one reason associated with one lockdown incident.
[21] New York City Board of Correction Public Meeting, April 2018 https://www1.nyc.gov/site/boc/meetings/apr-20-2018.page
[22] Nearly all DOC facilities experienced fewer facility-wide lockdowns in 2018 than in 2017, with the exception of AMKC (which saw 5 more facility-wide lockdowns than the previous year), EMTC (1 more), and RNDC (7 more).

- There were 1,176 housing area lockdowns (lockdowns affecting one or more housing areas but not the entire facility) in 2018, down 14% from 1,371 in 2017.

Comparison of Lost Lockout Time by Type of Housing Unit

Per incident, lockdowns affected an average of 28 people in ESH Level 1, 29 in ESH Level 2, 12 in ESH Level 3, and nine in Secure, compared to 127 in General Population housing. People in housing units entitled to 14 hours of daily lock-out time were, on average, afforded 22% (3.1 hours) fewer hours per day than the Board of Correction Minimum Standards require. As a result of lockdowns, individuals in ESH 1 were afforded an average of 0.5 (6%) fewer hours per day than the seven they are required by Department policy. Individuals in ESH 2 were afforded an average of 1.6 (23%) fewer hours per day than the seven they are required, and individuals in ESH 3[23] were afforded an average of 0.3 (3%) fewer hours per day than the ten they are required by Department policy. Given how little lockout time people in these restrictive housing units are afforded already, any further reduction in lockout time may be particularly detrimental, as discussed through firsthand accounts of this experience in Part II of this report.

Figure 7.

Housing Category	Impact of Lockdowns by Housing Category (January to December 2018)			
	Mandated Lock-Out Hours Per Day	Average Lock-Out Hours Afforded Per Day	Percent Fewer Hours Per Day	Average Number of People Affected Per Lockdown Incident
ESH 1	7	6.5	6%	28
ESH 2	7	5.4	23%	29
ESH 3	10	9.7	3%	12
Secure	10	10.0	0%	9
General Population & Other Housing Categories	14	10.9	22%	127

II. The Personal Experience of Lockdowns:

Interviews with people in custody and officers in housing areas that had recently experienced a lockdown found people in custody reported experiencing substantial anxiety and fear for their physical and emotional well-being during emergency lock-in periods. Officers describe feeling wary once lockdowns are lifted, because people in custody can act out or incite conflicts after lockdown periods out of frustration at being locked in. In general, people in custody perceive lockdowns as an unfair practice that either penalizes entire housing units or facilities for the actions of a few individuals or as allowing DOC officers to abuse their power by ordering lockdowns indiscriminately. Nonetheless, officers interviewed generally believe lockdowns to be an effective tool for responding to or preventing incidents in their facilities. Select excerpts from these conversations are shared below.[24]

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[23] Scheduled lock-out periods in some ESH units alternate between upper and lower tiers. DOC records on lockdowns do not specify which tiers were scheduled to be locked out at the time of a lockdown. Therefore, the calculations above assume all individuals in a housing unit were affected by each lockdown of the unit, regardless of which tier was scheduled to be locked out at the time of the lockdown.

[24] Interviewees' views and experiences are their own. The content of these interviews does not necessarily represent the views of all people in custody or staff members in DOC facilities.

People in Custody:

Perceptions of Fairness:
Interviews and grievances filed by people in custody indicate a consistent perception that lockdowns are unfair punishment for someone else's behavior or for no reason at all. A common example provided was that of a fight: if two members of a housing unit are involved in a fight, the entire unit will be locked down in an effort to contain the situation and restore order and safety to the area. However, after the fight has ended, often the individuals involved in the fight are removed from the unit, but the lockdown continues for an unspecified amount of time, leading the remaining people in custody on the unit to question why they are still locked down when the people involved in the fight are gone.

- "I'm tired of the 'Peter pay for Paul' process. We're suffering for someone else. It's not fair. We're on [lockdown] because of something that happened between people who aren't here anymore."
- "Being locked in for something you didn't do messes with your mind. It creates more problems."
- "[Lockdowns happen] all the time, and we are just being told it is procedure, but [it] doesn't make sense because we haven't been doing anything wrong."
- "Our house is never the cause of the lockdown. Our last incident was three weeks ago. We shouldn't be burdened because of other inmates' behavior."
- *GRIEVANCE:* "In our housing unit yesterday there was a fight. After the fight and after those two men were removed from this housing unit the rest of us got punished. We was denied hot water, phone calls and all recreation. On top of it all they denied us food. Meanwhile those guys that fought went to a different housing unit and used the phones, got hot water, and were fed accordingly. Today they brought breakfast and no one wanted to eat because they still had us on a lockdown. They took the food back. This is a form of cruel and unusual punishment that we want investigated as soon as possible."

