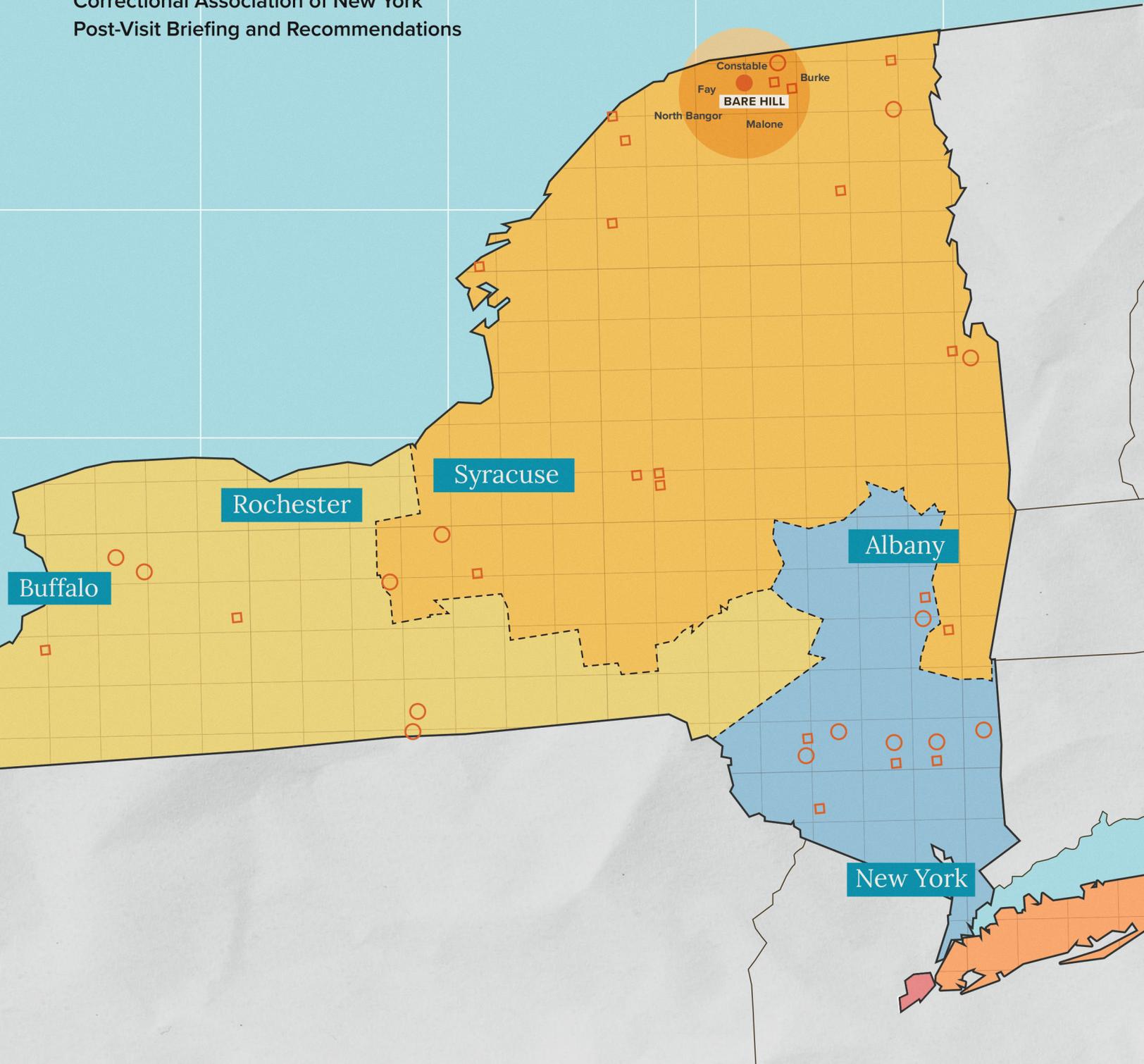


No. 22-06 March 8-9, 2022

# Monitoring Visit to Bare Hill Correctional Facility

Correctional Association of New York  
Post-Visit Briefing and Recommendations



## Background

On March 8 and 9, 2022, the Correctional Association of New York (CANY) conducted a monitoring visit to Bare Hill Correctional Facility, a medium-security prison in Malone, NY. The CANY visiting party included eight representatives, who carried out a total of 122 interviews with incarcerated individuals: 113 individuals incarcerated in general population housing areas and nine individuals incarcerated in a Special Housing Unit (SHU). CANY representatives held meetings with the DOCCS Executive Team, Health Services Director, and Nurse Administrator. Additionally, CANY held meetings with members of the Inmate Liaison Committee (ILC) and the Inmate Grievance Resolution Committee (IGRC). CANY conducted visual observations of housing units, the infirmary, the school building, and recreational areas.

CANY's monitoring visit to Bare Hill was conducted as part of its oversight mandate pursuant to Correction Law § 146 (3).

CANY representatives deployed a variety of data collection methods. All individual respondents were interviewed using a 32-question general interview protocol; individuals housed in the SHU unit were asked additional questions using a 22-question unit-specific protocol. Meetings with staff and the incarcerated groups followed a semi-structured interview guide, and along with visual observations, were documented using a variety of note-taking methods.

## Overview of Findings and Recommendations

CANY's monitoring visit to Bare Hill Correctional Facility revealed numerous issues. The most prominent among those issues involved (1) staff behavior; (2) commissary; (3) medical, dental, and mental healthcare; (4) COVID-19 concerns; (5) discipline and grievances; (6) programming; and (7) the use of solitary confinement.

## Key Findings and Recommendations

- 1** CANY found extensive evidence of abusive staff behavior at Bare Hill.
  - DOCCS should expedite the installation of fixed cameras throughout all DOCCS facilities, expand the use of body cameras and their operating times, and make footage readily available to oversight bodies and the public.

- The Office of Special Investigations (OSI) and Inspector General investigate the widespread claims of abuse at Bare Hill, with the findings and measures taken to address them reported to the public upon completion.

By far the most prominent finding in CANY's monitoring at Bare Hill was the widespread reporting of abusive staff behavior. Incarcerated people generally spoke of living in an environment of fear rooted in their direct experiences with what appears to be systemic – and often racialized – physical and verbal abuse, poor treatment, and retaliation at Bare Hill.

In the open-ended data, incarcerated people reported 106 instances of violence and abuse by staff, as opposed to 32 instances of adequate experience with staff. Those instances alleged wanton assaults on incarcerated people or, short of that, the threat of violence. “They beat people here. Bad. All bad,” said one person. CANY representatives repeatedly heard incarcerated people describe Bare Hill as a “hands-on” prison. One person explained: “Those staff...will break you. They're hands-on up here. They do whatever they want everywhere.” Another person highlighted that violence is so routine at Bare Hill “that it is a regular occurrence.” The closed-ended data support these observations, as 57.7% of incarcerated respondents reported having seen or been personally subject to verbal, physical, or sexual abuse by staff (n=104).

Incarcerated people reported suffering assault in the mess halls, in transit between buildings, within and outside the dormitories, and in the SHU. “It's horrible abuse all the time,” one person said. “I got jumped on a walkway and tossed into the back of a van” and “dropped off” at “the SHU.” Another individual reported that he could hear correctional staff (“5 or 6 COs at a time”) assaulting people in the vestibule between housing units. One person reported that correctional staff had assaulted him twice while he was handcuffed. And another reported suffering a staff assault while naked and handcuffed in the medical office. “I was assaulted Friday before last, they put their foot on my back and pressure on my neck,” said another. Others spoke about the capriciousness of the abuse: “It's very hands-on,” underscoring that “they just pick you out of line and smack you.” Another said: “In other prisons they jump on you if you're an asshole. Here they jump on everyone.” The widespread reported violence deters incarcerated people from accessing services and navigating the prison. One person explained that he had been assaulted by three correctional officers in the mess hall and that many incarcerated people are afraid to go to the mess hall because of the assaults that reportedly take place there. Similarly, in the SHU, one person spoke of an assault that left him injured but afraid to seek medical care.

Reported verbal abuse and threats from correctional staff contribute to this fearful environment, which some incarcerated people described as dehumanizing and humiliating. “They treat you like you are not human here. Ongoing verbal abuse,” said one person. Others explained that their experience with verbal abuse began shortly after arrival at Bare Hill. One person reported that upon arrival, correctional staff told him: “You're going to comply or we will fuck you up.” One person explained how correctional staff exploited the

geographical remoteness of Bare Hill to threaten him: “COs put hands on you. It’s wild. COs tell you [that] you can get lost up here,” and that “you’re far from home.”

The remoteness of Bare Hill and majority-white demographic makeup of Malone, New York may contribute to the racialized nature of much of the reported abusive staff behavior at the prison (47 instances). Regardless of their race, incarcerated people highlighted that people of color – namely Black and Hispanic people – were treated worse than the white prison population.<sup>1</sup> Much of the reported abuse toward Black and Hispanic people comes in the form of racialized slurs and hateful speech. Black and Hispanic persons reported being subject to slurs and provocations in transit around the prison, such as the use of the terms “nigger” and “spic,” respectively. Another person recollected being put on the wall and subject to a series of racialized slurs and threats. Another person explained that in his experience, staff did not use explicit slurs, but that for incarcerated people of color, they would use the term “inmate” and “you know what they mean.” One specific issue of reported discrimination concerned correctional officers’ attitudes toward braids, for which Black people reported having been threatened with or sent to the SHU, among other disciplinary measures (5 instances). The closed-ended data supports these trends, as 55.1% of respondents reported having seen or experienced racialized violence by staff, including but not limited to slurs, stereotypes, and discrimination (n=98). Incarcerated people reported specific instances of verbal abuse toward Hispanics (3 instances) and Muslims (2 instances) at Bare Hill, in addition to the majority of instances directed toward Black people.

In addition to experiences of physical or verbal abuse, incarcerated people spoke of an environment in which they were treated poorly by staff (42 instances) and/or navigated a tense environment in which they tried to stay out of trouble (32 instances). “There is a dark cloud over this place,” said one person. Another individual described treatment by staff as vile and disrespectful. “They should treat people like normal human beings. The way they talk to you is out of hand sometimes.” Many responses indicate that those who have not experienced abuse have done so by keeping their distance and minimizing their movement around the prison. “I move quietly so they don’t notice me. I avoid all contact that I can,” said one person. “I keep to myself and so I am OK,” said another. “Other folks get beat up. I keep my head down.”

