



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

MEMORANDUM

TO: COMMISSION MEMBERS
FROM: Brian Callahan, Counsel
RE: AGENDA FOR COMMISSION MEETING
DATE: December 15, 2020 at 11:00AM
LOCATION: Alfred E. Smith Building, 80 So. Swan Street, 12th Floor, Albany, NY.

I. MINUTES

- SCOC
November 17, 2020 Commission Meeting
CPCRC
December 10, 2020 Minutes
MRB
Administrative Closures

II. VARIANCES

- A. Albany County Sheriff's Office
Albany County Jail
19-V-09
Correspondence
Sections 7004.1 and 7004.3
B. Jefferson County Sheriff's Office
Jefferson County Jail
20-V-20
Correspondence
Sections 7004.1 and 7004.3
C. Monroe County Sheriff's Office
Monroe County Jail
20-V-06
Correspondence
Sections 7004.1 and 7004.3

- D. Oswego County Sheriff's Office**
Oswego County Jail
20-V-22
Correspondence
Sections 7004.1 and 7004.3
- E. Orange County Sheriff's Office**
Orange County Jail
20-V-24
Correspondence
Sections 7004.1 and 7004.3
- F. Rockland County Sheriff's Office**
Rockland County Jail
20-V-25
Correspondence
Sections 7004.1 and 7004.3
- G. Schenectady County Sheriff's Office**
Schenectady County Jail
20-V-29
Correspondence
Sections 7004.1 and 7004.3
- H. Westchester County Department of Correction**
Westchester County Jail
20-V-27
Correspondence
Sections 7004.1 and 7004.3
- I. Dutchess County Sheriff's Office**
Dutchess County Jail
20-V-15
Non-Contact Visits
Sections 7008.2(b) and 7008.3(c)
- J. Franklin County Sheriff's Office**
Franklin County Jail
20-V-05
Non-Contact Visits
Sections 7008.2(b) and 7008.3(c)
- K. Monroe County Sheriff's Office**
Monroe County Jail
20-V-03
Non-Contact Visits
Sections 7008.2(b) and 7008.3(c)

- L. Suffolk County Sheriff's Office**
Suffolk County Riverhead Facility
20-V-07
Non-Contact Visits
Sections 7008.2(b) and 7008.3(c)
- M. Suffolk County Sheriff's Office**
Suffolk County Yaphank Facility
20-V-08
Non-Contact Visits
Sections 7008.2(b) and 7008.3(c)
- N. Tompkins County Sheriff's Office**
Tompkins County Jail
20-V-04
Non-Contact Visits
Sections 7008.2(b) and 7008.3(c)
- O. Rockland County Sheriff's Office**
Rockland County Jail
20-V-09
Non-Contact Visits
Sections 7008.2(b) and 7008.3(c)
- P. Westchester County Department of Correction**
Westchester County Jail
20-V-23
Non-Contact Visits
Sections 7008.2(b) and 7008.3(c)
- Q. Yates County Sheriff's Office**
Yates County Jail
20-V-10
Non-Contact Visits
Sections 7008.2(b) and 7008.3(c)
- R. Herkimer County Sheriff's Office**
Herkimer County Jail
06-V-05
Exercise
Section 7028.4
- S. Westchester County Department of Probation**
Woodfield Cottage
19-V-08
Housing
Section 7320.4

T. Beacon Police Department
18-V-03
Supervision of Female Prisoners
Section 7504.1(e)

U. Irondequoit Police Department
19-V-11
Supervision of Female Prisoners
Section 7504.1(e)

III. CONSTRUCTION

V. Monroe County Sheriff's Office
Monroe County Jail
20-C-123
Removal of the Mods

W. Saratoga County Sheriff's Office
Saratoga County Jail
20-C-117
New Security Door

X. Westchester County Department of Correction
Westchester County Jail
20-C-109
Visiting Entrance



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

MINUTES Commission Meeting

STATE COMMISSION OF CORRECTION

LOCATION:

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

DATE OF MEETING: November 17, 2020

Chairman Riley called the meeting to order at 11:01 a.m.

PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner
Brian Callahan, Counsel
Deborah Slack-Bean, Associate 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, New York.

I. MINUTES

SCOC

October 20, 2020 Commission Meeting

**Approved Unanimous
Loughren/Riley**

October 29, 2020 *"Supplemental"*
Commission Meeting

**Approved Unanimous
Loughren/Riley**

CPCRC

November 12, 2020

**Approved Unanimous
Loughren/Riley**

II. VARIANCES

- | | |
|--|--|
| A. Erie County Sheriff's Office
Erie County Holding Center
20-V-12
Visitation
Sections 7008.2(b) and 7008.3(c) | Approved Unanimous
April 1, 2021
Loughren/Riley |
| B. Erie County Sheriff's Office
Erie County Correctional Facility
20-V-13
Visitation
Sections 7008.2(b) and 7008.3(c) | Approved Unanimous
April 1, 2021
Loughren/Riley |
| C. Wyoming County Sheriff's Office
Wyoming County Jail
20-V-11
Visitation
Sections 7008.2(b) and 7008.3(c) | Approved Unanimous
April 1, 2021
Loughren/Riley |
| D. Fulton County Sheriff's Office
Fulton County Jail
20-V-30 NEW
Visitation
Sections 7008.2(b) and 7008.3(c) | Approved Unanimous
April 1, 2021
Loughren/Riley |
| E. Genesee County Sheriff's Office
Genesee County Jail
20-V-28 NEW
Visitation
Sections 7008.2(b) and 7008.3(c) | Approved Unanimous
April 1, 2021
Loughren/Riley |
| F. Sullivan County Sheriff's Office
Sullivan County Jail
20-V-21 NEW
Visitation
Sections 7008.2(b) and 7008.3(c) | Approved Unanimous
Tabled
Loughren/Riley |
| G. Schenectady County Sheriff's Office
Schenectady County Jail
20-V-29 New
Correspondence
Sections 7004.1 and 7004.3(a) | Approved Unanimous
January 1, 2021
Loughren/Riley |

III. MAXIMUM FACILITY CAPACITY

- | | |
|--|--|
| H. Putnam County Sheriff's Office
Putnam County Jail
Revision | Approved Unanimous
Loughren/Riley |
| I. Schuyler County Sheriff's Office
Schuyler County Jail
Revision | Approved Unanimous
Loughren/Riley |

IV. CONSTRUCTON

- | | |
|--|---|
| J. Fulton County Sheriff's Office
Fulton County Jail
20-C-115
Visitation Renovation | Approved Unanimous
Loughren/Riley |
| K. Genesee County Sheriff's Office
Genesee County Jail
20-C-112
Visitation Renovation | Approved Unanimous
Loughren/Riley |
| L. Sullivan County Sheriff's Office
Sullivan County Jail
20-C-106
Visitation Renovation | Approved Unanimous
Tabled
Loughren/Riley |
| M. Westchester County Department of Probation
Woodfield Detention Center
20-C-111
Fencing Project | Deny Unanimous
Loughren/Riley |

Commissioner Loughren made a motion to go into executive session at 11:01 a.m. to discuss Variances, Construction, Maximum Facility Capacity items which was seconded by Chairman Riley.

