



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

MEMORANDUM

TO: COMMISSION MEMBERS

FROM: Brian Callahan, Counsel

RE: AGENDA FOR COMMISSION MEETING

DATE: October 20, 2020 at **11:00AM**

LOCATION: Alfred E. Smith Building, 80 So. Swan Street, 12th Floor,
Albany, NY. **Please be advised that proper identification is required at
front desk.*

I. MINUTES

SCOC

September 29, 2020 Commission Meeting

MRB

Administrative Closures

II. VARIANCES

A. Rockland County Sheriff's Office

Rockland County Jail

20-V-09

Visitation

Sections 7008.2(b) and 7008.3(c)

B. Yates County Sheriff's Office

Yates County Jail

20-V-10

Visitation

Sections 7008.2(b) and 7008.3(c)

C. Jefferson County Sheriff's Office

Jefferson County Jail

20-V-20 NEW

Correspondence

Sections 7004.1 and 7004.3

D. Orange County Sheriff's Office

Orange County Jail

20-V-24 NEW

Correspondence

Sections 7004.1 and 7004.3

E. Oswego County Sheriff's Office

Oswego County Jail

20-V-22 NEW

Correspondence

Sections 7004.1 and 7004.3

F. Westchester County Department of Correction

Westchester County Jail

20-V-23 NEW

Visitation

Sections 7008.2(b) and 7008.3(c)

G. Medina Police Department

20-V-17 NEW

Supervision of Female Prisoners

Sections 7008.2(b) and 7008.3(c)

H. Gates Police Department

20-V-18 NEW

Supervision of Female Prisoners

Sections 7008.2(b) and 7008.3(c)

III. MAXIMUM FACILITY CAPACITY

I. Capital District Secure Juvenile Detention Center

Revision

IV. CONSTRUCTION

J. Westchester County Department of Correction

Westchester County Jail

20-C-103

Water Shut off Valves

K. Westchester County Department of Correction

Westchester County Jail

20-C-104

Visitation Renovation

L. New York City Department of Correction

Anna M. Kross Center

20-C-105

Modify Building 5



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

MINUTES Commission Meeting

STATE COMMISSION OF CORRECTION

LOCATION(S):

Albany Location
80 S. Swan Street, 12th Floor
Albany, New York 12210

DATE OF MEETING: September 29, 2020

Chairman Riley called the meeting to order at 11:04am.

PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner
Brian Callahan, Counsel
Deborah Slack-Bean, Associate Attorney
Brielle Christian, Senior Attorney
Keith Zobel, Deputy Director of Operations
Lloyd Robistow, Correctional Facility Specialist 1
Patricia Amati, Assistant to Chairman/Commissioner

LOCATION: Alfred E. Smith Building, 80 So. Swan Street, 12th Floor,
Albany, NY and McDonough, New York
**Please be advised that proper identification is required at front desk.*

I. **MINUTES**

SCOC

August 18, 2020 Commission Meeting

**Approved Unanimous
Loughren/Riley**

September 15, 2020 Special
Commission Meeting

**Approved Unanimous
Loughren/Riley**

MRB

Administrative Closures

**Approved Unanimous
Loughren/Riley**

September 3, 2020 Medical Review
Board Meeting

**Approved Unanimous
Loughren/Riley**

II. VARIANCES

**A. Monroe County Sheriff's Office
Monroe County Jail**

20-V-03

Visitation

Sections 7008.2(b) and 7008.3(c)

**Approved Unanimous
January 1, 2021
Loughren/Riley**

**B. Tompkins County Sheriff's Office
Tompkins County Jail**

20-V-04

Visitation

Sections 7008.2(b) and 7008.3(c)

**Approved Unanimous
January 1, 2021
Loughren/Riley**

**C. Franklin County Sheriff's Office
Franklin County Jail**

20-V-05

Visitation

Sections 7008.2(b) and 7008.3(c)

**Approved Unanimous
January 1, 2021
Loughren/Riley**

**D. Suffolk County Sheriff's Office
Suffolk County Riverhead**

20-V-07

Visitation

Sections 7008.2(b) and 7008.3(c)

**Approved Unanimous
January 1, 2021
Loughren/Riley**

**E. Suffolk County Sheriff's Office
Suffolk County Yaphank**

20-V-08

Visitation

Sections 7008.2(b) and 7008.3(c)

**Approved Unanimous
January 1, 2021
Loughren/Riley**

**F. Livingston County Sheriff's Office
Livingston County Jail**

20-V-14 NEW

Correspondence

Sections 7004.1 and 7004.3

**Approved Unanimous
April 1, 2021
Loughren/Riley**

- | | |
|---|---|
| <p>G. Dutchess County Sheriff's Office
 Dutchess County Jail
 20-V-15 NEW
 Visitation
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 January 1, 2021
 Loughren/Riley</p> |
| <p>H. New York City Department of Correction
 George R. Vierno Center
 20-V-16 NEW
 7075.4(a)</p> | <p>Approved Unanimous
 April 1, 2021
 Loughren/Riley</p> |
| <p>I. New York City Administration for Children's Services
 Crossroads Juvenile Detention Center
 19-V-05
 (Section 7320.4)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Riley</p> |
| <p>J. New York City Administration for Children's Services
 Horizon Specialized Juvenile Detention Center
 18-V-06
 (Section 7320.4)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Riley</p> |
| <p>K. Westchester County Department of Probation
 Woodfield Detention Center
 18-V-08
 (Section 7320.4)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Riley</p> |
| <p>L. Westchester County Department of Probation
 Woodfield Detention Center
 19-V-08
 (Section 7320.4)</p> | <p>Approved Unanimous
 January 1, 2021
 Loughren/Riley</p> |
| <p>M. New York City Police Department
 18-V-01
 (Section 7504.1(e) Supervision of Detention Areas)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Riley</p> |
| <p>N. Poughkeepsie Police Department
 18-V-02
 (Section 7504.1(e) Supervision of Detention Areas)</p> | <p>Approved Unanimous
 April 1, 2021
 Loughren/Riley</p> |

**O. New York City Administration for Children's Services
Crossroads Juvenile Detention Center
20-V-19 NEW
(Section 7320.4)** **Approved Unanimous
February 1, 2021
Loughren/Riley**

III. MAXIMUM FACILITY CAPACITY

**P. New York City Administration for Children's Services
Horizon Specialized Juvenile Detention Center
Rescind MFC** **Approved Unanimous
Loughren/Riley**

**Q. New York City Administration for Children's Services
Horizon Specialized Juvenile Detention Center
Add SSD beds** **Approved Unanimous
Loughren/Riley**

**R. Cortland County Sheriff's Office
Cortland County Jail
Revision** **Approved Unanimous
Loughren/Riley**

**S. Hamilton County Sheriff's Office
Hamilton County Jail
Revision** **Approved Unanimous
Loughren/Riley**

**T. Lewis County Sheriff's Office
Lewis County Jail
Revision** **Approved Unanimous
Loughren/Riley**

**U. Otsego County Sheriff's Office
Otsego County Jail
Revision** **Approved Unanimous
Loughren/Riley**

**V. Tompkins County Sheriff's Office
Tompkins County Jail
Revision** **Approved Unanimous
Loughren/Riley**

IV. CONSTRUCTON

**W. New York City Department of Correction
Robert N. Davoren Center
20-C-91
PACE Unit** **Approved Unanimous
Loughren/Riley**

X. New York City Department of Correction
George R. Vierno Center
20-C-100
Level 3 and 4 ESH Unit

Approved Unanimous
Loughren/Riley

Y. New York City Department of Correction
George R. Vierno Center
20-C-102
Level 2 ESH Unit

Approved Unanimous
Loughren/Riley

Z. New York City Department of Correction
George R. Vierno Center
20-C-101
Restraint Desk

Approved Unanimous
Loughren/Riley

AA. Dutchess County Sheriff's Office
Dutchess County Jail
20-C-96
Visitation

Approved Unanimous
Loughren/Riley

V. CERTIFICATION

BB. Capital District Youth Center
Capital District Juvenile Secure
Detention Facility
Recertification

Approved Unanimous
Loughren/Riley

CC. New York City Administration for
Children's Services
Crossroads Juvenile Center
Recertification

Approved Unanimous
Loughren/Riley

DD. Erie County Department of Social Services
Erie County Secure Detention Center
Recertification

Approved Unanimous
Loughren/Riley

EE. Onondaga County Department of Probation
Hillbrook Juvenile Detention Center
Recertification

Approved Unanimous
Loughren/Riley

FF. New York City Administration for Children's
Services
Horizon Juvenile Detention Center
Recertification

Approved Unanimous
Loughren/Riley

Commissioner Loughren made a motion to go into executive session at 11:13am. to discuss Variances, Construction, Medical Review Board and Specialized Secure Detention Certification items which was seconded by Chairman Riley.