Amplifying people in custody's perceptions that lockdowns are a form of punishment is the sense that Department officers abuse their power by locking people down indiscriminately. People in custody report that certain officers use lockdowns as an unofficial form of punitive segregation, equating the experience to "being in the box" while circumventing the due process required to formally move someone to punitive segregation. Several complainants voiced concern that the lockdowns being formally reported by the Department of Correction do not align with the actual lock-in times being enforced, either as a result of officers recording lockout times in housing units' official logbooks before lockdowns have been lifted or not reporting emergency lock-ins to the Central Operations Desk.

- "The captains and Deputy Wardens will constantly lie about the reason we're locked down or lie about when we're coming out."
- "DOC has authority to use any little thing to justify why they can put a unit on lockdown. Even isolated incidents."
- "I feel like our human rights are being violated, and we are being treated with no respect, because the officers use lockdowns as a tool to keep inmates like they are in the box."
- *GRIEVANCE:* Complainant feels unsafe because he believes that DOC staff are retaliating against him and subjecting him to extended lock-ins as a result of a repeated request for health services.
- *GRIEVANCE:* When an anonymous caller calls to speak to her nephew at a facility, she is told that a lockdown has been lifted, but her nephew calls and reports that lockdowns at his facility always exceed 24 hours.

Safety and Security:
People in custody interviewed consistently reported feeling anxious or unsafe during lockdowns. Of the 32 people interviewed, 52% (n=16) reported feeling less safe (either "significantly less safe" or "slightly less safe") during lockdowns. Only 10% (n=3) reported feeling safer (either "slightly" or "significantly safer") during lockdowns.

After a recent lockdown was lifted, two-thirds (n=20) of people in custody interviewed reported that they felt no more or less safe. Eighty-three percent (83%, n=24) reported that, since the lockdown was lifted, tension in their unit had either stayed the same or, in fact, increased.

In addition to the isolation and claustrophobia that many interviewees reported experiencing as a result of prolonged periods of time spent confined alone in a small space, they also describe a heightened sense of anxiety around their emotional and physical safety. Several interviewees suggested a general sense of abandonment, worrying that if they experience a mental health crisis or injury they will not get the care they need in a timely manner, because they are not confident that an officer will check on them during an emergency lock-in. Other interviewees and complainants noted that, if they already fear threats or retaliation by an officer, due to their isolation during a lockdown they feel particularly vulnerable to violence or harassment. One person noted that "we feel safer when we are together."

- "Anything can happen [during a lockdown] … Anxiety kicks in at a higher level."
- "When we are locked down, if something happens in our cell then we don't know if the officer will come."
- "Being stuck in the cell makes me feel claustrophobic. I know this is jail, but nobody helps us … I get really depressed, and it's scary because no one comes and checks on us."
- "I felt anxiety. We want to watch TV, shower, walk around, and talk. It's the only thing we got."
- "If you don't have a strong mind then you can't overcome [a lockdown]."
- "Lockdowns can destroy someone mentally. It's bad enough we're locked in a housing unit when we're forced to lock in this confined area for something we didn't do. Sometimes the wall seems to close in on you … Plus, we can't even shower or reach out to our families. It's mentally draining."

Loss of Human Connection:
One of the most frequent refrains of interviews conducted with people in custody was the negative emotional impact of lockdowns due to phone and visit restrictions. During lockdowns phones in dorm and cell units are deactivated and visits may be delayed or cancelled. When this happens, people in custody cannot contact friends or family to inform them that their visit or planned phone calls may not proceed. In some cases, if an emergency lock-in is activated while someone is already speaking to someone on the phone, the phone is turned off mid-conversation. This can leave community members with no explanation as to why their conversation ended abruptly and create anxiety as to the health and safety of the person in custody.

The loss of phones and visits has an additional impact on visitors. People often travel to Rikers Island to visit someone in custody only to be told upon arrival (or after several hours of waiting) that their visit is cancelled due to a lockdown.[25]

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[25] According to the Department of Correction's Visitation Reports, in 2018, 453 visitors were unable to visit people in custody due to lockdowns.