Commissioner Loughren made a motion to exit Executive Session and return to general session at 11:20 a.m., which was seconded by Chairman Riley.

The meeting resumed at 11:20 a.m. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding Variances, Construction, Maximum

Facility Capacity items, seconded by Chairman Riley. Commissioner Loughren made a motion to adjourn at 11:21 a.m. 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 Commission Meeting

STATE COMMISSION OF CORRECTION

LOCATION:

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

DATE OF MEETING: November 17, 2020

Chairman Riley called the meeting to order at 11:01 a.m.

PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner
Brian Callahan, Counsel
Deborah Slack-Bean, Associate 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, New York.

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Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner

CITIZENS' POLICY AND COMPLAINT REVIEW COUBNCIL
December 10, 2020

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

PRESENT:
Commissioner Loughren

Council Members:
Albany:
Tom Cross
Martin Stanton

Also Present:
Terry Moran
Deborah Slack-Bean
Brielle Christian
E.L. Hamilton
Lloyd Robistow
Cynthia Allen
Larry Roe
MarySusan Timpson
Sean Desch
Chris Ost
Vicky Walker

Commissioner Loughren opened the meeting at 11:21 A.M.

Commissioner Loughren asked for a motion to ratify all actions taken at the November 12, 2020 meeting. Martin Stanton made a motion to ratify all actions taken on November 12, 2020. Tom Cross seconded. Carried. Commissioner Loughren asked for a motion to approve the minutes of the November 12, 2020 meeting. Martin Stanton made a motion to approve the minutes of the November 12, 2020 meeting. Tom Cross seconded. Carried.

Tom Cross and Martin Stanton reviewed the Denied with Comment grievances for the month of December 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 December 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.

There were 13 Facility Responses that were reviewed for the month of December 2020. Martin Stanton made a motion to refer the Oswego County Facility Response for Grievance # 111788

and St. Lawrence Facility Responses to Grievance #111627 and #111647 to the Commission for follow up. This motion was seconded by Tom Cross and unanimously passed.

The Council reviewed the remaining grievances.

ACCEPT IN PART

125869 125717 Chenango CJ	Unanimous
125113 Monroe CJ	Unanimous
125711 125015 Onondaga CD	Unanimous
125771 Orleans CJ	Unanimous
126727 Ulster CJ	Unanimous
125454 Warren CJ	Unanimous

ADMINISTRATIVE CLOSURES

DENY

124879 126837 126207 126814 124878 124877 126208 124880 Cayuga CJ	Unanimous
126179 124889 126309 126220 Chenango CJ	Unanimous
126336 126337 Clinton CJ	Unanimous

126470 Columbia CJ	Unanimous
125031 Cortland CJ	Unanimous
126089 126051 126771 126046 Delaware CJ	Unanimous
126689 Dutchess CJ	Unanimous
126610 126869 Erie CF	Unanimous
126170 126341 126872 Erie CJ	Unanimous
126830 126810 126612 Fulton CJ	Unanimous
126550 Jefferson CJ	Unanimous
126575 126894 126813 Monroe CJ	Unanimous
126913 126474 Nassau CJ	Unanimous
126944 126411 126370 Oneida CJ	Unanimous

126629	
126670	
126631	
126553	
126269	
Onondaga CD	Unanimous
124911	
126555	
126570	
126720	
Onondaga CJ	Unanimous
126505	
126479	
126504	
126499	
126501	
126507	
126508	
126818	
126843	
126695	
Ontario CJ	Unanimous
126721	
Orange CJ	Unanimous
126910	
126841	
126496	
Rensselaer CJ	Unanimous
126759	
Schenectady CJ	Unanimous
126791	
126789	
126699	
Seneca CJ	Unanimous
126483	
126045	
126052	
126481	
St. Lawrence CJ	Unanimous
126454	
126726	
Sullivan CJ	Unanimous

126932
126193
126195
126197
126935
126333
125122
126940
Warren CJ Unanimous

126392
126832
Wayne CJ Unanimous

126929
126421
126142
126413
126834
126839
126049
126043
126143
Westchester CJ Unanimous

126140
Yates CJ Unanimous

DENIED WITH COMMENT

126816
125438
126218
125439
125567
125170
125171
Cayuga CJ Unanimous

125050
125090
Chautauqua CJ Unanimous

126459
Chemung CJ Unanimous

125870
125955
125954
126509
125608

125979 126589 125978 Chenango CJ	Unanimous
126335 125430 Clinton CJ	Unanimous
126649 126648 126755 126647 125769 126646 126645 126754 126909 Delaware CJ	Unanimous
125433 125909 125434 Erie CF	Unanimous
126131 124918 124920 125949 126149 124915 126135 125950 Erie CJ	Unanimous
125818 125780 125820 Franklin CJ	Unanimous
126138 Genesee CJ	Unanimous
126342 Herkimer CJ	Unanimous
126551 Jefferson CJ	Unanimous

126930
126915
125044
126931
126911
126918
Livingston CJ Unanimous

125579
126577
125536
126450
126576
Monroe CJ Unanimous

126473
126912
Nassau CJ Unanimous

126416
125918
126417
Oneida CJ Unanimous

126691
126692
126693
126671
126709
126710
126711
126712
126713
126714
126715
126716
126717
126718
126674
125489
126675
Onondaga CD Unanimous

126191
125770
125809
Onondaga CJ Unanimous

125500
126466
126573

126819
125673
125501
Ontario CJ Unanimous

125253
Orange CJ Unanimous

125210
Oswego CJ Unanimous

125591
125530
125173
125531
125593
125276
125596
125598
125605
125816
125772
125607
125775
125778
Otsego CJ Unanimous

125825
Rensselaer CJ Unanimous

126475
Schenectady CJ Unanimous

125679
Schuyler CJ Unanimous

126792
Seneca CJ Unanimous

126492
125573
125674
125614
125615
125611
125616
126485
126354
126369
126489
126751

126635
126636
126634
126462
126494
126053
126750
126493
124921
126752
126463

St. Lawrence CJ

Unanimous

125452
125491
Suffolk CJ

Unanimous

125016
125533
125969
126914
126151
125035
125312
125293
126722
126451
126916
125314
126723
125038
125650
125297
125669
125317
125670
126917
126724
126455
126456
125514
125783
125671
125824
125534
125672
125318
126458
126391
125040
125319

125018	
125042	
125300	
125320	
125020	
125475	
125474	
125493	
Sullivan CJ	Unanimous
125784	
Tioga CJ	Unanimous
125970	
125952	
Tompkins CJ	Unanimous
125453	
125117	
125494	
126172	
126174	
126196	
126934	
126329	
126175	
126176	
126939	
125435	
126178	
126919	
125128	
125130	
125436	
Warren CJ	Unanimous
126920	
Wayne CJ	Unanimous
126419	
126836	
126420	
125785	
126047	
Westchester CJ	Unanimous

FACILITY RESPONSES REFERRED TO COMMISSION

111788

Oswego CJ

Unanimous

111627

111647

St. Lawrence CJ

Unanimous

The next CPCRC meeting will be held on Thursday, January 14, 2021 at 11:00 A.M. at SCOC, AESOB 80 S. Swan St. 12th 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 11:56 A.M.