CANY representatives encountered the fearful environment firsthand during the monitoring visit. There were eight instances of incarcerated respondents expressing hesitation to speak openly with CANY representatives for fear of retaliation by correctional staff. Nevertheless, some of these people spoke about their experiences by taking precautions such as nodding to answer interview questions rather than speaking out loud.

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<sup>1</sup> The terms “Hispanic” and “White” are DOCCS’ own racial/ethnic categorizations available in the departmental Under Custody Reports. CANY uses them here to retain consistency of terminology in reporting on incidents of abuse. CANY has elected, however, to use the term “Black” instead of DOCCS’ category of “African-American” as to include African people not of American descent. For an example of DOCCS’ Under Custody report, see: <https://doccs.ny.gov/system/files/documents/2022/04/under-custody-report-for-2021.pdf>.

Finally, the fearful environment at Bare Hill owes in part to the lack of cameras at the prison. The executive team reported that the only cameras at the prison are on the perimeter, in commissary, and in the religious services center, which consists of a chapel and a mosque. Bare Hill correctional staff do not have body cameras. There are no cameras in the dormitories, in transit and congregational areas, or the SHU. Incarcerated people spoke about the effect of this lack of cameras on life at Bare Hill: “Terrible. There are no cameras here. They run the show,” said one person. Another explained that “[t]hey need to put cameras everywhere. In other prisons they have cameras and it’s bad but not so bad as this.” One person said: “This place should be closed. There are no cameras...We are terrified and agonized for nothing.” Another person insisted on the need for cameras in the SHU. One person reported that a sergeant explicitly highlighted the lack of cameras to him as a veiled threat, most likely in disciplinary proceedings: “The police [get] the wins here with no cameras.”

The high number (57.7% of respondents) of allegations of physical and verbal abuse<sup>2</sup> reported to CANY during the Bare Hill monitoring visit warrants the need for increased monitoring of staff behavior, as well as an in-depth investigation into the causes of the staff abuse. To address these dual needs CANY makes two recommendations.

First, as repeatedly mentioned by incarcerated people, the expedited installation of cameras across all areas of the facility would likely reduce the level of violence. The allegation that correctional officers cite the lack of cameras as a threat when people arrive at the facility suggests that the impact of cameras in reducing staff violence is understood by all.

To address this issue, CANY makes the same system-wide recommendation first made at Sing Sing in February 2022 (PVB 22-05). While this need for this recommendation is clear everywhere, it should be seen as particularly important at Bare Hill, where CANY understood there are currently no capital projects planned for the installation of cameras.

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2 For comparison, CANY monitoring at Elmira in April 2022 showed that 22.9% of respondents reported having seen or been personally subject to verbal, physical, or sexual abuse by staff (n=48). CANY monitors observed at Bedford Hills in November 2021 that 36.8% of respondents reported having witnessed or been subject to verbal abuse, a physical confrontation, or sexual assault by staff (n=38). At Elmira, 19.6% of respondents reported having seen or experienced racialized abuse by staff (n=46). At Bedford Hills, 10.5% of respondents reported experiencing racial discrimination, such as slurs, name-calling, stereotyping, and race-based targeting (n=38).

**System-Wide Recommendation R11.22**

DOCCS should expedite the installation of fixed cameras throughout all DOCCS facilities, expand the use of body cameras and their operating times, and make footage readily available to oversight bodies and the public.

Comments made by both incarcerated people and staff during CANY monitoring visits to numerous prisons suggest that the installation of cameras can contribute to a reduction in violence and tension. Based on the consistency of these findings, and the importance of increasing safety, reducing tension, and improving the culture across facilities, CANY recommends that DOCCS expedite the installation of cameras across all facilities at the scale required to substantially eliminate all blind spots.

Installation of cameras at this scale is necessary to allow DOCCS facilities to conform to Prison Rape Elimination Act (PREA) National Standard § 115.13 Supervision and Monitoring No. 5, which states that “In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration.... All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated).”

Furthermore, DOCCS should expand the use of body cameras across all facilities and ensure that they are worn by all security staff and subject to strictly enforced directives for the cameras to remain switched on at all times when there are interactions between correctional officers and the incarcerated population.

Finally, to maintain an adequate level of transparency and promote accountability, CANY recommends that DOCCS make footage from cameras available as part of any grievance process in which footage is requested and that DOCCS ensures that footage from specific incidents is available to oversight agencies and the public upon request.

Second, to address widespread reporting of abuse, CANY recommends:

**The Office of Special Investigations (OSI) and Inspector General investigate the widespread claims of abuse at Bare Hill, with the findings and measures taken to address them reported to the public upon completion.**

To effectively implement this recommendation, it is essential that OSI and the Inspector General conduct in-depth interviews with incarcerated people and staff – including civilian staff – to understand the prevalence of such violence.

Due to the likelihood that OSI and the Inspector General would uncover the same extensive fear of retaliation that CANY encountered during its visit, CANY strongly recommends that these investigatory bodies follow up such interviews with incarcerated people to determine if any incidents of retaliation do occur.

CANY recommends that OSI and the Inspector General make the findings from these investigations public and include information on the numbers of incidents of physical violence and verbal abuse identified, the nature of incidents, and the number of staff involved. DOCCS should also document and publicize a series of specific actions that will be taken to address any shortcomings to prevent such violence in the future.

## **2** CANY’s visit uncovered a serious lack of availability of items from the commissary.

- DOCCS should conduct an assessment into ongoing issues with the number of items that are out of stock, the range of listed items available, and the pricing of items at the commissary.

The second-most prominent theme observed was that of reported problems with the provision of basic services. The most frequent issue was with access to items in commissary (82 instances). Incarcerated people routinely reported that commissary was out of staple items such as bread, rice, and other basic food ingredients, as well as limited in its supply of fresh fruit and vegetables. Incarcerated people linked the problems with commissary access to the COVID-19 pandemic, indicating that stock has decreased due to supply chain strains. The commissary supervisor acknowledged these supply issues. Other incarcerated people complained that their commissary allocation did not afford them the ability to purchase adequate amounts of food in addition to other essential non-food items such as hygiene products. The closed-ended data supports these accounts: only 28% of incarcerated respondents reported that the commissary is adequately stocked with items on a regular basis (n=82).

Problems with commissary are compounded by broader observed issues with food quality and accessibility at Bare Hill. In the open-ended data, there were seven instances of incarcerated people reporting that they do not go to the mess hall because of the poor food quality. People described the food as “not good,” “disgusting,” and not cooked right, or pointed out that the food interferes with their health. The reported issue with violence and abuse in the mess hall may also serve as a deterrent to food accessibility, further emphasizing the need for a properly functioning commissary. One person reported that he avoids eating in the mess hall because he believes that correctional officers spit in the food. Another person with experience in food service explained that incarcerated people only eat at the mess hall if they’re less economically fortunate. Of the Cook/Chill food served in the mess hall, he said: “Just because I’m in prison doesn’t mean I have to eat shit.” He reported

that if they can, incarcerated people prefer to rely on commissary or packages, and that they want a greater commissary allocation.<sup>3</sup>

CANY has identified the issue of lack of availability of items from the commissary across multiple visits throughout 2021 and 2022. Therefore, CANY makes the following system-wide recommendation.

**System-Wide Recommendation R16.22**

DOCCS should conduct an assessment into ongoing issues with the number of items that are out of stock, the range of listed items available, and the pricing of items at the commissary.

Across multiple visits over the course of 2021 and 2022, incarcerated people have emphasized the centrality of the commissary to their experience of incarceration, frequently citing the poor quality of food served in the mess hall and the importance of choice in food selection. With the recent decision to restrict the purchasing of packages to a vendor-based system, the need for an adequate commissary system is now more important.

In 2022, over the course of visits to Bare Hill, Upstate, and Elmira, 64.4% of incarcerated people (n=132) reported that the commissary at their respective prison is not adequately stocked with items on a regular basis, demonstrating the scale of this problem.

According to a call conducted with DOCCS central office in March 2022, CANY understands that DOCCS is currently making changes to the contracting process. These changes will make the central office responsible for commissary provision through a statewide contract instead of relying on facility-based contracts. CANY recommends that DOCCS ensures that the new supplier commits in writing to a series of actions to prevent items from being repeatedly out of stock.

CANY recommends that DOCCS continually track and publish reports on the status of the commissary on its website in a similar manner to monthly COVID-19 updates. This should include a table of established metrics that include the range of items available, the ability to regularly stock listed items, and the affordability of prices. The use of these metrics should be used as the guide for the negotiation of future contracts and the rationale for each contract must be publicly communicated based on these measures.

Further, as the ability to afford items in the commissary depends in part on wages, CANY recommends that the Legislature pass a bill to increase the wages earned by incarcerated people to something closer to fair/minimum wage.

<sup>3</sup> CANY has identified all of these problems with food accessibility and quality present at Bare Hill in its previous system-wide reporting. See: [https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/60a83814310e6523b77d491a/1621637141227/CANY\\_FoodAccessQualityinNYPrisons\\_2021.pdf](https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/60a83814310e6523b77d491a/1621637141227/CANY_FoodAccessQualityinNYPrisons_2021.pdf).

### **3** Despite some successful efforts from staff, CANY uncovered issues with healthcare services at Bare Hill related to a lack of staffing, especially for dental care.

- CANY recommends that DOCCS conduct a comprehensive review of medical, dental, mental health, and program staff levels at Bare Hill Correctional Facility, as well as an assessment of the feasibility of hiring and retaining qualified medical, dental, mental health, and other staff in the region.
- DOCCS should publicize statistics on the number of civilian and security staff vacancies across all DOCCS facilities, and detail and implement initiatives to improve recruitment for vacant posts.