- "We miss everything, [especially] our hours out here [which are limited in restrictive housing units]. It's stressful. You don't get to talk to your family, either."
- "I can't talk to my grandma because someone act stupid."
- "Missing visits and recreation left a negative impact on my well-being because I can't see my family for something that had absolutely nothing to do with me, and then on top of that I'm denied my one hour of fresh air."
- "It's not a good feeling when you can't walk around or contact your loved ones, who will make you feel better when you're depressed. They get you through the day."
- "Visits is what we look forward to. Once you take that away, we're [expletive]."
- "It impacts my family ties. They were mad they couldn't see me and they don't want to come visit anymore."

Officers:

Safety and Security:
Although the people locked down feel less safe during lockdown periods, some officers surveyed indicated that they often feel safer when people in their housing units are locked in, particularly in housing units where weapons have been discovered. Four of seven officers interviewed said that they feel "significantly safer" when people are locked in. However, officers felt that people in custody will be aggravated as a result of being locked down, which can create additional tension after the lockdown is lifted:

- "I feel better when they're locked in."
- "When they come out, they're angry."
- "In a big house, lockdowns cause more tension and more fights. There's nothing worse than having a full house and being on lockdown."
- "At the end of the day, them being locked in aggravates them more. But they get over it quickly."
- "Honestly, when they're all locked in, they get violent … During the lockdown, they're angry, upset, I could even say suicidal … After the lockout, they'll curse [you] out."

Nonetheless, officers surveyed believe that lockdowns are an effective tool for instilling calm, acting as a "time out" that separates people in custody from one another and gives them time alone to de-escalate potential conflicts.

- "It calms everything down."
- "Once they are locked down, there is less of a chance of an incident to occur … [A lockdown is] like a timeout."
- "It gives everyone time to chill."
- "Lockdowns are effective when they're used correctly. I think they should be used more."
- "Lockdowns cause a lot of uproar. Lockdowns should be used as punishment, because then [people in custody] are upset at the person who caused the lock-in."

Staff Support:
Several officers interviewed indicated a need for additional staffing on their units during lockdowns. Officers are occasionally called to other posts during lockdowns, either to respond to an active situation or to conduct a search, meaning that housing units are sometimes down officers at moments of heightened tension.

Furthermore, officers are required to round[26] every fifteen minutes during lock-in periods, as opposed to the standard 30, meaning that their duties are increased.

- "[We need to bring] extra staff on the floor when there are lockdowns while the procedure[27] is being done and after. Shows [people in custody] that we mean business."
- One officer suggested that there be Special Response Teams (SRT) in every jail to calm people down and prevent lockdowns.

III. Audit Findings

A. Services Affected

Lockdowns limit access to mandated services. Over half (56%, n=87) of the 155 Area Lock-In Forms submitted for November 2018 indicated that six or more services were affected during the lockdown period, and, per incident, an average of 4.8 services were affected (delayed or cancelled).[28] The most frequently reported affected services were recreation, law library, and visits.

Seventeen percent (17%, n=26) of all Area Lock-In Forms (N=155) did not specify which services were affected by the lockdown incident as is required. It is unclear based on the structure of DOC Area Lock-In Forms whether services were not affected during these incidents or Department staff did not complete this field.

Figure 8. **Number of Services Affected Per Lockdown Incident, November 2018 (N=155 forms)**
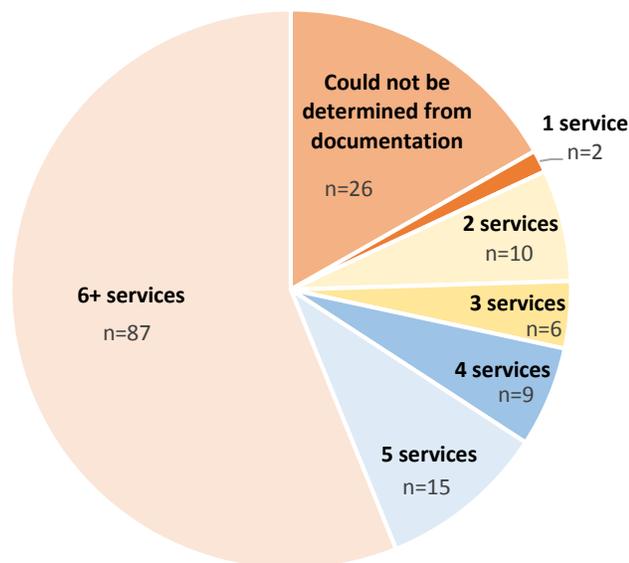
SOURCE: BOC Analysis of DOC Facility Report of Area Lock-In Forms (November 2018)

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[26] "Rounding" is when a staff member walks through a housing area and checks each cell.
[27] Respondent was referring to the process of locking people in.
[28] A service was considered "affected" if it was either delayed or cancelled. Each Area Lock-In Form lists seven services (Law Library, Recreation, Religious Services, Sick Call, Visits, Educational Services, Other). DOC staff are required to check whether or not each service was delayed or cancelled as a result of the lockdown. Board staff totaled the number of times the services were checked as delayed or cancelled on the Area Lock-In Forms.