Commissioner Loughren made a motion to exit Executive Session and return to general session at 11:49am, which was seconded by Chairman Riley.

The meeting resumed at 11:50am. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding Variances, Construction, Medical Review Board and Specialized Secure Detention Certification items, seconded by Chairman Riley. Commissioner Loughren made a motion to adjourn at 11:50am which was seconded by Chairman Riley.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

EXECUTIVE SESSION

MINUTES

LOCATION:

Commission Meeting

STATE COMMISSION OF CORRECTION

LOCATION(S):

Albany Location
80 S. Swan Street, 12th Floor
Albany, New York 12210

DATE OF MEETING: September 29, 2020

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PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner
Brian Callahan, Counsel
Deborah Slack-Bean, Associate Attorney
Brielle Christian, Senior Attorney
Keith Zobel, Deputy Director of Operations
Lloyd Robistow, Correctional Facility Specialist 1
Patricia Amati, Assistant to Chairman/Commissioner

LOCATION: Alfred E. Smith Building, 80 So. Swan Street, 12th Floor,
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Review Board and Specialized Secure Detention Certification items, seconded by Chairman Riley. Commissioner Loughren made a motion to adjourn at 11:50am which was seconded by Chairman Riley.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner

CITIZENS' POLICY AND COMPLAINT REVIEW COUBNCIL
October 8, 2020

NYS Commission of Correction
at
Alfred E. Smith Office Building
80 South Swan Street, 12^h Floor
Albany, NY 12210
WEBEX CONFERENCE CALL

PRESENT:
Commissioner Loughren

Council Members:
Albany:
Tom Cross
Martin Stanton

Also Present:
Deborah Slack-Bean
Terry Moran
Larry Roe
Chris Ost
Chester Martinez
Vicky Walker

Commissioner Loughren opened the meeting at 11:13 A.M.

Commissioner Loughren asked for a motion to ratify all actions taken at the July 16, 2020 meeting. Martin Stanton made a motion to ratify all actions taken on July 16, 2020. Tom Cross seconded. Carried. Commissioner Loughren asked for a motion to approve the minutes of the July 16, 2020 meeting. Martin Stanton made a motion to approve the minutes of the July 16, 2020 meeting. Tom Cross seconded. Carried.

Tom Cross and Martin Stanton reviewed the Denied with Comment grievances for the month of October 2020. Tom Cross and Martin Stanton made motions to Deny with the appropriate comment the grievances they reviewed. These motions were seconded by Martin Stanton and Tom Cross respectively, and unanimously passed.

Tom Cross and Martin Stanton reviewed the Expedited grievances for the month October 2020. Tom Cross and Martin Stanton made motions to deny the grievances they reviewed. These motions were seconded by Martin Stanton and Tom Cross respectively, and unanimously passed.

The Council reviewed the remaining grievances.

ACCEPT IN PART

124476
Monroe CJ

Unanimous

ADMINISTRATIVE CLOSURES

DENY

126069

127209

Albany CJ

Unanimous

123629

Allegany CJ

Unanimous

125032

125033

124572

127029

Cattaraugus CJ

Unanimous

126835

124689

126840

124932

126815

126833

126219

125566

127320

127322

127296

127572

Cayuga CJ

Unanimous

124832

124837

127402

126562

124845

Chautauqua CJ

Unanimous

126895

125889

127211

125890

126198

126529

126849

125045

127129

Chenango CJ

Unanimous

126334

124578

124489
125529
124054
Clinton CJ Unanimous

126017
126090
126613
126756
123670
123671
Delaware CJ Unanimous

125431
124509
126130
126129
Dutchess CJ Unanimous

126609
126549
125073
126009
123570
126389
127618
124676
125109
126611
126809
124410
124848
125910
124770
127514
125649
126010
Erie CF Unanimous

126338
126339
126950
126340
126871
124916
124233
127309
Erie CJ Unanimous

125819
124595
Franklin CJ Unanimous

127149
127150
126829
127151
Fulton CJ Unanimous

123571
Genesee CJ Unanimous

123510
126070
123572
126012
Jefferson CJ Unanimous

127051
Livingston CJ Unanimous

123678
124619
124329
124949
125470
125471
124149
123809
Madison CJ Unanimous

124649
124152
124852
126136
126137
125292
125713
126019
Monroe CJ Unanimous

125512
123451
123452
123453
126471
Montgomery CJ Unanimous

125929
126811

127439
124872
124873
124874
125053
125911
125930
Nassau CJ Unanimous

127213
127524
Niagara CJ Unanimous

126943
124243
123982
126921
126213
126975
Oneida CJ Unanimous

126552
126569
126690
126630
126672
126719
125912
126874
127517
125712
125913
126554
123692
127313
123675
124712
125931
127030
126270
Onondaga CD Unanimous

126478
126502
126502
126498
126500
124654
126506
123849
125029

127418
125014
124230
127072
127396
127069
Ontario CJ Unanimous

125532
126831
126812
126956
126954
124294
125175
125254
125274
125594
125600
125604
125773
125776
125777
125817
126953
Otsego CJ Unanimous

126633
Putnam CJ Unanimous

126842
124590
126817
123910
125789
125597
Rensselaer CJ Unanimous

125449
Rockland CJ Unanimous

125450
Saratoga CJ Unanimous

126790
126700
Seneca CJ Unanimous

125709
125613
126048

126484
124682
126249
126044
126050
126355
127095
125710
126039
126042
126769
127399
123615
125620
127099

St. Lawrence CJ

Unanimous

124511
124038
123694
125492
125211
125212
125451

Suffolk CJ

Unanimous

127437
127392
125294
125316
126453
125823
125821
125822
126725
126153
126457
127161
127410
124530
125299
125302
125303
125304

Sullivan CJ

Unanimous

125971
125951
Tompkins CJ

Unanimous

126933
124061
126194
125455
125495
126173
127218
127229
125118
125120
126937
127231
126330
127564
125123
125124
127221
126959
125127

Warren CJ

Unanimous

124433
124434
126014
126034

Washington CJ

Unanimous

127093
125914
124822
124825
126030
125477
124295
125932
127237
126393
126409
126410

Wayne CJ

Unanimous

126418
124512
124871
126397
125328
125827
126144
124653
125330
126838

126016
126961
Westchester CJ Unanimous

123594
124773
123596
124715
125021
125535
Yates CJ Unanimous

DENIED WITH COMMENT

125055
124651
124674
Allegany CJ Unanimous

124536
124535
Cayuga CJ Unanimous

124585
124790
126429
Chenango CJ Unanimous

124846
Clinton CJ Unanimous

125290
Dutchess CJ Unanimous

125034
Erie CF Unanimous

126132
126133
124917
124919
124914
126134
123812
Erie CJ Unanimous

124249
124251
Jefferson CJ Unanimous

125043 125094 Livingston CJ	Unanimous
124969 Madison CJ	Unanimous
124166 124168 124189 124469 123455 124151 125152 Monroe CJ	Unanimous
126013 124751 Nassau CJ	Unanimous
124244 Oneida CJ	Unanimous
126171 Onondaga CD	Unanimous
126190 Onondaga CJ	Unanimous
126289 126271 Ontario CJ	Unanimous
125176 125255 Otsego CJ	Unanimous
123772 126150 Rockland CJ	Unanimous
126139 Saratoga CJ	Unanimous
124451 Schenectady CJ	Unanimous
126038 126041 126348 126486	

126488
126490
St. Lawrence CJ Unanimous

126390
124490
Suffolk CJ Unanimous

124412
124413
125313
125036
125315
125296
125039
124816
124430
126152
124431
124415
124818
124819
125017
125041
125298
125305
124531
Sullivan CJ

Unanimous

125172
Ulster CJ Unanimous

124060
126192
126476
126331
126332
125121
126177
125126
125129
Warren CJ

Unanimous

124432
124435
126033
Washington CJ Unanimous

124824

126031

123530

Wayne CJ

Unanimous

126141

126412

Westchester CJ

Unanimous

125213

Yates CJ

Unanimous

The next CPCRC meeting will be held on Thursday, November 12, 2020 at 11:00 A.M. at SCOC, AESOB 80 S. Swan St. 12^h Floor, Albany, NY 12210 and via WebEx Telephone Conference.

Commissioner Loughren requested a motion to adjourn the meeting, which was made by Tom Cross, seconded by Martin Stanton, and carried. The meeting adjourned at 11:30 A.M.

Respectfully submitted,

Victoria Connors

Administrative Assistant

Name of Facility: Rockland County Jail

Variance #20-V-09

New: Renewal: X

Relief from Standard: 7008.2 b and 7008.3 c

Application by: Chief Karl Mueller

Date Request Rec: 9/03/2020

Last Approved: 7/21/20

Length of Approval: 3 Months Expiration: 11/1/20

Write-up Prepared by: A.J. Gonzalez

Recommendation by Field Staff: We are generally recommending approval for a period of three months, with the expiration date to be the first day of the month. In this case, the expiration date would be 2/1/21.