The third-most prominent theme observed concerned the quality and accessibility of medical and dental healthcare. In the open-ended data, incarcerated people spoke of experiencing long waits for treatment, with others reporting not receiving treatment at all (34 instances). Of respondents, 75.7% reported requesting medical or dental care (n=107). Although 75% of those who had requested care received a response (n=80), 24.4% reported waiting over a month for medical care (n=41), and 58.8% reported waiting over a month for dental care (n=17). Access to medical care does seem somewhat better than dental care, as 43.9% of respondents who reported requesting medical care said they received a response within one to two days (n=41). And of those who have requested and received medical or dental care, 59.2% reported that the level of care was adequate (n=71). Nevertheless, 50% of incarcerated respondents reported having unaddressed medical or dental needs (n=86). One person reported waiting for a dental cleaning since 2019. Others spoke about a variety of untreated medical issues such as asthma, cysts, pinched nerves, bodily injuries, cracked teeth, eyesight problems, cavities, and chest pain, among others. One person reported being told: “We’ll get to you when we get to you.”

Others spoke of a substandard quality of care (23 instances) that compounded the variety of medical and dental issues and needs at Bare Hill. Of the 110 open-ended responses coded under “Issues with medical and dental healthcare,” only 16 instances referred to adequate experiences with the system. Many of the issues stem from the lack of dental staff at Bare Hill, which contributes to widespread reports of substandard quality of dental care. The executive team reported that the dentist position was their only medical vacancy, among a team of eight nurses, one nurse administrator, two physicians, one pharmacy aide, and one dental assistant. Bare Hill staff reported that after the retirement and subsequent death of its sole staff dentist, the prison shares a dentist with the nearby Franklin Correctional Facility – indicative of the staffing challenges present in the North country.

Conversations with the medical staff suggested a dedication to quality care for incarcerated people on their part. The nurse administrator reported visiting the dormitories (even on weekends) to inform and sign incarcerated people up for vaccination. And Bare Hill medical staff also has been relatively successful with the medical parole process. Medical staff reported that they have submitted five to six cases in the past year and have had three cases approved.

CANY recommends that DOCCS conduct a comprehensive review of medical, dental, mental health, and program staff levels at Bare Hill Correctional Facility, as well as an assessment of the feasibility of hiring and retaining qualified medical, dental, mental health, and other staff in the region.

As the issues around the quality of dental care identified above are especially tied to the absence of a dentist, CANY makes the same system-wide recommendation made at other prisons on staffing shortages and recruitment. This recommendation was also made at Great Meadow in June 2021 (PVB 22-02) Downstate in October 2021 (PVB 22-03), Bedford Hills in November 2021 (PVB 22-04), and Sing Sing in February 2022 (PVB 22-05).

<b>System-Wide Recommendation R3.22</b>	
<p>DOCCS should publicize statistics on the number of civilian and security staff vacancies across all DOCCS facilities, and detail and implement initiatives to improve recruitment for vacant posts.</p>	<p>As the shortage of medical, dental and mental health staff has demonstrably resulted in a failure to provide routine care across the DOCCS facilities, CANY recommends that DOCCS begin a systemic review across all facilities. The review should result in public reporting on strategies to address the findings of that review.</p> <p>To meet this recommendation, DOCCS should publish on its website the number of staff positions that are currently unfilled at each facility across all facilities and a detailed list of initiatives and incentives intended to increase recruitment at facilities where vacancies are high.</p>

Conversations with the medical team also revealed that systemic impediments such as COVID-19 quarantine requirements and a lack of mental healthcare services at Bare Hill have put a strain on the existing staff. Some incarcerated people also spoke about the effects of the absence of mental health services at Bare Hill (9 instances) and reported that what mental healthcare they do receive there is substandard (5 instances). One person said: “I would use OMH if they had it.” And another explained that OMH should be in every facility: “They should always have somebody on hand at all times to deal with mental health.” Medical staff reported that no one at Bare Hill receives psychotropic medication and that if they need it, they would be transferred to another prison. Yet limiting the scope of mental health services to medication obscures the needs of incarcerated people not clinically diagnosed. When asked if he was on the OMH caseload, one person said that he does not take psychotropic medication, so he does not qualify at Bare Hill. He explained that he was “not crazy enough to be with crazies, not normal enough for normals.”

The lack of readily accessible mental healthcare may be particularly important given the systemic environment of fear and reported violence and abuse present at Bare Hill. Incarcerated people spoke about the ways they cope with the prison experience (9 instances). “I just do my time. Can’t let them get to me,” said one person. Specifically, medical staff reported that they treat people who have been injured because of violence almost daily. According to the physician, these injuries are lacerations and a variety of musculoskeletal injuries.

**4** CANY observed the negative impact of COVID-19 on health and safety at Bare Hill, specifically due to lower vaccination rates and broader problems with mitigation procedures, including masking.

- DOCCS must permit and regularly supply KN95 masks to all incarcerated people.
- CANY recommends that the Legislature pass a bill to ensure that health facilities and services within DOCCS and local correctional facilities are overseen by the New York State Department of Health (DOH) and that DOH complete and publicly release its review of DOCCS’ COVID-19 health policy.

The fourth-most prominent theme was incarcerated people's continuing concerns about COVID-19. The first issue of note is the lower vaccination rate among incarcerated people at Bare Hill. Of respondents, 47.6% reported having been fully vaccinated for COVID-19 (n=105). Bare Hill medical staff reported a vaccination rate of 46.2%. Both figures fall below the DOCCS system-wide reported vaccination rate of 53.8%, as of March 25. Both figures also fall well below vaccination rates from other prisons recently subject to CANY monitoring visits.<sup>4</sup>

The presence of widespread vaccine hesitancy helps explain the lower vaccination rates at Bare Hill. In the open-ended data, there were 56 instances of reported mistrust and fear of getting the vaccine at the prison, among other reasons. Previous CANY research has shown the connection between COVID-19 vaccine hesitancy and broader feelings among incarcerated people of a lack of trust and legitimacy in prison healthcare in New York State.<sup>5</sup> These trends are apparent at Bare Hill, where the environment of fear outlined above may contribute to incarcerated people's unwillingness to accept the vaccine from staff. "It's a known fact that you don't take needles in jail," said one person. Their vaccine hesitancy was specific to prison, particularly Bare Hill. "Do not trust the people here," said one person when asked about why he refuses the vaccine. "I don't trust it here at Bare Hill," said another. As such, several people clarified that they would take or consider taking the vaccine outside of prison – just not at Bare Hill. "Too scared to get it here. Maybe at home," said one person. "I would get [the vaccine], just not inside," said another. One person's vaccine hesitancy was generalized to all shots: "I don't trust getting any shot inside at Bare Hill. If I was outside I would get it. I will just have to rely on my immune system." Other incarcerated people linked their vaccine hesitancy to perceptions that the vaccine is dangerous or not effective in preventing or lessening the impact of COVID-19 infection. Bare Hill medical staff also acknowledged the presence of vaccine hesitancy, especially among incarcerated people of color. Bare Hill medical staff has tried to raise vaccination rates through education and clinics, as noted in the nurse administrator's efforts to register people in the dormitories on weekends highlighted above.

Yet broader problems with COVID-19 mitigation procedures by staff at Bare Hill may contribute to incarcerated people's concerns over the virus, and in turn, their hesitancy to get vaccinated. The Bare Hill executive team did not provide staff vaccination rates, which they reported to be difficult to discern. Incarcerated people in turn reported inadequacies with COVID-19 mitigation by staff (26 instances). The Bare Hill executive team reported that as of March 7, the prison had recorded 26 positive COVID-19 cases, 150 people in contract

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4 As of June 2021, CANY measured Great Meadow's vaccination rate at around 55.5% (n=110); as of July 2021, Clinton was at 64.2% (n=162); as of October 2021, the vaccination rate in the Downstate reception unit was 63.6% (n=22); as of November 2021, Bedford Hills was at 56.8% (n=44); and as of February 2021, the Sing Sing executive team reported a vaccination rate of approximately 60%.

5 "My Greatest Fear is to be a Lab Rat for the State": COVID-19 and Vaccine Hesitancy in New York State Prisons," Correctional Association of New York, Annual Report July 2020-June 2021. [https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/61d7dba2bcbdd17213e7994a/1641536423998/CANY\\_2021AnnualReport\\_010622.pdf](https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/61d7dba2bcbdd17213e7994a/1641536423998/CANY_2021AnnualReport_010622.pdf).

tracing, and 81 people quarantined across five to seven dormitories for mitigation purposes: A1, B2, C2, E1, E2, and H2. Incarcerated people highlighted confusion and frustration with quarantine procedures, reporting that quarantine is implemented either arbitrarily, excessively, or not enough. “COVID policies could be better. Quarantining system is chaos.” Another person said: “They’re getting lax on the protocols and are putting 20-30 people in a room together.” Another reported: “By contact tracing, they are grabbing the same people over and over again. I don’t understand how it’s being done.”

Namely, incarcerated people reported lax mask-wearing by correctional staff, and several expressed that correctional staff were responsible for bringing COVID-19 into the prison. “The prisoners aren’t the ones going outside,” said one person. Another person explained: “The COs think we bring COVID in, which is impossible. They treat us like we are at fault for COVID. No masks worn by staff.” One person explicitly highlighted the connection between the environment of fear and inadequate COVID-19 mitigation: “I was assaulted by staff for not wearing a mask. None of the officers who were assaulting me were wearing a mask.” Incarcerated people reportedly are provided only washable cloth masks every three weeks at Bare Hill. This central office policy stands despite the Bare Hill medical staff’s opinion shared with CANY representatives that, from a medical perspective, N95 or KN95 masks would help mitigate the spread of COVID-19.

<b>System-Wide Recommendation R17.22</b>	
<p>DOCCS should permit and regularly supply KN95 masks to all incarcerated people.</p>	<p>During multiple visits over the course of the COVID-19 pandemic, CANY has met with incarcerated people who have complained about the infrequent distribution of poor-quality cloth masks. As evidence increasingly demonstrates the quality of mask has a significant bearing on the likelihood of transmission of COVID-19, and especially the Omicron and subsequent variants, the necessity for KN95 masks has become clear in settings with high rates of transmissibility and vulnerable population such as prisons.<sup>6</sup></p> <p>DOCCS should recognize that the lifesaving potential of N95 or KN95 masks outweigh any supposed security concerns that arise from effective masking. DOCCS should take steps to immediately end the prohibition of KN95 masks for the incarcerated population and to actively supply N95 or KN95 masks to the population.</p>

<b>System-Wide Recommendation R18.22</b>	
<p>CANY recommends that the Legislature pass a bill to ensure that health facilities and services within DOCCS and local correctional facilities are overseen by the New York State Department of Health (DOH) and that DOH complete and publicly release its review of DOCCS’ COVID-19 health policy.</p>	<p>Since systemic lack of trust from incarcerated people toward prison healthcare staff is one of the contributing factors toward COVID-19 vaccine hesitancy, CANY emphasizes the need for healthcare services to be independent of DOCCS, akin to the relationship OMH holds with the state prison system.</p>

**5** CANY uncovered significant reported breakdowns in the disciplinary and grievance processes at Bare Hill, which has caused a systemic lack of trust from incarcerated people in the fairness and effectiveness of these processes.