Respectfully submitted,

Victoria Connors
Administrative Assistant

Name of Facility: Albany County Jail

Variance #19-V-09

New: Renewal:

Relief from Standard: 7004.3

Application by: Superintendent Michael Lyons Date Request Rec: 12-2-20

Last Approved: 6/20 Length of Approval: Until 1/1/21 Expiration: 1/1/21

Write-up Prepared by: Deborah Clark

Recommendation by Field Staff: Recommend approval until January 1, 2022.

Recommendation at Briefing: Approve until July 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Superintendent Lyons is requesting an extension to this variance, which permits the facility to forward incoming correspondence for incarcerated individuals in a digital format. [REDACTED]

RECOMMENDATION BY STAFF

The facility has observed the conditions of this variance. The CPCRC reviewed one grievance submitted concerning this process and affirmed the actions taken by the facility to provide digital correspondence.

RECOMMENDED CONDITIONS IF APPROVED

If approved, conditions should be as follows:

1. Approval of this variance does not relieve the facility from its duty to comply with United States Postal Services' regulations and statutes.
2. 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.
3. Incoming *general* and *legal privileged* correspondence shall continue to be forwarded to the facility directly by the USPS and is not to be part of the vendor searching and scanning process.
4. The facility shall ensure that any *general* or *legal privileged correspondence* received by the vendor is not to be opened and must immediately be forwarded to the facility. If any such correspondence is opened in error, it is to be immediately forwarded to the facility.
5. The facility shall prohibit the vendor from reading any correspondence it receives.
6. All inmates shall be provided, at no cost, with an electronic device which permits them to access incoming digital correspondence. At the facility's discretion, a fee may be

imposed, through the inmate commissary, to inmates who opt to access other features (i.e., movies, digital books, e-mail, etc.) on such devices.

7. Except during times when electronic devices require charging or loss of such devices as a result of a disciplinary hearing, inmates shall be permitted to possess such devices at all times.
8. Any inmate who loses access to such electronic device as part of a disciplinary sanction, or for any other reason, shall be provided paper photocopies of all incoming, and previously-received correspondence for the duration of such deprivation.
9. Incoming correspondence that is found by the vendor to contain contraband shall be forwarded to the chief administrative officer for disposition.
10. Cash, checks, or money orders discovered by the vendor shall be secured and immediately forwarded to the chief administrative officer for disposition in accordance with facility rules and regulations.
11. 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; or
 - b. be permitted to designate a person(s) who may obtain such original correspondence from the facility.
12. The facility shall provide inmates the opportunity to have their original correspondence forwarded to a third party.
13. Prior to the vendor forwarding correspondence to the facility, scanning for illicit drugs shall be completed.
14. Any costs associated with the vendor-provided services shall be borne by the facility and not through the use of commissary profits.

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:

Not applicable at this time.

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:

REVIEWED BY REGIONAL SUPERVISOR: Deborah Clark DATE 12/9/20

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: Albany County Corrections & Rehabilitative Services Center

Person requesting: Sheriff Craig Apple

(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: 7 Subdivision:

- 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)

ACCF would like to continue utilizing digital mail. General correspondence is being mailed to the vendor, where it is scanned and uploaded to the inmate's digital mail account. The inmates are able to access the mail on their tablets, which is provided to them at no cost. Inmates are afforded the opportunity to receive their original correspondence upon release or transfer to another facility. They are also able to forward their original correspondence(at no cost) to a 3rd party by having a designated person(s) pick up the correspondence at the facility, or (at the inmate's expense), mail it out to a 3rd party via USPS.

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

ACCF switched to Digital Mail in July 2019



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).

The Albany County Sheriff's Office has complied with all requirements set forward by the N.Y.S.C.O.C in regards to digital mail. We have not had a single complaint regarding digital mail in nearly (10) months. At this time, we believe we are in full compliance.

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 _____ of _____)

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

Yes If yes, include the variance number #19-V-09 No

Michael J. Zy Superintendent 12/2/20
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: Jefferson County Jail

Variance #20-V-20

New: Renewal: X

Relief from Standard: 7004.3(a)

Application by: LT Mark Wilson

Date Request Rec: 10/22/20

Last Approved: October 20, 2020

Expiration: January 1, 2021

Write-up Prepared by: M. Timpson CFS 1

Recommendation by Field Staff: Approve until July 1, 2021

Recommendation at Briefing: Approve until July 1, 2021

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]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

RECOMMENDATION BY STAFF

It is recommended this variance be approved until July 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. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope and contents must occur only while in the presence of the recipient prisoner.
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

[REDACTED]

[REDACTED]

[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 11/2/2020

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)**

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 an extension to our current Variance #20-V-20. We are requesting the ability to continue to photocopy all inmates incoming non privileged mail. We will continue to 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. With our original Variance request, we submitted a temporary written policy and procedure on the correspondence photocopying protocols that serves as an addendum to your current procedures for Part 7004 . We will continue to follow these temporary written policy and procedure during the duration of this variance.

- 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. We will continue to follow the temporary written policy and procedure on the correspondence photocopying protocols during the duration of this variance.