- Of the 83% (n=129) of forms that indicated services were affected (delayed or cancelled):
    - Ninety-nine percent (99%, n=128) reported that **recreation** was affected.
    - Ninety-four percent (94%, n=121) reported that **law library** was affected.
    - Ninety-one percent (91%, n=117) reported that **visits** were affected.[29]
    - Eighty-eight percent (88%, n=113) reported that **religious services** were affected.
    - Eighty-one percent (81%, n=104) reported that **sick call** was affected.
    - Seventy-three percent (73%, n=94) reported that **educational services** were affected.

Figure 9. **Total Number of Services Affected, November 2018 (N=155 lockdowns)**

Service	Delayed	Cancelled	Total Affected
Recreation	16	112	128
Law Library	11	110	121
Visits	9	108	117
Religious Services	3	110	113
Sick Call	33	71	104
Educational Services	3	91	94
Other	0	68	68
Total	75	670	745

SOURCE: BOC Analysis of DOC Facility Report of Area Lock-In Forms (November 2018)

B. Documentation

Although the Area Lock-In Form discussed above provides a glimpse into the services impacted by lockdowns, the Board's analysis was limited by the information captured on these forms. The Area Lock-In Form only includes six of many services that can potentially be impacted by lockdowns and does not provide a space to indicate explicitly that no services were affected. This ambiguity prevents Board staff from determining whether zero services were indeed delayed or cancelled as a result of lockdowns, or if Tour Commanders did not properly complete the form. As noted above, 17% (n=26) of Area Lock-In Forms did not specify services affected, down from 36% (n=91) in November 2017. However, it is unclear whether this drop indicates that more services were affected in 2018 or that forms were more complete than in the previous year. The forms are also limited in that they do not capture information on the staff resources used to address lockdown incidents.

Since 2017, there has been some improvement in the quality and accuracy of reporting. Lockdown reporting in November 2018 was more consistent than in 2017: Only 1% (n=2) of lockdowns reported in DOC's 24-hour COD report were missing a corresponding Area Lock-In Form, relative to 9% (n=23) in 2017. Similarly, only 1% (n=2)

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[29] Lockdowns affect community members as well as people in custody by impeding visits. According to the Department of Correction's Visitation Reports, in 2018, 453 visitors were unable to visit people in custody due to lockdowns. However, the high number of visit cancellations reported by DOC Area Lock-In Forms in November alone raise concerns about the reliability of these reports. Additional limitations of these forms and concerns regarding the reliability of them are addressed on page 17.

of Area Lock-In Forms in November 2018 reported incidents that were not reported in the COD report, down from 4% (n=10) in 2017.

Area Lock-In Forms in November 2018 were also more complete than in 2017: only one form did not include the Commanding Officer's signature, relative to 36 in 2017. 100% of November 2018 forms (N=155) reported the time the lockdown was lifted, up from 75% in 2017.

Although DOC has improved overall in its completion of Area Lock-In Forms, more improvement is needed in documentation with respect to services affected. In November 2018, only 30% (n=46) of all Area Lock-In Forms (N=155) recorded the time affected services resumed, up from 6% (n=16) in 2017. Though an improvement, that still leaves 109 lockdowns (84%) in November 2018 for which there is no record of the length of time mandated services were affected. This information is crucial to an accurate understanding of the extent to which services are affected by emergency lock-ins.

Specific Recommendations to Improve DOC Documentation:

The Board suggests the following revisions to the Area Lock-In Form to improve the quality of reporting:
- Enter all data on forms electronically to permit consistent data collection and analysis.
- Clearly indicate when no mandated services were affected by a lockdown, to differentiate between incomplete forms and lockdowns where services were not affected.
- Redesign forms to more prominently display the field noting the time at which access to services resumes, to ensure that officers provide this information after each lockdown incident.
- List all mandated services potentially impacted by lockdowns and allow for specification of any affected services not listed (e.g., I-CAN, remote video conferencing for court appearances, group or individual therapy sessions).
- Clarify which medical services in addition to sick call are impacted by lockdowns, including: clinic, medication administration, follow up appointments, and specialty appointments.
- Train staff to report all lockdowns consistently across facilities and housing units.

