

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the
COMMITTEE ON CRIMINAL JUSTICE

Jointly with

COMMITTEE ON OVERSIGHT &
INVESTIGATIONS

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December 10, 2025
Start: 10:09 a.m.
Recess: 12:45 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: Sandy Nurse
Chairperson

Gale A. Brewer
Chairperson

COUNCIL MEMBERS:

Shaun Abreu
Diana I. Ayala
Tiffany Cabán
Shahana K. Hanif
Christopher Marte
Mercedes Narcisse
Lincoln Restler
Althea V. Stevens
Chris Banks
Simcha Felder
Rita C. Joseph

Shekar Krishnan
Frank Morano
Nantasha N. Williams
Julie Won

A P P E A R A N C E S (CONTINUED)

Lynelle Maginley-Liddie
Department of Correction Commissioner

James Conroy
Department of Correction Deputy Commissioner of
Legal Matters General Counsel

James Boyd
Department of Correction Deputy Commissioner of
Strategic Operations

Nell Colon
Department of Correction Deputy Commissioner of
Programs and Community Partnerships

Sherrian Rembert
Department of Correction Bureau Chief, Chief of
Staff

Joseph Caputo
Department of Correction Acting Assistant Chief
at Criminal Justice Bureau and Facility
Operations

Leslie Bushara
Children's Museum Manhattan

A P P E A R A N C E S (CONTINUED)

Tanya Krupat
Osborne Center

Ashley Santiago-Conrad
Freedom Agenda

Michael Klinger
Brooklyn Defender Services

Natalie Fiorenzo
New York County Defenders

Tahanee Dunn
Bronx Defenders

Alexandra Fisher
Legal Aid Society

Julia Tedesco
New York County Defenders

Elizabeth Bender
Neighborhood Defender Services of Harlem

Cecilia Teuber
Bronx Connect

Chaplain Dr. Victoria Phillips
Jails Action Coalition

Tarini Garimella
Osborne Center

Christopher Leon Johnson

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2 SERGEANT AT ARMS: Good morning and
3 welcome to the New York City Council hearing of the
4 Committee on Criminal Justice jointly with Oversight
5 and Investigations. At this time, can everybody
6 please silence your cell phones. If you wish to
7 testify, please go to the back of the room to fill
8 out a testimony slip. At this time and going forward,
9 no one is to approach the dais. I repeat, no one is
10 to approach the dais. Chairs, we are ready to begin.

11 CHAIRPERSON NURSE: [gavel] Good morning.
12 Good morning, everyone, and welcome to today's joint
13 Criminal Justice and Oversight and Investigations
14 Committee hearing on visiting Rikers Island. I would
15 like to recognize my colleagues, my Co-Chair today,
16 Council Member Gale Brewer, Council Members Morano
17 and Cabán online. For incarcerated New Yorkers,
18 receiving visitors strengthens family ties, improves
19 mental health, and facilitates successful reentry.
20 Visits from defense attorneys are critical to
21 adequate representation and case outcomes for
22 incarcerated individuals. However, both members of
23 the public and attorneys have long reported that
24 visits to Rikers Island are characterized by
25 extremely long waits and poor communication from the

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3 Department. For family members, an hour-long visit
4 is a day-long endeavor. Once they make it to Rikers
5 Island, an isolated destination over a mile and a
6 half from the nearest subway station, family visitors
7 must line up and go through initial security
8 procedures at the Central Visits Building, wait for a
9 bus to the jail facility where their incarcerated
10 loved one is housed, go through additional security
11 procedures at that jail, and sit in two additional
12 waiting areas before commencing a visit. A recent
13 investigation conducted by the Council's Oversight
14 and Investigations Division has identified some
15 maddening inefficiencies and inconsistencies in this
16 process. Signage indicating that people visiting
17 with babies can be expedited through security is
18 placed where an individual can only see it after they
19 have already waited. People are told they cannot
20 bring reading materials through the first security
21 checkpoint, even though the Department's visit
22 procedures directive says three or fewer books,
23 newspapers, or magazines can be brought into the
24 facility. Minor improvements could make the visit
25 process more humane. Attorneys visiting their
incarcerated clients go through a slightly different

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3 process, but one fraught with its own set of
4 problems. One facility in particular, the Rose M.
5 Singer Center where incarcerated women are housed has
6 just one attorney meeting room which can cause
7 excessive wait times if multiple attorneys wish to
8 visit clients on the same day. One attorney from the
9 Legal Aid Society told the Council our entire
10 practice has changed because we cannot access our
11 clients in-person. We are taking on fewer clients.
12 We are having less-intensive conversations as a
13 result of the limited attorney/client meeting space.
14 Many of the issues with visiting underscore the need
15 to accelerate the transition to borough-based jails,
16 smaller facilities with newly designed visiting rooms
17 where people will be incarcerated closer to their
18 loved ones in the community and their attorneys.
19 They also confirm the importance of legislation the
20 Council passed earlier this year which would require
21 DOC to establish an online scheduling system for
22 visits to establish a program to improve the
23 experience of child visitors to Department
24 facilities, to conduct a study and publish a report
25 on the feasibility of implementing televisits on
weekend days without reducing the hours for in-person

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3 visits, and to record interactions in which a person
4 in custody is informed about a visitor and refused to
5 attend the visit. But given the importance of
6 visiting, and the delay in Riker's closure, the
7 Department must take steps to improve the visiting
8 process now. The Oversight and Investigations
9 Division's report identified many simple changes the
10 Department of Correction could quickly implement,
11 things like updating the website so that people know
12 how to prepare and what to expect when visiting,
13 providing seating for individuals waiting in line
14 outside, and consistently applying departmental
15 policies. On this issue, I know the department
16 shares our goals. In previous testimony, they've
17 acknowledged that waits are too long and they are
18 working on a wholesale assessment of the visit
19 process, and I look forward to hearing more about
20 that at today's hearing. What I cannot accept,
21 again, is a simple assurance that the review is in
22 process without any additional specifics. We've been
23 here before at our hearings on the grievance process
24 and sexual abuse in city jails over a year ago. The
25 Department told us they were in the process of
reviewing policies and auditing facilities. Much of

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3 what has been promised remains ongoing without an end
4 in sight. Before I pass it over to Gale-- Council
5 Member Brewer, I just want to acknowledge that this
6 is my last hearing as Chair of the Criminal Justice
7 Committee this session. Throughout my time as Chair,
8 I've tried to use my position to conduct rigorous
9 oversight, pass meaningful legislation, and to
10 advance budget priorities that would help us move
11 closer to closing Rikers while never losing site of
12 the fact that while the jails remain open, the people
13 confined there need our support, and the people who
14 work there deserve to be safe. I believe the topic of
15 today's hearing is emblematic of that approach. The
16 borough-based jails will have improved visiting
17 spaces and more accessible to incarcerated
18 individuals, family members and attorneys, but that
19 doesn't mean we shouldn't do everything possible to
20 make the visit process better right away. And I want
21 to acknowledge Council Member Chris Marte has also
22 joined us, and now I turn it over to Council Member
Brewer for her opening statement.

23 CHAIRPERSON BREWER: Thank you very much.
24 I am Gale Brewer, and I Chair the Committee on
25 Oversight and Investigations, and I certainly want to

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3 thank Co-Chair and Chair of the Committee Sandy
4 Nurse. Today, we will be examining the status of
5 visitation at Rikers Island complex, and I certainly
6 like to thank the representatives from the Department
7 of Correction for being here today and for all of
8 their support when we visit. I also want to thank
9 legal service providers, members of the public, the
10 individuals who visit, and my Council colleagues who
11 are part of this proceeding today. Also, Council
12 Member Hanif is on Zoom. For the time being, Rikers
13 Island remains the center of New York City's
14 correctional system. Ideally the facility should
15 rehab detainees, preparing them to reintegrate into
16 their communities once they have served their time.
17 Visits with family and friends are a key part of this
18 process since they maintain social bonds that are
19 essential as part of a detainee's inevitable reentry
20 back into society. The Board of Correction
21 recognizes how essential visitation is to positive
22 outcomes and its minimum standards state that prison
23 should encourage visits from families and friends and
24 attorneys. And I have an interest in this, because I
25 have 35 foster care children, and many of them did,
I'm afraid, end up at Rikers and I've spent a lot

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3 visiting. And then recently, with my Co-Chair and
4 others, we have-- thanks to the Department of
5 Correction, we have been at Rikers and seen some of
6 the challenges that we're talking about today.
7 However, the Council's Oversight and Investigation
8 Division has found the visitation process difficult
9 for detainees and their family and friends. The
10 logistics of visiting are daunting. OID found that
11 the trip to Rikers for a maximum one-hour visit with
12 a detainee entails spending five to six hours on the
13 island. Basically, it's an entire working day. Time
14 is spent in various waiting rooms, on lines, or going
15 through redundant security checks. Most of that time
16 may spent outside, no place to sit or any water to
17 drink. OID observed visitors detained time with
18 detainees for seemingly minor dress code violations.
19 Obviously, as covered dress has provided but people
20 do not know that necessarily in advance and they may
21 not accept it. It has to be clearer what to wear.
22 Then there is the matter of treatment of individuals
23 by Rikers staff. Literally, every visitor
24 interviewed by the Council's OID team said they has
25 poor experiences with Rikers staff. Using words like
rude and nasty, and demoralizing to describe their

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3 treatment. Visitors told investigations that staff
4 seem to arbitrarily and consistently enforce rules
5 [sp?]. And I know that the Department responded that
6 they were upset by this acquisition. I know it's hard
7 to deal with the public. I am quite familiar with
8 how hard it is to deal with the public. But I have
9 to say at the very low hanging fruit level, being
10 positive as a city employee goes a long way. Beyond
11 the poor experience of in-person visitation, OID also
12 found problems with Rikers remote televisit system
13 which is essential for communication between
14 detainees and their legal teams. Despite the
15 flexibility telecommunication should offer, the
16 televisits remain highly limited, only available from
17 8:00 a.m. to 1:30 p.m. on Fridays. Rikers maintains
18 a limited number of televisit slots each week and
19 appointments are often cancelled. Detainees must
20 often wait weeks to reschedule a cancelled televisit.
21 We don't want to reform New York City's correctional
22 system, so they actually put detainees on the path to
23 a law abiding return to normal. In order to do that,
24 we need to address the ordeal of visitation. We
25 should be encouraging healthy connections between the
incarcerated and their families, not punishing people

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3 who make no threat to Rikers, and I look forward to
4 hearing from the Department about how you plan to fix
5 the visitation process. And I'm not saying it's
6 easy, but I know it would go along way towards
7 improving not just the situation for the detainee,
8 but also believe it or not for the family who is
9 often on the edge also, having been on that bus may
10 times myself. Before I conclude, I'd like to thank
11 the following council staff for their work on this
12 hearing: OID Committee staff, Nicole Cata [sp?],
13 Erica Cohen [sp?], Alex Yablon [sp?], the entire
14 Oversight and Investigations Division, and their
15 names are listed in the report that they wonderfully
16 did, Sam Goldsmith, the superstar from my office, and
17 everyone working in the background to make this
18 hearing run smoothly. And I'd like to turn it back
19 to my Co-Chair, Council Member Nurse.

20 CHAIRPERSON NURSE: Thank you, Chair
21 Brewer. I'm going to pass it on Committee Counsel to
22 swear in the administration.

23 COMMITTEE COUNSEL: Thank you. For this
24 hearing we'll hear testimony from Commissioner
25 Lynelle Maginley-Liddie, Sherrieann Rembert, Joseph
Caputo, James Conroy, Nell Colon, and James Boyd. If

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3 you could each raise your right hands? Do you affirm
4 to tell the truth, the whole truth and nothing but
5 the truth before this committee and respond honestly
6 to Council Member questions? Noting for the record
7 that all witnesses answered affirmatively. You may
begin your testimony.

8 COMMISSIONER MAGINLEY-LIDDIE: Good
9 morning, Chair Nurse and Chair Brewer, and members of
10 the Committee on Criminal Justice and Oversight and
11 Investigations. I am Lynelle Maginley-Liddie,
12 Commissioner of the New York City Department of
13 Correction. My colleagues and I are here to discuss
14 visitation, a topic critical to the wellbeing,
15 dignity and successful reintegration of people in the
16 Department's care. The impacts of incarceration are
17 not just borne by those in custody. Their children,
18 their parents, their siblings, and all those who love
19 them serve that time with them as well, and it is
20 those people, those who love them who will welcome
21 that person home and be most vital in supporting
22 successful community reintegration upon release and
23 reducing recidivism. Keeping those bonds alive while
24 someone is incarcerated matters, and we know
25 firsthand that visits are a cornerstone to

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3 maintaining these important connections. This is why
4 the Department has developed and implemented a number
5 of robust nationally recognized programs to support
6 these goals in consultation with nonprofit
7 organizations and other city partners. We are
8 committed to continuing to build on these programs
9 and to improving the visit experience overall. I'd
10 like to highlight a few important initiatives aimed
11 at improving access to visits and improving the visit
12 experience. The Department has a long-standing
13 partnership with the Children's Museum of Manhattan
14 where individuals in custody have the opportunity to
15 visit with their children and families in the museum.
16 We are excited to announce that we've recently
17 expanded this program to the Brooklyn's Children
18 Museum to provide greater access to this wonderful
19 program to children and families from Brooklyn
20 communities. This is a nationally recognized program
21 that embodies the amazing potential that can be
22 realized when leveraging city partnerships and
23 resources. In addition to off-island CMOM visits, we
24 launched CMOM Learning Hubs at multiple locations,
25 including the Rose M. Singer Center, the George R. Vierno Center, the Otis Bantum Correctional Center,

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3 and more recently, the Benjamin Ward Visiting Center,
4 also known as the Central Visits Building. These
5 hubs offer interactive, child-friendly play and
6 learning spaces that give families a warm
7 developmentally supportive environment during their
8 time together. These spaces help reduce some of the
9 unease when visiting within a correctional setting
10 and create opportunities for more meaningful
11 interactions between parents and their children. In
12 addition to these child-friendly initiatives, the
13 Department is proud of its longstanding partnership
14 with the Administration for Children's Services
15 through the Children of Incarcerated Parents Program,
16 also known as CHIP. This is a unique and deeply-
17 meaningful offering designed specifically for
18 children in the Child Welfare System who have a
19 parent incarcerated in our facilities. CHIP visits
20 take place on non-visit days which allows for quieter
21 and more supportive environment for these children.
22 Holding these visits outside the hustle of regular
23 visit operations ensures that young people who are
24 navigating the Child Welfare System and other
25 significant challenges are able to connect with their
parent in a space that feels calm, supervised, and

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3 centered on their emotional needs. Over the years,
4 ACS has also partnered with us during special events
5 such as father/daughter dance and holiday
6 celebrations and has generously donated games,
7 activities, and materials to help us create joyful
8 and supportive environments for children visiting
9 their parents. These efforts demonstrate what is
10 possible when city agencies work together, and they
11 reflect our shared commitment to centering children's
12 needs in this experience. Our child-friendly work
13 also extends through the Visiting and Family
14 Assistance Program, supported by the Mayor's Office
15 of Criminal Justice. Through this initiative,
16 organizations such as Our Children and the Osborne
17 Association provide mothers at RMSC with counseling,
18 parenting curriculum, support during visits, and
19 connections to essential services. Beginning in
20 January 2026, Our Children will maintain a daily
21 presence at central visits to support caregivers and
22 children as they navigate the visit process and to
23 link families to housing resources, benefits, and
24 community-based services. These supports play an
25 important role in strengthening family networks,
reducing the stress of visiting a correctional

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3 facility and improving the overall visit experience
4 for both adults and children. The Department has
5 also expanded its family engagement work through
6 grant-funded programs. With this funding we have
7 been able to strengthen parenting and family
8 connection programming for individuals in our custody
9 and their visitors. This grant allowed us to offer
10 evidence-based parenting classes, enhanced family
11 engagement workshops, and structured supports that
12 help parents maintain meaningful relationships with
13 their children during their incarceration. These
14 services not only improve the visit experience, but
15 also provide parents with the tools and confidence
16 they need to sustain healthy family bonds upon
17 release. This grant funding has also enabled us to
18 deepen our partnership with community-based
19 organizations that specialize in family support and
20 reentry. Allowing our approach to be both trauma-
21 informed and grounded in best practices. These
22 efforts reinforce what research has consistently
23 shown, that strong, stable family connections are one
24 of the most powerful predictors of successful
25 reentry. We will continue to pursue opportunities
that help us strengthen family bonding and improve

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3 outcomes for the people who pass through our system.
4 Together, our partnerships with ACS, MOCJ, and
5 community-based organizations, the expansion of CMOM
6 Learning Hubs and off-island museum visits and other
7 child-focused enhancements illustrate our deep
8 commitment to making the visit process more
9 welcoming, more supportive and more responsive to the
10 needs of families. These efforts would not be
11 possible without strong cross-agency collaboration,
12 and a shared understanding that maintaining healthy
13 family bonds is essential, not only for the wellbeing
14 of the individuals in our custody, but for the
15 children who depend on them. In addition, we welcome
16 the Council support in promoting the free visitor
17 shuttle bus that we offer to all New Yorkers who wish
18 to visit a loved one in our facilities. Since 2018,
19 the Department has offered two free visit buses that
20 run from Harlem 125th Street and downtown Brooklyn
21 directly to Rikers to help reduce transportation
22 barriers for families. Additional information
23 regarding the bus schedules can be found on our
24 website and our staff have already shared it with the
25 Council to disseminate to their networks. We know
that visits have an immediate impact on people's

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3 rehabilitation and behavior while in custody, and
4 whatever we can do to maintain that support is
5 beneficial. The family visit process itself begins
6 at the Benjamin Ward Visit Center, sometimes referred
7 to as Central Visits. I should clarify here that DOC
8 recognizes that family has an expansive meaning and
9 visitors do not have to be related to someone in
10 order to visit. Prior to entering the visit center,
11 visitors secure their personal belongings in lockers,
12 including bags, electronic devices, and any food and
13 drinks that they may have on their person, as these
14 items are not permitted within the facilities.
15 Following this, visitors undergo security screening
16 and then register to visit with their loved one. DOC
17 staff are stationed throughout this process to
18 provide information, answer questions, and generally
19 help guide visitors. There's a child-friendly visit
20 space with CMOM installations in the Central Visits
21 waiting area, as well as a visit facilitator to
22 support child visitors. Following registration,
23 families board a departmental bus to the visit area
24 of the facility where their loved one is housed.
25 Upon arrival, visitors complete a brief secondary
screening and then wait in the facility visit waiting