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 20-V-20 No

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

10/22/20
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: Monroe County Jail

Variance #20-V-06

New: Renewal: XX

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

Application by: Sheriff Todd Baxter Date Request Rec: 12/1/2020

Last Approved: July 2020 Length of Approval: 5 months Expiration: Jan. 1, 2021

Write-up Prepared by: Don Lincourt CFS II

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

Recommendation at Briefing: Approve until July 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

RECOMMENDATION BY STAFF

It is recommended this variance be approved until July 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. The facility may use a drug detecting device to scan privileged correspondence for illicit drugs only in the presence of the recipient prisoner.
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. Such information shall be added to the facility's applicable policies and procedures.
 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:

November 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7002.5(a) and (b) Records

7002.7(a) Personal hygiene and clothing issue

7002.9(a) Facility rules and information

[REDACTED]
7013 and Cor Law 500-b Housing of inmates and other persons in custody

7013.9(a)(1) Classification review

7024.7 Change of religion

7024.8 Religious articles

7028.2(a) and (f) Exercise periods

[REDACTED]
7032.4(i) and (k) Facility grievance program requirements

7039.5(b) Fire prevention and safety practices training

7063.6(b) Storage and maintenance of chemical agents

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:

10. Recommend approval as noted by Commission staff. However, the facility does not document future plans to address how they plan on becoming compliant with 9 NYCRR §7004.1(a) and §7004.3(a). Facility should submit with future extension requests, how they are working towards compliance with the aforementioned sections and submit plans showing such attempts/progress. Also, stipulation #9 wording may need to change a little to reflect a category that requires the facility to report an incident in accordance with 9 NYCRR Part 7022 and the Reportable Incident Manual for County Jails and the New York City Department of Corrections. For example: The facility ensures that all contraband and correspondence-related reportable incidents are submitted to the Commission in accordance with 9 NYCRR Part 7022, Reportable Incidents, and the Reportable Incident Manual for County Jails and the New York City Department of Corrections.

REVIEWED BY REGIONAL SUPERVISOR: Larry Roe DATE 12/01/20

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: Monroe County Jail

Person requesting: Superintendent Van Duzee

(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:

- 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 Monroe County Jail is requesting an extension of variance 20-V-6. The original correspondence will be stored in the inmate's property and returned to them upon release from the facility. All photocopied general correspondence will be delivered to the intended inmate within one business day.

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

[Redacted]

- 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).

[Redacted]

We have amended our correspondences, to include the envelope, prior to delivery to the inmate population. All original correspondences will be stored in the inmate's property and returned to them upon their release. All photocopied mail will be made available to the inmate within one business day.

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 20-V-06 No

Matt J. Danza #0039 11/30/2020
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: Oswego County Jail

Variance #20-V-22

New: Renewal: X

Relief from Standard: 7004.3(a)

Application by: Superintendent Mike Benjamin Date Request Rec: 11-5-20

Last Approved: 10-29-20 Length of Approval: 6 Months Expiration: 7-1-20

Write-up Prepared by: Adam Tilbe CFS 1

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

Recommendation at Briefing: Approve until July 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

[REDACTED]

RECOMMENDATION BY STAFF

It is recommended this variance be approved until July 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. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope and contents must occur only while in the presence of the recipient prisoner.
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):

December 3-6, 2019

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

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

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

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

[REDACTED]

REVIEWED BY REGIONAL SUPERVISOR:

DATE

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: 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.

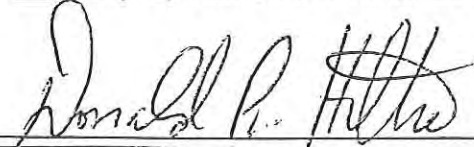
F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (dayspace area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current Maximum Facility 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

(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-22 No



Signature (Sheriff) (Chief Administrative Officer)

11-05-2020

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: Orange County Jail

Variance #20-V-24

New: Renewal: X

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

Application by: Anthony Mele- Corrections Administrator Date Request Rec:
10/27/2020

Last Approved: October 20, 2020

Expiration: January 1, 2021

Write-up Prepared by: MarySusan Timpson CFS I

Recommendation by Field Staff: Approve until July 1, 2021

Recommendation at Briefing: Approve until July 1, 2021

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]

[REDACTED]

[REDACTED]

RECOMMENDATION BY STAFF

It is recommended this variance be approved until July 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. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope and contents must occur only while in the presence of the recipient prisoner.
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: _____



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,



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.

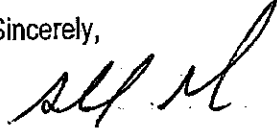
Attached to this letter is an addendum in the form of a Jail Order to our facility's current Correspondence Policy that upon approval by the Commission will be distributed to all staff and inmates.

~ 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 cursive script, appearing to read 'AM', written in black ink.

Anthony Mele, Correctional Administrator



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.

(Page ____ of ____)

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

Yes If yes, include the variance number # 20-V-24 No



Signature (Sheriff) (Chief Administrative Officer) 10/27/2020
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)

Name of Facility: Rockland County Jail

Variance #20-V-25

New: Renewal: X

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

Application by: Karl Mueller- Corrections Adm. Date Request Rec: 11/10/2020

Last Approved: 11/17/20 Length of Approval: Expiration: Jan 1, 2021

Write-up Prepared by: Don Lincourt CFS 2

Recommendation by Field Staff: Approve until July 1, 2021

Recommendation at Briefing: Approve until July 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

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

[REDACTED]

[REDACTED]

RECOMMENDATION BY STAFF

It is recommended this variance be approved until July 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. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope and contents must occur only while in the presence of the recipient prisoner.
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:

7013.4(e)

7013.8(d)

7015.2

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

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: 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: 7004 Section: 1 & 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)

See attached addendum

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 addendum

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

365 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). N/A

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.

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 25



Signature (Sheriff) (Chief Administrative Officer)

11/10/2020
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: Schenectady County Jail

Variance #20-V-29

New: **Renewal:** XX

Relief from Standard: 7004.1 & 7004.3(a)

Application by: Superintendent Ron Walsh **Date Request Rec:** 11-20-20

Last Approved: **Length of Approval:** **Expiration:**

Write-up Prepared by: Don Lincourt CFS II

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

Recommendation at Briefing: Approve until July 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

[REDACTED]. The facility is seeking to photocopy non-privileged correspondence, provide such to the intended incarcerated individual and retain the originals within the individual incarcerated individuals secure property. The facility has submitted policy consistent with the requirements of this variance approval.

RECOMMENDATION BY STAFF

It is recommended this variance be approved until July 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. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope and contents must occur only while in the presence of the recipient prisoner.
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):

December 3-6, 2019

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

December 3-6, 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

Section 7002.4(c)(4) Property Confiscation
Section 7006.7 Administrative Segregation Pending a Disciplinary Hearing
Correction Law-§500-b Housing of Prisoners and Other Persons in Custody
Section 7013.8(c) Assignment to Facility Housing Areas
Section 7013.9(a)(1) Classification Review
Section 7016.1(c) Commissary
Section 7024.11 Limitations on the Exercise of Religious Beliefs
Section 7039.4 Fire and Safety Inspections
Section 7040 Non-Standard Housing
Section 7051.5(f) Assessment & Processing of Visit Requests
Section 7051.11 Records
Section 7070.7(b) Restriction or Denial of Educational Services
Section 7070.7(c)(1) Restriction or Denial of Educational Services
Section 7070.7(e) and (f)(1)(2)(3)(4)(5)(6)(7) Restriction or Denial of Educational Services
Section 7070.7(h) and (i)(1)(2)(3)(4)(5)(6) Restriction or Denial of Educational Services
Section 7070.7(j)(1)(2)(3) Restriction or Denial of Educational Services