Recommendation at Briefing: Approve until 1/1/21

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Louis Falco III is requesting an extension to this variance, which permits non-contact visiting for inmates in their main visiting room. Since the initial approval of this variance, there have been 306 personal visits, and 70 professional visits conducted without incident.

VARIANCE HISTORY

Approval until 11/1/20

CONSTRUCTION/RENOVATION PLANS

OTHER VARIANCES IN EFFECT

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):

Since the approval of this variance the facility has had 306 personal and 70 professional visits. The Commission has received no complaints or grievances regarding visiting at Rockland County Jail since issuing the original variance. There have been no Reportable Incidents reported in the visit area, or Reportable Incidents related to visitation.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

February 8, 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

There are open issues listed in the February 8, 2019 MSE. There were no visitation violations identified by Commission staff during evaluation.

OTHER INFORMATION

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

RECOMMENDED CONDITIONS IF APPROVED

This variance is approved with the following conditions:

1. Any and all visitation limitations requires the ongoing review and determination of the chief administrative officer pursuant to 9 NYCRR §7008.8;
2. Upon expiration of this variance, renovations made will be removed and the visiting area will be restored to its previous design within seven (7) days;
3. The facility shall maintain a sufficient supply of Personal Protective Equipment (PPE) for staff and incarcerated individuals as part as part of the visitation program;
4. The screening of all prospective visitors shall include search, taking of temperature, symptomology observations and questionnaire;
5. The exception to any one visitor limitation is for any person accompanying a visitor under eighteen (18);
6. Incarcerated individuals and visitors shall wear face coverings;
7. Social distancing (at least six feet apart) between visitors shall be maintained;
8. The visitation schedule and scheduling procedures shall be implemented;
9. Incarcerated individuals shall have equal access to visitation;
10. Visitation areas shall be disinfected in between sessions

REVIEWED BY REGIONAL SUPERVISOR: C Ost

DATE: 10/5/20

REVIEWED BY DIRECTOR: Terry Moran

DATE: 10/6/20

COMMENTS BY DIRECTOR: Concur

OFFICIAL USE ONLY:

NOTES OF MEETING:



New York State
Commission of Correction
80 S. Swan Street, 12th Floor
Albany, New York 12205
518-485-2465
518-485-2467 (Fax)

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/Commissioner to the address or fax number listed above.

Facility: Rockland County

Person requesting: Chief Karl Mueller

(Sheriff/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as:

Ex. Part: 7040 Section: 3 Subdivision: n/a

Standard for which the variance is requested:

Part: 7008 Section: 2 Subdivision: b
7008 3 c

- B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

- C. In the space provided below include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation.)

Due to COVID, this facility is committed to providing the inmates with visiting in the safest manner possible to inmates, visitors and staff. We continue to do this in conjunction with guidance from our County Health Dept professionals

- D. Provide the amount of time for which the variance is requested, if applicable:

90 Days _____ Weeks _____ Months

- E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

We will continue to operate under the current visiting variance until such time that it can be determined that it is safe to resume visiting as was done prior to the COVID epidemic

F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (day space area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) for the specific area listed in this application, along with the number of additional inmates (beyond the MFC rating) you are requesting to be housed in the specific area.

N/A

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Dorms and Cells Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds

(If additional space is required please make a copy of this sheet and attach)

G. Has this variance been previously approved by the Commission?

Yes If yes, include the variance number 20-V No 09

[Signature]
Signature (Sheriff) (Chief Administrative Officer)

9/3/2020
Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov . Click on Table of Contents, Commission Forms, Request for a Variance (Formal application statement).

Name of Facility: Yates County Jail

Variance #20-V-10

New: Renewal: X Relief from Standard: 7008.2(b), 7008.3(a) and 7008.6(a)

Application by: Chief Jared Bailey

Date Request Rec: 10/5/2020

Last Approved: 7/21/20 Length of Approval: 3 Months Expiration: 11/1/20

Write-up Prepared by: Alberto Garcia

Recommendation by Field Staff: We are generally recommending approval for a period of three months, with the expiration date to be the first day of the month. In this case, the extended expiration date would be 2/1/21.

Recommendation at Briefing: Approve until 1/1/21

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Requests an extension of non-contact visitation. Affording visitation by appointment on Sat/Sun in (30) minute sessions. All visitors will be screened and temperature taken.

Visitors require masks to be worn at all times, only to be removed during security screening for contraband. Social distancing of 6 feet maintained at all times. Only visitors from household are allowed to visit. No visitors under the age of 6 are allowed. No more than (2) visitors per incarcerated individual allowed at one time. No more than (3) incarcerated individuals allowed in the visiting area. In the event a visitor is denied due to failed screening, facility will attempt to seek said individual's consent to disclose identity to county health department officials. Incarcerated individual will be notified of denied visit and reasons for such. Visitation tables will be disinfected prior to each visit and after final visit. Facility PPE supplies are approved by Yate County Office of Emergency Management.

VARIANCE HISTORY

7/21/20 Approved until 11/1/20

CONSTRUCTION/RENOVATION PLANS

N/A

OTHER VARIANCES IN EFFECT

NO

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):

10/3/2019

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

10/3/2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

YES - 7002.1, 7005.7, 7013.3, 7028.2(a), 7028.6(b), 7039.2(c). Response assessment pending for corrective actions taken.

OTHER INFORMATION

NO

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

NO

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

Variance #20-V-10 was previously approved by the Commission. It appears the facility has presented adequate safety protocols to continue non-contact visits while mitigating the potential spread of COVID-19.

RECOMMENDED CONDITIONS IF APPROVED

This variance is approved with the following conditions:

1. Any and all visitation limitations requires the ongoing review and determination of the chief administrative officer pursuant to 9 NYCRR §7008.8;
2. Upon expiration of this variance, renovations made will be removed and the visiting area will be restored to its previous design within seven (7) days;
3. The facility shall maintain a sufficient supply of Personal Protective Equipment (PPE) for staff and incarcerated individuals as part as part of the visitation program;
4. The screening of all prospective visitors shall include search, taking of temperature, symptomology observations and questionnaire;
5. The exception to any one visitor limitation is for any person accompanying a visitor under eighteen (18);
6. Incarcerated individuals and visitors shall wear face coverings;
7. Social distancing (at least six feet apart) between visitors shall be maintained;
8. The visitation schedule and scheduling procedures shall be implemented;
9. Incarcerated individuals shall have equal access to visitation;
10. Visitation areas shall be disinfected in between sessions

REVIEWED BY REGIONAL SUPERVISOR: **C Ost** **DATE: 10-13-20**

REVIEWED BY DIRECTOR: **DATE:**

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:

Office of the

YATES COUNTY SHERIFF

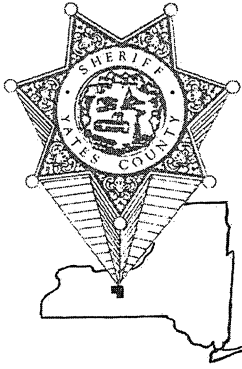
RONALD G. SPIKE

Public Safety Building • 227 Main Street
Penn Yan, New York 14527-1720
Telephone: 315-536-4438

Web site: www.yatescountysheriff.org

Email: sheriff@yatescounty.org

Howard R. Davis, Jr. Undersheriff



PHONES: (315) area code
Emergency 911
Fax 536-5191
Administration 536-5172
Animal Control 694-6077
Civil Division 536-5174
Court Security 536-5107
Criminal Division 536-5176
Dispatcher 536-4439
Jail Division 536-5175
Juvenile Division 536-5177
Marine Division 536-5526
P.S. Comm. Div. 531-3214
Records Division 536-5178
Coroner 536-5172
STOP-DWI 536-5182
Tip Hotline 536-5558
Text Tip "Yates" 847411

10/5/2020

Chairman Allen Riley
Alfred E. Smith State Office Building
80 South Swan Street, 12th Floor
Albany, New York 12210

RE: Yates County Jail Variance Application 20-V-10 continuance

Dear Chairman Riley:

I respectfully request your review of our application for no contact visitation during the COVID-19 pandemic to continue another 3 months.

Please see the attached.

For Sheriff Spike, I am

Sincerely,

Jared Bailey

Jared Bailey

Chief Correction Officer

CC: Sheriff Ronald Spike





Commission of Correction

New York State
Commission of Correction
80 S. Swan Street, 12th Floor
Albany, New York 12205
518-485-2465
518-485-2467 (Fax)

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/Commissioner to the address or fax number listed above.