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3 area for their loved one to be available. Visits can
4 be delayed if there are incidents in the facility
5 that prevent movement, or if the person in custody
6 chooses to finish a program or appointment or engage
7 in other activities to prepare for the visit before
8 being escorted to the visit area. Once the person in
9 custody has been escorted to the visit floor, the
10 visitor meets them, and the visit begins. In
11 facilities where there are child-friendly visit
12 spaces, families and people in custody can utilize
13 this space to play and engage with their child.
14 After the visit has been completed, visitors board a
15 departmental bus and return to Central Visits, and
16 then leave the island via city bus or DOC visitor
17 bus. Though the visit itself lasts an hour, the
18 entire process from arrival to departure can take a
19 long time due to transportation, screening and other
20 operational factors. Throughout the experience,
21 staff work to keep visitors informed, provide support
22 when needed, and make the process a smooth as
23 respectful as possible. The staff who work here
24 understand that connection to loved ones is priceless
25 and something to be cherished. They want to support
visitation because it's the right and humane thing to

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3 do, and because when people are connected to their
4 families and to their futures, our jails are safer
5 for everyone. We of course recognize that the visit
6 process has its challenges and can be daunting for
7 visitors and is in need of improvement, improvements
8 we are diligently working to make. In addition to the
9 expansion of child and family-focused programming,
10 DOC has made substantial investments to visit
11 infrastructure over the years. Most of it self-
12 funded due to the inability to access capital funds.
13 For the first time in decades, the Department is
14 making meaningful investments in the visits process
15 and operation. DOC is closely analyzing procedures,
16 data, and policies that have contributed to a complex
17 and difficult operation for staff and visitors alike
18 over the years. The work is underway, but it must be
19 thoughtful and intentional. Anything short of that
20 will not be-- will not result in real or sustainable
21 improvements. As part of this revamp, we have
22 established a new Executive Director role that will
23 serve as a point of contact for all things visits
24 under the direction of an Associate Commissioner. In
25 collaboration with various stakeholders throughout
the Department, the new Executive Director will

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3 engage in the analysis and long-term planning work
4 that is needed to address some of these issues that
5 we are seeing today and ensure these solutions are
6 effective and sustainable. As Council is aware, DOC
7 is also in the process of developing an online visit
8 scheduling platform. This technology will completely
9 change how the Department manages visits and how
10 visitors experience visits. We are very excited to
11 roll this out in the coming years. Critical to our
12 goal of improving both the visit process and
13 experience is our uniform staff. Public servants,
14 many of whom are parents themselves, who see the work
15 of ensuring people in our care can be connected to
16 their loved ones as essential to serving the public.
17 They have been active participants in our work to
18 improve visits today, especially when it comes to the
19 child-friendly visiting spaces. They make
20 suggestions on how we can do things better, not as
21 officers, but as parents. Staff who frequently
22 engage with visitors are required to participate in a
23 robust annual training that covers topics such as
24 customer service, techniques for working with
25 children, DOC visit and search policies and more.
DOC staff who manage the visit process are

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3 encountering people on what is often an emotional
4 day. Visitors are coming to visit people in their
5 lives while they're in jail which means everyone
6 involved in the process is going through a very
7 difficult time. Our staff take great pride in
8 engaging visitors with care, empathy, and respect
9 during this process. Ensuring that individuals can
access their legal counsel is no less important.

10 Legal visits are critical to ensuring that
11 individuals in custody are able to participate fully
12 in their defense and resolve their case
13 expeditiously. Attorney visits are afforded every
14 day between 8:00 a.m. and 8:00 p.m. and are not time
15 limited. Attorneys begin by checking at the Samuel
16 L. Perry Center where DOC staff verify their
17 credentials and issue a pass. From there, they are
18 transported by departmental bus to the facility where
19 their client is housed. Attorneys go through the
20 same front gate screening procedures as any other
21 individuals entering a DOC facility. Individuals in
22 custody are escorted to the attorney visit booth
23 which is located near the front gate of each
24 facility. These visits are confidential, and unlike
25 family visits, often last several hours. Attorneys

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3 are not permitted to bring laptops in without
4 restrictions and other materials needed to review
5 evidence to discuss case strategy. Similar to family
6 visits, transportation, screening, and other
7 operational factors can delay the start of an
8 attorney visit, and individuals can decline the
9 visit. The Department has worked with defender
10 organizations over the years to address issues that
11 they have raised regarding access and visits and
12 continues to make improvements to the attorney visit
13 experience. In 2024 we updated policy to more easily
14 allow attorneys to bring laptops into facilities for
15 legal visits. We are in the process of upgrading our
16 video visit system platform for professional visits
17 which will provide more reliable remote communication
18 options for video teleconferencing. Additionally, the
19 Department is modernizing the way in which people in
20 custody can access and review discovery materials
21 through the procurement of innovative technology that
22 will be available on the tablets in the coming year.
23 These technology initiatives should help reduce the
24 burden of attorney visits and facilitate better and
25 speedier case processing. We're also actively
reviewing the concerns raised by defender

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3 organizations about visit wait times and facility-
4 specific delays. These issues often stem from dated
5 procedures, the physical constraints of older
6 buildings, or the operational demands of safely
7 moving people throughout the complex, but we remain
8 committed to addressing them. We continue to expand
9 confidential spaces, reinforce escort procedures and
10 improve internal communication so that attorneys can
11 meet with their clients in a timely and consistent
12 manner. Visits of all kind create immediate positive
13 impacts on the wellbeing of people in our care and
14 are closely connected to improve behavior, stronger
15 family bonds, speedier case processing, and better
16 outcomes upon release. We remain committed to
17 finding every opportunity to expand access,
18 strengthen programming, implement creative technology
19 solutions, and create safe and supportive
20 environments where families can remain connected.
21 Thank you for the opportunity to share about the
22 Department's work in these areas.

23 CHAIRPERSON NURSE: Thank you,
24 Commissioner. I want to recognize we've been joined
25 by Council Member Joseph who will be back and I
believe Stevens online. Thank you for that

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3 testimony. I'm going to-- before we start, I just
4 want to really thank the Oversight and Investigations
5 Division in the Council. They always do a great job
6 and we've gone to a couple facilities on Rikers
7 together. They're a great team and I just want to
8 commend them for their work. As an initial threshold
9 question, when DOC had an opportunity to comment on
10 the report, you-- it seemed like there was a
11 questions of whether visits were a right granted to
12 people in custody under the state constitution. So,
13 can you, General Counsel, or you just please clarify
14 DOC's position? Is visiting a constitutional right?

15 DEPUTY COMMISSIONER CONROY: The-- it's
16 actually a complicated legal question, we do
17 recognize. Whether it's a constitutional right or
18 not, it is an inherent right of persons in custody,
19 and we take that very seriously. I don't know that
20 engaging in, you know, legal dissertation as to what
21 the caseload holds, because it's actually under the
22 due process-

23 CHAIRPERSON NURSE: [interposing] No,
24 don't have to. It was meant to be a kind of like to
25 set the tone here whether or not your acknowledged it
was--

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2 DEPUTY COMMISSIONER CONROY:

3 [interposing] No, I understand. It is-- the case
4 load is complicated and there is rights recognized
5 under the due process clause in the state
6 constitution, but again, that's-- we will infer that
7 is irrelevant to the analysis for us, because it is a
8 fundamental right that we recognize and we take
9 seriously.

10 CHAIRPERSON NURSE: Great. I-- great. I
11 accept that, and just for our position, the New York
12 State Court of Appeals has held that contact
13 visitation of reasonable duration is required by the
14 due process clause of the State Constitution. So,
15 just moving on to wait times for family visits. Last
16 fall you all told the Council that you were
17 conducting an internal study and found that wait
18 times were four and a half hours on average, which
19 you said was too long. We agree. Can you clarify
20 where the four and a half hours' time frame started
21 and ended? And if that is something that you all
22 seen as a wait time a standard across all the jails?

23 COMMISSIONER MAGINLEY-LIDDIE: So,
24 generally, the wait time is from-- it starts that

25

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2 four and a half hour period, it starts from
3 registration until the completion of the visit.

4 CHAIRPERSON NURSE: Okay. And you all
5 track this data internally?

6 COMMISSIONER MAGINLEY-LIDDIE: Yes, we
7 do.

8 CHAIRPERSON NURSE: And it's never-- but
9 it hasn't been made public necessarily I don't think,
10 right?

11 COMMISSIONER MAGINLEY-LIDDIE: I believe
12 we provide data.

13 DEPUTY COMMISSIONER BOYD: I don't think
14 so, but it's relatively-- this is part of the
15 assessment at looking at wait times. Traditionally,
16 I don't think it's something that the Department has
17 done.

18 CHAIRPERSON NURSE: Has publicly put in,
19 okay.

20 DEPUTY COMMISSIONER BOYD: No, not just
21 publicly, but assessed. I don't think we've really
22 assessed wait times before in the way we're doing it
23 now.

24
25

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3 CHAIRPERSON NURSE: Okay. how long have
4 you all been tracking and assessing the way you're
5 doing now?

6 DEPUTY COMMISSIONER BOYD: Well, I think
7 once we made that public announcement that we were--

8 CHAIRPERSON NURSE: [interposing] In March
9 when we did the hearing?

10 DEPUTY COMMISSIONER BOYD: doing this
11 assessment, that's when we started looking at this
12 holistically.

13 CHAIRPERSON NURSE: Okay. And so, we
14 don't know if the wait time, if that four and a half
15 hours for you all, your assessment is that that is
16 standard across all jails or there are certain jails
where it's longer?

17 DEPUTY COMMISSIONER BOYD: I mean, it
18 varies, right? I think what's unique about visits is
19 that it's complex, right, and every day is different
20 just as a standard in DOC, right? And so, you got to
21 look at each day-- it could be the visitor, right?
22 It could be the person in custody. Sometimes, it
23 could be staff.

24 CHAIRPERSON NURSE: But on average, which
25 jail takes the longest for a visit?

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3 DEPUTY COMMISSIONER BOYD: That I'll have
4 to get back to you. It just-- it does vary day to
5 day, but I think that is the standard across multiple
jails is that it's averaging about four hours.

6 CHAIRPERSON NURSE: Okay. So, you talked
7 about the-- in March, you agreed it's a long time.
8 You're going to do a wholesale review. You did share
9 some stuff in your testimony today. We'd just like to
10 go over the project details. So, you said you've
11 announced you are-- you hired or are hiring an
12 Executive Director?

13 COMMISSIONER MAGINLEY-LIDDIE: Yes. The
14 individual is awaiting approval at the moment.

15 CHAIRPERSON NURSE: Okay. Okay. And it
16 will be under the supervision of an Associate
17 Commissioner?

18 COMMISSIONER MAGINLEY-LIDDIE: An
19 Associate Commissioner, correct.

20 CHAIRPERSON NURSE: Which--

21 COMMISSIONER MAGINLEY-LIDDIE:

22 [interposing] It will be under security, the
23 Associate Commissioner assigned to security.

24 CHAIRPERSON NURSE: Okay, and so beyond
25 that hiring are there other things that you've

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3 discovered or accomplished so far? Things,
4 protocols, practices that you've implemented since
March?

5 COMMISSIONER MAGINLEY-LIDDIE: So, I can
6 turn it over to our DC of Programs. She can let you
7 know some of the things we've done, but in addition
8 to hiring the Executive Director, also putting in a
9 new needs for the team to support the Executive
10 Director, because this work will be require a team to
11 do that.

12 CHAIRPERSON NURSE: Do you know how many
13 people you all are putting in for?

14 COMMISSIONER MAGINLEY-LIDDIE: I believe
15 it's approximately 12. Yes.

16 DEPUTY COMMISSIONER BOYD: Just to add to
17 that, like, that's a first, to create visit
18 operations as a standalone unit within the
19 Department. That is a first for us, as well as
20 hiring a dedicated manager, non-uniform manager to
21 oversee that operation. That is a first. So, that's
22 how we're recognizing that it needs to be onto itself
23 and be managed directly by an Executive Director.

24 DEPUTY COMMISSIONER COLON: Thank you.
25 My name is Nell Colon. I'm the Deputy Commissioner

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3 for the Division and Programs and Community
4 Partnerships. So, in regards to some of the actions
5 that we've taking, actually starting back in 2019 we
6 began onboarding-- I'm going to mention just a few
7 initiatives-- visit facilitators, and I just want to
8 highlight some of their work, because that started as
9 a one-person initiative and has now grown where we
10 have multiple staff in this role. This role is a
11 non-uniform member of service, again, titled Visit
12 Facilitator. They support children and family
13 visiting, and they particularly manage our CMOM
14 Learning Hubs across the facilities. So, actually
15 throughout 2025, we opened up multiple CMOM Learning
16 Hubs. We currently have them in our central visits.
17 We also have them in our facility GRVC, RMSC, and
18 OBCC. We're expanding to RNDC and then we're working
19 towards having one of these learning hubs in all of
20 our facilities. These visit facilitators help
21 support the use of those learning hubs, making sure
22 that they're actively used with the incarcerated
23 parent, with-- also, in the waiting areas, we have
child-friendly activities, furniture, and--
24 CHAIRPERSON NURSE: [interposing] We've
25 been there actually--

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2 DEPUTY COMMISSIONER COLON: [inaudible]
3 support.

4 CHAIRPERSON NURSE: Council Member Brewer
5 and I went to two of them. They were great. They
6 looked actually very, very nice.

7 DEPUTY COMMISSIONER COLON: Yeah, so this
8 has been long-standing. Actually the CMOM Learning
9 Hubs and all of this work has been starting in 2023
10 and moving through, but we've started to see some
11 major progress in the last year. And just to
12 highlight for the Visit Facilitators to acknowledge
13 where we currently have them, we do have one
14 currently in our central visits. That's a priority.
15 We also have one in RNDC, OBCC, and then we have two
16 pending onboarding, one for the Rose M. Singer
17 Center, and then also for GRVC. So, again, as we
18 expand our capacity to have these visit facilitators,
19 they really helped navigate for families any of that
20 waiting them, but then also the engagement with the
21 parent throughout the visit. And I can--

22 CHAIRPERSON NURSE: [interposing] No,
23 that's good. I mean, it sounds like you all have
24 focused a lot around people with children and
25 families visiting, and that's great, and that's a

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3 hgue priority, and I thank you all for the work you
4 did to improve what the facilities look like. They
5 were very nice. But I do want to continue on. So,
6 for the waiting conditions, I understand that the 4.5
7 hour time frame starts at registration, but people
8 also wait in line outside of the Central Visits
9 building. So, how often do visitors to DOC
10 facilities wait outside of that building, and do you
11 have a sense of how long people wait there?

12 DEPUTY COMMISSIONER BOYD: I mean, I don't
13 think we track that, because I think people are
14 showing up when-- before it opens, right? And so I
15 think because it's kind of a first-come, first-serve,
16 or walk-in basis, people are trying to get in line in
17 advance to be the first one to go through the
18 process.

19 CHAIRPERSON NURSE: So, can you all tell
20 me what you all track? I mean, to get to your 4.5,
21 you said you starting doing that in March. Just can
22 you tell me, like, what are the pieces that you're
23 tracking?

24 DEPUTY COMMISSIONER BOYD: So, we have an
25 application that's called Visitor Express, and as

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2 people come in and are registered, they're registered
3 through Visitor Express.

4 CHAIRPERSON NURSE: Okay.

5 DEPUTY COMMISSIONER BOYD: So, from the
6 beginning of registration at Central Visits until
7 they return back to the Central Visits at the
8 completion of their visit, they have a card that has
9 a bar code, and throughout the process they are
10 scanning, and that's how we are tracking wait times--

11 CHAIRPERSON NURSE: [interposing] So,
12 when hit the registration, then they hit the Central
13 Visits, they do a scan there?

14 DEPUTY COMMISSIONER BOYD: Right. They
15 get a printed ID card with a bar code and as they're
16 waiting in the waiting area--

17 CHAIRPERSON NURSE: [interposing] And then
18 as they go to each stop, they're doing that.

19 DEPUTY COMMISSIONER BOYD: But as they're
20 waiting for the waiting area before they get on the
21 bus to go in the facility, they are scanning.

22 CHAIRPERSON NURSE: Okay.

23 DEPUTY COMMISSIONER BOYD: And when they
24 get to the jail, where they're going to visit the

25

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2 person in custody, they are scanning again. So, kind
3 of throughout--

4 CHAIRPERSON NURSE: [interposing] So you--

5 DEPUTY COMMISSIONER BOYD: the process we
6 are kind of tracking.

7 CHAIRPERSON NURSE: Great. So, my-- I
8 mean, if you have that, then you would be able to
9 know how long people are waiting in between these
10 periods.

11 COMMISSIONER MAGINLEY-LIDDIE: Yeah, we
12 know how long people are waiting in between those
13 periods, but the thing is with your question is how
14 long people are-- so people can come on to the island
15 and register. So, we don't track that period.

16 CHAIRPERSON NURSE: Right. But from
17 registration to Central Visit, you know how long
18 they're there. From Central Visit to the next stop,
19 you know how long they're there, including the bus,
20 because you're scanning at the bus, right?

21 COMMISSIONER MAGINLEY-LIDDIE: Right.

22 CHAIRPERSON NURSE: Yes or no? I'm
23 sorry, I saw some heads move from maybe other staff.

24

25

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3 DEPUTY COMMISSIONER BOYD: Right after--
4 before they get on the bus at Central Visits before
5 they depart, there's a scanner there, too.

6 CHAIRPERSON NURSE: So, you know, I--
7 Chair Brewer and I weren't able to join the
8 investigations team for the visit, and we just-- it's
9 been complicated this last end of term. But our
10 investigator found that it was about 45 minutes
11 waiting outside. So, it would be great if you all
12 could provide that data to us in the follow-up, what
13 you have and what you're tracking so we can
14 understand on average how long are people waiting
15 outside.

16 DEPUTY COMMISSIONER BOYD: I think it
17 would be helpful for some clarity, and we can do this
18 as part of the follow-up of when-- if they were
19 waiting outside before visits opened?

20 CHAIRPERSON NURSE: No, I'm talking about
21 between registration-- between buildings. So, if
22 you're waiting outside in a 20-degree day between
23 registration and Central Visits, or any period that
24 you're--

25 DEPUTY COMMISSIONER BOYD: [interposing] I
26 don't think you're outside if you're wait-- if you've

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3 been processed through registration, we have an
4 inside, indoors, waiting area, and I believe the
5 investigation staff on your team actually saw those
waiting areas for each jail.

6 CHAIRPERSON NURSE: Okay. We'll come
7 back to that. How much seating is available in the
8 area outside of the Central Visits building where
9 visitors wait outside?