An annotated copy of the Area Lock-in form with proposed revisions is included for reference in Attachment B.

IV. DOC & CHS Coordination & Impact on Health and Mental Health Services

A significant gap in the Board's understanding of the impact of lockdowns is their effect on the provision of health and mental health services and the corresponding impact on the health and wellbeing of people in custody. DOC's Lock In/Lock out policy does not include protocols for how DOC staff are to communicate with CHS staff when health or mental health services may be affected during lockdowns. CHS does not have an overarching policy dictating how services should proceed or be prioritized during lockdown incidents. Instead, CHS has eleven different policies[30] dictating how specific services should be provided if delayed or missed (as a result of a lockdown or for any other reasons).

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[30] For specific policies outlining staff procedures for service provision and in the case of missed services, reference the following: MH6: Refusal of Mental Health or Discharge Planning, MH8: Mental Health Rounding, MH12: Mental Health Treatment Services, INT 36: Access to Mental Health Services, MH31: Psychotropic Medication, NSG45: Medication Administration and Documentation, NSG89: Directly Observed Therapy Medication Orders, NSG92: Finger Sticks for Blood Glucose, NSG95: Nursing Management of Alcohol Withdrawal, SUDT3: Double Detox, and MED24: Medication Ordering and Administration.

CHS reports to the Board that it continues to respond to medical and mental health emergencies occurring outside of the clinic during alarms, and when non-emergent patients do not present or are not produced for services, they must be recalled immediately or rescheduled for the next available time, depending on individual needs and treatment plans.[31] Timely recall of patients not produced due to lockdowns is vital, particularly for people in custody in need of psychological assessments or mental health treatment.[32] Production of patients for essential services during and after lockdowns is contingent on coordination with DOC staff to facilitate.

In Department facilities, there are three distinct practices for capturing which and when health- and mental health-related services are impacted by lockdowns, each driven by separate entities:

Reports Recording Health and Mental Health Services Impacted by Lockdowns			
Organization	Group	Report	Tracking
DOC	Security Staff	Facility Report of Emergency Lock-In	After an emergency lockdown is lifted, Tour Commanders must complete and forward to the Commanding Officer for review, signature, and distribution. This report records whether sick call (and other non-medical services) was delayed or cancelled.
	Health Affairs	Daily Sick Call Productive Tracking Report	Records the number of people in custody signed up for sick call and the number available, seen, not seen, and not produced. This report indicates whether any housing areas or facilities were not seen for sick call as a result of an alarm[33] or lockdown.
	Health Affairs	Monthly Clinic Production Report	Records the number of people in custody scheduled for clinic appointments[34] and the number available, seen, not seen, and not produced. This report indicates the total number of times people were not produced for clinic as a result of alarms or lockdowns, but does not reference whether sick call was affected.
CHS	CHS	After-Incident Log	When DOC informs CHS staff of a disruption in a facility that will impact CHS services, CHS staff enter incident reports into the Correctional Health Information Reporting Program (CHIRP).[35] Reports capture whether patient production was delayed, cancelled, or otherwise affected for services including clinic production, medication distribution, sick call, medical/mental health follow up appointments, and specialty appointments such as dental, radiology, podiatry, and others.

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[31] Id.

[32] In March 2016, Jairo Polanco Munoz committed suicide in the Manhattan Detention Complex after an appointment for a comprehensive psychological assessment was cancelled due to an extended lockdown. This came after Angel Perez-Rios committed suicide in January of 2016 after missing several medical appointments during lockdowns. https://www.nydailynews.com/new-york/nyc-crime/rikers-inmate-killed-mental-health-check-article-1.2568785

[33] New York City Dep't of Correction, OPS ORD. NO. 16-16 "Facility Response Teams" (defining an alarm as "any situation in a Department facility where a member of service activates his/her personal body alarm, a radio alarm, or calls for assistance in any way."

[34] Clinic services listed include: Directly Observed Therapy (health care professional observes the person taking each dose of a medication), dressing change, nursing follow up, medical follow up, on island specialty clinic, off island specialty clinic, x-rays, dental, and mental health.