Facility: Yates County Jail

Person requesting: Chief Correction Officer Jared Bailey

(Sheriff/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as:


Ex. Part: 7040 Section: 3 Subdivision: n/a

Standard for which the variance is requested:

Part: 7008 Section: 2 Subdivision: b
Part: 7008 Section: 3 Subdivision: a
Part: 7008 Section: 6 Subdivision: a

B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

Visitation Restart 8/1/2020

- During COVID-19 pandemic Start Non-Contact Visits 8/1/2020 – Will stay in effect for 6 months.
- Visitors must call Friday from 8am-8pm to make a visitation appointment for Saturday and call Saturday from 8am-8pm to make a visitation appointment for Sunday, no walk in visits will be accepted.
- The “kiss on the lips” at the beginning and end of any inmate visit will not be allowed until full visitation is available and safe for inmates, visitors and staff.
- Visitors must maintain social distancing from the point of entry to the building until exit.
- 
- Limit visits to one half hour per visit to accommodate all who wish to visit inmates at the jail and allow time for cleaning procedures.
- Limit visitation to three inmates in the visit room at each visit period with no more than two visitors at any one time. No visitors under 6 years old will be allowed to visit.
- Visitors that are not from the same household will not be allowed to visit the same inmate at the same time.
- Conduct health Assessment of the visitor, to include, a temperature check; standard questions/answers regarding travel to other counties, proximity to a person who has had, or is suspected to have, coronavirus; whether the visitor has cough, nose congestion, etc.
 - Any person who;
 - (1) has been diagnosed with, or has had close contact with anyone diagnosed with, COVID-19, and has not obtained medical clearance to appear in public; or
 - (2) has been directed to self-quarantine, isolate or self-monitor for the coronavirus by any doctor, hospital or health agency, and has not obtained medical clearance to appear in public, or
 - (3) has traveled internationally in the previous 14 days; or meets the quarantine restrictions set forth from the NYSDOH travel advisory.
 - (4) has flu-like symptoms (including cough, sore throat, temperature of 100.4o or higher, shortness of breath) (collectively, “Persons at Risk”) should not enter the jail facility

- Jail staff shall obtain the name and address of any such person denied entry to the jail and seek his or her consent to the disclosure of identity to appropriate county health department officials.
- The inmate shall be notified of any visits denied for the reasons stated above.
- Jail officials at the earliest opportunity, shall arrange for appropriate cleaning of areas where any person who have been denied visitation has been in contact.
- Require the visitor and inmate to wear a mask or facial covering during the visit and any time that the visitor is in any part of the facility. Face coverings should cover the nose and mouth. Jail officers will ask for the mask to be removed and checked to verify that the visitor does not have any contraband which could be brought into the facility, and can verify the identity of the visitor. The visitor will be required to use the supplied hand sanitizer in the lobby prior to entering the secure area of the jail.
- PPE supplies have been verified with Yates County Office of Emergency management to ensure the appropriate amount to conduct visitation throughout the pandemic will be supplied.
- Yates County Public Health has reviewed this plan.
- SCOC will be granted access to review at any time upon request.
- All visit tables and high touch surfaces will be disinfected by correctional staff prior to the start of every visit and at the end of visitation for the day.
- All other current Visitation protocols will continue.

Saturday:

8:30a- 9:00a
 9:45a- 10:15a
 11:00- 11:30a
 12:00p-1:00p = Lunch
 1:00p- 1:30p
 2:15p- 2:45p
 3:30p- 4:00p
 4:30p- 5:30p = Dinner
 5:30p- 6:00p
 6:45p- 7:15p
 8:00p- 8:30p
4.5 hours of Visit

Sunday:

8:30a-9:00a
 9:45a-10:15a
 11:00a-11:30a
 12:00p-1:00p = Lunch
 1:00p-1:30p
 2:15p- 2:45p
 3:30p- 5:00p = Church
 5:00p- 6:00p = Dinner
 6:00p -6:30p
 7:15p- 7:45p
 8:30p-9:00p
4 hours of Visit

NO recreation on Saturday or Sunday with the exception of 1 hour of lock-in recreation.
 1.5 hours of recreation for all inmates Monday - Friday

B. In the space provided below include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation.)

To continue to slow the COVID-19 outbreak we request to continue with current practice as it seems to work well.

C. Provide the amount of time for which the variance is requested, if applicable:

Days _____ Weeks 3 Months

To end if able depending on pandemic on 2/6/2021 and return to contact visitation.

D. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

We intend on returning to normal visitation as soon as the pandemic allows.

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(If additional space is required please make a copy of this sheet and attach)

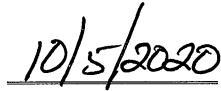
(Page _____ of _____)

G. Has this variance been previously approved by the Commission?

Yes X If yes, include the variance number 20-V-10 No



Signature ~~(Sheriff)~~ (Chief Administrative Officer)



Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov. Click on Table of Contents, Commission Forms, Request for a Variance (Formal application statement).

Name of Facility: Jefferson County Jail

Variance #20-V-20

New: Renewal: Relief from Standard: 7004.3(a)

Application by: LT Mark Wilson Date Request Rec: 9-22-20

Last Approved: N/A Length of Approval: N/A Expiration:

Write-up Prepared by: M. Ellwanger CFS 2

Recommendation by Field Staff: Recommend approval until May 1, 2021.

Recommendation at Briefing: Approve until 1/1/21

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Lt Mark Wilson is requesting authorization to provide inmates with photocopies of their incoming non-privileged correspondence in lieu of the original correspondence. [REDACTED]

[REDACTED]

RECOMMENDATION BY STAFF

It is recommended this variance be approved until May 1, 2021.

RECOMMENDED CONDITIONS IF APPROVED

Pursuant to this action, the following conditions shall apply:

1. Only non-privileged incoming correspondence and accompanying envelope may be photocopied and provided to the recipient prisoner. Incoming privileged correspondence shall be provided to the recipient prisoner and is not to be photocopied.
2. Incoming general and legal privileged correspondence shall be opened and inspected for contraband in the presence of the recipient prisoner. [REDACTED]
3. Approval of this variance does not relieve the facility from its duty to comply with United States Postal Services' regulations and statutes.
4. Except for incoming non-general and legal privileged correspondence forwarded to the chief administrative officer, the facility shall make available correspondence for inmate view within one business day of delivery by the United States Postal Service.

- 5. The facility shall ensure that inmates are provided, **at no cost**, the opportunity to:
 - a. be provided with their original correspondence and enclosed contents (i.e., photos, cards, etc.), that are non-criminal in nature, immediately upon release/transfer from the facility; and
 - b. be permitted to designate a person(s) who may obtain such original correspondence from the facility.
- 6. The facility shall provide inmates the opportunity to have their original correspondence forwarded to a third party.
- 7. All relevant protocols concerning the photocopying of correspondence shall be included in the facility's inmate rulebook. If the rulebook is not yet scheduled for reprinting, such information shall be posted conspicuously in all housing areas until such reprinting has been completed and issued.
- 8. Any costs associated with the correspondence photocopying program shall be borne by the facility and not through the use of commissary profits.
- 9. The facility ensures that all correspondence-related reportable incidents are submitted to the Commission in accordance with Part 7022, Reportable Incidents.

CONSTRUCTION/RENOVATION PLANS

NA

OTHER VARIANCES IN EFFECT

NA

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):

July 8-12, 2019

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

July 8-12, 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7002.2(d)(5) Authority for admissions- Response acceptable; open pending site visit

7002.8 Admission telephone calls- Response acceptable; open pending site visit

7003.3(j)(5) Supervision of prisoners in facility housing areas- Response acceptable; open pending site visit

[REDACTED]

[REDACTED]

7006.7(a) & (c) Administrative Segregation Pending a Disciplinary Hearing- **Response unacceptable due to the facility demonstrating challenges with consistent reviewing administrative segregation determinations in a timely manner**; open pending further assessment

[REDACTED]

[REDACTED]

7013.7(a) Initial screening and risk assessment & 7030.2-Non-English-speaking prisoners- Response acceptable; open pending site visit

7024.11 Limitation on the exercise of religious beliefs- Response acceptable; open pending site visit

7028.2(a)(f) Exercise periods- Response acceptable; open pending site visit

7028.4(c) Exercise areas and equipment- Response acceptable; open pending site visit

[REDACTED]
7051.5(f)(1)(2)-Assessment and processing of visit requests- Response acceptable;
open pending site visit

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

Not applicable at this time.

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE APPROVED/ EXTENDED:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].

REVIEWED BY REGIONAL SUPERVISOR: Don Lincourt

DATE 10/02/2020

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



Commission of Correction

New York State Commission of Correction 80 S. Swan Street, 12th Floor Albany, New York 12205 518-485-2465 518-485-2467 (Fax)

RECEIVED SEP 28 2020 SCOC

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/Commissioner to the address or fax number listed above.

Facility: Jefferson County Correctional Facility

Person requesting: Lt. Mark Wilson (Sheriff/Chief Administrative Officer)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as:

Ex. Part: 7040 Section: 3 Subdivision: n/a

Standard for which the variance is requested:

Part: 7004 Section: 3 Subdivision: a

B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

The Jefferson County Correctional Facility would like to request a variance to include the ability to photocopy all inmates incoming non privileged mail. We will photocopy the envelope as well as the correspondence inside, put the original correspondence in the inmates property and forward the photocopy onto the inmate in the unit.