10 DEPUTY COMMISSIONER BOYD: I think that's
11 what we're looking for clarity. If there-- there's
12 no seating outside of Central Visits. Once Central
13 Visits opens, people come through. The process
14 begins. So, then you're going through security
15 screening. Once you clear security, then you're
16 actually going to be sitting in the waiting area
17 waiting for transportation to take you to the jail.
18 So, people are waiting online outside, and people
19 likely do that before it opens, right? Because it's
20 a walk-in basis. But once we open and we start
21 processing people, technically people are not waiting
22 outside, right, because we're letting them in. We're
23 processing them, and then once they clear the
24 security screening, they are waiting in the waiting
25 room, and they do that both at Central Visits, as

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2 well as receiving jail as they await for the person
3 in custody visit to start.

4 CHAIRPERSON NURSE: Okay. Does DOC have
5 plans to add seating to the waiting area?

6 COMMISSIONER MAGINLEY-LIDDIE: So, this
7 is part of the assessment that we're doing. Like,
8 you know, we recently included an awning, because
9 people come and they visit and they're waiting for a
10 visit. So, we are assessing all these things, and
11 once we've made a determination, we can let you know,
12 but that's part of the top-down assessment we're
13 doing.

14 CHAIRPERSON NURSE: I mean, so do you
15 know how many people are standing and unable to sit
16 in the waiting area? Do you have that type of
17 information on average?

18 COMMISSIONER MAGINLEY-LIDDIE: We don't
19 have that information.

20 CHAIRPERSON NURSE: Okay. Okay. So,
21 right now, there are two security processing points
22 for every visitor, the Central Visit house and the
23 actual jail facility. This process increases wait
24 times and seems to be the source of confusion and
25 tension for visitors, at least as it's being reported

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3 to us. Why can't visitors be transported directly to
4 the facility they are visiting and be processed once
5 they're-- why have two sets of lockers, two sets of
6 metal detectors, of officers of pat/frisk. If you
can let us know on record.

7 CHIEF REMBERT: Good morning. I'm
8 Sherrieann Rembert, Bureau Chief, Chief of Staff.
9 Can you repeat your direct question?

10 CHAIRPERSON NURSE: Yes. My question is
11 why do we have two sets of everything? If you are
12 being processed more than once on the island, why not
13 just go directly to the facility that you're going
14 to? You have two sets of lockers, multiple sets of
15 metal detectors, of officers, of pat/frisks. My
16 question is more about the efficiency.

17 CHIEF REMBERT: Yes, thank you. The first
18 preliminary set is-- happens at the Rikers Island
19 Control Visit-- Rikers Island Visit Control building,
20 and that said, is really to get your first period for
21 amnesty to discard all the non-permissible items and
22 all items that cannot go inside of Rikers Island as
23 well as the facility. I can provide you a list of
24 items that cannot be--

25

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3 CHAIRPERSON NURSE: [interposing] No, I
4 guess my question is just more of the logistics of
5 stopping. You go through a security check. You get
6 signed in. You've put some stuff in a locker, but
7 then you can take some stuff to the next place. You
get re-- kind of go through the process again.

8 CHIEF REMBERT: Outside of safety
9 security of our person in custody, their loved ones
10 and our staff that, that is an important stop that we
11 need to do both at the hub of Central visits, as well
12 as facility. It's a two-process. It's not to create
13 any bottleneck. It's not to create any longstanding
14 waiting, but it's just for the safety and security of
15 our person in custody, our visitors, as well as our
16 staff.

17 CHAIRPERSON NURSE: So, can you break
18 more down the security rationale?

19 ASSISTANT CHIEF CAPUTO: Good morning.
20 I'm a Acting Assistant Chief Joseph Caputo. I'm in
21 charge of the Criminal Justice Bureau and also
22 Operations, facility operations. So, I understand
23 your question, and you know, the best way to answer
24 it would be there's certain-- there's certain steps
25 that you follow at each area for security, right?

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3 And I don't know if you want me to delve into teach
4 aspect of it, but it would require us to have
5 multiple very expensive machines at each facility as
6 opposed to having them in one location. So, there's
7 part of the process that you go through. They got
8 three machines in Central Visits. Otherwise, we
9 would have to have one of those machines in each
10 single facility, and they would have to use it there.
11 So, that's why it's a centralized screening, and then
12 we do an additional screening once we get to the
13 facility, because there's some items that you are not
14 allowed to bring to Central Visits at all, like the
15 Chief mentioned, then there's some items that you can
16 bring into the facility, but not onto the visit
17 floor. So that's the aspect of the duplicative search
18 which is what you believe it to be, but there's
19 reasons behind it. Does that make sense?

20 CHAIRPERSON NURSE: Yeah, I guess. I
21 understand. I guess it just adds more time in the
22 day, and I think in your assessment it'd be good at
23 least in the follow-up, you could break down the
24 security rationale because if you have a place where
25 people are going through all of that, then to go
through a bunch of that again, you got kids, you got

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3 stuff with you, it just adds a lot more time, and it
4 doesn't necessarily seem to be the most efficient. If
5 you want to you can send a bunch of that stuff to
break it down for us.

6 COMMISSIONER MAGINLEY-LIDDIE: So, we
7 will send it, but this is also part of the assessment
8 that will be done.

9 CHAIRPERSON NURSE: Okay.

10 COMMISSIONER MAGINLEY-LIDDIE: If this is
11 what are the checks that are necessary. What do we
12 do on the second search, but that is under
13 consideration right now.

14 CHAIRPERSON NURSE: Okay. I just have a
15 couple other questions and then I'll turn it over to
16 Chair Brewer. But when-- is there a time frame or a
17 deadline for the end of this assessment period for
18 the visitation?

19 DEPUTY COMMISSIONER BOYD: I mean, I
20 think it has to be ongoing, right? I think
21 historically this has been the visit process for
22 probably years--

23 CHAIRPERSON NURSE: [interposing] I love
24 ongoing--

25

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2 DEPUTY COMMISSIONER BOYD: [interposing]

3 But on--

4 CHAIRPERSON NURSE: [interposing] No,
5 ongoing is--

6 DEPUTY COMMISSIONER BOYD: [inaudible] you
7 want us to be-- you want this to be meaningful and
8 intentional, right? And again, we're not aloof to
9 this process, right? We've had friends and families
10 who went through the visit process. I've been
11 through the visit process myself, right? So, we want
12 to do this and we want to get it right.

13 CHAIRPERSON NURSE: Right.

14 DEPUTY COMMISSIONER BOYD: And I think
15 the significant milestone for improvement will be
16 scheduling visits, right? But I think along the way
17 we can make progress and make some changes. So, I
18 don't want to say like the assessment is going to be
19 some mission accomplished manner. I think it's just
20 going to-- things we're going to have to keep doing
21 to make sure we're refining. We're checking what
22 we've done to make sure it's working.

23 CHAIRPERSON NURSE: Right, but you
24 understand that our job is to hold you accountable to
25 that. So, having some target dates, having some

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3 target goals-- like as an assessment of the
4 visitation process going to take a year? Is it a
5 two-year project? I mean, you have been there long
6 enough to know what a reasonable timeline is for
7 assessing things. We've gone through the same
8 process with the grievances and the sexual assaults.
9 It's an ongoing assessment, but when does it end and
10 when are concrete things put into place and
11 deliverables that you can point to, and say this is
12 how we've actually materially changed and put in
13 different things in place. It would be good to have
14 some sense of what that looks like.

15 DEPUTY COMMISSIONER BOYD: Chair, I have
16 no issues keeping you updated on our progress.

17 CHAIRPERSON NURSE: I know, but I'm not
18 the only person that needs to be updated. It would be
19 great to have some kind of target.

20 COMMISSIONER MAGINLEY-LIDDIE: So, I
21 think this is something we can revisit when we
22 onboard the Executive Director of Visits, because she
23 will be solely responsible for doing this assessment
24 with her team, and so we can circle back with you in
25 terms of a time.

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3 CHAIRPERSON NURSE: Great. And did you
4 say when you expect them to be onboarded? I know you
5 said they were--

6 COMMISSIONER MAGINLEY-LIDDIE:
7 [interposing] They're actually currently pending at
8 OMB right now, so we anticipate it to be very soon.

9 CHAIRPERSON NURSE: Okay, great. I will
10 keep the next few short. Do-- how are we doing on
11 the online visitation system? There was the
12 legislation passed by Council Member Gutiérrez. Do
13 we have-- has the money been put in the budget for it
14 to purchase the software or start that process of
beginning to procure?

15 DEPUTY COMMISSIONER BOYD: So, we-- the
16 procurement process is underway. We do want to look
17 for additional funding, because right now it's self-
18 funded, and I think that's part of the kind of, the
19 challenge of trying to implement this sooner. So,
20 we're probably looking at the next fiscal year to
21 roll this out, but obviously if we can get those
22 resources sooner, that will be helpful. In addition
23 to what the Commissioner alluded to, we are going to
24 need a dedicated team to manage scheduling, right?
25 It's not just implementing scheduling. You're going

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2 to need somebody to manage the scheduling
3 specifically. If someone wants to reschedule or
4 people in custody change locations--

5 CHAIRPERSON NURSE: [interposing] Alright,
6 so it was \$2 million that you estimated you would be
7 needed. Are you saying those had-- those funds are
8 not enough? And how much more do you-- are you
9 looking for?

10 DEPUTY COMMISSIONER BOYD: I would have
11 to follow up with our Finance and IT team, but I
12 think the vendor that we're possibly looking at would
13 be inclusive of scheduling visits for the entire
14 visit universe, inclusive of video visits and
15 televisits.

16 CHAIRPERSON NURSE: Okay. And so you're
17 saying those funds haven't appeared in your budget?
18 The initial \$2 million?

19 DEPUTY COMMISSIONER BOYD: It might be
20 there. I have to follow up.

21 CHAIRPERSON NURSE: Okay.

22 DEPUTY COMMISSIONER BOYD: I just don't
23 know if it's--

24 CHAIRPERSON NURSE: [interposing] Maybe
25 somebody can check while we're doing this hearing.

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3 And then finally, just quickly on attorney visits,
4 and then I'll turn it over to Chair Brewer. At the
5 September Board of Correction meeting, defense
6 attorneys shared a number of systemic issues with
7 timely attorney visits, including excessive wait
8 times, a lack of sufficient confidential meeting
9 space with clients, and a lack of timely
10 communication and coordination. What steps have you
11 all taken since September to address this?

12 DEPUTY COMMISSIONER CONROY: So, with
13 respect to some of the basic complaints regarding the
14 spaces and otherwise, our facilities team did a
15 survey of all the areas and identified spaces. There
16 were things that were brought up such as booths that
17 were too low that created an issue. So, I believe
18 we've identified those areas. We make improvements.
19 Temperature issues were identified which have been
20 rectified to my information. There were issues with
21 the phones that interact. While we could install
22 multiple ones, because one of the issues of concern
23 was that if we had two attorneys visiting or members
24 of the team, you couldn't have them on the same, you
25 know, same call because there was only one handset,
so we've ensured that all the handsets are working.

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2 Installations of other ones is a different issue that
3 we'll have to explore, because I don't know if
4 physically we could actually do that. With respect
5 to the-- you know, there were concerns specifically
6 which is under litigation or at least an appeal
7 relating to the RESH [sic] visits. We've made
8 several attempts to adjust the process. You know,
9 there was issues about having to jump on multiple
10 transportation vehicles. We now have a process where
11 once the attorney checks in, they go directly--
12 they're transported directly to the rear of RESH.
13 And also we've tried to explore ways to have instead
14 of waiting in that-- the area that was of concern for
15 the attorneys, that they're waiting in the visit area
16 itself. Those specific steps with those areas have
17 been undertaken. As we've talked about, the attorney
18 visits are just too long. You know, the wait times
19 are too long, so we're com-- primarily, we're
20 ensuring that the communication is direct and we're
21 also talking about an interim fix regarding robust
22 scheduling and communication with the facilities
23 individually so that once the attorneys arrive at the
24 facility, the person that they're-- the client is
25 there at the time.

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2 CHAIRPERSON NURSE: Okay--

3 DEPUTY COMMISSIONER CONROY: [interposing]

4 You know, we need an interim fix. We can't wait in
5 that universe for the scheduling system.

6 CHAIRPERSON NURSE: Yeah. And my
7 understanding is that Rose M. Singer, RNDC and EMTC,
8 there's only one room available for attorney/client
9 visits. Can you confirm that?

10 ASSISTANT CHIEF CAPUTO: Rose M. Singer,
11 yes. RNDC, no, they have multiple booths.

12 CHAIRPERSON NURSE: And EMTC?

13 ASSISTANT CHIEF CAPUTO: EMTC has
14 multiple booths as well.

15 CHAIRPERSON NURSE: Okay. Okay, I'm
16 going to turn it over for now to Chair Brewer, and I
17 recognize Council Members Narcisse and Restler.

18 CHAIRPERSON BREWER: Thank you very much.
19 In your testimony-- just before-- I have many
20 questions. I thought it was good that you're
21 mentioning that both our children and maybe Osborne
22 are trying to have some kind of dialogue people for
23 follow-up. I was wondering if you could expand on
24 that, because obviously I know and I think we all
25 know the families have many challenges, housing,

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3 health care, school, everything. And I was wonder--
4 and yet, they don't often visit in their neighborhood
5 to have that kind of support. So, if you were to
6 catch them here, but I don't know that one person for
7 Osborne or one person from Our Children could do
8 that. That would be a really good idea to have that
9 kind of support. So, I just was wondering what kind
of services they really offer.

10 DEPUTY COMMISSIONER COLON: Hello, yeah,
11 I'd love to answer that question. So, the Visiting
12 and Family Assistance Program is one of the programs
13 with Our Children and the Osborne Association that
14 we've partnered with specifically around visiting and
15 that specific program does provide-- it's for mothers
16 who are incarcerated, so I just want to highlight
17 that. And for those mothers who are incarcerated,
18 they provide one-on-one counseling, connections to
19 services. So, any type of referral services that are
20 needed, they really go above and beyond in supporting
21 both the families and the community, the caregivers,
22 the children and the mothers. They also provide visit
23 coaching, both for children and for mothers. They
24 provide parenting classes as well. So that program
25 affords really a wraparound look at how we support

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3 our mothers who are in custody and how we support
4 their children and the caregivers. But in addition
5 to that program, something that we are rolling out in
6 January of 2026 is adding our children to our Central
7 Visit location. So, as I mentioned, we do have a
8 Visit Facilitator who's a DOC non-uniformed employee
9 who is at our visit, our Central Visit location, but
10 we are including our children to be able to instantly
connect to families, caregivers, friends, loved ones.

11 CHAIRPERSON BREWER: What would they do
12 while they're there? What would they actually do?

13 DEPUTY COMMISSIONER COLON: So, the goal
14 is that not only are they interacting with visitors,
15 but they are identifying do they need help with
16 benefits, and can they do instant referrals? Is
17 there a way that they can instantly support making
18 sure that somebody has access, whether it's benefits,
19 housing, referrals--

20 CHAIRPERSON BREWER: [interposing] That's
21 a lot in the waiting room.

22 DEPUTY COMMISSIONER COLON: It is, and
23 this is something--

24 CHAIRPERSON BREWER: [interposing] I could
25 do it, but I don't know if everybody could do it. I

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2 could do it. But I'm just saying, that's a rough
3 assignment.

4 DEPUTY COMMISSIONER COLON: Well, we are
5 grateful to our partners at Our Children and the
6 support that they have been providing to families and
7 people--

8 CHAIRPERSON BREWER: [interposing] Okay. I
9 would love to see an update on that. I think it's a
10 great idea. You probably need 20 people to do it if
11 you're going to do it effectively, if I may suggest
12 that. You know, that's what we do all day long,
13 constituent work, and you know, it's a great idea
14 because those families need help, but I think you
15 need more than one person. Just a suggestion. Also,
16 in the waiting room before one o'clock, could we put
17 some benches out there as opposed to waiting-- I
18 mean, I understand that when you get inside there may
19 be obviously places to sit, but outside, is that
20 something that could be considered. I could get a
21 bench if you want.

22 COMMISSIONER MAGINLEY-LIDDIE: As I said,
23 we are assessing and we will make improvements.

24 CHAIRPERSON BREWER: Okay. DOT has lots
25 of benches.

2 COMMISSIONER MAGINLEY-LIDDIE: Okay.

3 CHAIRPERSON BREWER: Just a question.

4 This is an example of somebody. The person waited
5 eight hours before she was told she couldn't see her
6 husband. She was upset. This came from some of the
7 attorneys. And she obviously got upset. She got
8 angry at a Correction Officer, and then she got
9 banned from visiting her husband for 45 days.
10 Apparently, there was no discussion or apology, and I
11 guess that-- and there was no paperwork. So, I want
12 to understand what is required under the minimum
13 standards that led to an Article 78 challenge, and I
14 guess in the end, they got restoration. That's not
15 how it should be, and I'm sure that the interaction
16 with the officer was not pleasant. So, my question
17 is, again, how do we deal with some of these culture
18 issues? They're not easy. I'm not going to say they
19 are, but how do we deal with that again? Maybe
20 that's part of the assessment. And also, how can a
21 department assure that visitors and the advocates and
22 the courts, how can the Department assure that it
23 will improve its ability to implement court orders?
24 That's my question.

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3 DEPUTY COMMISSIONER CONROY: Yeah, I'm
4 sorry. That was a multipart, I think, question. So,
5 I'm not immediately familiar with the circumstance
6 you're talking about, obviously. I think as part of
7 the testimony, the Commissioner, you know, reiterated
8 that there could be numbers of reasons why some
9 visits may be delayed, you know, based on the process
10 and what's happening in the facility itself. So,
11 again, I can't speak as to that specific issue.

12 Implementation of court orders-- all court orders
13 come through my office. I have attorneys that are
14 watching for this on a-- you know, essentially a 24-
15 hour basis, and we immediately communicate with the
16 facilities whenever there is a court order, and not
17 just the facilities, meaning a general email. We
18 refer out to the leadership and include some of our
19 executives around the island. So, I mean, if there
20 are circumstances where court orders are not complied
21 with, it should be to my attention immediately, and
22 usually will be, and you know, I know my team is
23 under direct orders to-- until we get a resolution
and answer, not leave the matter floating.