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

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

[REDACTED]

REVIEWED BY REGIONAL SUPERVISOR:

DATE

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

DOMINIC A. DAGOSTINO
SHERIFF



JAMES J. BARRETT
UNDERSHERIFF



OFFICE OF THE SHERIFF
SCHENECTADY COUNTY

FACSIMILE TRANSMITTAL SHEET

DATE: 11/20/20

FROM: SUPERINTENDENT RONALD WALSH

NUMBER OF PAGES (INCLUDING THIS SHEET): 9

TO: CHAIRMAN/COMMISSIONER

REGARDING: SCHENECTADY COUNTY SHERIFFS OFFICE - JAIL VARIANCE 20-V-29
RE-APPLICATION

NOTE: IF ANY PAGES ARE ILLEGIBLE OR THE CORRECT NUMBER OF PAGES IS
NOT RECEIVED, CONTACT US AT 518-388-4300 ext. 5122

320 VEEDER AVENUE • SCHENECTADY, NEW YORK 12307
PHONE: (518) 388-4300 • FAX: (518) 393-5111

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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 NOV 20 2011 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: Schenectady County Correctional Facility

Person requesting: Superintendent Ronald Walsh

(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 and 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)

We are requesting that this facility be allowed to continue to deliver photocopied incoming, other than privileged, mail to the inmates while securing the original mail in their secured personal property to be returned to them upon release from custody. The mail shall be received, photocopied, and the copies delivered to the receiving inmate the same day. The originals shall be placed in the inmates personal property bag secured inside of our restricted access Booking Property Room.

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 _____ 6 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).



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.

N/A

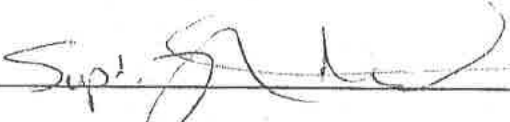
Housing Area (Name and type, i.e. 1 North, dorm, linear)	Dorms and Cells Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds

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

(Page _____ of _____)

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

Yes _____ If yes, include the variance number 20-V-29 No _____



11/20/20

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 DOC

Variance #20-V-27

New: **Renewal:** X

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

Application by: Leo Diaz- Dep. Commissioner **Date Request Rec:** 11/6/2020

Last Approved: **Length of Approval:** **Expiration:**

Write-up Prepared by: R Cuttita CFS III

Recommendation by Field Staff:

Recommendation at Briefing: Approve until July 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

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

[REDACTED]

[REDACTED]

RECOMMENDATION BY STAFF

It is recommended this variance be approved until.

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. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope and contents must occur only while in the presence of the recipient prisoner.
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(e)
 7008.7(d)
 7013.6(b); 7013.8(f)
 7075.3(b),4(c & d) and .5

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

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: Westchester County DOC

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: 7004 Section: 1 and 3 Subdivision:

- 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)

[Redacted text block]

We are therefore requesting a variance so that we can copy the mail intended for individuals housed on those units and we will maintain the original correspondence and provide same to any effected individual when discharged from the facility.

- 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 _____ 2 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).

During the duration of the variance all mail received for individuals on affected units will receive a copy of any correspondence and envelope, and the original will be maintained and given to the individual upon discharge from the facility.

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 _____ of _____)

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

Yes X If yes, include the variance number 20-V027 No _____

Leandro Diaz

11/9/2020

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: Dutchess County Jail

Variance # 20-V-15

New: Renewal: X

Relief from Standard: 7008.2 b & 7008.3C

Application by: Andria Anderson Sheriff

Date Request Rec: 8/18/2020

Last Approved: 9/29/20

Length of Approval: 3 months Expiration: 1/1/21

Write-up Prepared by: Chris Ost

Recommendation by Field Staff: Approve 3 months (Expire 4-1-21)

Recommendation at Briefing: Approve until April 1, 2021

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 installed Plexiglas dividers in the visiting room which will allow for non-contact. Inmates and visitor will be required to wear a mask at all times. 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. Currently the county is in the process of building a new facility

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:

March 18, 2019 – by Michael Ellwanger

ANY OPEN MINIMUM STANDARD VIOLATIONS:

There are several open issues listed in the Marc 11, 2020 MSE. Commission's response assessment state the facility's response in most cases was deemed acceptable and closed.

OTHER INFORMATION

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

The facility has currently suspended visitation due to increase in COVID + cases. Facility will look to resume modified visitation when both facility and community positive infection numbers have decreased.

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: 12-11-20

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



Dutchess County Sheriff's Office

150 North Hamilton Street, Poughkeepsie, NY 12601

Adrian H. Anderson
Sheriff

Kirk A. Imperati
Undersheriff

Michael J. Walters
Corrections
Administrator

December 10, 2020

Main (845) 486-3800
Fax (845) 452-2987
TDD (845) 486-3888



Allan Riley, Chairman/Commissioner
New York State Commission of Correction
Alfred E. Smith State Office Building
80 South Swan Street, 12th Floor
Albany, New York 12210

Dear Commissioner Riley:

The Dutchess County Jail is seeking a variance from the following regulations:

9 NYCRR 7008.2(b) – visitation room design to allow physical contact

9 NYCRR 7008.3© - allows visitation with more than one visitor at the same time

The Jail acknowledges that 7008.2(b) requires jail visiting areas be designed to allow physical contact between incarcerated individuals and their visitors. With the current pandemic that has overwhelmed the country we are proposing the following changes to our visiting policy as a temporary measure to facilitate visitation:

- 1) We need to limit any physical contact between inmates and their visitors. To accomplish this, there will not be any contact between visitors/inmates at the beginning and end of the visit session and we have installed a plexiglass barrier that will be three feet above the table (see pictures).
- 2) Included in our policy, all visitors and inmates will wear a PPE mask as is deemed appropriate by our health department during the visiting session.
- 3) To accomplish social distancing, we will utilize half our visiting room every other table.
- 4) We request that we open our visits with a limit of one, 1 hour visit for each inmate per week due to the limitation of our room.
- 5) Included is our interim policy and procedures to be used during this variance.

We understand that at the conclusion of this variance the visit room and previous policies will need to be restored to their original design within seven days. We will request that all visitors supply their own facial coverings but if they cannot the facility will supply them. The facility has a large supply of PPE masks to accommodate. All inmates have been and will continue to be provided with facial coverings. Inmates will be socially distanced while going to and from the visit room. The visit room, visit sally port, and public lobby will be disinfected in between sessions utilizing our

"TAKING PRIDE IN DUTCHESS COUNTY."