C. In the space provided below include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation.)



D. Provide the amount of time for which the variance is requested, if applicable:

Days _____ Weeks _____ Months _____

E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

We will photocopy the envelope as well as the non privileged correspondence inside, put the original correspondence in the inmates property for the inmate to receive upon their release from our facility. We will then forward the photocopied correspondence onto the inmate in the unit.

F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (day space area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) for the specific area listed in this application, along with the number of additional inmates (beyond the MFC rating) you are requesting to be housed in the specific area.

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Dorms and Cells Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds

(If additional space is required please make a copy of this sheet and attach)

(Page ____ of ____)

G. Has this variance been previously approved by the Commission?

Yes ____ If yes, include the variance number _____ No

Lt. Mark Wilson
Signature (Sheriff) (Chief Administrative Officer)

9/22/20
Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov . Click on Table of Contents, Commission Forms, Request for a Variance (Formal application statement).

(SCOC Form #VA-CJ-1)
(09/2018)

Name of Facility: Orange County Jail

Variance #20-V-24

New: Renewal: Relief from Standard: 7004.1(a) & 7004.3(a)

Application by: Anthony Mele- Corrections Administrator Date Request Rec: 10/15/2020

Last Approved: Length of Approval: Expiration:

Write-up Prepared by: Don Lincourt CFS III

Recommendation by Field Staff: Approve until Jan 1, 2021

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Administrator Mele is requesting authorization to provide inmates with photocopies of their incoming non-general and legal privileged correspondence in lieu of the original correspondence. [REDACTED]

RECOMMENDATION BY STAFF

It is recommended this variance be approved until Jan. 1, 2021.

RECOMMENDED CONDITIONS IF APPROVED

Pursuant to this action, the following conditions shall apply:

1. Only non-privileged incoming correspondence and accompanying envelope may be photocopied and provided to the recipient prisoner. Incoming privileged correspondence shall be provided to the recipient prisoner and is not to be photocopied.
2. Incoming general and legal privileged correspondence shall be opened and inspected for contraband in the presence of the recipient prisoner. [REDACTED]
3. Approval of this variance does not relieve the facility from its duty to comply with United States Postal Services' regulations and statutes.
4. Except for incoming non-general and legal privileged correspondence forwarded to the chief administrative officer, the facility shall make available correspondence for inmate view within one business day of delivery by the United States Postal Service.
5. The facility shall ensure that inmates are provided, **at no cost**, the opportunity to:

- a. be provided with their original correspondence and enclosed contents (i.e., photos, cards, etc.), that are non-criminal in nature, immediately upon release/transfer from the facility; and
 - b. be permitted to designate a person(s) who may obtain such original correspondence from the facility.
6. The facility shall provide inmates the opportunity to have their original correspondence forwarded to a third party.
 7. All relevant protocols concerning the photocopying of correspondence shall be included in the facility's inmate rulebook. If the rulebook is not yet scheduled for reprinting, such information shall be posted conspicuously in all housing areas until such reprinting has been completed and issued.
 8. Any costs associated with the correspondence photocopying program shall be borne by the facility and not through the use of commissary profits.
 9. The facility ensures that all correspondence-related reportable incidents are submitted to the Commission in accordance with Part 7022, Reportable Incidents.

CONSTRUCTION/RENOVATION PLANS

NA

OTHER VARIANCES IN EFFECT

NA

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

Not applicable at this time.

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7002.4

7028.2&.5

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

The facility has open 7004.3; 7004.4 and 7004.6 violations relating to policy language and notification form requirements for the searching, processing of contraband and reading of incoming correspondence. The facility revised their policy and forms and submitted same with their response to the 2019 MSE report received by the Commission on 05/19/2020. The issues would have been closed if a response assessment had been issued.

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE APPROVED/ EXTENDED:

REVIEWED BY REGIONAL SUPERVISOR:

DATE

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



Commission of Correction

New York State
Commission of Correction
80 S. Swan Street, 12th Floor
Albany, New York 12205
518-485-2465
518-485-2467 (Fax)

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/Commissioner to the address or fax number listed above.

Facility: Orange County Sheriff's Office Corrections Division

Person requesting: Anthony Mele Corrections Administrator

(Sheriff/Chief Administrative Officer)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as:

Ex. Part: 7040 Section: 3 Subdivision: n/a

Standard for which the variance is requested:

Part: 7004 Section: .1 & .3 Subdivision: N/A

B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

Please refer to Attached Documents

C. In the space provided below include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation.)

See attached letter and Jail Order "Addendum to Inmate Correspondence Policy"

D. Provide the amount of time for which the variance is requested, if applicable:

Days _____ Weeks _____¹² Months

E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

Memorandums and Jail Orders have been attached to this document.

F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (dayspace area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) for the specific area listed in this application, along with the number of additional inmates (beyond the MFC rating) you are requesting to be housed in the specific area.

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Dorms and Cells Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds
n/a	n/a	n/a	n/a	n/a	n/a	n/a

(If additional space is required please make a copy of this sheet and attach)

(Page ____ of ____)

G. Has this variance been previously approved by the Commission?

Yes ____ If yes, include the variance number _____ No



Signature (Sheriff) (Chief Administrative Officer)

10/14/2020

Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov . Click on *Table of Contents, Commission Forms, Request for a Variance* (Formal application statement).

(SCOC Form #VA-CJ-1)
(09/2018)



ORANGE COUNTY SHERIFF'S OFFICE

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924- 6740

845-291-4033

FAX: 845-294-1590

SHERIFF CARL E. DUBOIS



KENNETH T. JONES
UNDERSHERIFF

ANTHONY J. WEED
ASSISTANT UNDERSHERIFF

DENNIS D. BARRY
CHIEF DEPUTY

ANTHONY M. MELE
CORRECTIONS ADMINISTRATOR

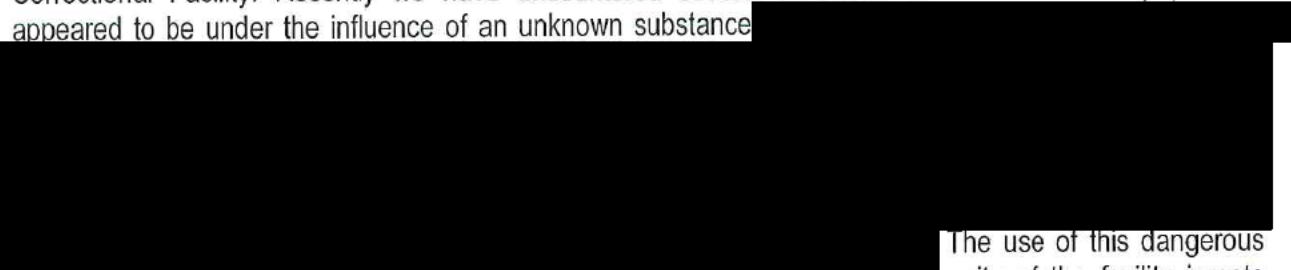
WWW.ORANGECOUNTYGOV.COM

10-14-2020

Chairman Allen Reilly
NYSCOC
Alfred E. Smith State Office building
80 Swan Street, 12th Floor
Albany, NY 12210

Dear Chairman Reilly,

I am writing to you regarding a significant threat to the safety and security at the Orange County Correctional Facility. Recently we have encountered several instances where the inmate population appeared to be under the influence of an unknown substance



The use of this dangerous contraband by inmates poses a serious threat to the health, safety and security of the facility inmate population.

We are appealing to you and the Commission to assist us in this matter. The Orange County Correctional Facility is seeking the approval of the Commission to photocopy all non-privileged incoming correspondence and the accompanying envelope while continuing to observe all applicable United States Postal Services' regulations and statutes. We are submitting a variance focusing on NYS Minimum Standards sections 7004.1 and 7004.3 so that it can be placed on the agenda for review at the next Commission meeting.

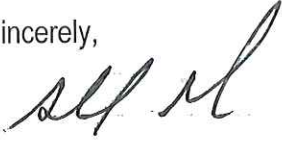
Attached to this letter is an addendum in the form of a Jail Order to our facility's current Correspondence Policy that upon approval by the Commission will be distributed to all staff and inmates.

~ A C C R E D I T A T I O N S ~



The facility policy and procedure manual and inmate handbook will be revised accordingly upon a determination of this request by the Commission. Thank you for your time and attention in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'AM', written in a cursive style.

Anthony Mele, Correctional Administrator

Name of Facility: Oswego County Jail Variance #20-V-22 NEW

New: Renewal: Relief from Standard: 7004.1(a) & 7004.3(a)

Application by: Superintendent Mike Benjamin Date Request Rec: 9-29-20

Last Approved: Length of Approval: Expiration:

Write-up Prepared by: Adam Tilbe CFS1

Recommendation by Field Staff: Recommended for Denial

Recommendation at Briefing: Approve until 1/1/21 with same conditions as similar variances approved for other jails.