24 CHAIRPERSON BREWER: Okay. And the
25 culture issue, is that under assessment?

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3 COMMISSIONER MAGINLEY-LIDDIE: So, we do
4 have training, and we can go into detail what that
5 training consists of, but all staff members who are
6 assigned to the visits process, they're required to
7 do a 12-hour training module which includes customer
8 service. I mean, I can give you sort of the details
9 on that, but we found that to be successful. We've
10 actually for the year we have approximately 86
11 percent of our staff trained. They have until the
12 end of the year to complete that. Part of this
13 process includes that training in terms of how you
14 communicate with people coming in. And for the most
15 part, you know, we ensure that that's done, but
16 again, part of the assessment is also going to be
17 looking at the training, whether it needs to be more
18 robust, whether we need to include additional
19 information. Again, this is sort of the active work
20 that we're doing, but currently we do have training
that the staff they take.

21 CHAIRPERSON BREWER: Is that training in-
22 person, online or both?

23 COMMISSIONER MAGINLEY-LIDDIE: It is-- I
24 believe it's a combination, but--

25

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2 DEPUTY COMMISSIONER COLON: [interposing]

3 It's primarily an in-person training.

4 COMMISSIONER MAGINLEY-LIDDIE: Yeah.

5 DEPUTY COMMISSIONER COLON: It's a 12-
6 hour training. And I do just want to highlight
7 recognizing the importance of partnerships. We began
8 working with the Osborne Association in 2024. They
9 actually helped us create a two-hour module. It is
10 titled Strengthening Interactions with Visiting
11 Children, but broadly speaking it's not just about
12 interacting with children, but it's about working
13 with patience and empathy for the visitors who are
14 coming on-site, including how we promote positive
15 visits for children and families, making sure the
16 visiting process is understood from the visitor's
17 perspective. So, it's not just from our perspective.
18 But that training really incorporated this type of
19 information for our staff to see the visit process
20 through a different lens. Osborne Association worked
21 with us to train trainers. So, any person who is
22 facilitating that two-hour module was trained by the
23 Osborne Association to make sure that we are doing
24 this training in fidelity of the goals that were
25 created.

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2 CHAIRPERSON BREWER: Okay, thank you.

3 Our investigator found the dress code issue to be
4 problematic. I think maybe there's not enough
5 information up front, and I know that, you know,
6 people have different ideas about what is
7 appropriate. So, I wanted to know, because we did
8 find that visitors were turned away without being
9 offered the coverups at Central Visits. So, I wanted
10 to understand who gets a coverup, who doesn't? What
11 is the dress code? And again, this is something that
12 could create friction, shall we say, between visitors
13 and the staff.

14 DEPUTY COMMISSIONER CONROY: A couple
15 things with that, Council Member. Our Deputy
16 Commissioner of Public Information and the office
17 that oversees our website, we're coming up with
18 better descriptions of the dress code and finding
19 ways to make it more clear to everyone. I don't know
20 that I could articulate it here myself, but yeah, we
21 could certainly follow up with that as to what it is,
22 but nonetheless, we are going to definitely find ways
23 to better describe what is permitted. We've heard
24 anecdotes as you just mentioned of people being
25 turned away.

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2 CHAIRPERSON BREWER: Yeah.

3 DEPUTY COMMISSIONER CONROY: That should
4 not be occurring. The process would be--

5 CHAIRPERSON BREWER: [interposing] It is.
6 It is occurring according to us.

7 DEPUTY COMMISSIONER CONROY: And it
8 should not be, and that's something when it's brought
9 to our attention, we're making sure that we address
10 the coverups. The t-shirts that are provided are
11 available we confirmed at the facilities. So, what
12 the process is, if someone comes into the Central
13 Visits location and they have an issue with the
14 dress, they will go to the facility at which point
15 they will be offered the coverup. So, we've
16 addressed that aspect already, because that is not
17 part of policy. So, wherever we've heard of these
18 incidents where people are being turned away, that
19 should not be happening, and we've addressed that
20 already and ensured that these coverups are available
21 at every facility.

22 CHAIRPERSON BREWER: Okay, so I mean, my
23 question will be then, when are you updating? Same
24 kind of question Council Member Nurse asked which is
25 what's the time frame on figuring out. I assume that

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2 maybe some of these dress codes are outdated, I don't
3 know, but is that part of the assessment? Are we
4 still in that same assessment mode?

5 COMMISSIONER MAGINLEY-LIDDIE: Right, so
6 it's part of the assessment, but understanding there
7 are things that can be done fairly quickly. The
8 things that can be done fairly quickly which includes
9 identifying what type of clothing people can--
10 appropriate clothing to enter our facilities. That
11 is something that we can do fairly quickly, and the
12 team is already working on that. As soon as that is
13 done, we will upload it onto our website providing
14 the description so people have clarity when they're
15 entering the island. And I can attest to, you know--
16 Chief Caputo also addressed the issue with respect to
17 making sure that clothing is available if people come
18 to the facility to visit with their family member,
19 that they're provided with a coverup there.

20 CHAIRPERSON BREWER: Okay, you're also
21 getting--

22 DEPUTY COMMISSIONER CONROY:

23 [interposing] I--

24 CHAIRPERSON BREWER: [interposing] Go
25 ahead.

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3 DEPUTY COMMISSIONER CONROY: I would just
4 add that when we talk about-- so we don't linger into
5 the New Year, we're talking about weeks this will be.
6 So, we'll have the website updated within, you know,
several weeks.

7 CHAIRPERSON BREWER: I think you also
8 need to make sure-- you know, there's a gender issue
9 here. I have no idea what is or not appropriate, but
10 you do have a situation where the women feel that
11 they are more subject to cover up than the men, and
12 again, I don't know, but I just-- that should be
13 something that you should recognize and figure out
14 how to deal with.

15 COMMISSIONER MAGINLEY-LIDDIE: Exactly.
16 All of that will be factored in.

17 CHAIRPERSON BREWER: Okay. I have a
18 question about-- let's see. I guess-- I still
19 understand, though you explained this, Council Member
20 Nurse. If you are going to the main facility to get
21 checked in and then you have to go to the second, I
22 understand two-- you made it clear. However, is it
23 not possible for the second one to be-- not have to
24 go through a checkpoint again? In the sense that can
25 you not make the same items be available and

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3 necessary so you don't have two times where you do or
4 do not take the books or the water or the whatever?
5 I'm just trying to think of how it could be quicker
and less invasive.

6 ASSISTANT CHIEF CAPUTO: So, the-- I
7 don't think any of our searching is really invasive,
8 but the second-- the second security protocol is lot
9 less timely than the first, and I think that, you
10 know, part of our analysis, and you know, you pointed
11 out that we have the checkpoints and we can look at
12 the time frames and then make an assessment on how
13 long the people are spending on each one and perhaps
14 make several modifications behind that if warranted.
15 But, you know, right now security is paramount,
16 right? There's contraband entering facilities from
17 all different avenues, and you know, I won't even
18 begin to delve into where they're coming from, but
19 visits is one of them, right? So, we take that, you
20 know, as paramount.

21 CHAIRPERSON BREWER: But you haven't
22 figured that out at the first-- at the-- wouldn't
23 contraband have been identified when you come in for
24 the first time at the main checkpoint?

25

3 ASSISTANT CHIEF CAPUTO: So, again, I
4 don't want to-- I can't delve into this too much,
5 because I don't want to give people ideas on how to
evade security, but--

6 CHAIRPERSON BREWER: [interposing] I hear
7 you.

8 ASSISTANT CHIEF CAPUTO: there is items
9 that are caught at both checkpoints.

10 CHAIRPERSON BREWER: Okay.

11 ASSISTANT CHIEF CAPUTO: And things can
12 shift in transit from one place to the other.

13 CHAIRPERSON BREWER: Okay. Just going
14 back also to the waiting time. Is there water at any
15 of these wait points, or a fountain, water fountain?

16 DEPUTY COMMISSIONER BOYD: I don't know
17 if there's a water fountain. I can doublecheck, but I
18 mean, there are vending machines throughout the
19 areas, and I'm sure if someone asks our staff for a
20 bottle of water, I mean we have plenty of bottle
21 water at Rikers Island. I'm sure staff--

22 CHAIRPERSON BREWER: [interposing] Because
23 that seemed to come up as something that's necessary
24 and doesn't exist. So, you're saying it does exist,
25 but you have to know to ask.

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3 DEPUTY COMMISSIONER BOYD: Well, we have
4 vending machines. I'll have to doublecheck about an
5 acutal water fountain, but we have plenty of water
6 bottles on the island, and so we can make sure that
that's available if someone does need water.

7 CHAIRPERSON BREWER: Okay. They wouldn't
8 know to ask unless somebody tells them that they
9 could. I'm just saying that. When people go to
10 Bellevue or Elm Health [sic], obviously, they're ill.
11 Apparently, understandably families would like to
12 visit. How does that work in terms of medical
13 emergencies and family visitations?

14 ASSISTANT CHIEF CAPUTO: Bellevue has a
15 standard visiting procedure just like Rikers Island
16 does. You know, unless there's a medical restriction
17 on an individual, they can still receive visits. If
18 they are not in our prison ward and they're outposted
19 within the hospital, they still are allowed to have a
20 visit, but again, we-- we delve into the medical
21 aspects as long as it, you know, is medically not
22 contraindicated. We do allow them to have visits.

23 CHAIRPERSON BREWER: Okay. And what
24 happens if-- back to Rikers-- what happens if there's
25 a lockdown at a facility? Do the visitors stay there

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3 'til it's cleared? How does it get communicated? All
4 those kinds of issues if there's a lockdown when
there's visitations.

5 CHIEF REMBERT: If there's a lockdown in
6 a facility, it is communicated to the visitor as well
7 as when the person in custody is being known that a
8 visitor is there. It's being communicated to
9 visitors there's a lockdown. So that's one of the
10 reasons why-- that could be one of the reasons why
11 there's a longstanding for the four hours, as well.
12 It's incidents that's driven at the facility that may
13 have it locked down. We let the visitor know, and
14 the visitor can make a determination if he or she
15 will stay or he or she will go.

16 CHAIRPERSON BREWER: Does that happen
17 often in terms of the visiting hours, or hard to
18 know?

19 CHIEF REMBERT: It's hard to know, ma'am.

20 CHAIRPERSON BREWER: Okay. Again, back
21 to the signage and restrooms. So, again, apparently
22 the signage is not great. People don't necessarily
23 know where to go for the restrooms. Is that
24 something that would be improved as time goes on? It

25

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3 seems to me that would be a fairly easy way finding
process.

4 COMMISSIONER MAGINLEY-LIDDIE: Yes,
5 absolutely. That's something that we are looking at.
6 We recognize there is signage, but we know that it
7 can be-- we can include more signage so people have
8 clarity as to where to go and what to expect.

9 CHAIRPERSON BREWER: Okay. Do you know--
10 just again, data-- how many visitors are first-timers
11 or they're repeats? Is that kind of the data that
12 you have as something that you keep?

13 DEPUTY COMMISSIONER BOYD: Yeah, so, for
14 this calendar year to date of December 4th we've had
15 about 79,993 visits altogether, 75 percent of those
16 visits was in-person visits, 20,000 were televisits.
17 And of that number, at least half were repeat
18 visitors this year and all the other-- the remaining
19 half came to the island for the first time this year.

20 CHAIRPERSON BREWER: Okay. That's good
21 data. Thank you. On the lockers, is it clear--
22 again, information is so key to keeping people calm.
23 Does it list on the lockers or on the website, and I
24 should know this on the website anyway, what people
25 should leave in them and what they shouldn't. how

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3 are-- again, how is that information communicated? I
4 think it's clear what you're not supposed to bring in
in the first place.

5 CHIEF REMBERT: Yes, ma'am. So, on the
6 lockers, as soon as you get to Rikers Island, they
7 will give you an announcement as to what you can
8 leave in the locker rooms and what can be--

9 CHAIRPERSON BREWER: [interposing] A
10 verbal announcement?

11 CHIEF REMBERT: A verbal announcement,
12 ma'am, yes.

13 CHAIRPERSON BREWER: Okay. Is there
14 anything on the locker itself in case people are not
15 paying attention?

16 CHIEF REMBERT: No, ma'am, there's
17 nothing on the lockers.

18 CHAIRPERSON BREWER: Is that something
19 that could be added?

20 CHIEF REMBERT: Yes, ma'am.

21 CHAIRPERSON BREWER: That was a request--

22 CHIEF REMBERT: [interposing] We will.

23 CHAIRPERSON BREWER: that we had from the
24 investigator.

25 CHIEF REMBERT: That will be a part--

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2 COMMISSIONER MAGINLEY-LIDDIE:

3 [interposing] Again, it's all part of the assessment,
4 and for more, it's for clarity for people
5 understanding, even prior to coming to Rikers, what
6 is it that they can bring with them and what they
7 should potentially leave at home.

8 CHAIRPERSON BREWER: This new person has
9 a lot of work to do.

10 COMMISSIONER MAGINLEY-LIDDIE: Well,
11 that's why it's not just going to be about a person.
12 It has to be a system.

13 CHAIRPERSON BREWER: That's what I-- a
14 team.

15 COMMISSIONER MAGINLEY-LIDDIE: Yeah.

16 CHAIRPERSON BREWER: That this team--

17 COMMISSIONER MAGINLEY-LIDDIE:

18 [interposing] That's correct.

19 CHAIRPERSON BREWER: Council Member
20 Williams is on Zoom. Just want to make that clear.
21 One question I also had was-- let's see. If you get a
22 complaint, a call about an officer or staff member
23 who is mistreating-- I'm not saying that they do, but
24 there is a complaint, how do you handle that? Again,
25 we did hear that that is a constant refrain, despite

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3 all the amazing training that you do. So how do you
4 handle somebody who apparently has mistreated-- and I
say apparently, because I don't know for sure.

5 COMMISSIONER MAGINLEY-LIDDIE: That
6 matter is investigated.

7 CHAIRPERSON BREWER: And what does that
8 mean?

9 COMMISSIONER MAGINLEY-LIDDIE: It is
10 looked into by the facility, and there's a
11 determination made whether there is-- whether it's
12 substantiated or not.

13 CHAIRPERSON BREWER: Okay. If the person
14 who is visiting needs to go to a bathroom during a
15 visit, do they go by themselves? Are they escorted?
16 How does that happen in terms of the process, and is
17 that our pause? Again, this seems like a minor
18 issue, but important to the visitation?

19 CHIEF REMBERT: Thank you. If the
20 visitor is on a floor and they need to use the
21 bathroom, the visitor is then escorted to the
22 restroom and escorted back.

23 CHAIRPERSON BREWER: Okay. And that-- do
24 they have to go-- have been through searching again,
25 or how does--

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3 CHIEF REMBERT: [interposing] No, ma'am,
4 because they're being escorted from the visit with
5 the visit officer to the restroom and returned.

6 CHAIRPERSON BREWER: Okay. The
7 televisiting is happening or not happening yet?
8 Maybe I should understand this. I know you need
9 funding for it.

10 CHIEF REMBERT: Yes, televisit is
11 happening. It's happening on a Friday.

12 CHAIRPERSON BREWER: Right. And is that
13 enough time? I think it's just a few hours on
14 Friday. Do you get a sense that people want more
15 time or is it popular? Is it used? What-- and I
16 know you have to make an appointment. Sometimes you
17 make an appointment and then it's not kept and
18 there's a lot of challenge-- challenges with the City
19 Council and telecommuting also. So, I know it's not
20 easy, but can you just describe what kind of support
21 you give, how it's working, etcetera?

22 CHIEF REMBERT: Well, we start with
23 access to our website. If you have a phone, iPhone,
24 Android, MAC, PC, IOS 15.1, 15.2, Safari web browser,
25 Chrome web browser, Fire Fox web browser, you can get
access to our website and get access to the televisit

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3 form. That televisit form is quite clear. It's the
4 same-- almost the same process as in-person visits,
5 because you have to register and only people that's
6 registered can be on a televisit. Once you register,
7 it's then submitted. It's submitted, and then after
8 it's submitted then it's manually printed out by our
9 officers. The SOD staff in the Central Visits to
10 manually print and ensure that we juggle the schedule
11 to make sure each televisit is provided with almost a
12 first request the firs time, and we-- or their
13 second-- their second alternative date and time that
14 they want to do televisits. So, in my opinion, I
15 think it's working. In my opinion I think ti's good,
16 and I think it's also another avenue for the
17 Department of Correction that we are showing them
18 that we want them to have a good relationship and
connectivity with their loved ones.

19 CHAIRPERSON BREWER: Okay. Because
20 according to our material, there were like over 260
21 that were not completed, and I know that's difficult.
22 Is there a phone number to call if in fact you're
23 having trouble as the person on the other end?

24 CHIEF REMBERT: Well, you're looking at--
25

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3 CHAIRPERSON BREWER: [interposing] Or is
4 it-- in the city we have great technology folks. I
5 call them all the time. I can give you the number by
6 heart, because that person is like a lifesaver if you
7 can't get through.

8 CHIEF REMBERT: Thank you. If you look
9 at our website, it's clear. We have a robust tutorial
10 and helpful hints on how to--

11 CHAIRPERSON BREWER: [interposing] I hate
12 those FAQs.

13 CHIEF REMBERT: Oh, okay.

14 CHAIRPERSON BREWER: I'm just saying.
15 Generally, you need a phone number. I'm throwing that
16 out. Go ahead. I'm just saying that's something that
17 those of us who are constantly online, say please,
18 please, please give me a phone number to call.

19 COMMISSIONER MAGINLEY-LIDDIE: That's
20 going to be the role of the new ED, right?

21 CHAIRPERSON BREWER: Oh, lords, poor
22 person.

23 COMMISSIONER MAGINLEY-LIDDIE: I think a
24 lot of-- that's going to be this new operation is
25 going to be the go-to for the universe of visits as
well as for staff. I think right-- the process as the

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3 Chief just explained is a vary manual process which
4 is why we want more sophisticated technology to
5 reduce some instances where there's disconnect--
6 disconnecting from televisits and make it more easier
for people.

7 CHAIRPERSON BREWER: Okay. I'll go to
8 Council Member Narcisse has a question and Council
9 Member Abreu is here, and then maybe we'll come back.
10 I have many more. Thank you.

11 COUNCIL MEMBER NARCISSE: Good, I think
12 it's afternoon now at this time-- oh, morning still.
13 Good morning. I was in the tunnel for about 45
14 minutes, so I kind of like lose it a little bit here.
15 So, thank you for being here. Thank you, Chairs. My
16 question, whenever we're talking about incarceration,
17 right, I want to know is the-- the model is more
18 based on rehabilitation, how are we doing? Because
19 other country, I don't want to say that, but they--
20 their approach is about solving problems, and right
21 now, I want to know how are we doing in term of? Do
22 we have statistic on folks that left, you know, go
23 out, and let's say they were incarcerated, when they
24 get in the community, is there any follow up to see
25 how they're doing? In terms, do they finish school

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3 if they started, and if we have information on the
4 children how they're doing? Are they graduating from
5 high school or middle school, and how involved we are
6 mentally with those children? Help me out, because
7 I'm always have to-- I want that. You know, being a
8 nurse, I like the holistic approach. How are we
9 doing?