- DOCCS should assess the scale of failure in the grievance process and take immediate action to improve the scope of the process so that all issues affecting incarcerated people can be addressed through one mechanism.

The fifth-most prominent theme concerned issues with the disciplinary process, which relates to broader problems with grievances at Bare Hill. Open-ended data showed 42 instances of reports of arbitrary and unfair disciplinary measures, which some incarcerated people linked to the reported abusive staff behavior. “Officers lie, they’ll write anything on the ticket. They will embellish and fabricate, say [incarcerated people] threatened them,” alleged one person about the punitive arbitrariness of the disciplinary process. “It’s constant harassment and provocation unlike any prison I have been in,” said another person. “Tickets for small crazy things and then crazy consequences for those tickets.” Another person described discipline as “excessive, random,” and “harsh.” Another explained that “they give unnecessary tickets without warning.” Some incarcerated people (7 instances) spoke of witnessing or facing discipline for alleged drug use, specifically of a substance called K2. For this alleged infraction, people reported facing loss of all or some recreation, commissary, phone, and packages, in addition to SHU sentences.

Others highlighted their perception of the unfairness of the disciplinary process. “They find everyone guilty,” said one person. Another described the disciplinary process as “not fair and not right,” adding that the “hearings are vile.” Regarding hearings, another person

explained that “no matter what, you will lose.” Incarcerated people reported the widespread use of restrictions on access to services and programming as a disciplinary measure (33 instances), in addition to sentences to SHU (22 instances). “Non-violent issues are responded to violently,” explained one person. “When I was placed in the SHU, my personal property was thrown away including 4-5 bags of personal clothing that my family sent me. You don’t get any items back after getting out of the box. There is a very aggressive response to each incident.” Another person reported that he was subjected to loss of recreation and packages for 20 days for reportedly not wearing a mask. Poor experiences with discipline are widespread: in the closed-ended data, 58.3% of respondents reported having been subjected to discipline (n=96). What is more, only 10.6% of respondents considered the disciplinary system at Bare Hill fair (n=66). This figure falls well under the also-low rates of perception of fairness recorded at other prisons recently monitored by CANY.<sup>6</sup>

The reported breakdowns in the use of discipline are not satisfactorily addressed by the grievance system. Incarcerated people reported not using the grievance process to address their concerns (14 instances), considering it “pointless.” Part of the unwillingness to file grievances stems from incarcerated people’s perceptions of bias and dysfunction in the system (13 instances). “Unfair because they will always choose the staff,” said one person. Another person explained that he was waiting for the grievance process to take its course but expressed that he had no chance. “Grievances don’t go anywhere,” said another. “They just send it straight back,” another person explained. One person suggested that the grievance system “need to be more constructive and less biased. Involve neutral entities.”

Furthermore, there were 26 instances of incarcerated people linking their concerns with the grievance process to experiences of retaliation, or explaining their unwillingness to grieve for fear of retaliation. One person remarked that the grievance process was a “set up for retaliation by staff.” Another person said he was “too scared” to file, because “they target you” if you do. “It’s not worth it. They will beat you up,” said another. “It’s too dangerous to file a grievance,” another explained. “It’s ineffective. There will be retaliation. That is just known.” To explain why he refused to grieve, one person said: “This is a small town.” Others explicitly reported threats and disregard by correctional staff in their experiences with grievances: “They just ripped up the grievance. I sent grievances about...them not following the rules...They ripped up the paper and threatened me.” One person reported that a sergeant told him: “You can put in a grievance at your own risk.” And another alleged that a correctional officer told him that if he files a grievance, he might not be seen anymore.

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<sup>6</sup> At Great Meadow in June 2021, 21.9% of respondents considered the disciplinary process as fair (n=64). At Clinton in July 2021, 18.8% of respondents considered it fair (n=69), and at Bedford Hills, 58.3% of respondents considered discipline fair (n=24).

The closed-ended data supports these trends. Only 26.7% of respondents reported having filed a grievance at Bare Hill (n=101). This figure is far below the reported grievance-filing rates from other prisons recently monitored by CANY.<sup>7</sup> And only 32% of those respondents reported that their grievance was resolved (n=25). Finally, only 14.6% of respondents considered the grievance process fair (n=48).

<b>System-Wide Recommendation R1.22</b>	
<p>DOCCS should assess the scale of failure in the grievance process and take immediate action to improve the scope of the process so that all issues affecting incarcerated people can be addressed through one mechanism.</p>	<p>To address the issues around grievances DOCCS should firstly seek to understand the extent of the problem. DOCCS should conduct an assessment to understand why so many people see no value in the grievance process as it currently operates; the amount of time taken to resolve each grievance; whether there are significant numbers of grievances that go missing; and which element of the system is responsible for missing requests. This review should use Directive #4040 Inmate Grievance Program as guidance for measuring this process against timelines.</p> <p>Beyond the directive, this review should assess how many incarcerated individuals cite retaliation as a reason for not to engage with the grievance process and implement measures to protect against retaliation.</p>

**6** CANY noted issues with programming options in regard to availability and quality at Bare Hill and the corresponding negative impact on individuals’ incarceration experience.

- DOCCS should act on the extensive data showing the value placed on programs by the incarcerated population at Sing Sing and take all possible measures to replicate the scale and quality of programming across all other facilities.

The sixth-most prominent theme was that of programming. Bare Hill was experiencing a program pause at the time of CANY’s monitoring visit. CANY representatives nevertheless were able to speak to incarcerated people about programs and complete a walkthrough of educational and vocational training building. In the open-ended data, incarcerated people reported enrollment in various programs and jobs at Bare Hill, including vocational training and education in addition to prison maintenance jobs. The executive team explained that

<sup>7</sup> At Great Meadow in June 2021, 42.5% of respondents reported filing a grievance since the onset of COVID-19 (n=80). At Clinton in July 2021, 55.5% of respondents reported filing a grievance (n=110). At Bedford Hills in November 2021, 43.6% of respondents reported filing a grievance (n=39).

at Bare Hill, everyone excluding the medically idle is expected to work. The closed-ended data shows a positive perception of programs among incarcerated people, as 81.2% of respondents reported having access to the academic and vocational programs that they needed (n=69).

Bare Hill administration spoke of a number of available vocational programs, such as electrical, welding, small engine repair, computers, horticulture, custodial maintenance, building maintenance, and masonry, among others. All vocational programs offer certificates, but not certifications that can be used outside prison. The vocational supervisor explained that programs are intended only to give incarcerated people entry-level skills, but that the curriculum also includes “soft skills” like job-seeking and job-keeping. The executive team also reported that Bare Hill was taking part in the Words Travel program as well as the pilot program for parenting, for which they were awaiting staff training. Bare Hill also has college offerings through North Country Community College in Saranac Lake, NY, which continues through the program pause via remote learning. The academic programs supervisor reported that there is no waitlist for North Country Community College; anyone qualified and interested can participate. There is no bachelor’s degree study available at Bare Hill.

Vocational programs such as electrical, welding, and masonry, however, have waitlists. It was difficult to learn from the vocational supervisor the length of these waitlists. In the open-ended data, there were in turn indications of dissatisfaction with programs or a failure of DOCCS to meet incarcerated people’s programming needs (23 instances). The most frequent problem raised by incarcerated people regarding programming was the perception that they cannot enroll in additional programs because they are “program-satisfied” (22 instances). Several people expressed that they had been denied entry to programs because they had already done one vocational program. The vocational supervisor denied that this policy exists. It is perhaps likely that incarcerated people are being turned away from desirable programs due to long waitlists.

Issues with programs and recreation were the most prominent theme to emerge from the SHU open-ended data. There were 11 instances of people in SHU reporting not going to recreation because they had not been offered to do so (8 instances); because it was too cold (2 instances); or because it was undesirable (1 instance). “It is too depressing to be outside but in a cage,” said one person who refused to go. There were nine instances of people in SHU reporting under-stimulation in their environment. One person reported feeling like he was losing his mind: “Ain’t nothing to do but think. It’s depressing, very.” Others also reported feeling depressed and drained by the lack of stimulation. One person reported that the only time he leaves his SHU cell is to clean the hallways. Another person explained that he did not have any academic work to complete in his cell, so he spends a lot of his time sleeping. The closed-ended data supports these observations, as all nine respondents in the SHU reported zero days of outside recreation per week. And only one person among the eight interviewed in the SHU reported having access to congregational recreation.

The relative lack of access to programming at Bare Hill, and the corresponding impact on people's experience of incarceration, stands in sharp contrast with CANY's observations at Sing Sing in February 2022, where many incarcerated people identified the wide range of programming available as the most positive factor of their experience or incarceration. Due to the wealth of data showing the positive impact of programming, and the negative impact of its absence, CANY repeats the same recommendation regarding program quality.

**System-Wide Recommendation R7.22**

DOCCS should act on the extensive data showing the value placed on programs by the incarcerated population at Sing Sing and take all possible measures to replicate the scale and quality of programming across all other facilities.

At Sing Sing the breadth of comments of appreciation for the scale of programming, and the fact that most widely cited complaints related to programming focused on a lack of access to programs, reinforce the understanding that programming is an essential right. These conclusions are further supported by comments received by CANY at facilities in which no such programming is available, where incarcerated people express frustration from the feelings of boredom, negativity, and wasted potential that result. The overall conclusion is that incarcerated people want to learn and use their time in a productive way to improve their prospects on release. A further conclusion is that extensive and purposeful programming improves the atmosphere and reduces tension within facilities, thereby improving the quality of life for staff and incarcerated people alike.

While CANY understands that many of the programs provided at Sing Sing are run by outside providers who are more easily able to work at Sing Sing due to its proximity to New York City, CANY recommends that DOCCS takes steps to leverage existing relationships with program providers and introduce financial incentives to expand into facilities across the state to allow incarcerated people across all facilities the same level of opportunity.