Clorox 360 Electrostatic disinfecting machines. We have had our health department review and approve our change in the visit policies and procedures.

Sincerely,

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

Kirk Imperati
UnderSheriff

Adrian H. Anderson
Dutchess County Sheriff



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: Dutchess County Jail

Person requesting: Sheriff Adrian Anderson

(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.)

See enclosed letter

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

Days _____ Weeks _____ 6 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).

See Enclosed letter

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

(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 20-V-15 No

Deputy Sup. Lee 12/11/20
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: Franklin County Jail

Variance #20-V-05

New: Renewal: x Relief from Standard: 7008.2(b) and 7008.3(c)

Application by: Kevin Mullverhill, Sheriff Date Request Rec: 12/9/2020

Last Approved: 9/29/2020 Length of Approval: 4 months Expiration: 1/1/2021

Write-up Prepared by: Larry Roe

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 4/1/21.

Recommendation at Briefing: Approve until 4/1/21

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

The facility is requesting to limit physical contact during visitation and to limit inmates to one visitor per visit to comply with current recommendations for social distancing and to minimize risk of spread of COVID-19 into the facility.

VARIANCE HISTORY

This variance was initially granted in July 2020 to allow visitation to inmates in a safe manner. An extension request was made and granted in September of 2020 that is set to expire on January 1, 2021.

CONSTRUCTION/RENOVATION PLANS

[REDACTED]

OTHER VARIANCES IN EFFECT

None at this time

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

Not applicable

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

10/28/19

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7002.3, 5, & 8 (Admissions) 7003 (Security and Supervision)
7004.1, & 2 (Correspondence) 7005.3, & 11 (Prisoner Personal Hygiene)
7013.3 & 9 (Classification) 7028.2, 4, & 5 (Exercise)

OTHER INFORMATION

A review of grievances and complaint letters from Franklin County Jail revealed that there were none submitted pertaining to the topic of the variance request.

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

To allow visitation and protect the health and safety of the facility and visitors

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: Larry Roe

DATE: 12-09-20

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



OFFICE OF FRANKLIN COUNTY SHERIFF
45 Bare Hill Road, Malone, NY 12953

KEVIN MULVERHILL
Sheriff
kmulverhill@co.franklincony.org

TERANCE WHITE
Undersheriff
twhite1@co.franklincony.org

EDWARD WORK
Warden
ework@co.franklincony.org

December 9, 2020

Allen Riley Chairman
NYS Commissions of Correction
80 S. Swan Street, 12th Floor
Albany, New York 12205

Request for an extension on Variance
Re; **Variance # 20-V-05**
Request relief from the following regulations
Pursuant to 9 NYCRR §7008.2(b), 9 NYCRR §7008.3(c)

Dear Chairman Riley:

The purpose of this correspondence is to request an extension on our variance to continue to maintain the renovated visitation room for non-contact visits during the COVID-19 pandemic, the proposed renovation is intended only as a temporary measure to facilitate increased visitation during the COVID-19 pandemic, and that any and all visitation limitation requires the ongoing review and determination of the jail's chief administrative officer per 9 NYCRR § 7008.8.

We acknowledge that 9 NYCRR §7008.2(b) otherwise requires jail visitation areas be designed to allow physical contact between incarcerated individuals and their visitors. We acknowledge that, upon expiration or revocation of the variance, any renovations will be removed and the visiting area will be restored to its previous design within (7) days.

The Sheriff has confirmed with appropriate county officials that there is a sufficient supply of staff PPE to conduct visitation as proposed, and that there is sufficient funds and available labor to restore the visitation room to its previous design within seven (7) days of the variance expiration or revocation

The jail staff will cooperate in providing SCOC staff virtual access to the visitation area at any time upon request, for inspection of renovations and verification of restoration, the local health department has reviewed and approved the interim visitation policies and procedures.

Signature
A handwritten signature in black ink, appearing to read "Kevin Mulverhill".

Name of Facility: Monroe County Jail

Variance #20-V-03

New: Renewal: X Relief from Standard: 7008.2 b and 7008.3 b

Application by: Supt. Matt VanDuzee Date Request Rec: 8/19/2020

Last Approved: 8/25/20 Length of Approval: 3 Months Expiration: 1/1/21

Write-up Prepared by: Chris Ost

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 4/1/21.

Recommendation at Briefing: Approve until 4/1/21.

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Baxter is requesting an extension to this variance for 6 months, which permits non-contact visiting for inmates in their main visiting room. Since the initial approval of this variance, there have been 1,133 personal visits, and 1,530 professional visits conducted with no problems.

VARIANCE HISTORY

Approval until 10/1/20

Renewed until 1/1/21

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 1,133 personal and 1,530 professional visits. The Commission has received no complaints or grievances regarding visiting at Monroe County Jail since issuing the original variance. There have been no Reportable Incidents reported in the visit area, or Reportable Incidents related to visitation.

COVID assessment site visit complete 10-28-20. Facility found to be in compliance.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

November 18, 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

There are several open issues listed in the January 21, 2020 MSE. Commission's response assessment state the facility's response in most cases was deemed acceptable pending review and verification during next site visit. Visitation violations were closed during last

cycle 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: 12-14-20

REVIEWED BY DIRECTOR: DATE:

COMMENTS BY DIRECTOR:

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: Monroe County Jail

Person requesting: Superintendent Matt VanDuzee
(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, 3 Subdivision: B

- 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 Monroe County Jail is requesting an extension on variance #20-V-3.

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

During the COVID-19 pandemic non-contact visitation is required for the safety of inmates and staff.

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

Days _____ Weeks _____ 6 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).

Once the pandemic is over, the Monroe County Jail would return to normal operations.

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

(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 20-V-03 No

Mary J. O'Neil 0003 12/11/2020
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)



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

September 29, 2020

Sheriff Todd Baxter
Monroe County Sheriff's Office
130 South Plymouth Ave
Rochester, New York 14614

Re: Monroe County Jail – Variance #20-V-03

Dear Sheriff Baxter:

The Commission has reviewed the county's application for a variance with respect to compliance with the provisions of 9 NYCRR, Part 7008.2 (b) and 7008.3 (b) and has determined at its September 29, 2020 meeting that the request be approved until **January 1, 2021**.

Pursuant to this action, the following conditions shall apply:

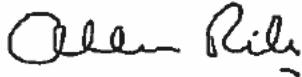
1. Any and all visitation limitations requires the ongoing review and determination of the chief administrative officer pursuant to 9 NYCRR §7008.8;
2. Upon expiration of this variance, renovations made will be removed and the visiting area will be restored to its previous design within seven (7) days;
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

This variance will expire on January 1, 2021 and will appear on the agenda for the December 2020 Commission meeting. If a further extension is required, a written request must be

submitted to the Commission 45 days prior to that meeting. Therefore, by November 1, 2020, the extension request must be received to avoid any unnecessary delays in processing the renewal request.