[35] Department of Health & Mental Hygiene Correctional Health Services Interdisciplinary Policy #11: Incident Reporting

In order to evaluate the consistency of information being tracked by DOC and CHS and identify any gaps or discrepancies in the data reported, the Board requested the CHS After-Incident Log for "DOC-related event or situation" and the DOC Health Affairs Daily Facility Sick Call Productivity Tracking Report from November 2018. Board staff compared these reports against each other and the 155 paper Area Lock-In Forms ("Facility Report of Emergency Lock-In") for November 2018, which track disruptions to sick call as a result of lockdowns.

When analyzing the impact of lockdowns on medical and mental health services as reported by DOC and CHS, Board staff focused exclusively on sick call. Although lockdowns impact other health and mental health services as well (including medication distribution, clinic, specialty appointments, and follow-up appointments, among others), sick call is the only service tracked across all three of the available reports (Area Lock-In Forms, After-Incident Logs, and the Daily Facility Sick Call Report).

The impact of lockdowns on sick call in November 2018, as indicated by these three reports, is summarized in Figure 10.

Figure 10.

Number of Lockdown Incidents Where Sick Call Was Negatively Impacted, November 2018		
Organization/Entity	**Report**	**Number**
DOC Tour Commanders	Area Lock-In Form	104
DOC Health Affairs Staff	Daily Facility Sick Call Report	8
Correctional Health Services	Incident Log	1

SOURCE: BOC Analysis of DOC Facility Report of Area Lock-In Forms (November 2018), BOC Analysis of Correctional Health Services Incident Log (November 2018), DOC Health Affairs Daily Facility Sick Call Report (November 2018)

There is a significant disparity in different entities' reports of the number of times sick call was impacted by lockdowns in November 2018: DOC Area Lock-In Forms from November 2018 report that sick call was delayed or cancelled due to a lockdown 104 times over the course of the month, while the Daily Facility Sick Call Report indicate eight delays or cancellations due to alarms or lockdowns, and the CHS After-Incident reports cite only one cancellation over the same period. More consistent tracking and communication between DOC and CHS is necessary to understand how often and when health services are impacted by lockdowns and the number of people affected.

Appendix 1: Area Lock-In Form Documentation

Total Number of Lockdowns and Lock-In Forms by Facility, November 2018

Facility	Area Lock-In Forms Provided by DOC	Lockdowns Reported in 24-Hour COD reports
AMKC	1	1
BKDC	14[1]	11
EMTC	18[2]	16
GRVC	36	36
MDC	14	15[3]
NIC	3	3
OBCC	37[4]	36
RMSC	7	8[5]
RNDC	24	25[6]
VCBC	1	1
Total	155	152

SOURCE: BOC Analysis of DOC Facility Report of Area Lock-In Form and DOC 24-Hour COD Reports (November 2018)

Notes:
[1] *One BKDC lockdown incident reported in the 24-Hour COD report had three corresponding Area Lock-In Forms (one form per housing area locked down). One lockdown was reported on an Area Lock-In Form without a corresponding COD report.*
[2] *Two EMTC lockdown incidents reported in the 24-Hour COD Report had two corresponding Area Lock-In Forms each.*
[3] *One MDC lockdown incident was reported in the 24-Hour COD Report without a corresponding Area Lock-In Form.*
[4] *One OBCC lockdown incident was reported on an Area Lock-In Form without a corresponding COD report.*
[5] *One RMSC lockdown incident was reported in the 24-Hour COD Report without a corresponding Area Lock-In Form.*
[6] *One RNDC lockdown was reported as two separate incidents in the 24-Hour COD Report and One incident on the corresponding Area Lock-In Form.*

Missing Information on Area Lock-In Forms

Information Missing	Number of Forms Missing	% of All Forms Audited
Time of Lockdown Incident	83	54%
Time Lockdown Lifted	0	0%
Reason for Lockdown	3	2%
Services Affected*	26	18%
Form Not Signed	1	1%

SOURCE: BOC Analysis of DOC Facility Report of Area Lock-In Form (November 2018)

Attachment A. Area Lock-In Form

THE CITY OF NEW YORK DEPARTMENT OF CORRECTION	
FACILITY REPORT OF AREA LOCK-IN	FORM ALIR-1 (Rev. 11/17/17) Ref. Dir. 4009R-B

Facility:	Date of Lock-In:
Tour Commander (Requesting Lock-In):	Facility Manager (Approving Lock-In):

Area Locked-In:	Type of Area:	Area Inmate Type:
No. of Inmates Locked-In:	☐ Cell ☐ Modular ☐ Sprung ☐ Dormitory	☐ Male ☐ Female ☐ Adult ☐ Adolescent ☐ Young Adult ☐ Detention ☐ Sentenced

Type of Housing:

☐ G.P. ☐ New Adm. ☐ Max . Sec. ☐ Ment. Health ☐ P.C. ☐ Infirm.