Additionally, when making decisions around future closures of facilities, DOCCS should take the value placed on programming by incarcerated people into account and prioritize the closure of facilities in which programming is insufficient.

## 7 CANY uncovered negative impacts from the use of solitary confinement, including mental anguish and exposure to violence and abuse.

- CANY re-emphasizes the recommendation to expedite installation of cameras.
- DOCCS must proactively and repeatedly provide incarcerated people with comprehensive information on the HALT act and their rights under the law through written materials and verbal briefings including questions and answer sessions.

The final prominent theme concerned the use of solitary confinement, especially in light of the recent implementation of the HALT Solitary Confinement Act. As of March 8, the Bare Hill SHU held 12 people, with a capacity of 16. Across the open-ended data, there were 22 total instances of incarcerated people reporting experience with solitary confinement. In the SHU open-ended data specifically, incarcerated people reported a variety of problems stemming from the experience of solitary confinement. There were nine instances of expressions of mental anguish among people in the SHU, or that their experience of solitary confinement has been dehumanizing. “It is mentally taxing and bad,” said one person of his experience in the SHU. “I feel trapped and can’t breathe. It’s scary.” Another person described the SHU as “lonely” and “boring.” Another said the SHU “makes you feel like less of a person, you’re nobody.” One person said he wanted to cope with the lack of stimulation by exercising but could not do so frequently because he was not allowed to shower more than three times per week. Another person explained that he had to stand at attention at the door of his cell in order to request the tablet or receive his food: “If I’m not on this door I don’t get food and that’s pretty traumatizing.” One person described the SHU as horrible and stressful, and added that it is “not a place for people for people to be. People going home with lots of mental problems...It’s cruel and unusual punishment.”

There also were eight instances of reported violence and abuse by correctional staff in the SHU, and five instances of a tense environment wherein incarcerated people try to stay out of trouble. People in the SHU reported assaults, racialized slurs, and threats by staff. CANY representatives observed that there are no cameras in the SHU. “There’s no cameras down here,” highlighted one incarcerated person. Another person insisted on the urgency of the need for cameras in the SHU.

**CANY re-emphasizes the recommendation to expedite the installation of cameras.**

Six of the ten instances regarding observations of the impact of HALT implementation showed no such observations. One person spoke about seeing the installation of RESTART chairs on the gallery when he was brought to the SHU. In the closed-ended data, only three of nine people spoken to in the SHU reported having heard about HALT. And only one of eight respondents reported that Bare Hill administration had distributed any information on HALT. The Bare Hill executive team reported confidence in adjusting to the changes required by HALT. The executive team reported that the capacity of the SHU had been reduced from 32 to 16, and that RESTART chairs had been installed. They also reported that there would be four hours of television and a whiteboard for programming in the SHU. Bare Hill administration explained that SHU sentences are still being given. Disciplinary hearings are to be generally completed within 14 days, and that people will be held in the SHU while they await their hearing. People with sentences longer than 14 days or SHU sentences extending past March 31 are to be transferred out of Bare Hill to an RRU.

To address the concerns expressed by incarcerated people that they were not provided with adequate information on the HALT Act prior and during implementation, CANY repeats the system-wide recommendation first made at Sing Sing PVB (22-05).

<b>System-Wide Recommendation R15.22</b>	
<p>DOCCS should proactively and repeatedly provide incarcerated people with comprehensive information on the HALT act and their rights under the law through written materials and verbal briefings including questions and answer sessions.</p>	<p>To fulfill this recommendation a copy of the HALT Act must be posted and prominently displayed in every living area in state prison. At least one verbal presentation of the act and its details should be provided by a member of the respective prison's executive team to small groups of incarcerated people. During this session, questions from incarcerated people should be addressed to ensure that incarcerated people are informed of their rights under the law.</p>



## Corrections and Community Supervision

**KATHY HOCHUL**  
Governor

**ANTHONY J. ANNUCCI**  
Acting Commissioner

This is in response to the Correctional Association of New York's (CANY) report on their visit to Bare Hill Correctional Facility on March 8<sup>th</sup> and 9<sup>th</sup> of 2022. The Department discusses below the programmatic and operational functions raised in their post visit report.

### Programing

Bare Hill Correctional Facility is an example of the efforts being undertaken state-wide in our facilities to fulfill the Department's mission of ensuring public safety by operating safe and secure facilities as well as preparing individuals for release to be successful when they return home. The life-changing academic, vocational, and rehabilitative programs available at Bare Hill Correctional Facility illuminate the opportunities that are not often seen behind prison walls outside of New York State.

All facilities are continuously examined for programming opportunities in order to maximize the rehabilitative measures implemented throughout the State based on demand and available resources. Incarcerated individuals are assigned Offender Rehabilitation Coordinators (ORC) who meet with them frequently to address a wide variety of needs and to ensure that they are appropriately prioritized to take programs that meet their established goals.

An overview of the rehabilitative programming currently available to individuals at Bare Hill includes:

- Counseling - The Department's philosophy embodies a commitment to the development of the whole person. Comprehensive programming is made available to the incarcerated individuals so they may become aware of alternatives, choose to take charge of, and assume responsibility for their own lives.
  - Aggression Replacement Training (ART) programming is a cognitive behavioral intervention program designed to assist individuals in improving social skills, moral reasoning, and coping with and reducing aggressive behavior by utilizing self-regulating exercises and mindfulness. Participants learn to understand what causes them to feel angry and act aggressively, as well as techniques to reduce anger/aggressive behavior, to self-regulate for ending "automatic" aggression, and to build skills that help make better choices.
  - Alcohol and Substance Abuse Treatment (ASAT) comprises intensive, structured substance abuse treatment employing elements of the Therapeutic Community model. Programming offers progress through the early stages of recovery with the potential for continued treatment upon release. Additionally, substance abuse

services are available to address mental health needs of the participant with treatment planning, in conjunction with mental health education.

- Education – The Adult Basic Education Program is offered to provide individualized instruction. The goal of this program is to provide individuals with skills or competencies necessary to function successfully in contemporary society and to enable the participant to function at the sixth grade reading and mathematics level. English as Second Language (ESL) is offered to incarcerated individuals that are not fluent in English, as well as PHSE and GED which allows I/Is to work towards obtaining their Diploma.
  - Bare Hill Correctional Facility offers college level credited courses provided by The State University of New York North Country Community College. Qualified incarcerated individuals may obtain an Associates Degree through this program.
- Harvest Now - The Harvest Now organization provides free seeds to correctional facilities operating horticulture and agricultural programs. Currently, the Harvest Now program operates in over 130 correctional facilities nationwide and has donated over 1.5 million pounds of vegetables to food banks and shelters. DOCCS has been partnered with the Harvest Now program since 2016 and has contributed over 300,000 pounds of food to date. The Department recognizes that community-based project donation centers statewide are in extremely high need and use for many families who rely on the food donations sustenance. DOCCS is grateful for the opportunity to provide fresh vegetable donations annually to approximately 50 different food shelters and organizations and over 150 families in immediate need.
- Incarcerated Program Associate (IPA) is a program for incarcerated individuals to be placed into paid assignments where carefully screened and trained incarcerated individuals assist Transitional Services, Education, and Vocational staff in providing approved programs under staff supervision. The program goals are to:
  - Increase knowledge, awareness and social skills of incarcerated individuals trained as IPAs.
  - Teach IPAs the basic knowledge of adult learning theory.
  - Have them demonstrate the application of the adult learning theory in the preparation, delivery, and evaluation of lesson plans.
  - Provide staff in Transitional Services, Academic, and Vocational with incarcerated assistants and to provide positive incarcerated role models.
- Recreation – Bare Hill Correctional Facility’s physical layout allows incarcerated individuals access to activities such as organized leagues for basketball, softball and soccer. Weightlifting is available in both the gymnasiums and recreation yards as well as hand-ball courts in the yards.

- Religious Services – Bare Hill Correctional Facility provides incarcerated individuals with the resources to practice any of the 54 religions that the state has authorized in the interest of helping them spiritually and to apply religious principles in their daily lives. There are several religious services, access to chaplains, spiritual counseling, education including a certificate in Ministry, congregational worship, study of scripture, and Holy Day celebrations.
- ReEntry Works – Bare Hill Correctional Facility offer this voluntary program for Incarcerated Individuals who are within approximately four (4) months of their earliest release date and will be returning to the New York City area upon their release. DOCCS works in collaboration with the Osborne Association and provides Incarcerated Individuals the opportunity to engage in the development of their individualized release plan with tailored services and referrals to community programs. There are several organizations who are participating in this project with the Osborne Association. Video conferences are held with volunteers from Osborne Association who work with Incarcerated Individuals to provide assistance with employment, housing, treatment programs, healthcare, education, public assistance, meeting parole requirements, immigration and clothing, etc. This program is extremely beneficial in providing needed assistance to releasees which can assist in their success.
- Strategies for Parenting from Prison and Beyond – Bare Hill Correctional Facility offers this voluntary program designed to enhance, preserve and strengthen family ties that have been affected by incarceration. It is a 19-module program that holds two weekly sessions by trained ORCs. The curriculum offers participants a safe and respectful forum to study current research findings, gain knowledge and tools to build upon their core and cultural values so that the participants can examine and improve upon their parenting style as a means to strengthen and maintain their role and relationship with their child(ren), as well as with their significant other/child's mother/custodial guardian.
- Transitional Services - Through discussions, the agency assists incarcerated individuals participating in Phase II of Transitional Services with adjusting Thinking for a Change (T4C) Program. This program is an integrated, cognitive behavioral change program designed for incarcerated individuals and delivered by trained staff in small group (12-15 participants) settings. The program is closed-ended and intended for the general population. It includes cognitive restructuring and developing social and problem-solving skills. Participants learn how to take charge of their lives by taking control of their thoughts and feelings. T4C is a close-ended program consisting of three major components:
  - Cognitive Self Change: Participants learn that by paying attention to their thoughts and feelings, they can discover which ways of thinking and feeling cause trouble for them and others. In addition, they learn that their core beliefs and attitudes impact how they think and feel.
  - Social Skills: Participants learn skills that are used in situations involving interaction with other people. Good social skills get people what they want, as well as maximize positive responses and/or minimize negative responses from

other people. Through role play, participants practice social skills and new ways of thinking that can steer them away from trouble.