10 ASSISTANT CHIEF CAPUTO: I mean, just at
11 the outset, I would say that that's a difficult
12 metric to look at in our universe because most of our
13 population are pre-trial detainees. So, they've not
14 yet been sentenced. You know, we only have a very
15 limited universe of people who have been sentenced. I
16 mean, that's really a-- you know, though we operate
17 in a manner to provide programming and other services
18 that address those areas. What happens after the
19 release is not often, you know, part of our purview
20 because they go to the state to serve out sentences
21 sometimes or otherwise released pursuant to whatever
22 court proceeding. So, it's a hard metric for us to
23 contemplate because, again, most of our population is
24 pre-trial while they have charges pending.

25 DEPUTY COMMISSIONER COLON: But that
26 being said, I can't emphasize enough our partnerships

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3 with nonprofit organizations and other city agencies.
4 I can speak to a few different initiatives. I mean,
5 first and foremost we have the MOCJ Reentry Network,
6 and so we have direct referrals. These organizations
7 are coming on island. They're doing transition plans
8 with people in custody, and these are organizations
9 like the Fortune Society, the Osborne Association,
10 these recognizable names that people who are leaving
11 custody can find their buildings, find their
12 locations for follow-up for educational support, for
13 employment support, housing resources, benefit
14 support. And so, I can't emphasize their work
15 enough, because they are really the community
16 partners, and that's through MOCJ. We also in our
17 workforce development program, we have programs that
18 actually as you're participating in them-- I'll use
19 our driving simulator, because it's quite popular in
20 our facilities. As they participate in our driving
21 simulator program, we have resources set up so that
22 when they leave the community, we can help them get
23 their driver's license. We can help them enroll in
24 CDL programming. These funds are available and
25 there's follow-through to make sure that people are
actually getting access into these programs. And I

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2 want to highlight even additional partnerships.
3 We're closely working with DYCD right now. They have
4 also began a new reentry initiative to make sure that
5 people are getting paid internships in the community.
6 It's called the CRED program. And so we're working
7 to see how we refer people in custody into these
8 programs so that they get the services that they need
9 that you're speaking to so that we do not see
10 recidivism, so that we do not see people come back
11 into our custody. So, this is like keenly on our
12 mind of how we support them through programs and
13 through services and referrals. But just to mention,
14 those services are not offered by DOC staff in the
15 community but are offered by our partnerships with
16 program providers.

17 COMMISSIONER MAGINLEY-LIDDIE: And in
18 that vein, talking about reducing recidivism, that's
19 why it's important to us too for our connections with
20 making sure people have these visits, especially
21 seeing your kids and understanding that there's
22 something that you have to work towards. And so
23 having even our partnerships with the Children's
24 Museum of Manhattan, the Brooklyn Children's Museum
25 where they're actually able to go into the community

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3 and play with their child and have, you know, that
4 time in a comfortable setting. It's very important
5 because it provides sort of focus, and that is one of
6 the really sort of cornerstone issues for us at DOC
7 that we're ensuring that that's happening, because we
8 understand the importance of family bonds and family
connections.

9 COUNCIL MEMBER NARCISSÉ: Because once
10 that person entering that cycle, I would call it, you
11 can stop that person. You can help them to stop or
12 they can continue. You get-- this is a breaking bill
13 for me, because once you get to enter that door, it's
14 so difficult. It's difficult to start with, but you
15 enter that door, your family, everything-- this is--
16 you play such an instrumental role in our society.
17 We can build those folks back to serve the community.
18 And another-- before I finish let me ask you that.
19 For the children, how is the partnership with the
20 Department of Education in term of mental health,
21 because mental health is big. So, the therapy
22 they're having, how old that you starting them?

23 COMMISSIONER MAGINLEY-LIDDIE: So, I
24 could--

25

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2 COUNCIL MEMBER NARCISSÉ: [interposing]

3 How old are they starting?

4 DEPUTY COMMISSIONER COLON: I can speak a
5 little bit to that. So, New York City Public
6 Schools, we do have sites on Rikers Island through
7 District 79 and the East River Academy. They do have
8 social workers that work on site for the people who
9 are currently incarcerated, but we are also
10 partnering with the New York City Public Schools to
11 look at how we're supporting children in the public
12 school system who have an incarcerated parent. While
13 DOC's work would be with that incarcerated parent,
14 that we're looking at holistically what can we do to
15 improve whether it's parenting classes for the
16 incarcerated parent and on their end how they can
17 support the children who are in their school system.
18 So, while I don't want to speak to exact age groups,
19 this is a new partnership that we recently did kind
20 of a survey of what type of supports we believe need
21 to be put in place to build out this partnership. We
22 are actively working with our New York City Public
23 School partners, whether it's the folks on-site
24 working directly in our school sites or this
25 partnership with parents.

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3 COUNCIL MEMBER NARCISSSE: Okay. One last
4 one, the health part-- when the person is being
5 transferred-- they were incarcerated-- and they're
6 moving of being upstate, how will the transition of
7 filings [sic] taking place? Or do they have a
8 document, like paper like, or electronically do we
9 send report to the next place where that person
going?

10 ASSISTANT CHIEF CAPUTO: The information
11 is electronically transferred to the state
12 immediately.

13 COUNCIL MEMBER NARCISSSE: So, the state
14 receive everything?

15 ASSISTANT CHIEF CAPUTO: They have full
16 access in real-time even prior to their arrival of
17 their medical information.

18 COUNCIL MEMBER NARCISSSE: Alright, thank
19 you, Chairs.

20 COMMISSIONER MAGINLEY-LIDDIE: It's like
21 the EMR.

22 COUNCIL MEMBER NARCISSSE: EMR, so that's
23 what I wanted to know, too.

24 COMMISSIONER MAGINLEY-LIDDIE: Yes, yes.
25 I know.

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2 COUNCIL MEMBER NARCISSÉ: Alright, so
3 thank you.

4 CHAIRPERSON BREWER: Thank you. Council
5 Member Restler? Alright, he stepped out, but he'll
6 ask questions. He always asks questions. Just back
7 to the question that I had earlier about turning
8 visitors away. Who makes that decision? I gave you
9 an example, theoretical. I don't know the specifics
10 any more than you do, except what I was told. But
11 how does-- can a denial decision be appealed?
12 Obviously, yes, but what's the process? Our
13 investigator did see a visitor leave without a form.
14 So, I want to make sure that there is spot-checking
15 to ensure that visitors who are turned away always
16 receive a form, as is mandated. So, I just want to
17 know if you could comment on that, even though it's
18 nothing specific. How do you make sure that you have
19 that form, because it's mandated?

20 CHIEF REMBERT: Yes. The question is who
21 turns away. The captain and higher have the
22 authority to turn away, but it must be [inaudible]
23 tour commander will get involved. But the captain
24 can turn away based on various different things. If
25 the visitors do not want to clear the magnetometer or

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2 clear the procedures for the search, but it's the
3 captain, it's not the officer.

4 CHAIRPERSON BREWER: Alright, thank you,
5 Council Member.

6 COMMISSIONER MAGINLEY-LIDDIE: And as a
7 follow-up, they should be provided documentation in
8 line with the minimum standards so that it can be
9 appealed.

10 CHAIRPERSON BREWER: Just so you know,
11 it's not happening on a regular basis. Thank you.

12 CHAIRPERSON NURSE: Okay. I have a
13 couple questions from some of our members who are
14 online. We didn't have quorum. But Council Member
15 Stevens had a question that I wanted to ask. When
16 incidents occur and facilities go into lockdown,
17 families are unable to visit or communicate with
18 their loved ones, often for extended periods of time.
19 What steps are being taken to reduce the frequency of
20 these incidents, particularly in housing areas that
21 experience a disproportionate number of lockdowns.
22 How are improving communication systems so families
23 are not left completely without information during
24 these moments?

25

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3 ASSISTANT CHIEF CAPUTO: Alright, thank
4 you for the question. Look, so our approach is to
5 try to minimize lockdowns. We tried to investigate
6 and abate lockdowns as quickly as possible. The
7 communication aspect is a challenge, because you
8 know, these are incident-driven in real-time events.
9 So, you know, there's no way to pre-plan an
10 unfortunate event from occurring. So, if we feel
11 that this is, you know, not going to be an expedient
12 lockdown, we will make sure we give that information
13 to Central Visits so that the families can make a
14 decision whether they wish to try to wait or they
15 wish to come back a different day.

16 CHAIRPERSON NURSE: Okay. Yeah, I think
17 maybe that can be a part of the assessment to just
18 figure out how to-- if there's people expecting to
19 visit somebody and there's a lockdown, how do we kind
20 of quickly figure that out.

21 COMMISSIONER MAGINLEY-LIDDIE: I mean,
22 there are instances and Deputy Commissioner of
23 Programs can speak to this, but there are incidences
24 when we have things that are planned and we still
25 allow those events to continue to proceed, because we
understand the families have been waiting for some

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3 time. So, it-- again, as we're doing this is sort of
4 like in real-time, but we're also making assessments
5 whether or not to proceed with a visit, proceed with
an event. We're not just saying no.

6 CHAIRPERSON NURSE: I appreciate that. My
7 under-- I had heard that years ago a former
8 commissioner actually went through the visitation
9 process themselves. Have you gone through that
10 process?

11 COMMISSIONER MAGINLEY-LIDDIE: I did as
12 an attorney, but not as a commissioner.

13 CHAIRPERSON NURSE: Okay. Has any DOC
14 officials done it recently?

15 DEPUTY COMMISSIONER COLON: Yes, we have
16 members of the Division of Programs. It's something
17 we regularly actually do to see how we can better
18 support in our visit areas.

19 CHAIRPERSON NURSE: Okay. One other thing
20 that was flagged for me in the signage which I think
21 is a pretty simple, easy fix that could have started
22 in March to be honest. There was a question about
23 why not, you know, signage about diapers or there's
24 something about some visitors aren't allowed to bring
25 extra diapers or have complained. And so just simple

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3 things like that, making sure what's on your website
4 matches all the rules for on-site and having those
5 signs earlier visible in the process so people don't
6 go too far along before realizing they're in a
situation.

7 CHIEF REMBERT: Yes. Thank you for the
8 questions. So, on-- under our policies, they said
9 the visitors can bring to two diapers. On the visit
10 floor, you can only have the diaper that's on the
11 baby. But if there's a need to change the baby's
12 diaper, the visitor will be escorted off to change
13 the baby's diaper, and they can resume their visits.
14 And that diaper's located in the facility locker,
15 secure locker.

16 CHAIRPERSON NURSE: Okay, and are there
17 diapers on-site incase there's more than another
18 diaper needed, than the only other one that they've
19 brought? Because if you're there for, you know, 4.5
20 hours, you might need another diaper if there's a
21 baby.

22 CHIEF REMBERT: I can't confirm or deny
23 if I need another--

24 DEPUTY COMMISSIONER COLON: [interposing]
25 Yeah.

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3 CHIEF REMBERT: But yes, there are other
4 diapers there.

5 CHAIRPERSON NURSE: There are? Okay.

6 DEPUTY COMMISSIONER COLON: Yes.

7 CHAIRPERSON NURSE: Okay, great. That
8 would be help-- that would be good to know. Okay, so
9 I just want to back up to some points I asked earlier
10 and just make sure I'm understanding. The estimate
11 is that it take four and half hours to complete a
12 family visit. We're-- our position is that this is
13 an under-estimate. Our investigator arrived at 12:30
14 on a day when visits began at 1:00 p.m. They waited
15 outside until 1:45, so 45 minutes after the beginning
16 of visiting hours. The investigator was then in the
17 locker area waiting to go to through the metal
18 detector and be registered until approximately 2:30
19 p.m. So this means they waited an hour and 30
20 minutes after the start of visiting hours, and it was
21 not tracked. So, the total time for a visit may be
22 more like six hours or seven hours rather than 4.5.
23 so, just to circle back on the-- on this, I
24 understand you're saying you track from registration,
25 but I think it would behoove you all to track earlier
in some way, because-- or even adding the question

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2 when did you arrive into the registration, because
3 that's a huge amount of time to be waiting outside
4 and to be registered. Okay, so circling back to the
5 online schedule funding. It is your position that the
6 \$2 million required to procure this software is
7 considered capital funding?

8 DEPUTY COMMISSIONER BOYD: Yes, that's
9 our understanding.

10 CHAIRPERSON NURSE: And what is the plan
11 given that DOC is ineligible for capital funds?

12 DEPUTY COMMISSIONER CONROY: It's going
13 to be self-funded. I mean, we look for ways,
14 especially since we're expanding it out. We hope to
15 expand it out pretty robustly from what we're
16 obligated to do and what was initially contemplated.
17 So, any of the funding, we will come back and make
18 sure we-- if there is a shortage somewhere, we will
19 articulate that, but we would need that, you know,
20 additional funding to expand it out, because as you
21 know, costs increase as we move along in the process.

22 CHAIRPERSON NURSE: Right. And are you
23 envisioning this to be the full system for even when
24 we transition into the borough-based jails?

25

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2 COMMISSIONER MAGINLEY-LIDDIE:

3 Absolutely.

4 CHAIRPERSON NURSE: Okay, great. And how
5 many people are you anticipating to manage the
6 scheduling system full time?

7 DEPUTY COMMISSIONER BOYD: I think
8 initially it was 12, but I have to confirm.

9 CHAIRPERSON NURSE: 12 people.

10 DEPUTY COMMISSIONER BOYD: 12 [inaudible]

11 COMMISSIONER MAGINLEY-LIDDIE: Yeah, 12
12 plus the Executive Director.

13 CHAIRPERSON NURSE: And this will be
14 fulltime on the-- just the--

15 COMMISSIONER MAGINLEY-LIDDIE:

16 [interposing] On the entire visits process which
17 includes attorney visits.

18 CHAIRPERSON NURSE: Okay.

19 COMMISSIONER MAGINLEY-LIDDIE: Like, all
20 things visits on Rikers Island.

21 CHAIRPERSON NURSE: Okay. I have other
22 questions just as follow-ups from other hearings, but
23 do you-- you have more questions for--

24 CHAIRPERSON BREWER: [interposing] When
25 you have your assessment, and we're all waiting for

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3 this, would there be sort of a family, I would say, a
4 peer group that could give ideas about what works or
5 doesn't work to this new staff person and team?

6 Would that be part of the assessment that would make-

7 -

8 COMMISSIONER MAGINLEY-LIDDIE: We're
9 actually exploring sort of like the questionnaires
10 and sort of feedback to get that from because that's
11 really integral-- that's part of the process,
12 understanding what people are experiencing. And
13 also, once we've implemented our new plans, we'll
14 consistently solicit feedback from people, you know,
15 to understand what's happening, to make sure it's in
line with what we've put in the policy.

16 CHAIRPERSON BREWER: Okay. I mean,
17 obviously, something that's robust in terms of
18 ongoing input would make sense. So I appreciate
19 that, however it gets done. In terms of the attorney
20 visits, that's going to come up I'm sure later on in
21 the hearing. The website says that a legal visitors
22 can schedule meetings with their clients in advance,
23 but we've heard from legal service providers that
24 it's not an option in practice. Can you share more
25 about why this is not happening or is it happening?

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3 DEPUTY COMMISSIONER BOYD: So, that was
4 something that we assessed as part of the assessment,
5 and found that that number was not a helpful number
6 for people to-- for attorneys to schedule visits. So,
7 one of the things that we're looking to explore and
8 pilot next year is an online scheduling form for
9 attorneys to schedule their visits, and we'll have
more information in the coming weeks about that.

10 CHAIRPERSON BREWER: Okay. Do you keep
11 time-- keep track of the average wait time for
12 attorneys? The reason I ask, because when we've been
13 there, attorneys are outside. Obviously, they can't
14 wait inside, and they're complaining endlessly about
15 waiting.

16 DEPUTY COMMISSIONER BODY: So, that's a
17 good question, and that's one of the things that's
18 come up through this assessment was do we track
19 attorneys through the visit process the same way we
20 track families through their visit process, and the
21 answer is no, we don't. So we are looking to do next
22 year as that same visitor express application that we
23 track family visits, use it to track attorney visits,
24 so there's transparency when attorneys arrive, and we

25

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3 can track them throughout the process as they visit
4 their client.

5 CHAIRPERSON BREWER: Okay. We have heard
6 reports from these same providers that they're-- you
7 know, the Department will say the person has refused
8 a visit, but then later when the attorney or the
9 person, the client, is asked about it, they say that
10 that wasn't collect-- was not correct, and they claim
11 that they weren't even notified about the visit. So,
12 I mean, I don't think that's on purpose. I don't know
13 why that would happen. Maybe it's just
14 understaffing, but what is the procedure for
15 notifying a client an attorney is visiting? What is
16 that procedure? And why would that happen that they
wouldn't be told?

17 DEPUTY COMMISSIONER BOYD: Thank you for
18 the question. So, we notify the person in custody
19 that he has attorney visit or she has an attorney
20 visit. An individual has a right to refuse if they
21 choose to and what we do is we would capture that on
22 our body-worn camera.

23 COUNCIL MEMBER BREWER: Alright. But if
24 the person's never told, then he wouldn't be on a
25 camera.

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3 DEPUTY COMMISSIONER BOYD: If the person
4 is never told, they would not captured on camera,
5 correct.

6 CHAIRPERSON BREWER: So that's the
7 question, how-- do you--

8 DEPUTY COMMISSIONER BOYD: Individuals
9 are always told if there's an attorney that comes
10 down to facility for visit a person in custody. They
11 will be told. And it will be captured on body-worn
camera if they refuse.

12 CHAIRPERSON BREWER: Okay. I have one
13 question that is not here, but I have-- I'm very
14 supportive of the women at Rosie's-- everybody knows.
15 But whatever reason, I made a decision-- again, a
16 program issue. They don't get as many visitors.
17 Mostly, people go to visit the men. Okay, I
18 understand that. But I'm wondering what we can do
19 to get more visitors to the women? Is that something
20 that's on your agenda, or is it that part of the
21 assessment?

22 DEPUTY COMMISSIONER NELL: This is
23 something ongoingly on our agenda. We are very
24 keenly aware that women historically and nationally
25 get less visits.

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2 CHAIRPERSON BREWER: It's a national
3 issue, absolutely.