☐ Admin. Seg. ☐ PSEG ☐ ESH ☐ Detox ☐ M.O. ☐ Civil ☐ _____ Other

Reason (Include number of inmates involved in incident): _____

_____

_____

_____

_____

IF ADDITIONAL ROOM NECESSARY, USE OPPOSITE SIDE OF FORM.

Refer to:	☐ COD No. _____	☐ UOF No. _____	☐ N/A

Time of Incident: Hrs.	Time of Lock-In: Hrs.	Time COD Notified: Hrs.
Time of Search: Hrs.	Time Lock-In Terminated: Hrs.	Time COD Notified of Termination: Hrs.

Check boxes that apply:	Delayed	Cancelled		Delayed	Cancelled
Law Library	☐	☐	Visits	☐	☐
Recreation	☐	☐	Educational Services	☐	☐
Religious Services (Type) ____	☐	☐	Other ____	☐	☐
Sick Call	☐	☐	Access to services resumed at ____ Hrs.		

Signature of Commanding Officer:	Date:

Distribution: Chief of Department
Bureau Chief of Security
Respective Bureau and Divisional Chiefs

ATTACHMENT B: Proposed Revisions to Area Lock-In Form

THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION

FACILITY REPORT OF AREA LOCK-IN

FORM ALIR-1
(Rev. 11/17/17)
Ref. Dir. 4009R-B

Facility:

Date of Lock-In:

Tour Commander (Requesting Lock-In):

Facility Manager (Approving Lock-In):

Area Locked-In:

No. of Inmates Locked-In:

Type of Area:
- [ ] Cell
- [ ] Modular
- [ ] Sprung
- [ ] Dormitory

Area Inmate Type:
- [ ] Male
- [ ] Adult
- [ ] Detention
- [ ] Female
- [ ] Adolescent
- [ ] Sentenced
- [ ] Young Adult

Type of Housing:
- [ ] G.P.
- [ ] New Adm.
- [ ] Max . Sec.
- [ ] Ment. Health
- [ ] P.C.
- [ ] Infirm.
- [ ] _____ Other (SPECIFY)
- [ ] Admin. Seg.
- [ ] PSEG
- [ ] ESH
- [ ] Detox
- [ ] M.O.
- [ ] Civil

Reason (Include number of inmates involved in incident): _____

IF ADDITIONAL ROOM NECESSARY, USE OPPOSITE SIDE OF FORM.

Refer to:
- [ ] COD No. _____
- [ ] UOF No. _____
- [ ] N/A

| Time of Incident: | Hrs. | Time of Lock-In: | Hrs. | Time COD Notified: | Hrs. |
| Time of Search: | Hrs. | Time Lock-In Terminated: | Hrs. | Time COD Notified of Termination: | Hrs. |

Mandated Services Affected:

Access to services resumed at: _____ Hrs.

Check boxes that apply:	Delayed	Cancelled		Delayed	Cancelled
Law Library	[ ]	[ ]	Visits	[ ]	[ ]
Recreation	[ ]	[ ]	Educational Services	[ ]	[ ]
Religious Services (Type) _____	[ ]	[ ]	Other (SPECIFY) _____	[ ]	[ ]
Sick Call	[ ]	[ ]	No mandated services affected		[ ]

Signature of Commanding Officer:

Date:

Distribution: Chief of Department
Bureau Chief of Security
Respective Bureau and Divisional Chiefs

23

Interview Guide – People in Custody

DATE: DOC FACILITY: HOUSING UNIT: DATE OF LOCKDOWN INCIDENT: INTERVIEWER(S):

Introductory Statement

Hi, my name is _____. I'm with the Board of Correction, an independent oversight agency for the Department of Correction. Here's my business card. Our agency creates the Minimum Standards that the Department must follow. Right now, we are reviewing the use of lockdowns by the Department and obtaining feedback from officers and people in custody about the lockdown process and the impact of lockdowns on people living and working in DOC facilities. We would appreciate hearing your perspective on the lockdown that recently occurred in this housing area. This housing area was recently locked down for _____ hours, and I'd like to ask you some questions about your experience. Participation is voluntary. If you decide to participate, your name and any other identifiable information will not be shared with the Department or anyone else outside the Board of Correction. Additionally, we will not share your answers or the fact that you participated in this process. Responses will not be identified by individual and will be analyzed with responses from others we speak with who have experienced a recent lockdown. Findings from our investigation will be shared in a public report about the Department's use of lockdowns. Can I ask you some questions?