- Three Steps of Problem Solving:
  - Stop and Think: Keeping control of situations by thinking rather than by acting on emotions. Participants learn to identify thoughts, emotions and physical reactions that tell them they are in a problem situation (warning signs) and it is time to be quiet, calm down and get some space to stop and think.
  - Problem Description: Participants learn to describe problems in objective terms and identify their risk reaction to those situations. They identify how their thoughts, feelings and physical sensations pose a risk of reacting in a way that makes the problem worse.
  - Getting Information: Setting goals, participants practice gathering information about a situation by considering the objective facts, others' thoughts and feelings, and their own beliefs and opinions. They use the information to state goals and to determine the preferred outcome of those situations.
- Vocational Programs – Several vocational opportunities are available at Bare Hill Correctional Facility including: Building Maintenance, Computer Information Technology Support (CITS), Custodial Maintenance, Electrical Trades, Floor Covering, General Business, Horticulture, Masonry, Small Engine Repair and Masonry.
  - Department of Labor Apprenticeship Training Programs (ATP) are available in Building Maintenance, Custodial Maintenance, Electrical Trades, Floor Covering, Horticulture, Masonry, Small Engine Repair and Welding.

#### Allegations of abusive staff

The Department has several safeguards in place to prevent and report misconduct. The incarcerated population has been educated on the many avenues to report allegations of misconduct and incidents of abusive behavior directly to facility staff and the Office of Special Investigations as well as outside agencies. The incarcerated population can write to any facility supervisory staff to report complaints. All complaints that are received by the facility are documented and investigated. Should the use of force become necessary, staff thoroughly documents any such incident. The reports are examined and scrutinized by several layers of command to ensure compliance with DOCCS policies. Additionally, Bare Hill Correctional Facility has a formal grievance program to document and address complaints as a means of conflict resolution. Bare Hill Correctional Facility received a total of 21 grievances alleging staff misconduct and/or retaliation during the first 6 months of 2022. All such allegations are explored to determine the objective facts and circumstances surrounding the allegation. This volume of allegations does not demonstrate widespread abusive staff conditions due to frequency of interactions between the incarcerated population and staff when comparing similarly situated facilities.

The Bare Hill Correctional Executive Team conducts daily rounds to observe facility operations and speak with staff and the incarcerated population by engaging with them directly. This is to ensure the Department's policies are administered in a fair, equitable, consistent manner, with compliance and

quality, and to spot issues. Additionally, the Bare Hill Correctional Facility Executive Team meets monthly, or more frequently, with elected representatives of Incarcerated Liaison Committee (ILC) to exchange current information and for the incarcerated population to convey their interests. In their meetings, the administration provides information to the committee to share with the population to confirm current information and ensure that the correct direction is being conveyed. If an incarcerated individual has concerns regarding their treatment, access to services, or the application of policies, the Department has a well-established grievance process that examines specific complaints. Facility policies and rules are provided to incarcerated individuals upon their arrival during the orientation process and memorialized in their orientation manual. Facility operating manuals are disseminated to the incarcerated population, ILC, and Incarcerated Grievance Resolution Committee (IGRC) when updated. To note, the incarcerated population is not prohibited from writing to the facility administration and central office with specific questions or concerns. This is a measure that allows the free flow of communication between the incarcerated population and staff so that their concerns may be addressed. The ILC has not voiced any concerns of alleged systemic physical/verbal abuse, poor treatment, or retaliation.

The Department's Office of Special Investigations (OSI) has reviewed CANY's post visit report on Bare Hill Correctional Facility and has opened an investigation into the alleged abuse of incarcerated individuals there. OSI has assigned a team of investigators to conduct an investigation into the reported misconduct at Bare Hill Correctional Facility. OSI investigations are thorough, objective, and evidence based. Any substantiated case of misconduct by an employee will be referred to the Department's Bureau of Labor Relations for consideration of disciplinary action, which may include termination of the employee. Further, any misconduct where there is evidence of criminality will be referred to a prosecutor for potential criminal charges. A foundational principle of OSI is the pursuit of justice and the furtherance of integrity within the Department. Since the CANY report does not specify any particular allegation of misconduct by a Department employee, OSI took as an initial step a review of all recent complaints and cases involving Bare Hill Correctional Facility. Additionally, all names of staff provided by CANY are also being checked against OSI's database. OSI is also reviewing other Departmental records to assess Bare Hill Correctional Facility in light of the allegations, analysis is ongoing. Moreover, OSI plans over the next several weeks to conduct interviews of current and former incarcerated individuals regarding the conditions and alleged abuse at Bare Hill CF. Lastly, OSI already has discussed this matter with the State Inspector General's Office and will keep that office apprised of OSI's investigation.

#### Cameras

DOCCS supports the deployment of cameras as they provide the opportunity to oversee interactions between staff and the incarcerated population and improve safety and security for all. In accordance with Article 11 of the New York State Finance Law, the Department follows well-established and defined procurement processes to obtain commodities such as cameras, the installation services, and technology required to operate the systems. Capital projects are planned and solicited through fair business models in order to obtain the most suitable contractors in the most efficient means practical to protect the interests of the taxpayers.

### Commissary

Bare Hill Correctional Facility makes every effort to ensure the entire population is able purchase all items sold in the Commissary. Stock levels are monitored daily. Commissary items are purchased through contract vendors. If a vendor is unable to supply a product, the next lowest bidder(s) is contacted to provide the product. There has been, and continues to be, a supply chain shortage on some items due to vendor distribution as the correctional system is not immune to the global, national, and local supply chain constraints. When items are available, staff continuously works with vendors to ensure timely delivery products.

### COVID

Precautionary measures are taken by the Department to protect the life and safety of all incarcerated individuals and staff in response to the COVID-19 pandemic. Every facet of the State's response to COVID-19 outbreak has been guided by facts, scientific data, and guidance of public health experts at the (DOH) and the Center for Disease Control (CDC). Each action taken in response to the spread of COVID-19 is done in the best interests of those who work within, or are incarcerated in our facilities, including Bare Hill Correctional Facility. With each confirmed case, DOCCS works to identify any potentially exposed individuals to provide notifications and to stop the spread of the COVID-19 virus. The testing process is currently the same for those in prison as it is for those in the community.

Each action we take in response to the spread of COVID-19 is done in the best interest of those who work and are incarcerated in our facilities. The Department will continue to evaluate all options as this situation unfolds. Measures taken to ensure the safety and well-being of staff and incarcerated individuals include mandating all staff to wear face masks while on duty, supplying all incarcerated individuals with masks and supplying incarcerated individuals subject to isolation and quarantine with surgical-type masks.

Our physicians, nurse practitioners and physician assistants, working with our nurses, are following the guidance of DOH and incarcerated individuals are tested when exhibiting symptoms and after a medical evaluation is conducted. Our process identifies those patients who are ill, requiring special monitoring and care, and isolates those who exhibit any symptoms or have a positive test. Additionally, anyone exposed to a patient who has a positive test is placed into quarantine and is subsequently administered a COVID test. A nurse will swab the individual and that swab is then be sent to an authorized lab. If an individual's test result is positive, that person is placed in isolation for a minimum of 10 days. For those in quarantine who receive a negative test, they remain in quarantine for the 10-day period. For individuals who need enhanced levels of care, we access our network of outside hospitals to ensure the population receives the necessary treatment and services.

Asymptomatic patients who wear a mask and follow social distancing and hand hygiene guidelines have minimal risk to others. However, to be proactive, DOCCS, in consultation with DOH, developed a statewide asymptomatic surveillance program to randomly test the population in every facility on a daily basis. This program began in December 2020 and continues today.

In consultation with DOH, DOCCS has been vaccinating those staff and incarcerated individuals who wish to be vaccinated, since February 5, 2021. As vaccination efforts continue, the Department is also focused on ensuring staff thwart the spread of COVID-19 by enforcing the most efficient and mitigating efforts available at the time. To date Bare Hill has held 15 vaccination clinics administering 606 COVID-19 vaccinations to the incarcerated population. Prior to each clinic, medical staff conducts face-to-face education and asks every incarcerated individual if they wish to be vaccinated and provide edification. In addition to these efforts, at every encounter with the incarcerated population in the medical unit, incarcerated individuals were, and continue to be, educated, and encouraged to receive the COVID-19 vaccination.

A staffing challenge has been the recruitment of certain titles. At the time of the CANY visit, Bare Hill Correctional Facility employed: two (2) physicians, one (1) nurse administrator, eight (8) registered nurses, one (1) X-ray technician, one (1) pharmacy aid, one (1) dental assistant, and two (2) clerical staff. As the Department is an Executive Agency, Bare Hill Correctional Facility became subject to a Statewide Hiring Freeze pursuant to New York State Budget Bulletin B-1182. The Hiring Freeze was a prohibition on promotions, transfers and new hires unless individually justified in the most extraordinary circumstances and authorized by the Division of the Budget. This included all permanent and temporary positions, regardless of funding source. Nevertheless, staff continued to come to work, when appropriate, to fulfill the Department's mission. Under Governor Hochul's leadership, the Statewide Hiring Freeze were suspended, and the Department is aggressively recruiting for a number of titles, specifically medical personnel. The correctional system is not immune to the crisis the community medical field is facing with staff shortages. DOCCS, by consulting with DOH as well as Albany Medical Center, took similar measures as community hospitals undertook during the pandemic; namely, a priority was accorded to the most critical services. For example, all sick calls are reviewed and triaged from the more serious to the less serious, which, as one might expect, has caused longer delays in addressing the less serious complaints. Regarding dental services at Bare Hill Correctional Facility, staff continued to provide the treatment to the incarcerated population through shared services with a neighboring facility. Year to date, Bare Hill Correctional Facility had zero (0) dental related grievances. Our protocols for addressing staff shortages are compliant with CDC COVID-19 guidelines. DOCCS has expanded its recruitment efforts with utilizing Indeed, Targeted Digital Marketing campaigns as well as going to college job fairs. DOCCS has established a position that is fully dedicated to recruiting qualified medical and dental staff. Facility administrators utilized the resources available to them and creatively filled in cracks as needed. An example of which is utilizing agency nurses to staff medical personnel safely and adequately when required. Regarding non-medical staffing, DOCCS is also experiencing the effects of the ongoing national and local economic trends impacted labor markets.