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

[REDACTED]

RECOMMENDATION BY STAFF

It is recommended this variance be denied.

RECOMMENDED CONDITIONS IF APPROVED

NA

CONSTRUCTION/RENOVATION PLANS

NA

OTHER VARIANCES IN EFFECT

NA

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):

No site visit conducted.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

December 3-6, 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

Section 7004.3(a) – Outgoing prisoner correspondence

Section 7004.6(a) – Contraband found in incoming prisoner correspondence
[REDACTED]

Section 7033.2- Facility policies and procedures

Section 7039.2- Policies and Procedures

Section 7003.1 Policy – Previously Identified 2016

Section 7003.3(j) Supervision of prisoners in facility housing areas-Previously Identified in 2016
[REDACTED]
[REDACTED]
[REDACTED]

Section 7008.6 Contact visits and 7008.8 Limitation of visitation – Previously identified 2016

Section 7016.1 Commissary accounts- Previously identified 2015

Section 7031.1 Policy – Previously identified 2017

Section 7032.10 Recordkeeping- Previously identified 2018

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

Part 7004 Correspondence

Section 7004.3(a) – Outgoing prisoner correspondence

Section 7004.6(a) – Contraband found in incoming prisoner correspondence

Actions Required:

- 1. Facility administration shall ensure that all incoming prisoner correspondence not found to contain contraband is forwarded to the intended prisoner recipient.**
- 2. Facility administration shall further ensure that when contraband is discovered that subsequent to any determination made pursuant to this section, the chief administrative officer shall, upon removal of the contraband contained in the correspondence, forward such correspondence to the intended prisoner recipient, except when such action may interfere with any pending criminal investigation of the matter**

Facility Response: The current practice of providing inmates with a photocopy of their incoming non-privileged correspondence and envelopes was enacted to prevent drugs from coming into the jail. Information received from the inmate population indicates that this procedure has been successful. The policy is being reviewed by the Sheriff and corrections facility staff to explore viable options to prevent drug smuggling.

Response Assessment: Absent variance approval by the Commission to provide inmates photocopies of incoming correspondence, the facility shall ensure that the actual correspondence is provided. The Commission is available to discuss this matter further.

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE APPROVED/ EXTENDED:

It is recommended this variance be denied based on the following:

1. The facility has an open violation for photocopying incarcerated individuals' correspondence. This was identified in the Cycle 4 MSE that took place December 3 to December 6, 2019. This has been an ongoing issue with the facility, and it appears that filing a variance is an attempt to remove the open violation.
2. The facility has failed to specifically identify any instance where contraband was found, or any suspected contraband was identified in incoming correspondence. For instance, the facility did not identify any specific dates and times an incarcerated individual was found to be acting out of the norm or appeared to be under the influence of drugs that was believed to have come through incoming correspondence. The facility simply states they have received "reliable information" however, fails to demonstrate what the information is and how such was determined to be in fact reliable.

3. The facility policy does not differentiate non-privileged correspondence and privileged correspondence being photocopied. The policy states that approved mail shall be photocopied and distributed to the intended recipient.
4. The facility's variance application contains false information as follows:

The policy will be enacted Immediately This modification will include:

- copying inmates incoming non-privileged correspondence,
- forwarding the copies to the inmate,
- placing the originals in the inmate's personal property.

Upon release the inmate will be given the original pieces of incoming non-privileged correspondence from their personal property.

This policy and practice cannot immediately be enacted because this policy and practice has been in effect as identified in the Cycle 4 MSE. Which is caused to believe that said variance request is submitted to alleviate that current violation as addressed under part 1.

5. The facility's variance application indicates that the facility will be maintaining all original correspondence in the incarcerated individual's personal property and providing such to them upon release. If the facility believes there is dangerous contraband within the original correspondence and places such in an incarcerated individuals' personal property to be returned upon release would be a violation of Part 7004.6(b)(1)(2) and Part 7004.6(c). Further, if the facility honestly believes that such incoming correspondence contains dangerous contraband, the practice of returning such dangerous contraband upon release raises significant concerns for the wellbeing of the individual as they reintegrate back into society.

REVIEWED BY REGIONAL SUPERVISOR: Don Lincourt DATE :09/30/2020

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



OSWEGO COUNTY SHERIFF'S OFFICE

ADMINISTRATION
(315) 349-3307
FAX (315) 349-3483

DONALD R. HILTON
SHERIFF



JOHN F. TOOMEY
UNDERSHERIFF
MICHAEL R. BENJAMIN
JAIL ADMINISTRATOR



CIVIL DIVISION
(315) 349-3302
FAX (315) 349-3373
1-800-582-7853

ROAD PATROL
(315) 349-3411
FAX (315) 349-3303
CRIMINAL INVESTIGATION
(315) 349-3318
FAX (315) 349-3317

JAIL DIVISION
(315) 349-3300
FAX (315) 349-3349

39 Churchill Road, Oswego, New York 13126-6613

OSWEGO COUNTY CORRECTIONAL FACILITY

Facsimile Number:
(315) 349-3349 - Admin. Office
(315)342-2721 - Booking

SEP 29 2020

RECEIVED

FAX TRANSMISSION COVER SHEET

NUMBER OF PAGES INCLUDING COVER SHEET: 5

DATE: September 28, 2020
TIME: 1121 hrs
TO: NYSOC Chairman/Commissioner
DIVISION: Variance Application
FAX NO.: 518-485-2467

FROM: Michael R. Benjamin

DIVISION: Oswego County Correctional Facility

COMMENTS: Please contact me if you have any questions or if you require additional information

RESPONSE REQUESTED: YES NO



Commission of Correction

New York State Commission of Correction 80 S. Swan Street, 12th Floor Albany, New York 12205 518-485-2465 518-485-2467 (Fax)

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/ Commissioner to the address or fax number listed above.

Facility: Oswego County Correctional Facility

Person requesting: Sheriff Don Hilton

(Sheriff/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as: Ex. Part: 7040 Section: 3 Subdivision: n/a

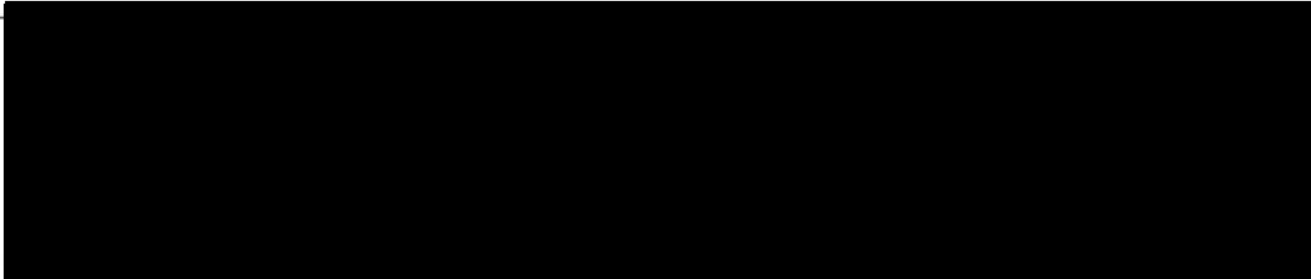
Standard for which the variance is requested:

Part:7004 Section:6 Subdivision: d

- B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

The facility requests to photocopy incoming inmate correspondence and placing the original mail in the inmate's property.

C. In the space provided below include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation.)



D. Provide the amount of time for which the variance is requested, if applicable:

Days _____ Weeks _____ Months _____

E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

The policy will be enacted immediately This modification will include:

- copying inmates incoming non-privileged correspondence,
- forwarding the copies to the inmate,
- placing the originals in the inmate's personal property.

Upon release the inmate will be given the original pieces of incoming non-privileged correspondence from their personal property.

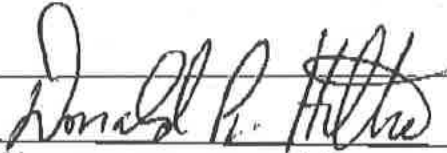
F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (day space area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) for the specific area listed in this application, along with the number of additional inmates (beyond the MFC rating) you are requesting to be housed in the specific area.

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Dorms and Cells Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds

(If additional space is required please make a copy of this sheet and attach)

G. Has this variance been previously approved by the Commission?

Yes _____ If yes, include the variance number _____ No X



09/28/2020

Signature (Sheriff) (Chief Administrative Officer)

Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov. Click on Table of Contents, Commission Forms, Request for a Variance (Formal application statement).