4 DEPUTY COMMISSIONER COLON: And it is
5 something that-- I mean, it's part of why the
6 visiting and families assistants program exists.
7 How can we reduce barriers so that women can have
8 more visits? We've invested in trying to make sure
9 that we have more events-driven visits as well,
10 specifically with our women so that these visits can
11 be longer when they do happen, that they can happen at
12 times that might be not during typical school days or
13 school hours, not during typical visit hours. But we
14 are keenly aware that this is something, again,
15 nationally that women have less visits, and something
16 that we are ongoingly looking to address and support.

17 CHAIRPERSON BREWER: Okay. I mean, so is
18 that something that will be-- that's not happening
19 now, but will happen with this assessment situation,
20 or--

21 DEPUTY COMMISSIONER COLON: It's
22 currently happening now.

23 CHAIRPERSON BREWER: You have to do it by
24 going into the community and figuring out what's
25 going on--

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2 DEPUTY COMMISSIONER COLON: [interposing]

3 Absolutely.

4 CHAIRPERSON BREWER: with that person's
5 family. It's called retail. There's nothing easy
6 about this.

7 DEPUTY COMMISSIONER COLON: Absolutely.

8 And this is why we partner with community
9 organizations, because it isn't a one person job.
10 You mentioned that earlier, and these community
11 organizations have community-based support and why
12 we're constantly looking to see how we can broaden
13 those networks so that women get that additional
14 support.

15 CHAIRPERSON BREWER: So, one of the data
16 points could be increase in visits to women. Would
17 that be something that you would be tracking as a
18 result of hopefully ongoing community outreach to
19 their families and friends?

20 DEPUTY COMMISSIONER COLON: We can
21 absolutely look into that.

22 CHAIRPERSON BREWER: Thank you. Council
23 Member Krishnan is--

24 CHAIRPERSON NURSE: [interposing] So, I
25 don't have any more questions on visitation, but I do

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3 want to circle back to the issue of the grievances
4 process and the sexual assaults. Been-- I've asked
5 about it almost every single hearing that we've had,
6 and I just-- I feel that-- I don't know who will
7 Chair this committee next year. I don't know what
8 DOC leadership will look like next year, but I find
9 it to be one of the saddest things that we've covered
10 here in this council, and there's never been an
11 apology from the City to these women or to the
12 juveniles. So, in April of last year, you all
13 assured us that there was a grievance directive that
14 was being revised. In May of last year, you
15 confirmed a review of the directive had been
16 completed, and that you had told us you'd be able to
17 give us something in the coming weeks. So, it's a
18 year and a half has passed. Just wondering when we
19 will get an update on what has changed, like a clear
directive about the grievance process.

20 DEPUTY COMMISSIONER BOYD: We can give
21 something to you in the next two months. That's the
22 policy process, right? It has to go through a
23 review, right? And if people within the agency-- and
24 it goes through review through senior leadership--
25 don't agree what the stakeholder who is requesting

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3 the revisions, it gets kicked back, right? Because
4 we're not going to promulgate a new policy that we
5 don't think aligns with the Department's vision and
6 improves the process. And so we have had multiple
7 iterations and multiple reviews of this grievance
8 directive. I do know we have a version right now.
9 The Grievance Unit is going through a leadership
10 transition. So we're going to sit down with that new
11 leader in the next couple weeks, not months, but
12 weeks, to let her review it and au pine on if that's
13 the direction she wants to go in with the policy, and
14 if so, it will go through the promulgation process
15 which is another review and then it's shared with the
Commissioner for a final review and sign-off.

16 CHAIRPERSON NURSE: Okay. So, when a
17 year and a half ago and you said you'd have something
18 to share with us in a couple weeks, was that true? I
19 mean, was there something written that you were
20 prepared to share to the Council, or was that just--

21 DEPUTY COMMISSIONER BOYD: [interposing] I
22 mean--

23 CHAIRPERSON NURSE: [interposing] It's
24 like we just keep always get told there's an ongoing
25 assessment. This is a situation where sexual

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2 assault, people violated, raped, sodomized, whatever-
3 - this was really nasty stuff that happened, and I
4 feel like the city has just not stepped up here. Why
5 would it take a year and a half to just get a
6 directive on a simple process of communicating
7 grievances?

8 DEPUTY COMMISSIONER BOYD: I feel like
9 that we're talking about two different things. I
10 think the grievance process and sexual assault--

11 CHAIRPERSON NURSE: [interposing] It's all
12 tied together. There's a breakdown of people filing
13 complaints, filing grievances that has led to the
14 process where-- it was a breakdown of how things are
15 being reported and the way things are being treated
16 where people don't feel like they're getting their
17 sexual assault grievances addressed. And we talked
18 about this in relationship to former sexual assault
19 cases, and you all said you were reviewing the
20 process. You were going over it, and we've just not
21 had anything new.

22 COMMISSIONER MAGINLEY-LIDDIE: So, let me
23 just clarify here. If we become aware of an
24 allegation, it's investigated right away. We also--
25 I had said to you last year that we were going to do

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3 a pre-audit. That's underway right now. I just want
4 to clarify, anything with respect to those types of
5 allegations, they're investigated and there's new
6 leadership over the PREA team, and there's a PREA
audit that's underway right now.

7 CHAIRPERSON NURSE: Great. But there was
8 also to be a review of the way grievances are
9 communicated across the island.

10 COMMISSIONER MAGINLEY-LIDDIE: Okay.

11 CHAIRPERSON NURSE: And you said you
12 would have something for us, and you've not had it.
13 Now you're saying in two months you might have
14 something for us.

15 COMMISSIONER MAGINLEY-LIDDIE: So, we
16 will talk internally, and I'll give you an update
17 next week.

18 CHAIRPERSON NURSE: Okay. I don't expect
19 that to happen, but--

20 COMMISSIONER MAGINLEY-LIDDIE:
21 [interposing] No, I will give you an update next
22 week.

23 CHAIRPERSON NURSE: I appreciate it.
24 Well, you said that last time and we are at this

25

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2 level of tension. So, I don't know what all to
3 expect.

4 COMMISSIONER MAGINLEY-LIDDIE: I will
5 give you-- I will give you an update next week.

6 CHAIRPERSON NURSE: Okay.

7 DEPUTY COMMISSIONER CONROY: I would just
8 reiterate, though, about the grievance process. The
9 grievance covers, you know, complaints of every
10 nature throughout the island.

11 CHAIRPERSON NURSE: For sure.

12 DEPUTY COMMISSIONER CONROY: I don't want
13 to give the impression to anyone that that's the
14 process for reporting any type of sexual assault.
15 That should be made immediately to any personnel, and
16 in that circumstance our PREA team looks at it. We
17 refer out to external enforcement agencies and
18 investigative agencies. They will determine whether
19 or not we are then proceeding or they are proceeding.
20 So, we don't to give the impression that grievances--
21 I appreciate your concern and, you know, what your
22 frustration with the process, but it should be clear
23 that we have-- in any manner we receive a complaint,
24 independent of this grievance process, that we have
25 the system in place, and the Commissioner has

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2 articulated, audited what we have-- is what's
3 ongoing, the PREA audit.

4 CHAIRPERSON NURSE: Okay. I think we're
5 done here. We don't have anyone else? Okay. No, I
6 think they're online. Okay, thank you all. So,
7 we're now going to hear from the public. I now open
8 the hearing for public testimony. I remind members of
9 the public that this is a formal government
10 proceeding and that decorum shall be observed at all
11 times. As such, members of the public shall remain
12 silent at all times. The witness table is reserved
13 for people who wish to testify. No video recording or
14 photography is allowed from the witness table.
15 Further, members of the public may not present audio
16 or video recordings as testimony, but may submit
17 transcripts of such recordings to the Sergeant at
18 Arms for inclusion in the hearing record. If you wish
19 to speak at today's hearing, please fill out an
20 appearance card with the Sergeant at Arms and wait to
21 be recognized. When recognized, you will have two
22 minutes to speak on today's hearing topic. If you
23 have a written statement or additional written
24 testimony you wish to submit for the record, please
25 provide a copy of that testimony to the Sergeant at

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2 Arms. You may also email written testimony to
3 testimony@council.nyc.gov within 72 hours of this
4 hearing. Audio and video recordings will not be
5 accepted.

6 COMMITTEE COUNSEL: I'll call up the
7 first panel. Michael Klinger, Tanya Krupat, Natalie
8 Fiorenzo, Sharon White Harrigan [sp?], Leslie
9 Bushara, and Ashley Santiago-Conrad.

10 CHAIRPERSON NURSE: You can begin at this
11 time, and we'll start your clock. When you're ready.

12 LESLIE BUSHARA: Hello. Thank you for
13 this opportunity to speak today. I'm Leslie Bushara.
14 I'm the Chief Program Officer at the Children's
15 Museum of Manhattan. In the past seven years, the
16 Children's Museum of Manhattan has built a strong and
17 successful partnership and a shared vision with the
18 New York City Department of Correction to keep
19 families connected during incarceration. This
20 partnership is the first of its kind in the country
21 and has deepened and expanded over the years because
22 of the close collaboration and trusted and
23 established work with the DOC team. This program has
24 become a national model with replication efforts in
25 Kansas City and Massachusetts. Our program model, as

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3 you heard earlier, includes in-person visits at CMOM
4 for incarcerated parents, children and their
5 custodial caregivers, and the installation of CMOM
6 learning hubs at Rikers Visitation Centers. The in-
7 person visits happen twice a month at CMOM when the
8 museum is closed to the public. Incarcerated parents
9 and their children are reunited for an afternoon of
10 play and bonding and learning. A visit always
11 includes art-making, music, story time a shared meal,
12 and exploration of the exhibits. All the children
13 receive a backpack filled with books and art supplies
14 to bring home and the families receive a membership
15 to CMOM. Our goal is to make sure that the children
16 and the adults who participate in the program feel
17 welcomed into the CMOM community. The museum hub
18 installations at Rikers are compromised of a suite of
19 engaging components replicated from our current
20 exhibits at the museum and include a New York City
21 green cart and an animal sensory train. We've
22 completed four installations at Rikers. And finally,
23 I would just like to take a moment to share feedback
24 from a family visit in November. This is from the
25 mother of 10-year-old George who attended our program
in November, and his mother said to us, "I can't

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3 believe it, but my son told me that he would give
4 away all his X-box games just for another day like
5 the one we had with his dad at CMOM. My son put the
6 key chain he made at CMOM on his bookbag and he tells
7 everyone at school my dad gave it to me. As a mother,
8 I also feel very grateful for the whole experience.
9 We are all learning to value family. Programs like
10 this inspire my son to be someone in the world." And
11 George's father who is currently incarcerated at
12 Rikers said after the program, "Being at CMOM today
13 is a reminder that we are parents. This made me
14 reflect on my own goals for myself and to be serious
15 about going home. It's like it is my new mission.
16 The mission is to get home and to be with my son and
family. Today was a little preview of freedom."

17 TANYA KRUPAT: Thank you. Thank you for
18 the opportunity to provide testimony today. And to
19 my knowledge, this is the first time a City Council
20 hearing has ever focused on this issue, so I'm really
21 grateful to both of you, Chairs, your committees, and
22 to the staff who issued the report. My name is Tanya
23 Krupat. I'm the Vice President of Policy and
24 Advocacy at the Osborne Center for Justice Across
25 generations. My introduction to visiting on Rikers

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3 dates back 25 years ago when I was at ACS and started
4 bringing children in foster care to visit their
5 parents on Rikers in June 2000. Since this time and
6 over this time, it has given me an appreciation for
7 the importance of visiting, the challenges of
8 interagency work, the tension between security and
9 what visiting is all about, and the enormous
10 importance, and the importance of partnerships. So,
11 I've been advocating and working with DOC to improve
12 [sic] visiting ever since. Visiting affects New
13 Yorkers everywhere, and I really did wish there were
14 more agencies here testify today. Children and
15 families and communities affected by Rikers are
16 everywhere and served by every city agency. This
17 hearing really means a lot, and I want to give a
18 little history because I hope the new person who I'm
19 very excited to hear about and excited to hear that
20 this person will have 12 staff members as well. I
21 hope that one thing that they can do is reinstate the
22 DOC visiting working group that was a result of the
23 Jails Action Coalition asking for this. It was a
24 partnership where we met from 2016 to 2020, only
25 interrupted by COVID, and we were the group that
achieved many of the things you heard today. The

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3 visit greeters which are now visit facilitators
4 model, the free van service, developing the training,
5 all of these grew out of the DOC visiting working
6 group, so I hope that can be reinstated. I'm glad you
7 asked about the duplicative security. I hope that
8 can be examined, and I wanted to also emphasize that
9 visitor expressed to my knowledge does not capture
10 data on visitors under age 16, which is also a
11 serious liability issue for the Department, and I
12 don't think we heard an answer to what happens if
13 there's a lockdown and you're already in the visiting
14 room. What happens to you as well as if you're
15 separated from your inhaler or any mobility device to
16 walk. Lastly, I just wanted to say visiting is not
17 only a lifeline for those in custody and their
18 families, but it also serves Corrections as well, so
19 we look forward to partnering with them and are very
grateful for this hearing. Thank you.

20 ASHLEY SANTIAGO-CONRAD: Good afternoon,
21 Chair Brewer and Chair Nurse and Council Members.
22 Thank you so much for holding this hearing this
23 afternoon. My name is Ashley Santiago and I'm
24 testifying on behalf of Freedom Agenda as the Senior
25 Community Organizer and a member of the Campaign to

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3 Close Rikers, as well as a native New Yorker who has
4 made many painful visits to Rikers Island throughout
5 the years. My nephew who has been diagnosed
6 developmental disabilities, autism, as well as
7 Disruptive Mood Dysregulation Disorder, sat on Rikers
8 Island for two and a half years in dire need of
9 mental health care and healing, and during that time,
10 my family and I made it as much as a priority to
11 dedicate large chunks of our days to head over to
12 horror bridge to bring some joy into day and some
13 into ours, as long periods without getting to see him
14 bothered our souls. A Saturday's visitation process
15 consisted of arriving by 7:00 a.m. and waiting under
16 that hell of a bus shelter to take us over the
17 bridge. The day starts with loads of rules, waiting
18 outdoors while papers are being thrown at you to fill
19 out while you're also trying to take off your shoes
20 and prep for going in through metal detectors, as
21 well as having your fingerprints scanned and traced
22 for drugs. Let me not forget that the visitation
23 protocol was always on the visitors to look up on
24 their own. Traveling to Rikers with my sister and
25 two very young nieces always made me the most
frustrated. Watching guards yell at my three-year-

3 old niece to hurry up, to not touch the dogs as they-
4 - as canine searched us. What did I say? Stand
5 still, face the wall. I said face the wall. Even
6 forcing my three-year-old niece to shake out her
7 diaper. Finally, getting to the jail where my nephew
8 was didn't mean we went straight into a visit.
9 Sometimes we'd be sitting in NIC or GRVC for anywhere
10 from three to five hours in a cramped, airless
11 waiting room just to see him. Also, there are water
12 fountains in these waiting rooms, but they're all
13 decrepit and do not work, and there are also vending
14 machines, but you're paying like five dollars for a
15 pack of Swedish Fish. I'm sorry, I'll be fast. I
16 watched my diabetic sister hold out as long as she
17 could in hopes to see my nephew without her insulin
18 or her pump, and mothers with their newborn babies
19 who would have to leave before getting to their
20 visit, because their child needed to eat every couple
21 of hours and no formula nor baby food is allowed. No
22 one's time is taken seriously until that one-hour
23 visitation is over, and then all of a sudden you hear
24 the guidance of guards, "that's it. Visitation is
25 over. Hurry up if you want to catch the bus. The
next one won't be back for another 30 minutes."

3 That's right, a bus to escort you literally across
4 the street. On some days we'd go through this idea
5 [sic] without seeing my nephew at all. Many times,
6 the Department of Corrections would tell us that my
7 nephew didn't want to come down, even though he knew
8 we were coming and was waiting for our visit. We'd
9 leave crushed, and then he would call us later in the
10 evening letting us know that he waited, but the
11 Department of Corrections never came to get him. And
12 many days we travel all the way to the island just to
13 be told at the entrance, "If anyone is here for
14 OBCC," for example, "please turn around. The
15 building is on lockdown and they won't be getting any
16 visitation." Information that would have been
17 helpful to have before making the long trip there.
18 Although there is no replacement for seeing your
19 loved one in-person, you might think that video calls
20 could help family members stay connected when they
21 just don't have the time or energy to deal with the
22 ordeal of visiting Rikers in-person. But no,
23 actually setting up televisits involved making
24 multiple requests, then waiting for confirmation,
25 confirmation then could be denied or approved down to
the very minute of the scheduled time. Even then,

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2 confirmation didn't hold any value. There'd be times
3 that we'd wait for the guards to bring my nephew down
4 to the computer which often ate a huge chunk of our
5 one-hour visit slot, or they actually never brought
6 him down at all.

7 CHAIRPERSON NURSE: Can I ask that you
8 wrap up? Just because we have a very long list.

9 ASHLEY SANTIAGO-CONRAD: Yes, yes.

10 CHAIRPERSON NURSE: Thank you.

11 ASHLEY SANTIAGO-CONRAD: I'm just going
12 to close out and say for hundreds of families
13 checking in Rikers every weekend, a visit should be
14 brought joy that leaves you feeling-- shouldn't be--
15 should be brought with joy. Instead, you're left
16 feeling defeated and wish that there was a way to
17 bring your loved one back home with you. It's almost
18 like the entire process is designed to deter you from
19 coming to see your loved one. Department of
20 Corrections disrespect will never stop me and the
21 multiple loved ones I used to see coming and going
22 from Rikers. However, if we truly cared about the
23 dignity and human rights for incarcerated people and
24 their loved ones, Rikers wouldn't exist. But while
25 we work to close it, it's imperative that DOC take

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3 real and immediate steps to not just support, but
4 encourage visiting and comply with the laws this
council has passed. Thank you.