Should you have any questions regarding this matter, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in black ink that reads "Allen Riley". The signature is written in a cursive style with a small underline at the end of the name.

Allen Riley
Chairman

cc: Superintendent Matthew VanDuzee

Name of Facility: Tompkins County Jail**Variance #**20-V-04

New: **Renewal:** x**Relief from Standard:** 7008.2(b) and 7008.3(b)**Application by:** Captain Ray Bunce, Jail Administrator **Date Request Rec:** 10/29/2020**Last Approved:** 09/29/20 **Length of Approval:** 4 Months **Expiration:** 01/01/21**Write-up Prepared by:** Larry Roe**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 04/01/21.**Recommendation at Briefing:** Approve until 4/1/21**Final Recommendation:**

SUMMARY OF VARIANCE REQUEST: The facility has been conducting non-contact visitation due to the COVID-19 pandemic. The Commission granted variance approval for non-contact visitation since June 30, 2020. Facility documents 398 visits conducted and that the families are understanding and grateful to have the option to visit.

VARIANCE HISTORY: The facility has been conducting non-contact visitation due to the COVID-19 pandemic. The Commission granted variance approval for non-contact visitation since June 30, 2020.

CONSTRUCTION/RENOVATION PLANS: None

OTHER VARIANCES IN EFFECT: None

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

June 14-19, 2019

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

June 14-19, 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

See 2019 MSE Report

OTHER INFORMATION: N/A

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

TOMPKINS COUNTY SHERIFF'S OFFICE

779 WARREN ROAD
ITHACA, NY 14850

Derek Osborne
SHERIFF



TEL: (607) 257-1345
FAX: (607) 266-5436

Jennifer Olin
UNDERSHERIFF

10/29/20

NYS Commission of Corrections
80 S. Swan Street, 12th Floor
Albany, NY 12205

Commissioner Riley --

We have submitted an application to extend our variance for non-contact visitation. The current variance expires on January 1, 20221 and we feel it will be necessary to extend the variance in order to provide safety from the covid pandemic to the inmates inside the jail.

Since we started this non-contact visitation on June 30th, we have conducted 398 visits with no issues, complaints or grievances. The inmates and families have been understanding in regards to the precautions that we are taking. They are grateful to have opportunity to see and speak with each other while incarcerated.

We would ask that you review and approve this request to extend our variance for non-contact visiting.

Please contact us with any questions.

Thank you --

A handwritten signature in black ink, appearing to read "Ray Bunce".

Ray Bunce
Captain -- Corrections Division
Tompkins County Sheriff's Office
607-266-5423



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: Tompkins County Jail

Person requesting: Ray Bunce - Jail 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: 7008 Section: 2 Subdivision: b+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)

We have installed 48" tall Plexiglas barriers between the inmate and visitor. This is in addition to policy that requires inmates and visitor to wear a face covering. We would like to continue this policy as the health officials are still recommending that precautions are in place. The policy is to allow no more than 4 visitors in to the visiting room and these visitors must maintain social distance. We have adjusted the visiting schedule to include time between each visit session for cleaning of surfaces. This variance has been in place and to date we have had no issues.

- 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 a national pandemic, we are not allowing contact visitation in order to keep the inmate population safe.

- 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).

In conjunction with our local health department, we are reviewing this plan and would institute regular contact visitation as soon as health officials say that it is safe to do so.

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 20-V No 04



Signature (Sheriff) (Chief Administrative Officer)

10/28/20
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).

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: 10/29/2020

Last Approved: 10/20/20

Length of Approval: 3 Months Expiration: 2/1/21

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 4/1/21.

Recommendation at Briefing: Approve until 4/1/21

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, the facility has successfully conducted over 750 personal visits, 53 virtual visits and 330 professional visits without incident.

VARIANCE HISTORY

Approval until 2/1/20

CONSTRUCTION/RENOVATION PLANS

OTHER VARIANCES IN EFFECT

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

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

Since the approval of this variance the facility has had 750 personal and 330 professional visits. The Commission has received no complaints or grievances regarding visiting at Rockland County Jail since issuing the original variance. It should be noted that on November 20, 2020 personal visits were suspended indefinitely in response to the facility being identified as within a 'yellow' zone, see Reportable Incident #132033.

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: 12-11-20

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

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: 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 & 3 Subdivision: b & 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 Department 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 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 (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.

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 (Sheriff) (Chief Administrative Officer)

10/29/2020
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: Westchester DOC

Variance #20-V-23

New: Renewal: X

Relief from Standard: 7008.2 b and 7008.3 b

Application by: Commissioner Joseph Spano

Date Request Rec: 11/05/2020

Last Approved: 10/20/20

Length of Approval: 3 Months Expiration: 4/1/2021

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 4/1/21.

Recommendation at Briefing: Approve until 4/1/21

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Commissioner Spano 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, the facility has had to suspend visitation due to community spikes in Covid-19, however visits were conducted the week of 11/16/2020. During that time period the facility was able to conduct seventy (70) personal visits. Since the issuance of this variance the facility has conducted approximately four (4) professional visits daily. There have been no issues reported related to the visitation program since the issuance of this variance.

VARIANCE HISTORY

Approval until 1/1/21

CONSTRUCTION/RENOVATION PLANS

OTHER VARIANCES IN EFFECT

20-V-27-Correspondence

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

Since the approval of this variance the facility has conducted seventy (70) personal visits in total and has conducted an average of four (4) professional visits daily. The Commission has received no complaints or grievances regarding visiting at Westchester County Department of Correction 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:

September 8, 2020

ANY OPEN MINIMUM STANDARD VIOLATIONS:

There are open issues listed in the September 8, 2020 MSE. [REDACTED]

[REDACTED]. During the September 8, 2020 Minimum Standards Evaluation, Commission staff reviewed the Departments documentation and deemed it acceptable, however due to the Covid-19 Pandemic, Commission staff were unable to conduct a site visit and verify that the facility practice is consistent with Minimum Standard Requirements.

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: 12/1/20

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

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: Westchester County DOC

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: 7004 Section: 1 and 3 Subdivision:

- 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)

[Redacted content]

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

[REDACTED]

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

Days _____ Weeks _____ 2 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).

During the duration of the variance all mail received for individuals on affected units will receive a copy of any correspondence and envelope, and the original will be maintained and given to the individual upon discharge from the facility.