(SCOC Form #VA-CJ-1)
(09/2018)

Name of Facility: Westchester County Jail

Variance #20-V-23

New: X Renewal:

Relief from Standard: 7008.2(b) 7008.3(c)

Application by: Commissioner Joseph Spano

Date Request Rec: 9/22/2020

Last Approved: Length of Approval: Expiration:

Write-up Prepared by: Robert Cuttita

Recommendation by Field Staff:

Recommendation at Briefing: Approve until 1/1/21

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Due to the COVID 19 pandemic all visitation was cancelled. Requesting to modify visiting procedures to allow inmates the ability to visit with their family or loved ones. They have [redacted] in the visiting room which will allow for non-contact. The Commission has received a letter of approval from the local health Department

VARIANCE HISTORY

CONSTRUCTION/RENOVATION PLANS

Have been submitted and will be addressed at this commission meeting

OTHER VARIANCES IN EFFECT

unknown

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

August 2020

ANY OPEN MINIMUM STANDARD VIOLATIONS:

There are several open issues listed in the August 2019 MSE. Commission's response assessment state the facility's response in most cases was deemed acceptable pending review and verification during next site visit.

[redacted]

OTHER INFORMATION

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

RECOMMENDED CONDITIONS IF APPROVED

This variance is approved with the following conditions:

1. Any and all visitation limitations requires the ongoing review and determination of the chief administrative officer pursuant to 9 NYCRR §7008.8;
2. Upon expiration of this variance, renovations made will be removed and the visiting area will be restored to its previous design within seven (7) days;
3. The facility shall maintain a sufficient supply of Personal Protective Equipment (PPE) for staff and incarcerated individuals as part as part of the visitation program;
4. The screening of all prospective visitors shall include search, taking of temperature, symptomology observations and questionnaire;
5. The exception to any one visitor limitation is for any person accompanying a visitor under eighteen (18);
6. Incarcerated individuals and visitors shall wear face coverings;
7. Social distancing (at least six feet apart) between visitors shall be maintained;
8. The visitation schedule and scheduling procedures shall be implemented;
9. Incarcerated individuals shall have equal access to visitation;
10. Visitation areas shall be disinfected in between sessions

REVIEWED BY REGIONAL SUPERVISOR:

DATE:

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



George Latimer
County Executive

Department of Correction

Joseph K. Spano
Commissioner

September 22, 2020

BY ELECTRONIC MAIL

Chairman Allen Riley
New York State Commission of Correction
Alfred E. Smith State Office Building
80 S. Swan Street, 12th Floor
Albany, New York 12210

Re: WCDOC/DOH Proposed Visitation Plan

Dear Chairman Riley:

Recognizing the importance and value of family visitation the Westchester County Department of Correction (WCDOC) and the Westchester County Department of Health (WCDOH) have worked collaboratively to create a "Pre Scheduled" non-contact visitation plan. The proposed plan affords our residents an opportunity to safely visit with family members once weekly in a manner that mitigates potential risk associated with this current COVID-19 pandemic.

After careful preparation we submit the following plan for your review and consideration:

1. All visits must be scheduled in advance via telephone-there will be NO walk up appointments. At the time of scheduling visitors must provide their name, phone number and email address.
2. A maximum of one (1) adult visitor will be allowed to visit at this time.
3. All visitors will undergo temperature checks. If a visitors temperature is 100.4 degrees or higher or they are showing any "COVID" symptoms, they will be turned away. The visitor can return at a later date once they have been medically cleared by a physician.
4. All visitors will be required to complete a health screening questionnaire and follow the New York State travel ban quarantine restrictions. Please visit <https://coronavirus.health.ny.gov/covid-19-travel-advisory> for more information.
5. All family visits will be non-contact and take place in secure booth areas only with the resident and the family member separated by a security grade glass barrier.
6. Each booth will be sanitized in between each visit session.
7. Residents and visitors will be required to wear a mask at all times.
8. There will be a maximum of eight visitors during each 45 minute visitation period to allow for adequate social distancing.

9. All residents will be allowed (1) forty-five minute weekly visit (Monday thru Friday). This schedule provides all residents with an opportunity to receive one (1) weekly visit and allows our agency staff time to clean and disinfect between sessions (See below schedule)

Monday thru Friday Only

9:00-9:45 a.m.
10:00-10:45 a.m.
11:00-11:45 a.m.
12:00-12:45 p.m.
01:00-01:45 p.m.
02:00-02:45 p.m.
03:00-03:45 p.m.

10. Residents in quarantine or isolation will not be permitted to have family visit until they are cleared by WDOC medical services.
11. There will be complete sanitizing of the entire visiting area at the close of visits each day.
12. There are multiple hand sanitizing dispensers in the visiting area.

In addition to family visits we will also be allowing in-person professional visits (legal, parole, etc.) which will be performed in one of the eight private rooms in our visiting area. Each room, which consists of a table and chairs, [REDACTED] attached to the table to provide a sneeze shield protective barrier.

In accordance with Commission requirements, we are respectfully submitting the attached variance and construction plan to support this plan.

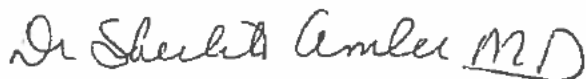
If you require further information or would like to discuss this matter in greater detail, please feel free to contact me at (914) 231-1055 or by e-mail to jks4@westchestergov.com.

Respectfully yours,



Joseph K. Spano
Commissioner of Correction

I have reviewed and agree with the proposed WDOC visitation plan.



Sherlita Amler, MD.
Commissioner of Department of Health



Commission of Correction

New York State
Commission of Correction
80 S. Swan Street, 12th Floor
Albany, New York 12205
518-485-2465
518-485-2467 (Fax)

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/ Commissioner to the address or fax number listed above.

Facility: Westchester County Jail

Person requesting: Leandro Diaz, Deputy Commissioner of Operations
(Sheriff/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as: Ex. Part: 7040 Section: 3 Subdivision: n/a

Standard for which the variance is requested:

Part: 1008 Section: 1008.3 Subdivision: BANAC
1008 1008.6 A

- B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

See attached Plans - Approved by Westchester County Department of Health.

- C. In the space provided below include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation.)

COVID-19

- D. Provide the amount of time for which the variance is requested, if applicable:

Days _____ Weeks _____ 3 Months

- E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

Contingent on NY State Infection Rate
and possible future of Restrictions.

F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (dayospace area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) for the specific area listed in this application, along with the number of additional inmates (beyond the MFC rating) you are requesting to be housed in the specific area.

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Dorms and Cells Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds

(If additional space is required please make a copy of this sheet and attach)

(Page 4 of 4)

G. Has this variance been previously approved by the Commission?

Yes _____ If yes, include the variance number _____ No



Signature (Sheriff)



(Chief Administrative Officer)

Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov . Click on *Table of Contents, Commission Forms, Request for a Variance* (Formal application statement).

(SCOC Form #VA-CJ-1)
(09/2018)

Name of Facility: Medina Village Police Department Variance # 20-V-17 NEW

New: X Renewal:

Relief from Standard: 7504.1(e)

Application by: Chief Chad Kenward

Date Request Rec: September 16, 2020

Last Approved: N/A

Length of Approval:

Expiration:

Write-up Prepared by: Elisha Hamilton

Recommendation by Field Staff: Approve until May 1, 2021

Recommendation at Briefing: Approve until May 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

The Medina Village Police Department is requesting a variance which will permit male officers to supervise female prisoners with strict conditions set forth. variance relief from the requirements of Minimum Standard 7504.1(e), supervision of female prisoners by a matron.

The Department has 13 officers, all of whom are male.

OTHER VARIANCES IN EFFECT

None

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

November 19, 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7504.1(e) – Supervision of Detention Areas

OTHER INFORMATION

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

This variance addresses the issue that was identified in the previous standard evaluation.

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

This variance will allow Department staff members to use their holding cells for females if needed.

RECOMMENDED CONDITIONS IF APPROVED

1. The Medina Village PD shall ensure that anytime a female prisoner is placed in a detention cell, a female officer or matron is present in the building and has the ability

to respond in times when a search is needed, or a female prisoner is placed on constant supervision.

2. The Medina Village PD shall ensure that any search of a female prisoner is conducted by a female officer or matron.
3. The Medina Village PD shall ensure that anytime a female prisoner is placed on constant supervision, such supervision is conducted by a female officer or matron.
4. The Medina Village PD shall maintain a system of video recording for six months of the detention area that cannot be disabled by staff any time a male officer is providing supervision to a female prisoner.
5. The Medina Village PD shall ensure that an entry is made in the supervision records that states a male officer is supervising a female prisoner housed in a detention cell.
6. The Medina Village PD shall maintain a centralized record of allegations of improper or physical contact between a female prisoner and male officer. Such record shall include any allegation, the investigative files, findings, and any related disposition.