The Department takes the continued spread of this global health emergency seriously and shares the same concerns as staff, incarcerated individuals, and their loved ones. Our focus is ensuring that the hardworking men and women of this Department, as well as our incarcerated and formerly incarcerated populations, are healthy and safe. Just as we have successfully managed infectious outbreaks in the past, we have emergency protocols in place and have proactively made adjustments in our facilities and Community Supervision offices in an attempt to limit any outbreaks.

DOCCS made robust efforts to educate the incarcerated population on the COVID-19 virus and the importance of vaccination through educational material, videos, medical staff speaking one-on-one to the population, facility Executive Team members talking to incarcerated individuals on rounds and educating the ILC. Several times DOCCS medical staff went around to every housing unit and provided educational material and answered any questions cell by cell. DOCCS provides vaccines when they are available and made strong efforts to educate the population on the importance of booster shots. DOCCS offered incentives to encourage interest in the vaccine in the form of a special Christmas meal, a meal purchase from a local vendor, and a commissary care package not to exceed \$75. Staff actively continues to poll the incarcerated population to see who is interested in either the vaccine or the booster shot. When vaccine supplies are received, vaccines are sent out immediately.

One of many risk-reduction measures taken by the facility to thwart the spread of COVID-19 included physical social distancing plans to protect the incarcerated population and staff from the spread of COVID-19. Due to the facility lay out and infrastructure limitations, programming and movement was modified for the safety of all. As a result, policy was crafted to provide access to all incarcerated individuals in an equitable manner. For example, to provide incarcerated individuals that are housed in different settings with the same recreation access, a rotating schedule for access was determined to be the most equitable option. A rotation for the incarcerated individuals to come out of their cells to use amenities for up to five hours a day in addition to utilizing the yard was the narrowly tailored solution available. With correctional security and staffing interest evaluated, a modification of those hours to allow earlier access to amenities such as phones would create a disproportional administrative and security burden. Additionally, as previously noted, the Department provides incarcerated individuals with electronic tablets free of charge, which provide a suite of communication, educational, and entertainment applications that help incarcerated users remain connected to their communities and learn skills that will help them succeed after their release.

#### Disciplinary

CANY's visit to Bare Hill Correctional Facility in March of 2022 was in advance of the implementation of the Humane Alternatives to Long-Term Solitary Confinement Act (HALT). As of March 31, 2022, the use of Special Housing Units (SHU) is limited to 15 days for incarcerated individuals, while special populations are excluded from placement therein. Prior to the implementation of the HALT, the facility Executive Team repeatedly met with the ILC to inform the incarcerated population of the pending changes. Also, several notices were posted in the housing units, general library, and law library explaining the changes. Staff met with the incarcerated population that were new to the facility at the weekly orientation program. The Executive team made daily rounds in the facility and informed the incarcerated population about HALT.

As of April 1, 2022, if an incarcerated individual is found guilty after a hearing of an eligible offense, potential sanctions to a special housing unit are limited to 15 days, during which time they receive mandatory out of cell programming. The individuals receive rehabilitative programming during this period in a group setting and may be diverted to residential rehabilitative units after the 15-day limit has been reached. There is full access to receiving mental health and medical treatment, food, clothing, and water. The disciplinary program at Bare Hill Correctional Facility is in compliance with HALT and

Department Directive #4932. The Hearing Officers have received training prior to conducting hearings to ensure fairness and consistency. All Superintendent and Disciplinary Hearings are digitally recorded to create a permanent record. A recorded hearing is another tool the department uses to ensure that hearings are fair and consistent. All completed hearing packets are reviewed by executive staff to ensure due process was followed and dispositions are appropriate. The Department provides further administrative due process through an appeal mechanism for an unbiased review by a member of the office of Special Housing and Incarcerated Individual Disciplinary Program.

### Grievance

The Incarcerated Grievance Program (IGP) is designed to provide each incarcerated individual with an orderly, fair, simple, and expeditious method for resolving their concerns. While incarcerated individuals are still expected to resolve problems on their own, including through informal communication with staff, the IGP provides a formal structure to help incarcerated individuals peacefully address issues. It also allows DOCCS the opportunity to correct problems internally, identify issues in need of administrative attention, and clarify policies and procedures. The IGP is a non-adversarial process designed to allow staff and incarcerated individuals the opportunity to mediate resolutions to problems in the facility. In addition to addressing formal grievances, IGP staff also interact with incarcerated individuals through non-calendared contacts which assists them in resolving problems without a formal grievance being filed.

The grievance procedure is initiated by the incarcerated individual. If an incarcerated individual is unable to resolve the problem through informal channels, the individual may file a written grievance within 21 calendar days of the incident in question (exceptions may be granted up to 45 days). The IGRC has 16 calendar days in which to attempt to informally resolve the complaint or hold a hearing. The IGRC is comprised of two voting incarcerated individuals, two voting staff members, and a non-voting chairperson that can either be an incarcerated individual, staff member, or outside volunteer associated with the facility's program. The incarcerated individual has 7 calendar days from the receipt of the IGRC's written response to appeal to the facility Superintendent. The Superintendent has up to 20 calendar days (25 calendar days for staff conduct complaints) to render a decision. If the incarcerated individual wishes to appeal further, the individual has 7 calendar days from the receipt of the Superintendent's decision to appeal to the Central Office Review Committee (CORC). CORC is comprised of DOCCS Central Office staff who review grievance appeals on behalf of the DOCCS Commissioner. CORC is the final level of administrative review for grievances filed through the IGP mechanism.

The incarcerated individual grievance program at Bare Hill Correction Facility is in compliance with the aforementioned policies. Bare Hill Correctional Facility staff encourage the incarcerated individuals to resolve their complaints through other existing channels prior to submitting a grievance. For example, the incarcerated individual can contact security staff, counselors, Executive Team members or a program unit directly affected. All complaints that are received are properly investigated and appropriate action taken. The low volume of grievances at Bare Hill Correctional Facility attest to the fact that complaints are addressed before they reach the formal grievance process.

Conclusion

In conclusion, Bare Hill Correctional Facility is a well run medium-security Correctional Facility. In the Summer of 2020, Bare Hill Correctional Facility received accreditation from the American Correctional Association, signifying compliance with fundamental correctional practices pertaining to all aspects of day-to-day prison operations.

In March of 2022, an examination completed by an independent auditor determined Bare Hill Correctional Facility to be in compliance with the Prison Rape Elimination Act standards.

## Addendum Part 1: Closed-Ended Data

Each monitoring visit protocols form yields closed-ended responses. This data comes from closed-ended questions employed as part of the General protocols form and the Special Housing Unit (SHU) protocols form. Closed-ended questions on the protocols forms help gauge incarcerated people’s views and experiences on various aspects of imprisonment, in both general and specific terms. Moreover, closed-ended questions provide the basis for quantitative, generalizable findings about experiences of incarceration across a prison, as well as across the DOCCS facilities. Upon reception of this data, closed-ended responses are tabulated by question, question type, form, and facility (in succeeding order of organization). Closed-ended responses are aggregated, and thus not based on any individual interviewee’s responses. Closed-ended questions are usually expressed in the form of “Yes/No” binaries, sometimes with a “Not applicable” option. Other types of closed-ended questions are tabulated by categorical counts and numeric measurements of time or of instances.

### Bare Hill General Form Closed-Ended Data Addendum

Question	Yes	No	Total
Have you requested medical or dental care?	81 75.7%	26 24.3%	107 100.0%
If you have requested medical or dental care, have you received a response?	60 75.0%	20 25.0%	80 100.0%
Do you have unaddressed medical or dental needs?	43 50.0%	43 50.0%	86 100.0%
Are you on the OMH caseload?	1 1.4%	72 98.6%	73 100.0%
Have you attempted to hurt yourself in this prison?	0 0.0%	63 100.0%	63 100.0%
Do you have access to the academic and vocational programs you need?	56 81.2%	13 18.8%	69 100.0%
Have you seen or been personally subject to verbal, physical, or sexual abuse by staff here?	60 57.7%	44 42.3%	104 100.0%
Have you seen or experienced racialized violence by staff (slurs, stereotyping, discrimination, etc.)?	54 55.1%	44 44.9%	98 100.0%
Have you filed a grievance?	27 26.7%	74 73.3%	101 100.0%
If yes, has your grievance been resolved?	8 32.0%	17 68.0%	25 100.0%
Is the grievance process fair?	7 14.6%	41 85.4%	48 100.0%
Have you been subject to discipline?	56 58.3%	40 41.7%	96 100.0%
Is the disciplinary system fair?	7 10.6%	59 89.4%	66 100.0%

Question	Yes	No	Total					
Have you been fully vaccinated for COVID-19, meaning either two doses of the Pfizer/Moderna vaccine or one dose of the Johnson & Johnson vaccine?	50 47.6%	55 52.0%	105 100.0%					
Are you warm enough in the winter?	85 84.2%	16 15.8%	101 100.0%					
Do you have adequate winter clothing, like boots and a jacket?	88 87.1%	13 12.9%	101 100.0%					
Is the commissary adequately stocked with items on a regular basis?	23 28.1%	59 72.0%	82 100.0%					
Question	Immediately	1-2 Days	1 Week	2 Weeks	1 Month	Longer than 1 Month	Total	
(MEDICAL) If no, how long has your request been outstanding?	N/A	3 15.0%	2 10.0%	0 0.0%	1 5.0%	14 70.0%	20 100.0%	
(DENTAL) If no, how long has your request been outstanding?	N/A	0 0.0%	2 10.0%	1 5.0%	2 10.0%	15 75.0%	20 100.0%	
(MEDICAL) If yes, how long did it take to get care?	5 12.2%	18 43.9%	4 9.8%	2 4.9%	2 4.9%	10 24.4%	41 100.0%	
(DENTAL) If yes, how long did it take to get care?	2 11.8%	1 5.9%	1 5.9%	3 17.7%	0 0.0%	10 58.8%	17 100.0%	
Question	Yes	No	N/A	Total				
If you have requested medical or dental care, was the level of care adequate?	42 50.6%	29 34.9%	12 14.5%	83 100.0%				
Are you receiving medication as prescribed, including schedule and dosage?	40 48.8%	21 25.6%	21 25.6%	82 100.0%				
If yes, are you getting the mental health programs you need?	0 0.0%	1 4.8%	20 95.2%	21 100.0%				
Question	Immediately	1-2 Days	1 Week	2 Weeks	1 Month	Longer than 1 Month	I have not received a response	Total
If yes, how long did it take to get a response?	2 8.3%	3 12.5%	6 25.0%	0 0.0%	0 0.0%	2 8.3%	11 45.8%	24 100.0%
Question	Yes	No	Not Eligible	Total				
If you are eligible for a booster shot, have you taken it?	29 48.3%	20 33.3%	11 18.3%	60 100.00%				