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 X If yes, include the variance number 20-V027 No _____

Leandro Diaz

11/9/2020

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: 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:** 10/20/20**Length of Approval:** 3 Months**Expiration:** 1/1/21**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 4/1/21.**Recommendation at Briefing:** Approve Approve until 4/1/21**Final Recommendation:** Approve

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. [REDACTED] barriers to be used in visitation area. 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: 12-8-20

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

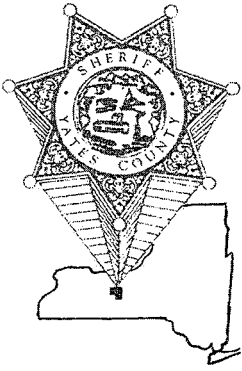
Penn Yan, New York 14527-1720

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

10/26/2020

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 until it is safe to return to normal visitation.

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)

- During COVID-19 pandemic Non-Contact Visits started 8/1/2020. We anticipate keeping this request in place until the pandemic is resolved, or more guidance is issued from the state.
- 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.
- Use a [REDACTED] glass barrier to separate the inmate from the visitor, to be removed after pandemic has subsided.
- 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 6 Months

To end as soon as safe depending on the pandemic 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 ___

CCO. A. B...
Signature (Sheriff) (Chief Administrative Officer)

10/26/2020
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)

Name of Facility: Beacon City Police Department

Variance # 18-V-03

New: X Renewal:**Relief from Standard:** 7504.1(e)**Application by:** Chief Sands Frost**Date Request Rec:** 12/10/20**Last Approved:** 06/30/20 **Length of Approval:** 6 Months **Expiration:** 01/01/21**Write-up Prepared by:** Larry Roe**Recommendation by Field Staff:** Approve until June 1, 2021**Recommendation at Briefing:** Approve until June 1, 2021**Final Recommendation:****SUMMARY OF VARIANCE REQUEST**

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

The Department has only two female police officers, one of whom is currently in the police academy. Accordingly, there are numerous shifts throughout the week in which the Department does not have a female officer on duty. Currently, there are no female officers assigned to the midnight shift. Efforts by the Department to secure female matrons have been unsuccessful, given the irregularity in time and number of hours.

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

Permitting the Beacon City Police Department to allow male officers to supervise female prisoners would allow the department to place female prisoners in detention cells when necessary.

RECOMMENDED CONDITIONS

1. The Beacon City 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 Beacon City PD shall ensure that any search of a female prisoner is conducted by a female officer or matron.
3. The Beacon City 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 Beacon City PD shall maintain a system of video recording of the detention area that cannot be disabled by staff any time a male officer is providing supervision to a female prisoner.

5. The Beacon PD shall maintain the video recording of instances of cross-gender supervision for a minimum of six months.
6. The Beacon City 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.
7. The Beacon City 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.
8. The Beacon City PD shall amend the department's policies to include the requirements of Part 7512 and the conditions of the variance.

OTHER VARIANCES IN EFFECT – None

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

11/14/19 – Crane/Clark completed an assessment of part 7500. The department was found in non-compliance with Section 7504.1(e) supervision of female prisoners by a matron.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

11/14/19

ANY OPEN MINIMUM STANDARD VIOLATIONS:

NONE

STATUS OF MINIMUM STANDARD VIOLATIONS

NONE

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

NONE

REVIEWED BY REGIONAL SUPERVISOR: Larry Roe

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

Name of Facility: Irondequoit Police Department

Variance # 19-V-11

New: X Renewal:**Relief from Standard:** 7504.1(e)**Application by:** Chief Alan Laird**Date Request Rec:** 9/30/20**Last Approved:** June 2020 **Length of Approval:** 6 Months **Expiration:** January 1, 2021**Write-up Prepared by:** Larry Roe**Recommendation by Field Staff:** Approve until June 1, 2021**Recommendation at Briefing:** Approve until July 1, 2021**Final Recommendation:****SUMMARY OF VARIANCE REQUEST**

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

Requests from the previous chief have indicated the Department has insufficient female officers, the shortage of which leaves the department void of female officers during multiple shifts throughout the week. Because of such female staff shortage, the department is unable to secure female prisoners in detention cells. The request from Chief Laird did not include such information. During a June 24, 2020 conversation with Terrence Moran, Chief Laird confirmed that the shortage of female police officers continues. He further added that anytime a female prisoner is supervised by a male officer, copies of the video of such supervisory arrangement are sent to the District Attorneys Office and defendant's attorney.

With Chief Laird's recent request for a Variance extension he advised that the Department's surveillance and monitoring system was recently upgraded and better serves to protect the rights of the individual under their care and custody as well as the officers assigned to those duties.

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

Permitting the Irondequoit Police Department to allow male officers to supervise female prisoners would allow the department to place female prisoners in detention cells when necessary.

RECOMMENDED CONDITIONS

1. The Irondequoit 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 Irondequoit PD shall ensure that any search of a female prisoner is conducted by a female officer or matron.

3. The Irondequoit 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 Irondequoit PD shall maintain a system of video recording of the detention area that cannot be disabled by staff any time a male officer is providing supervision to a female prisoner.
5. The Irondequoit PD shall maintain the video recording of instances of cross-gender supervision for a minimum of six months.
6. The Irondequoit 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.
7. The Irondequoit 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.
8. The Irondequoit PD shall amend the department's policies to include the requirements of Part 7512 and the conditions of the variance.

OTHER VARIANCES IN EFFECT – None

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

11/14/19 – Crane/Clark completed an assessment of part 7500. The department was found in non-compliance with Section 7504.1(e) supervision of female prisoners by a matron.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

11/14/19

ANY OPEN MINIMUM STANDARD VIOLATIONS:

NONE

STATUS OF MINIMUM STANDARD VIOLATIONS

NONE

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

NONE

REVIEWED BY REGIONAL SUPERVISOR: Larry Roe

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



Irondequoit Police Department



Alan J Laird
Chief of Police

September 30, 2020

Mr. Allen Riley
Chairman
New York State
Commission of Correction
80 Swan St
Albany, New York 12210-8001

Chairman Riley:

The Irondequoit Police Department would like to respectfully request a "Variance" from the Commission of Correction regarding our "Holding/Detention Area" within our facility. We currently have eight holding cells and [REDACTED]

[REDACTED] Our continued variance request would seek for permanent approval to have a Male Officer check and monitor a female that would be under our care and custody these holding cells.

We feel that the surveillance and monitoring system that was recently upgraded at the Irondequoit Police Department would serve to protect the rights of the individual under our care and custody as well as protecting the officers assigned to these duties.

The recent audits conducted by your agency associated with the Irondequoit Police Department have been very positive and I believe they reflect our commitment to protecting those we serve, regardless of the circumstances that result in our public safety services. In addition to these audits, the Irondequoit Police asked for and received a variance from the State Commission of Corrections in December 2019.

If additional information and/or materials are required to advance this "Variance Request" I would be happy to provide those documents. I look forward to hearing from the Commission and we appreciate your time and consideration in this matter.

Sincerely,

Alan J Laird
Chief of Police

XC: James Shotwell
File