5 MICHAEL KLINGER: Is that on? Good
6 afternoon. My name is Michael Klinger. I'm a jail
7 services attorney with Brooklyn defenders. Thank you
8 for the opportunity to provide testimony to this
9 hearing on visiting people held in Department of
10 Correction custody on Rikers Island. Today marks the
11 final hearings of the Committees on Criminal Justice
12 and Oversight and Investigations for this year and
13 for this legislative session. So, we want to begin
14 by thanking Chair Brewer and Nurse and their
15 respective staff and committee staff, not only for
16 today's hearing, but for the leadership and guidance
17 throughout the legislative session. Our written
18 testimony will include stories from the people
19 represent and their families that tend to support
20 today's OID report to the extent they highlight the
21 inconsistent arbitrary and often incorrect
22 application of rules to families and loved ones.
23 These stories are broadly reflective of the
24 experiences of the people we represent and their
25 families. They're not aberrations. They are the

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3 norm. In our remaining time now, we want to ask the
4 Department and the Council to join us in moving
5 beyond recriminations about these failures and
6 instead focusing on what we believe to be fixable.
7 To the extent the problems the visits discussed today
8 reflect a need for better training, supervision, and
9 accountability, the Department can make those
10 adjustments, and future reporting bills to the
11 Council can provide structure and transparency to
12 those efforts. But to the extent these failures
13 reflect a cultural problem at the Department, we urge
14 the Department, the Council and all stakeholders to
15 instantiate and formalize the collaborative working
16 group that met from 2016 to 2020 and that we heard
17 Ms. Krupat refer to. That group not only made
18 meaningful changes to the visit process through
19 dialogue between uniformed and non-uniformed
20 Department staff and advocates, but also produce a
21 full-day training for the Department's visit staff
22 through which officers contributed their own valuable
23 observations, ideas, hopes and criticisms for how
24 best to maintain a welcoming empathetic visit process
25 for families and loved ones. This collaboration,
critically including the voices of Department staff,

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2 represents a path forward, not only as we seek to
3 improve visits on Rikers Island, but as we
4 interrogate every aspect of how New York City works
5 to restore families and communities impacted by the
6 criminal legal system. Thank you.

7 NATALIE FIORENZO: Hi, good morning My
8 name is Natalie Fiorenzo. I'm a Senior Corrections
9 specialist at New York County Defender Services, one
10 of Manhattan's public defense agencies that
11 represents tens of thousands of New Yorkers every
12 year. I want to say thank you to the Council for
13 conducting this crucial investigation and compiling a
14 report on family visitation to Rikers, an issue that
15 demoralizes and further isolates our community
16 members every day. We're currently in peak holiday
17 season. One of the most depressing times of the year
18 to be on Rikers, Island For so many of those
19 individuals who are incarcerated who would love their
20 family members to come visit them at such a family-
21 oriented time of year, they instead to choose not
22 too. The process of visiting a loved one on Rikers
23 Island is not only arduous, but cruel. Families have
24 to wait for hours out in the sun, the rain, the cold.
25 They're often treated as less than human by the many

2 officers they have to encounter through their day.
3 Some of whom seem to make up rules as they go,
4 preventing super visitors of visitees [sic] from
5 their precious time together. They are sometimes
6 ridiculed. Their disabilities and basic needs
7 exploited rather than accommodated. For those who do
8 ask their families to visit, their families cannot
9 always dure this process. Such as the Council's--
10 the process such as the Council's report outlines.
11 For that reason, the Department of Correction offers
12 virtual visits so that families can connect with
13 their incarcerated loved one without going through
14 the trauma of coming in-person. Unfortunately, these
15 virtual visits are offered only once a week for a
16 very short window of time, on Fridays from 8:00 a.m.
17 to 130 P.M. This is during both work and school
18 hours, and is therefore not feasible for many
19 families who need that option, namely working mothers
20 and their young children. Although this
21 investigation was centered on family visitation, it
22 is important to know that like many other systems on
23 Rikers Island, these obstacles are not just confined
24 to the family visitation. It is important to know
25 that like many other systems on Rikers Island, these

3 obstacles are not just confined to the family visit
4 process. Our client's right to their attorneys is
5 thwarted at every turn. Access to counsel is one of
6 our most basic constitutional rights, but the
7 Department of Correction treats it as more of a
8 suggestion. The wait from the time we arrive at our
9 client's facility to actually being in the meeting
10 booth with them averages between two and three hours
11 at a time. That does not include the time it takes
12 to get to the facility from the main building or the
13 time it takes to meaningfully meet with your client.
14 Once you are physically in the room with your client,
15 there's still barriers to an effective meeting, and
16 some facilities there are no chairs to sit in. in
17 others, you have to choose between either only having
18 one visitor which is a language accessibility
19 problem, or having a non-confidential legal visit in
20 a separate area. In other facility, you have to risk
21 getting locked in an intake cell for 45 minutes, an
22 hour or more, with no person in sight to let you out.
23 I am almost done. I'm so sorry. These are the
24 roadblocks that occur when you actually end up seeing
25 your client. There's another trend in the
Department, the trend of false refusals. On average,

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3 I would say about 60 percent of the time I'm told a
4 client refused my visit, they did not. I discover
5 this by either the client themselves telling me the
6 next time I see them, or the fact that If you call
7 the right person at the Department in the moment of
8 this alleged refusal, your client magically appears
9 within 10 or 15 minutes. On a whole, this system is
10 broken and un-constitutional, hindering access to
11 clients for us and family for others is the norm
12 here. I hope this investigation and the Council's
close, close attention will change that. Thank you.

13 REVEREND DR. WHITE-HARRIGAN: Great
14 morning. My name is the Reverend Doctor Sharon
15 White-Harrigan, Executive Director of the Women's
16 Community Justice Association, also known as WCJA,
17 home to the Beyond Rosie's Campaign, Justice for
18 Women Taskforce, and Saint Kofer [sp?] Place House of
19 healing. And I stand here-- I'm here today to not
20 just be an advocate, but as the voice for the
21 countless families whose lives are fractured by the
22 inhuman reality of visitation at Rikers Island, as
23 well as a formerly incarcerated woman. This isn't
24 just about the policy. It's about dignity, human
25 connection and the fundamental right to maintain

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2 familial bonds. And while we acknowledge the
3 report, thank you. We commend the passage of Intro
4 420, 102026, and 1023. These laws on paper offer a
5 blue print for progress, child-friendly visits,
6 transparent record-keeping, and online schedule
7 system, but to be clear, legislation is only as
8 powerful as its implementation, and far too long the
9 Department of Corrections have treated family
10 visitation as a burden, not as a human right or a
11 critical healing tool. The stories we hear are not
12 anecdotes. They're not anecdotes. They are systemic
13 failures. Imagine a parent holding their infant
14 waiting six or seven excruciating hours at Rikers,
15 only to be turned away at the arbitrary whim of a
16 cutoff point. Children whose visits are explicitly
17 legislated to be supportive are denied essential
18 items like bottles whose families-- while families
19 are subject to invasive security screenings with
20 document 85 providers false positive rates. That
21 creates undue trauma and suspicion. This isn't just a
22 Rikers problem. These same floor technologies plague
23 our upstate prison system, extending the reach of
24 this injustice and disproportionately affecting
25 women. Even the most basic needs like access to the

3 bathroom or the right to keep a walker or asthma
4 inhaler are routinely compromised. These are not
5 isolated incidents. They are the direct consequences
6 of a broken system that lacks compassion,
7 accountability, and proper oversight. The absence of
8 the once affective DOC visit work group which
9 actively engaged community representatives is a
10 glaring omission. So, the current approach is not
11 just inefficient, it is actively tearing families
12 apart, undermining public safety and perpetuating a
13 cycle of trauma. So, Council Members, your
14 legislative efforts have laid the groundwork. Now,
15 we implore you, demand more than mere compliance.
16 Demand the complete cultural transformation within
17 DOC. Hold them accountable for every minute of
18 delay, every indignity suffered, every family bond
19 needlessly severed, and also ensure that Intro 420,
20 1026 and 1023 and I know the latter is in 2027-- are
21 implemented with urgency and integrity that they
22 deserve. Rikers can never be a place of dignity for
23 people, but we can map human connection and we an
24 prioritize that where dignity is restored for the
25 people, where the laws genuinely serve the people
that they are intended to protect. Thank you.

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3 CHAIRPERSON NURSE: Thank you. We'll now
4 call up the next panel. Thank you all for your
5 testimony. Any questions? Oh, sorry. There's a
question.

6 CHAIRPERSON BREWER: I have one question
7 for Osborne. I am concerned. I want to know is it
8 true what was said earlier that there is somebody
9 there working with the families and if there's
10 somebody with not just the persons who are detained,
11 but the families who are coming in, is that
12 happening?

13 TANYA KRUPAT: I believe what was
14 described, that will be happening in the Central
15 Visit Houses, a new contract with Our Children. I
16 totally agree with you about the number of people who
17 would be needed to do that. I think it's one staff
18 member that Our Children is staffing.

19 CHAIRPERSON BREWER: Okay, thank you.

20 TANYA KRUPAT: Forthcoming.

21 CHAIRPERSON NURSE: Thank you for your
22 testimony. Next up we have Julia Tedesco [sp?],
23 Tahnee Dunn, Liz Bender, Alexander Fisher, and
24 Barbara Manu. And you can begin when you're ready.

25

3 TAHANEE DUNN: Thank you. Before I start
4 my testimony, I would like to express my condolences
5 to the family of Armamis Fuse [sp?] who was the 14th
6 person in custody to die this year while be detained
7 at Rikers Island. Good afternoon. My name is
8 Tahane Dunn. I am the Director of the Prisoner's
9 Rights Practice and the Criminal Defense attorney at
10 the Bronx Defenders. Thank you for the opportunity
11 to testify this afternoon. Visitation issues at
12 Rikers Island are not a new phenomenon. There has
13 been litigation on this topic such as in Benjamin v.
14 Fraiser [sp?] in 2001 where the Second Circuit held
15 that Rikers Island delays regular exceeding 45
16 minutes violated the rights of pretrial detainees,
17 because the delays were an unreasonable burden on
18 their rights to prepare defense and to access the
19 courts. These rights were at the crux of every
20 criminal case, but are wholly illusory if the
21 attorney/client relationship cannot be meaningfully
22 fostered. When a person is in pretrial detention,
23 the only way to develop that relationship and move
24 cases forward is through legal visits. Over the
25 years, countless records have been made in public
hearings just like this one where criminal defense

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3 attorneys and advocates have implored elected
4 officials and oversight agencies to help fix the
5 ongoing obstacles that plague our ability to see our
6 clients detained at Rikers Island. The truth is, not
7 much is a change, and in fact, things are getting
8 worse. In my capacity as a criminal defense
9 attorney, I have experience in those barriers to
10 accessing my clients, and in my capacity as the
11 Director of the Prisoner's Rights practice, I am
12 constantly communicating with those in custody and
13 their advocates. The most prominent issues are
14 outrageously long wait times for legal visits. This
15 is across the board at every facility. However, some
16 facilities are worse than others. It is usually sheer
17 luck if you are able to see your client in a timely
18 manner, and that luck is generally due to a good
19 escort being available. But at facilities like RNDC,
20 it is not unusual for an advocate to wait upward of
21 two hours to see their client. Similarly, wait times
22 at EMTC, GRVC and RESH [sic] can be as long as three
23 to four hours. As stunning as this sounds, it is
24 truly a common occurrence. And there are seldom
25 valid reasons for the excessive delays. A catch-all
reason is lack of escorts. Nor is there any sense of

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3 importance or urgency exhibited by officers in charge
4 of the process. At GRVC last month, my co-counsel
5 and I went to visit on a Sunday. We were in the
6 middle of trial and needed to prepare our client for
7 testimony-- or I'm sorry, to testify. After waiting
8 more than three hours and speaking to three separate
9 captains about the delay, he was brought down and
10 left in the legal visiting area for 20 minutes before
11 we were notified. When we asked him what was the
12 hold-up, he said there was none. An officer had just
13 come to his housing area to inform him of the visit.
14 He had no idea we had been waiting as long as we had.
15 A captain later interrupted our visit to tell me that
16 if I wanted to see my client in a timely fashion, we
17 should come during the week during regular business
18 hours. When I reminded the captain that we were in
19 fact there during regular business hours, I was met
20 with hostility and rudeness. Equally as frustrating
21 are the alleged refusals for our clients which on
22 many occasions proved to be untrue. Most recently I
23 had a client at RNDC whose case was in a hearing and
24 trial posture, thus visiting him was essential. His
25 legal team and I were on three-- went on three
consecutive occasions and were told he refused that

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3 visit. When we pushed back stating he was
4 anticipating our visit, we were met with flippant and
5 dismissive attitudes. When we spoke to him later, he
6 assured us that he had not refused, rather no one had
7 come to his housing area to notify him of the visit.
8 This happened with many virtual visits, too,
9 essentially cutting us off from access to our client
10 for over a month. These experiences are not unique
11 to me, nor are they unique to one facility. The
12 advocates at my office have these experiences at
13 every facility on a daily basis. I receive dozens
14 and dozens of complaints from our staff and our
15 clients every month. It is appalling. The New York
16 City Department of Correction cannot continue to
17 function at such a low standard. Things have to
18 change. No other jurisdiction allows for their jails
19 to function this way. It is completely unacceptable,
20 and it is time to insist that DOC stop making
21 excuses for their dysfunction. It is time to hold
22 them accountable. I just want to take two seconds to
23 respond to the RESH litigation. I was there two weeks
24 ago. We were taking to the back of the facility, but
25 I was taken in the back of a van that did not have
seats available. So we were sitting literally on

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3 wood slabs and sat outside of the facility in that
4 car on wood slabs for about 20 to 30 minutes. So
5 there are lots of outgoing issues, and I will submit
written testimony to Council as well.

6 CHAIRPERSON NURSE: Thank you. Just
7 asking for folks to try to stick to the two minutes
8 if possible, just because there are other-- there are
9 a bunch of other stuff today. So, thank you so much.

10 ALEXANDRA FISHER: My name is Alexandra
11 Fisher and I'm an attorney at the Legal Aid Society
12 where I work on bail packages and fight for the
13 freedom of incarcerated women. I represent women
14 often in the darkest time of their lives, women
15 separated from family, children and loved ones, and
16 confined to cells, and I asked them detailed
17 questions about some of the most painful, shameful,
18 and scary parts of their lives. I gather this
19 information so I can tell their stories to the court
20 in the hope of gaining their freedom. These
21 conversations between an attorney and client should
22 not take place over the phone and video. Yet,
23 visiting a client with the constitutional right to
24 counsel while at Rikers is an insurmountable task. As
25 you know, when we arrive, we catch a bus to the jail.

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3 When we arrive at RMSC we hope to be the first people
4 there so we might see our client within an hour. If
5 not, we are looking at a three to four hour wait to
6 see a single client due to the only one visiting
7 booth. This makes it impossible to see more than one
8 client in a day. There are often multiple people
9 waiting in the visiting room. To make the most
10 effective bail application, Legal Aid staff must be
11 able to sit across from the woman we represent,
12 introduce ourselves in person in order to gain their
13 trust and create a safe place for clients to tell us
14 about their childhood, sexual trauma, or experience
15 being trafficked. We must be able to see the women
16 we represent. An experience of abuse may manifest
17 physically, causing us to sit in silence, sometimes
18 for minutes, as the client processes the question
19 that we've just asked. What was it like growing up
20 in that house? As memories of abuse and neglect
21 flash before her eyes, when you're there in-person
22 you know it's not a glitch in the internet. It's an
23 important part of your relationship. In-person visits
24 allow us to comfort our clients, to pass a tissue as
25 they speak about the intimate partner violence
they've experienced throughout their lives. We face

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3 similar delays with video conferencing. Clients are
4 brought to video sometimes 45 minutes late to an
5 hour-long video spot. There have been instances where
6 the wrong person is brought down. These delays at
7 RMSC have gotten significantly worse since women have
8 been housed in the same housing area as men. To wrap
9 up, delays in access to our clients means delays in
bail applications, client preparation and advocacy.
10 Long hours' wait to see clients in-person is not
11 acceptable and compromises our ability to represent
12 people. Overall, these issues illustrate again and
13 again the urgent necessity to close Rikers Island
14 along with the twin necessity to ensure that the
15 conditions inside the jail are improved today. These
16 essential in-person visits must be supported and
17 expanded. Thank you.

18 CHAIRPERSON BREWER: I just have one
19 question. Because when we were there, we went there
20 to see Rosie, to see the women, and with the men
21 moving in-- in the past did you have more rooms to
22 meet or is this common to just have one at Rosie?
23 And it was in the past when you didn't have the men
24 there it was perhaps easier to meet with your
25 clients. I don't know. I'm asking?

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3 ALEXANDRA FISHER: In the past there were
4 three booths. That has been-- there was construction
5 and now there's only one booth. The issue with men
6 being housed is that we have been told by Correction
7 Officers that they can't move women and men at the
same time.

8 CHAIRPERSON BREWER: We told-- we got
9 told the same thing. So, it really delays.

10 ALEXANDRA FISHER: Very much so.

11 JULIA TEDSESCO: Good morning. My name
12 is Julia Tedesco and I'm a trial attorney at New
13 York County Defender Services, or NYCDS, one of
14 Manhattan's public defender offices. I try to visit
15 clients at Rikers as often as possible, but the
16 process is plagued by obstacles, hours long waits,
17 sudden lockdown, staff shortages, and increasingly
18 fabricated refusals by DOC staff. On November 12th,
19 2025, Rikers staff told one of our Corrections
20 Specialists that my client refused a video visit.
21 Officers gave us the refusal slip which is a document
22 that must be signed by the client. I immediately
23 found this suspicious given how eager this client was
24 to communicate with us. I physically went to Rikers
25 on November 20th to see this client in person. I was

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3 again told that my client had refused the visit, this
4 time supposedly on video or body cam. Within
5 minutes, officers told two other attorneys waiting
6 that their clients also refused. I obviously found
7 this very suspicious. So, I immediately contacted
8 our Corrections Specialist team who reached out to
9 the Criminal Justice Bureau, or CJB. CJB responded
10 that a captain would "go get the paperwork signed"
11 which was a revealing admission that no refusal slip
12 actually existed. Magically, 30 minutes later, I was
13 informed that my client was no longer refusing. When
14 we spoke, he told me unequivocally that he never
15 refused a visit that morning. So there was no
16 refusal on video. He also said that he never signed
17 a refusal slip on November 12th. I compared that
18 signature to the documents he signed in front of me
19 on November 20th. They did not match. A Correction
20 Officer forged my client's signature. Pre-trial
21 detention is dehumanizing. We know this, and the
22 persistent denial of counsel access through
23 fabricated refusals is a direct violation of the
24 sixth amendment right to counsel. This is not a
25 clerical error or misunderstanding. It is deliberate
obstruction. When Rikers staff fabricate refusals,

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3 they do not merely inconvenience attorneys, they
4 silence clients and sever one of the few lifelines
5 available to people detained pre-trial. They
6 prohibit client's opportunity to meaningfully
7 participate in their own defense. This undermines
8 attorney/client relationship, compromises case
9 outcomes, and violates constitutional rights. The
10 sixth amendment cannot survive when access to counsel
11 depends on the dishonesty or negligence of Correction
12 Officers. My client's experience makes clear that at
13 Rikers Island constitutional rights are not just
neglected, they're actively--

14 CHAIRPERSON NURSE: [interposing] Could
15 you just wrap up.

16 JULIA TEDSESCO: obstructed. This
17 deliberate interference must end. Thank you.

18 CHAIRPERSON NURSE: Thank you.

19 ELIZABETH BENDER: Good afternoon.
20 Thanks for having us here. My name's Liz Bender. I'm
21 Senior Policy Counsel at the Neighborhood Defender
22 Service of Harlem. I really appreciate you holding
23 this hearing and all the questions you posed to the
24 commissioners earlier. I want to talk about our
25 office's experience visiting our clients. As you've

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2 heard, there are three key ways where DOC impedes our
3 client's access to counsel. That's long wait times,
4 lack of confidentiality, and mistreatment of visitors
5 by DOC staff. DOC's own website says that our legal
6 visits are supposed to start within 45 minutes of
7 registration. That is a joke. I can count on half of
8 one hand the times that that has happened for me and
9 it's only at RNDC which we can walk to. The bus ride
10 to the facilities alone can take more than 45
11 minutes. They tell us on the website that we can
12 schedule our visits in advance to try to eliminate
13 and cut down on this wait time. We have tried for
14 months to do that. I think the quote from the
15 Commissioner or one of the representatives today was
16 that it's not a helpful phone number. I would agree
17 with that. We have been completely unsuccessful
18 scheduling visits-- told that that doesn't happen.
19 This is their own policy on their own website that
20 they're not following. When it comes to
21 confidentiality, it's almost non-existent. Almost all
22 of the counsel visit areas force us to shout at our
23 clients through plexiglass. There's COs and
24 sometimes other detained people very nearby who can
25 see and probably hear everything that we are talking

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2 about in these immensely vulnerable conversations.

