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April 23, 2020

CHS Medical Records Unit
NYC Health and Hospitals Corporation
Correctional Health Services, Medical Records
55 Water Street, 18th Floor
New York, New York 10041
Fax: 646-614-0290

Re: Request Under the Freedom of Information Law for COVID-19 related information

Dear Records Officer,

This letter constitutes a request under the New York Freedom of Information Law (“FOIL”) under Article 6 of the Public Officers Law.

Please produce any and all documents reflecting:

- (1) the cumulative number of incarcerated people who tested positive for COVID-19 while in DOC custody, including those who have since been released from DOC custody, as of the date of CHS’s response to this request;
- (2) demographic information, including race, gender, and age, of all incarcerated people who have tested positive for COVID-19 in DOC custody;
- (3) the total number of currently incarcerated people who have been tested for COVID-19;
- (4) the total number of individual people incarcerated by DOC since the date of the first COVID-19 test administered to a person in DOC custody;
- (5) the cumulative number of people who have tested positive for COVID-19, disaggregated by facility they were originally assigned to prior to being moved for any COVID-19 related care or quarantine;
- (6) the total number of people transferred to hospital settings for care related to COVID-19.

Requested Response:

If your agency does not maintain any of these public records, please let me know who does and include the proper custodian's name and contact information.

Please furnish these records electronically, by email attachment sent to MGriffard@legal-aid.org if available or flash drive if not. I agree to pay any reasonable fees of not more than \$25.00. If the request cannot be filled electronically and the cost to copy and mail the requested material will be greater than \$25.00, please notify me. Please provide a receipt indicating the charges for each document. A flash drive can be mailed to the following address: 199 Water Street, New York, NY 10038.

Pursuant to N.Y. Pub. Off. Law §89(3)(a), I expect a response within the five (5) day statutory time limit. If this Request is denied in whole or in part, I respectfully ask that all deletions are justified by reference to specific exemptions of the FOIL. If the materials responsive to this request require redaction, please include an index of the redactions with a basis for each redaction. If you have any questions in processing this request, please feel free to contact me at the number or address above.

Thank you for your consideration and attention.

Sincerely,

A handwritten signature in black ink that reads "Molly Griffard". The signature is written in a cursive style with a large, looping initial "M".

Molly Griffard
Legal Fellow