1. Were you in this housing unit during the lockdown on [date]? If yes, do you recall what time the lockdown started?

2. How long do you think that you were locked in?

3. How were you told that your housing unit/facility was on lock down?

4. Why do you think your housing unit was locked down?

5. Did you miss any healthcare services or appointments during this lockdown? If yes, which ones (sick call, scheduled appointment, specialty clinic)?

   □ **If yes:** What impact, if any, has this had on your health?

6. Were you taken out of your cell or housing area at any point during the lockdown?

7. Did you miss any of the following scheduled or unscheduled services during the lockdown period? (check all that apply)
   □ Recreation
   □ Law library
   □ Visits
   □ Religious services
   □ Educational services
   □ Other (please specify)

8. **If yes:** What impact, if any, has missing these services had on your general well-being?

9. During this lock-in period, did you feel (check one):

□ Significantly less safe
□ Slightly less safe
□ The same
□ Slightly safer
□ Significantly safer

Please explain your answer.

10. Immediately after the lockdown was lifted, did you feel (check one):
□ Significantly less safe
□ Slightly less safe
□ The same
□ Slightly safer
□ Significantly safer

Please explain your answer.

11. In the time since the lockdown was lifted, has tension in your housing unit/facility (check one):
□ Increased
□ Decreased
□ Stayed the same

Please explain your answer.

12. Do lockdowns occur frequently in this unit?

13. Is there anything else that you would like to add about your experience before, during, or after this lockdown and its impact on you?

DATE:

DOC FACILITY:

HOUSING UNIT:

DATE OF LOCKDOWN INCIDENT:

INTERVIEWER(S):

INTERVIEWEE:

Introductory Statement

Hi, my name is _____.   I'm with the Board of Correction, an independent oversight agency for the Department of Correction. Here's my business card. Our agency creates the Minimum Standards that the Department must follow. Right now, we are reviewing the use of lockdowns by the Department and obtaining feedback from officers and people in custody about the lockdown process and the impact of lockdowns on people living and working in DOC facilities. We would appreciate hearing your perspective on the lockdown that recently occurred in this housing area. This housing area was recently locked down for _____ hours, and I'd like to ask you some questions about your experience. Participation is voluntary. If you decide to participate, your name and any other identifiable information will not be shared with the Department or anyone else outside the Board of Correction. Additionally, we will not share your answers or the fact that you participated in this process. Responses will not be identified by individual and will be analyzed with responses from others we speak with who have experienced a recent lockdown. Findings from our investigation will be shared in a public report about the Department's use of lockdowns. Can I ask you some questions?

14. Were you on duty in this housing unit during the lockdown on [date]? If yes, do you recall what time the lockdown started and ended?

15. Why was the housing unit locked down?

16. During this lock-in period, did you feel (check one):

□ Significantly less safe
□ Slightly less safe
□ The same
□ Slightly safer
□ Significantly safer

Please explain your answer.

17. Immediately after the lockdown was lifted, did you feel (check one):
□ Significantly less safe
□ Slightly less safe
□ The same
□ Slightly safer
□ Significantly safer

Please explain your answer.

18. Since the lockdown was lifted, has tension in the housing unit/facility (check one):
   □ Significantly increased
   □ Slightly increased
   □ Stayed the same
   □ Slightly decreased
   □ Significantly decreased

   Please explain your answer.

19. Were any mandated services affected by this lockdown (e.g. showers, phone calls, visits)? If yes, how?

20. Do your normal duties change during lockdowns? If yes, please explain.

   a. How does this change make you feel?

21. In your opinion, are lockdowns an effective tool to gain control of a housing area when responding to the following incidents? Check all that apply:

- ☐ Slashing
- ☐ Inmate fight
- ☐ Assault on staff
- ☐ Use of force
- ☐ SRG tension/investigation
- ☐ Intelligence/CIB
- ☐ Inmate tension
- ☐ Search

Please explain your answer.

22. How could lockdowns be used more efficiently?

23. Is there anything else that you would like to add about your experience before, during, or after this lockdown and its impact on you?