Bare Hill SHU Form Closed-Ended Data Addendum

Question	Yes	No	Total			
Are you in this unit because of a sentence to SHU?	6 66.7%	3 33.3%	9 100.0%			
Besides this SHU unit at Upstate, have you been in any other disciplinary units here or at other prisons? (If yes, choose all that apply from the options following this question.)	8 88.9%	1 11.1%	9 100.0%			
Keeplock	5 55.6%	4 44.4%	9 100.0%			
Longterm Keeplock	0 0.0%	9 100.0%	9 100.0%			
Step-down program	0 0.0%	9 100.0%	9 100.0%			
Mental health or other alternative to solitary	1 12.5%	7 87.5%	8 100.0%			
Were you medically evaluated on arrival?	5 55.6%	4 44.4%	9 100.0%			
Did you receive a suicide prevention screening on arrival?	5 55.6%	4 44.4%	9 100.0%			
Did you receive clean clothing on arrival?	4 57.1%	3 42.9%	7 100.0%			
Did you undergo a mental health assessment within one day of your arrival?	4 57.1%	3 42.9%	7 100.0%			
Do you currently have access to congregational recreation? (i.e., with other incarcerated people)?	1 12.5%	7 87.5%	8 100.0%			
Are you able to access phone calls, either through the tablet or other means while in SHU?	6 66.7%	3 33.3%	9 100.0%			
Have you received additional disciplinary tickets while in SHU?	0 0.0%	8 100.0%	8 100.0%			
Have you received additional punishment in SHU?	1 14.3%	6 85.7%	7 100.0%			
Are you offered any programs in SHU?	4 50.0%	4 50.0%	8 100.0%			
Have you heard about the HALT Solitary Confinement Act?	3 33.3%	6 66.7%	9 100.0%			
Has the administration distributed any information regarding the HALT law?	1 12.5%	7 87.5%	8 100.0%			
Question	Level 1	Level 2	Level 3	Don't Know	Other	Total
What is your security level?	0 0.0%	1 11.1%	0 0.0%	7 77.8%	1 11.1%	9 100.0%

Question	0 Days	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	Total	
How many days per week do you go outside for recreation?	9 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	9 100.0%	
How many days per week are you able to use a tablet?	1 14.3%	3 42.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 42.9%	7 100.0%	
Question			15 mins	2 hrs	2.5 hrs	12 hrs	Total			
How many hours per day are you able to use the tablet?			1 16.7%	3 50.0%	1 16.7%	1 16.7%	6 100.0%			
Question									Avg Weeks	
How long have you been incarcerated in this SHU Unit?									1.8	
How long is your total SHU Sentence?									6.4	
What is the total amount of time you have spent in SHU during your current bid?									24.8	

## Addendum Part 2: Open-Ended Data

Each monitoring visit protocols form yields open-ended responses. This data comes from open-ended questions employed as part of the General protocols form and the Special Housing Unit (SHU) protocols form. This data is either directly quoted or paraphrased in the third person from oral responses. Open-ended questions on the protocols forms help gauge incarcerated people’s views and experiences on various aspects of imprisonment, in both general and specific terms. Moreover, open-ended questions provide incarcerated respondents the ability to describe the novelty and nuances of their experiences in ways valuable to data collection and analysis. Upon reception of this data, open-ended responses are tabulated by question, protocols form, and facility (in succeeding order of organization). Responses are then coded using emergent inductive and open coding approaches: a list of themes are developed based on the responses to questions asked of all interviewees, and not based on any individual interviewee’s responses. Thus, the open-ended responses are inherently aggregated. All this data is coded by hand. The data from each question has been coded into an overarching list of themes and then into subthemes. Within this document, the numbers next to each theme and subtheme refer to the number of responses (instances) coded within them. These numbers should not be construed as observations from unique incarcerated people; rather they are an aggregate tally of each time an incarcerated person spoke to that theme during an interview.

### Bare Hill General Form Open-Ended Data Addendum

1. Staff behavior	<b>285 Total</b>
a. Reported violence and abuse by prison staff	106
b. Race-based abuse	47
c. Poor treatment by staff	42
d. Adequate experience	34
e. Tense environment/Try to stay out of trouble	32
f. Fearful and retaliatory environment	11
g. Use/Misuse/Lack of cameras	5
h. Sexual abuse	4
i. Lack of staff accountability	3
j. Lack of care	1
2. Issues with programming	<b>205 Total</b>
a. Programs currently enrolled in	77
b. Dissatisfaction/Failure to meet programming needs	23
c. Perception of being program-satisfied	22
d. Desire for more career preparation programming	21
e. No desire for more programming	18

f.	Other programming desires	16
g.	Desire for more educational programming	12
h.	Affected by program pause	5
i.	Adequate experience	4
j.	No say in programming	3
k.	Restrictions because of unit or status	3
l.	Under-stimulation	1
3.	Conditions of confinement	<b>135 Total</b>
a.	Provision of basic services:	
i.	Issues with commissary	82
ii.	Issues with packages	6
iii.	Adequate experience with commissary	4
iv.	Issues with showers	1
v.	Issues with library	1
b.	Issues with cold temperature	14
c.	Inadequate clothing preparation for cold/winter	13
d.	Issues with phones and tablets	8
e.	Isolation from loved ones	4
f.	Adequate experience with temperature	3
g.	Dehumanizing experience/Mental anguish	1
4.	Issues with medical and dental healthcare	<b>110 Total</b>
a.	Long waits for treatment, if at all	34
b.	Substandard quality of care	23
c.	Variety of medical and dental issues and needs	23
d.	Adequate experience	16
e.	Interference of correctional staff with healthcare/Harsh treatment	6
f.	Healthcare staffing shortages	5
g.	Injuries from violence left untreated	2
h.	Have not needed care	1
5.	COVID-19 concerns	<b>105 Total</b>
a.	Vaccine hesitancy	56
b.	Inadequate COVID-19 mitigation procedures from DOCCS/Lack of rule-following	26
c.	Vaccination status	9
d.	Effects on physical health	6
e.	Adequate experience	3

f.	Comfort with vaccine	2
g.	Insufficient information about COVID-19 and vaccines	1
h.	Effects on services and operations	1
i.	Aggravated isolation and restrictions	1
6.	Issues with disciplinary process	<b>91 Total</b>
a.	Arbitrary and unfair disciplinary measures	42
b.	Tickets and restrictions access to services and programming as disciplinary measure	33
c.	Use of SHU/Keeplock for:	
i.	Physical behavior, general disciplinary issues, or contraband	5
ii.	Wanton use	2
d.	Neutral experience	5
e.	Adequate experience	2
f.	Collective punishment	2
7.	Experience of incarceration	<b>64 Total</b>
a.	Poor experience of incarceration	35
b.	Adequate experience of incarceration	20
c.	Neutral experience/No desire to elaborate	9
8.	Issues with grievance system	<b>64 Total</b>
a.	Retaliation or fear of retaliation for filing grievances	26
b.	Do not see value in filing grievances	14
c.	Biased or dysfunctional grievance process	13
d.	Reasons for filing grievances	3
e.	Long waits for resolution, if at all	3
f.	No grievance filed	3
g.	Adequate experience	2
9.	Issues with mental health	<b>31 Total</b>
a.	Variety of mental health issues and needs	9
b.	Coping with prison experience	9
c.	Have not needed care	7
d.	Substandard quality of mental healthcare	5
e.	Long waits for treatment, if at all	1
10.	Use of solitary confinement	<b>15 Total</b>
a.	Experience with solitary confinement	15

11. Issues with assignments	<b>10 Total</b>
a. Issues with transfer or release process	6
b. Opinion that sentence or assignment was unfair	2
c. Problems with parole	2
12. Issues with food	<b>7 Total</b>
a. Issues with food quality	7
13. Suicide and self-harm	<b>6 Total</b>
a. No experiences with self-harm	5
b. Self-harm as calls for help	1
14. Staffing issues	<b>3 Total</b>
a. Lack of proper training	3

### Bare Hill SHU Form Open-Ended Data Addendum

1. Issues with programming	<b>33 Total</b>
a. Does not go to recreation because:	
i. Has not been offered	8
ii. Too cold outside	2
iii. Undesirable to do so	1
b. Under-stimulation	9
c. Location of recreation	5
d. Programs currently enrolled in	5
e. Dissatisfaction/Failure to meet programming needs	2
f. Desire for education or career preparation	1
2. Conditions of confinement	<b>28 Total</b>
a. Issues with phones and tablets	12
b. Dehumanizing experience/Mental anguish	9
c. Adequate experience	2
d. Inadequate prison conditions	2
e. Inadequate provision of basic services	1
f. Issues with showers	1
g. Issues with clothing	1
3. Staff behavior	<b>19 Total</b>
a. Reported violence and abuse by prison staff	8
b. Tense environment/Try to stay out of trouble	5

c. Race-based abuse	3
d. Use/Misuse/Lack of cameras	2
e. Sexual abuse	1
4. Use of solitary confinement	<b>15 Total</b>
a. Observations of impact of HALT implementation	10
b. Some understanding of HALT	4
c. Issues with HALT implementation	1
5. Issues with medical and dental healthcare	<b>5 Total</b>
a. Injuries from violence	4
b. Medical and dental issues and needs	1
6. Issues with food	<b>4 Total</b>
a. Issues with food accessibility	3
b. Issues with food quality	1
7. Issues with disciplinary process	<b>2 Total</b>
a. Arbitrary and unfair disciplinary measures	2

CANY Post-Visit Briefing and Recommendations

# Monitoring Visit To Bare Hill Correctional Facility

No.22-06: March 8-9, 2022

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