3 And finally, we know that as advocates what we
4 experience when we visit Rikers pales in comparison
5 to that which our clients experience while they're
6 detained there. So, I don't share the following,
7 because I think what happens to us is more important
8 than what happens to them, but I share it because I
9 think it's emblematic of the culture at Rikers Island
10 which is the culture of disdain and disrespect for
11 the people detained there and those who are visiting
12 them, represent them, and advocate for them.

13 Recently, a colleague of mine went to Rikers to meet
14 with our client. She was recognized by the CO at the
15 facility, and as he saw her approaching he said, "Oh,
16 it's you. I have a chloroform-soaked rag behind my
17 desk just for you." She then had to continue with
18 her job visiting a client at Rikers Island. There is
19 no circumstances under which a comment like that is
20 acceptable, but everyone here in this room who has
21 spent time visiting Rikers Island will know that it
22 is no outlier. It is part of an emblematic of a
23 system that's designed to make it as unpleasant,
24 difficult, and time consuming as possible to visit

25

3 our clients and provide them with the legal
4 representation that they deserve. Thank you.

5 CHAIRPERSON NURSE: Question. Have you
6 ever-- no, I just had one question for you. Have you
7 or the person you're talking about ever filed a
complaint about that incident?

8 ELIZABETH BENDER: She didn't. It was a
9 recent incident. We'll talk about it more internally,
10 but I will say that everyone's reaction was complain
11 to whom? What's going to happen?

12 CHAIRPERSON NURSE: Fair.

13 ELIZABETH BENDER: This happens all the
14 time.

15 CHAIRPERSON NURSE: Okay, yeah. Thank
16 you.

17 BARBARA MANU: Good morning. My name is
18 Barbara Manu. My son, 19-year-old, has a mental
19 disease, and none of this-- his mental status has
20 ever been addressed by the courts or Rikers Island.
21 My son was detained April the 9th. The bed that he
22 sleeps on-- most of the issues he has, I believe has
23 already been addressed, so I don't have to go
24 details. He sleeps on the floor because the mattress
25 is not-- is of no use. So he has to sleep on the

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2 cold floor. There's no heat in his cell. There's no
3 heat. And for the past two weeks, there have been
4 two lockdowns for two days without no shower. Also,
5 I'm very grateful, I hear-- when I visited him, I
6 believe last week, he told me that he was not allowed
7 to see-- I didn't even know some of you were in the
8 jail visiting the inmates or doing investigation.

9 But he told me the day you came he was not-- never
10 allowed in his cell. All the inmates met with you.

11 He's in RNDC house. He never saw you all because the
12 Cos were instructed not to let him come and meet with
13 you. So he was-- they hide him basically not for you
14 guys to see him. Also, lastly, I'm trying to set a
15 bail-- I was told to pay \$10,000 cash at the jail or
16 10 percent of the \$10,000. I've tried twice, but
17 I've been given wrong information that I have to send
18 10 percent to a bailsman which is wrong, right?
19 Because I've done this twice for some friends of
20 mine, that I bail them with the 10 percent. But
21 twice they have refused to take the 10 percent in the
22 jail all because-- and I find it's very suspicious
23 about this for his arrest, for my son's arrest and
24 also his detention, all because of some illegal
25 issues that went on at the age of 13 years old. That

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2 he never was allowed to go to school, all because of-
3 - I'm sorry to say this, a lot of people, I'm sorry,
4 because of the corruption in the agencies, and I
5 believe he's also pressured and manipulated to give
6 himself to those third parities that have been
7 stalking and harassing him and doing the same thing
8 over and getting a lot of mistreatment from this COs
9 [sic]. Thank you. I have to let-- my statement is
10 already here. I don't want to go to details because
11 of time. Thank you.

12 CHAIRPERSON NURSE: Okay, and just really
13 quickly, can you state your name?

14 BARBARA MANU: My name is Barbara--

15 CHAIRPERSON NURSE: [interposing] Barbara?

16 BARBARA MANU: Manu.

17 CHAIRPERSON NURSE: Okay. Can you leave
18 your contact information with the Sergeant in the
19 back, Ms. Barbara?

20 BARBARA MANU: Sure.

21 CHAIRPERSON NURSE: Okay, thank you.

22 BARBARA MANU: Thank you.

23 CHAIRPERSON NURSE: Thank you all for
24 testifying. The next panel is Ceclia Teuber,
25 Chaplain Dr. Victoria Phillips, and then we'll move

3 into online after that. You can begin when you're
4 ready.

5 CECILIA TEUBER: Good afternoon. Thank
6 you, committee members. My name is Cecilia Teuber.
7 I'm the community organizer at Bronx Connect, Urban
8 Youth Alliance. We work with at-risk, people
9 identified as high-risk, court-involved youth, along
10 with formerly incarcerated people. So, to preface, I
11 just want to say that I want to increase public
12 safety. I want a decrease in crime, and I know that
13 keeping individuals from their families and legal
14 counsel is unjust and it will not lead to a reduction
15 in recidivism. So, that person that's in custody,
16 that's a mother, that's a father, that's a brother,
17 sister, daughter, son. The moment they get to visit
18 are so precious from their family and from their
19 loved ones, yet often times, become a traumatic
20 experience, lengthy, invasive visitation procedures.
21 Intergenerational incarceration is very real, and we
22 need to look at this role that our current process is
23 having and plays with those young impressionable
24 children that are visiting their parents. We are
25 seeing the troubling experience lawyers as well deal
with when simply trying to speak with their client.

3 Issues such as excessive wait times, limitations on
4 telephonic and digital visitation, and falsely
5 reporting a refusal for visitation. That's not only
6 extremely problematic, but it's illegal. So this is
7 simply unconstitutional and a violation of the sixth
8 amendment right, which is refusing the right to
9 counsel. As I briefly mentioned, I work at Urban
10 Youth Alliance, Bronx Connect, and most of our ATI
11 youth, our alternative to incarceration youth, has
12 been subjected to the deplorable conditions at
13 Rikers. I've heard countless stories of the abuse
14 people have endured at Rikers, and if we can mend a
15 flawed system with very real and effective solutions,
16 why are we not implementing them now. I think we
17 heard from some people on the panel before, you know,
18 kind of explaining what we can do, but we can also--
19 we need to improve visitor processing and security,
20 and reducing wait times. Additionally, we also need
21 accountability and transparency, and those are
22 crucial and we can do so by requiring DOC to report
23 on visiting operations, status of improvements, and
24 date on-- at every BOC meeting. I know we only have a
25 few minutes, so I'll spare the rest, and I just want
to thank you for listening to me today. Thank you.

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2 CHAPLAIN DR. VICTORIA PHILLIPS: Please
3 and blessings. You can hear me? Alright. Peace and
4 blessings everyone, Chairs and City Council Members.
5 Thank you. I'm Chaplain Dr. Victoria A. Phillips.
6 Everyone calls me Dr. V. I am the founder and CEO of
7 Visionary Ministries and a co-founder of the Jails
8 Action Coalition, and a member-- a leader in the
9 Justice Woman [sic] Taskforce. I want to touch on a
10 couple of things. I'll submit written testimony. But
11 I think it's very important to highlight the
12 deceptive nature of the Department of Corrections.
13 Visiting is a key line of-- a lifeline. And one
14 thing I do know for a fact, well, I'm super happy
15 that years ago the Jails Action Coalition was able to
16 work with the city and the Department of Corrections
17 in establish a visiting group. In that group we were
18 able to get buses from Brooklyn and Harlem to
19 actually assist those in a community going to see
20 their loved ones. Over time and through
21 administration changes, that group fell apart. Bring
22 it back, please. I also just want to say that it's
23 important-- there's so many things I could talk
24 about, but I want to highlight Judge Hamilton. She
25 used to be part of the Board of Corrections

2 oversight, and I'll never forget many years ago,
3 about-- I think it in 2020, she finally admitted and
4 apologized on the record to us advocates, because she
5 said at many times it was so hard for her to believe
6 the things that we would state on the record that the
7 officers were doing. Some of them were sexual
8 assaults and committing them during visit, and then
9 later on-- the reason she apologized, because many of
10 them through investigation were actually recently
11 charged before her apology. So, I just want to
12 highlight that, because even now, even last year, I
13 had to go on the record and testify about DOC not
14 even responding to their own female officer who was
15 assaulted on the island by another officer while on
16 tour, and the union dropped the ball on her, and
17 advocates in the union suggested that she reach out
18 to me, and I followed up on it. And I'm bringing
19 that to City Council-- and I already testified it on
20 the record, but I want to remind you all today that
21 DOC lies. DOC does not even-- give me 30 more
22 seconds. DOC does not even respond properly to their
23 own uniformed staff when in trouble, and they have
24 not submitted a PREA report in God knows how long. So
25 when we talk about accountability-- when they tell

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3 you that if someone files a report, that it'll be
4 followed up on, do not believe them. Make sure
5 accountability is a real thing, because if they
6 didn't follow up with their own officer assaulted
7 until after I spoke to the FDC, 20 days after being
8 assaulted, and then I spoke to the FDC and the very
9 next day an investigator reached out to her, there is
10 a real problem in this system that's supposed to be
11 teaching other people how to correct their wrong
12 actions. I'll submit the rest in writing. Peace and
blessings.

13 TARINI GARIMELLA: Thank you for the
14 opportunity to provide testimony today. My name is
15 Tarini Garimella and I am the Policy Associate at the
16 Osborne Center for Justice Across Generations.
17 Osborne currently provides parenting and visiting
18 support programming at RMSD and OBCC. We have
19 programs for older people incarcerated on Rikers at
20 GRVC and NIC, and we facilitate televisiting to
21 provide court advocacy services that give us
22 additional insight into the visiting experiences of
23 those on Rikers and their families. I will now share
24 some of what we've heard directly from families who
25 are currently visiting loved ones incarcerated at

3 Rikers. It can take all day to have a one-hour visit
4 due to processing and waiting times, and sometimes
5 visits do not take place after families have made the
6 arduous trip to Rikers due to lockdowns or other
7 reasons. This visiting process is very hard on
8 children because it's time consuming, and they're not
9 a lot of food or beverage options available. The
10 visit greeters at RMSV, OBCC, and CVH are wonderful.
11 And an expansion of this service to all facilities
12 would be greatly appreciated. The dress code is
13 outdated, and the coverup garments are rarely
14 provided. The DOC website does not provide enough or
15 accurate information on visiting procedures. Nothing
16 replaces in-person visiting, but given the challenges
17 of visiting at Rikers, tele-visiting has become very
18 important to families. However, the decision made
19 during COVID to place televisiting booths inside the
20 busy visit rooms means that televisiting is only
21 offered on Fridays from 8:00 a.m. to 1:00 p.m., when
22 people work and children are in school. We urge the
23 Department to create a time on Saturday or Sunday or
24 both outside of the in-person visiting times to offer
25 weekend televisiting hours. Finally, I want to
conclude with a heartfelt message to you from our

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3 Youth Action Council, a group of young people age 15
4 to 19. "We are the Youth Action Council and all of us
5 have had an incarcerated parent. Visit help us
6 remember our parents and maintain a connection with
7 them while they are incarcerated. This has helped
8 our parents feel connected to us and this helps their
9 emotional wellbeing. Why does it have to be so hard
10 to visit? We ask for a shorter security screening
11 process, because it is not right that screening takes
12 longer than the visit itself. We ask for a child-
13 friendly screening process where we don't feel
14 violated by intrusive pat searches or treated as if
15 we did something wrong. Rikers creates pain and
16 suffering for no reason and must be closed. Until
17 this happens, please make it easier to visit and
18 treat us with the respect when we do." Thank you.

19 CHAIRPERSON BREWER: Thank you very much.

20 CHAIRPERSON NURSE: Is there-- if there's
21 anyone else who is in-person who wants to testify,
22 please see the Sergeant at Arms. Now we're going to
move to Zoom.

23 CHAIRPERSON BREWER: We're going to start
24 with Nora-- Noriee Perez.

25

3 NORRIE PEREZ: Good afternoon Committee
4 and Council Members. My name is Norrie Perez, and I'm
5 here today because this issue is personal. My brother
6 Franklin Dominguez died while in state custody in
7 February 2025. He was one of seven individuals who
8 lost their lives during the illegal work stoppage by
9 Correction Officers protesting the Halt Solitary
10 Confinement Act. While serving a six-year sentence,
11 he was routinely assaulted, placed in solitary
12 confinement, denied food, and towards the end of his
13 life, stripped of his communication privileges.
14 Losing him has been devastating, but he-- but what
15 has stayed with me just as deeply as we're realizing
16 how preventable his death was. He was a human being,
17 someone's child, someone's sibling who needed care,
18 not neglect. What happened to my family is not an
19 isolated tragedy, it is the direct result of a
20 culture inside jails and prisons where safety is
21 defined only as control and never as wellbeing, and
22 when you build a system on fear, punishment and
23 silence, people get hurt, people die. Today I'm
24 asking this council, this committee to help shift
25 that culture from one focused on compliance to one
centered on humanity, accountability and care.

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3 Because safety inside jails is not separate from
4 public safety, they are the same. There are three
5 practical steps this committee and counsel can take
6 right now. First, strengthen independent oversight.
7 We need real transparency, not internal
8 investigations checking their own work, but outside
9 reviewers will full access to facilities, medical
10 logs, use of force reports, and grievance systems.
11 Second, expand medical mental health protections. Too
12 many deaths in custody began with ignored symptoms,
13 untreated withdrawal or responses. This city can
14 mandate tiny medical checks, require clear
15 documentation, and enforcement consequences when
16 staff fail to act. Third, limit the use of prolonged
17 isolation. We note that isolation worsens mental
18 health, increases self-harm, and escalates violence,
19 restricting it's a true emergencies when monitoring
20 and time limits, makes jails safer for both
21 incarcerated people and staff. None of these--

22 SERGEANT AT ARMS: [interposing] Your time
23 is expired.

24 CHAIRPERSON BREWER: You can finish up.

25 TARINI GARIMELLA: They are basic
standards of care. Thank you. They are what any of

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3 us would want for our own family members, and they
4 are fully within your power. My brother's life can't
5 be returned, but the lessons from this death can
6 prevent the next one. I'm asking you as elected
7 leaders, as members of this community, as human beings
8 to create a jail system that treats people as people
9 because dignity is not an award it's a right, and how
10 we treat those in our custody is a reflection of who
11 we are. Thank you for your time and for your
12 commitment to making our jails safer.

13 CHAIRPERSON BREWER: Thank you very much,
14 and thank you for testifying today in such a
15 meaningful and personal topic. Next is Christopher
16 Leon Johnson.

17 CHRISTOPHER LEON JOHNSON: Yeah, hello.
18 My name is Christopher Leon Johnson. I want to make
19 this quick. Sandy Nurse did a great job as the Chair
20 of the Criminal Justice Committee the past four
21 years, but I'm going to stay on topic. So, I'm going
22 to make this clear that I think that the New York
23 City Council need to come together with New York City
24 Transportation and call out the MTA and ask MTA
25 President for the transit, Demetrius Tritlow [sp?] and General Lieber [sp?], of like why the buses only

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3 run a certain amount of hours a day. And I believe
4 that the buses that go to Rikers, the Q100, should be
5 running at more times, more times during the times
6 when you could actually visit the prisoners. I'll
7 make this clear that the city has to really step up
8 and to protect women when they go inside the jails
9 and be visiting, and to make aware that only women
10 are able to search women. The city needs to start
11 doing more rigorous background checks when it comes
12 to hiring Correction Officers to where that if you
13 got accused of harassment, the accusation, you should
14 not be hired as a Correction Officer. Like I said, I
15 know I have two minutes to speak, but like I said
16 y'all need to step up when it comes to increasing the
17 bus times when it goes to visiting Rikers because
18 it's cold out right now. Who want to wait in the
19 cold, like 23 degrees outside waiting for a bus, and
20 you can't even drive onto the island, you know what I
21 mean? Unless you're like a lawyer or something like
22 that. But they need to make it where that you're
23 able to drive it to the island. You're a regular
24 citizen, you're able to drive into the island. So, I
25 mean-- but thank you so much. You did great job this
session, Sandy. I hope that Julie reappoints you as

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2 Chair of the Criminal Justice Committee again. So,
3 thank you and enjoy your day. Thank you.

4 CHAIRPERSON BREWER: Thank you. Thank
5 you very much. Danielle Gerard? Not present. Alex
6 Stein? Not present.

7 CHAIRPERSON NURSE: If there's anyone
8 online who would like to testify and has not, please
9 raise your hand. We'll wait for five seconds. Seeing
10 no names and no hands, we will now conclude this
11 hearing. Thank you, Chair Brewer, for co-chairing
12 this, and thank you to the-- just to put it on
13 record-- to my committee staff: Natalie and Jeremy
14 and Casey and Jack. You've been the best. And
15 Nicole, thank you for your work, and Kevin. I'm sorry
16 if I forgot anybody else. It's been a long day. But
17 thank you for all of the work that you do and for
18 holding us up to do these oversight hearings. It's
19 been a pleasure. Thank you all.

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date December 28, 2025