REVIEWED BY REGIONAL SUPERVISOR:

DATE:

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:

CHAD KENWARD
Police Chief



Tel: (585) 798-5602
Fax: (585) 798-2426



STATE OF NEW YORK

VILLAGE OF MEDINA
POLICE DEPARTMENT
600 Main Street
Medina, New York 14103

September 16, 2020

Chairman Allen Riley

I am writing this letter requesting an application for a variance in regards to our failure to meet minimum standard **Part 7504 Supervision of Detention Areas** Section 7504.1 (e) Supervision of Detention Areas as per our last inspection dated November 15, 2019

Action Required: Department administration shall ensure the supervision of female prisoners shall be accomplished by a female officer or matron. A female prisoner shall not be placed in or removed from a detention area unless a female officer or matron is present. The female officer or matron shall retain the key for the detention area for females and no male shall be permitted to enter an area where female prisoners are detained unless accompanied by a female officer or matron.

Department Response: Our department is small in staffing; 13 officers, whom are all male. We have no female officers currently; however, if we did hire a female police officer, we still wouldn't meet the standard due to scheduling. Our current policy regarding Handling of Prisoners does address female detainees, however doesn't meet the minimum standard as set forth. Our department is seeking a variance so we can be in compliance and we can amend our policy to reflect such.

Sincerely,

A handwritten signature in black ink, appearing to read "Chad Kenward".

Chief Chad Kenward

Name of Facility: Gates Town Police Department Variance # 20-V-18 NEW

New: X **Renewal:** **Relief from Standard:** 7504.1(e)

Application by: Chief James Van Brederode **Date Request Rec:** September 17, 2020

Last Approved: N/A **Length of Approval:** **Expiration:**

Write-up Prepared by: Elisha Hamilton

Recommendation by Field Staff: Approve until May 1, 2021

Recommendation at Briefing: Approve until May 1, 2021

Final Recommendation: _____

SUMMARY OF VARIANCE REQUEST

The Gates Town Police Department is requesting variance relief from the requirements of Minimum Standard 7504.1(e), supervision of female prisoners by a matron.

This variance will permit male officers to supervise female prisoners with strict conditions set forth.

The Department has 31 sworn officers, with only 3 female officers. The size of the department does not guarantee that a female officer will be available for the supervision of a female arrestee.

OTHER VARIANCES IN EFFECT

None

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

November 13, 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7504.1(e) – Supervision of Detention Areas

OTHER INFORMATION

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE’S CONDITIONS:

This variance addresses the issue that was identified in the previous standard evaluation.

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

This variance will allow Department staff members to use their holding cells for females if needed.

RECOMMENDED CONDITIONS IF APPROVED

1. The Gates Town PD shall ensure that anytime a female prisoner is placed in a detention cell, a female officer or matron is present in the building and has the ability to respond in times when a search is needed, or a female prisoner is placed on constant supervision.
2. The Gates Town PD shall ensure that any search of a female prisoner is conducted by a female officer or matron.
3. The Gates Town PD shall ensure that anytime a female prisoner is placed on constant supervision, such supervision is conducted by a female officer or matron.
4. The Gates Town PD shall maintain a system of video recording for six months of the detention area that cannot be disabled by staff any time a male officer is providing supervision to a female prisoner.
5. The Gates Town PD shall ensure that an entry is made in the supervision records that states a male officer is supervising a female prisoner housed in a detention cell.
6. The Gates Town PD shall maintain a centralized record of allegations of improper or physical contact between a female prisoner and male officer. Such record shall include any allegation, the investigative files, findings, and any related disposition.

REVIEWED BY REGIONAL SUPERVISOR:

DATE:

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



GATES POLICE DEPARTMENT

TOWN OF GATES
1605 Buffalo Road
Rochester, New York 14624-1696



James VanBrederode
Chief of Police

Dispatcher 911
Administration (585) 247-2262
Fax (585) 247-8969

Commission of Correction Chairman Allen Riley,

The purpose of this letter is to request an application for a variance because the Gates Police Department is unable to meet the requirements of part 7504.1 (e), supervision of female prisoners. We have 31 sworn officers in our department including three full time female officers on our road patrol. We do not have any part time female officers and we do not have any female matrons. With our small number of female officers, it is not possible for us to schedule a female officer to be on duty 24 hours a day. Please provide us with a variance application.

Respectfully Submitted,

James Van Brederode
Chief of Police



**Commission of
Correction**

MAXIMUM FACILITY CAPACITY

For the

**Capital District Juvenile Secure
Detention Facility**

Albany, New York

October 20, 2020

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

NOTE: ONLY INDIVIDUAL OCCUPANCY ROOMS AND SPECIAL MANAGEMENT UNITS WHICH MEET THE FOLLOWING REQUIREMENTS PURSUANT TO 9 NYCRR PART 7320 ARE TO BE INCLUDED IN THIS CAPACITY FORMULATION.

INDIVIDUAL OCCUPANCY ROOM:

1. Each such room shall only house one (1) youth and contain at least 70 square feet of floor space.
2. Each such room shall contain:
1 bed and mattress; Mattresses shall be constructed of fire-retardant material

LIVING UNIT

Each living unit shall contain:

1. At least one functioning toilet, sink and shower for every six (6) youth confined within a living unit.
2. Each individual occupancy room constructed after the effective date of this Part shall provide a minimum of 25 Square feet of unencumbered Living Unit space per youth adjacent and accessible to such Individual Occupancy Room.

EXCEPTIONS:

1. A room may contain less than 70 square feet of floor space if such room was originally constructed for such purpose prior to the effective date of Part 7320,

SPECIAL MANAGEMENT UNITS:

Any unit which can be designated for the individual housing of a youth separate and apart from general population for purpose including but not limited to:

1. A medical treatment unit;
2. A classification and orientation unit; or
3. A mental health unit.

I. A. INDIVIDUAL OCCUPANCY ROOMS USED FOR GENERAL HOUSING

Name of Living Unit	Number of Individual Occupancy Rooms	Total Size of Living Unit (Sq. Ft. of unencumbered Floor Space)	# of Showers Available per Living Unit	# of Sinks Available per Living Unit	# of Toilets Available per Living Unit	Maximum Youth Capacity
Pod A	8	72 Sq. Ft	3	3	3	8
Pod B	3	72 Sq. Ft	1	1	1	3
Pod C	13	72 Sq. Ft	2	2	2	13

Individual Occupancy Units for General Housing Total: 24

II B. INDIVIDUAL OCCUPANCY ROOMS USED FOR SPECIAL MANAGEMENT HOUSING

Name of Living Unit	Purpose/ Type of Special Management Unit	Number of Individual Occupancy Rooms	Total Size of Living Unit (Sq. Ft. of unencumbered Floor Space)	# of Showers Available per Living Unit	# of Sinks Available per Living Unit	# of Toilets Available per Living Unit	Maximum Youth Capacity

Individual Occupancy Units for Special Management Total: 0

<i>LIVING UNIT TYPE</i>	<i>TOTALS</i>
Subtotal Individual Occupancy Rooms Used for General Housing:	24
Subtotal Individual Occupancy Rooms Used for Special Management:	0
MAXIMUM FACILITY CAPACITY:	24

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy rooms, including the number of properly equipped special management units;
2. The total number of youth housing at this facility will not exceed the Maximum Facility Capacity as rated above; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter III which are related to facility capacity.

_____ Adjustments have not been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter III which are related to facility capacity.

_____ Adjustments have been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter III which are related to facility capacity. (Explain below.)

COMMENTS:

To the best of my knowledge all information contained in this formulation is correct.

Submitted by: Robert Cuttita, CFS3
Reviewed by: Keith Zobel

Approved by: Terrence Moran



Deputy Director 10/13/20



Director 10/13/20



CAPITAL DISTRICT YOUTH CENTER, INC.

ONE PARK PLACE, ALBANY, NY 12205

TEL: 518 / 453-0850

FAX: 518 / 453-0856

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Lucille McKnight

Vice President
Laura Bauer

Secretary
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Schenectady County
Barbara Mauro
Samantha Miller-Herrera

October 14, 2020

Hon. Allen Riley
Chairman
New York State Commission of Correction
80 South Swan Street, 12th Floor
Albany, NY 12210

RE: Capital District Juvenile Secure Detention Facility MFC

Dear Chairman Riley:

The Capital District Youth Center, Inc., (CDYCI), as administrator, and Berkshire Farm Center for Youth, as operator, jointly request a change to the maximum facility capacity (MFC) at the Capital District Juvenile Secure Detention Facility from zero to 24. The project to install anti-ligature furniture in the occupancy rooms has been completed.

In addition, we would request written confirmation that we are no longer subject to the conditions imposed under the June 30, 2020 variance #19-V-06 issued by SCOC.

Thank you for your consideration of this request and should you or Commission staff have any questions about this letter, please contact me.

Sincerely,

Joseph M. Mancini
Facility Director
Berkshire Farm

Mark A. Castiglione
Chief Administrator
CDYCI

Cc: Albany County Sheriff
Lucas Jacobs, Director of Detention, Berkshire Farm