



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

MEMORANDUM

TO: COMMISSION MEMBERS

FROM: Brian Callahan, Counsel

RE: AGENDA FOR COMMISSION MEETING

DATE: September 29, 2020 at **11:00AM**

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

I. MINUTES

SCOC

August 18, 2020 Commission Meeting
September 15, 2020 Special Commission Meeting

MRB

Administrative Closures

September 3, 2020 Medical Review Board Meeting

II. VARIANCES

A. Monroe County Sheriff's Office

Monroe County Jail

20-V-03

Visitation

Sections 7008.2(b) and 7008.3(c)

B. Tompkins County Sheriff's Office

Tompkins County Jail

20-V-04

Visitation

Sections 7008.2(b) and 7008.3(c)

- C. Franklin County Sheriff's Office**
Franklin County Jail
20-V-05
Visitation
Sections 7008.2(b) and 7008.3(c)
- D. Suffolk County Sheriff's Office**
Suffolk County Riverhead
20-V-07
Visitation
Sections 7008.2(b) and 7008.3(c)
- E. Suffolk County Sheriff's Office**
Suffolk County Yaphank
20-V-08
Visitation
Sections 7008.2(b) and 7008.3(c)
- F. Livingston County Sheriff's Office**
Livingston County Jail
20-V-14 NEW
Correspondence
Sections 7004.1 and 7004.3
- G. Dutchess County Sheriff's Office**
Dutchess County Jail
20-V-15 NEW
Visitation
Sections 7008.2(b) and 7008.3(c)
- H. New York City Department of Correction**
George R. Vierno Center
20-V-16 NEW
7075.4(a)
- I. New York City Administration for Children's Services**
Crossroads Juvenile Detention Center
19-V-05
(Section 7320.4)
- J. New York City Administration for Children's Services**
Horizon Specialized Juvenile Detention Center
18-V-06
(Section 7320.4)

- K. Westchester County Department of Probation
Woodfield Detention Center
18-V-08
(Section 7320.4)**
- L. Westchester County Department of Probation
Woodfield Detention Center
19-V-08
(Section 7320.4)**
- M. New York City Police Department
18-V-01
(Section 7504.1(e) Supervision of Detention Areas)**
- N. Poughkeepsie Police Department
18-V-02
(Section 7504.1(e) Supervision of Detention Areas)**
- O. New York City Administration for Children’s Services
Crossroads Juvenile Detention Center
20-V-19 NEW
(Section 7320.4)**

III. MAXIMUM FACILITY CAPACITY

- P. New York City Administration for Children’s Services
Horizon Specialized Juvenile Detention Center
Rescind MFC**
- Q. New York City Administration for Children’s Services
Horizon Specialized Juvenile Detention Center
Add SSD beds**
- R. Cortland County Sheriff’s Office
Cortland County Jail
Revision**
- S. Hamilton County Sheriff’s Office
Hamilton County Jail
Revision**
- T. Lewis County Sheriff’s Office
Lewis County Jail
Revision**

U. Otsego County Sheriff's Office
Otsego County Jail
Revision

V. Tompkins County Sheriff's Office
Tompkins County Jail
Revision

IV. CONSTRUCTION

W. New York City Department of Correction
George R. Vierno Center
20-C-91
PACE Unit

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

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

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

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

V. CERTIFICATION

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

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

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

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

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

- GG. Monroe County Department of Social Services
Monroe County Children's Center
Recertification**

- HH. Westchester County Department of Probation
Woodfield Detention Center
Recertification**



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

MINUTES Commission Meeting

STATE COMMISSION OF CORRECTION

LOCATION(S):

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

DATE OF MEETING: August 18, 2020

Chairman Riley called the meeting to order at 11:00am.

PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner (via teleconference)
Brian Callahan, Counsel
Terry Moran, Director of Operations
Keith Zobel, Deputy Director of Operations
Donald Lincourt, Correctional Specialist 3
Chris Ost, Correctional Specialist 3
Patricia Amati, Assistant to Chairman/Commissioner

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

- I. **MINUTES**
SCOC
July 21, 2020 Commission Meeting **Approved Unanimous
Riley/Loughren**

- II. **VARIANCES**
 - A. **Herkimer County Sheriff’s Office**
Herkimer County Jail
06-V-05
Outdoor Exercise
Section 7028.4 **Approved Unanimous
January 1, 2021
Riley/Loughren**

- | | |
|---|--|
| <p>B. Fairport Police Department
 20-V-02
 Section 7504.1(e) Supervision of Detention Areas</p> | <p>Approved Unanimous
 March 1, 2021
 Riley/Loughren</p> |
| <p>C. Wyoming County Sheriff's Office
 Wyoming County Jail
 20-V-11 NEW
 Visitation
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 December 1, 2020
 Riley/Loughren</p> |
| <p>D. Erie County Sheriff's Office
 Erie County Holding Center
 20-V-12 NEW
 Visitation
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 December 1, 2020
 Riley/Loughren</p> |
| <p>E. Erie County Sheriff's Office
 Erie County Correctional Facility
 20-V-13 NEW
 Visitation
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 December 1, 2020
 Riley/Loughren</p> |
| <p>III. <u>MAXIMUM FACILITY CAPACITY</u></p> | |
| <p>F. Westchester County Department of Correction
 Westchester County Jail
 Revision</p> | <p>Approved Unanimous
 Riley/Loughren</p> |
| <p>IV. <u>CONSTRUCTION</u></p> | |
| <p>G. Monroe County Sheriff's Office
 Monroe County Jail
 SCOC 20-C-87
 Showers and Toilets</p> | <p>Approved Unanimous
 Riley/Loughren</p> |
| <p>H. Wyoming County Sheriff's Office
 Wyoming County Jail
 SCOC 20-C-84
 Non-contact visitation</p> | <p>Approved Unanimous
 Riley/Loughren</p> |
| <p>I. Wyoming County Sheriff's Office
 Wyoming County Jail
 SCOC 20-C-88
 Doors</p> | <p>Approved Unanimous
 Riley/Loughren</p> |

**J. Westchester County Department of Correction
Westchester County Jail
SCOC 20-C-90
Therapy Desks**

**Approved Unanimous
Riley/Loughren**

**K. Erie County Sheriff's Office
Erie County Holding Center
SCOC 20-C-92
Non-contact visitation**

**Approved Unanimous
Riley/Loughren**

**L. Erie County Sheriff's Office
Erie County Correctional Facility
SCOC 20-C-93
Non-contact visitation**

**Approved Unanimous
Riley/Loughren**

V. REGULATORY

M. Five Year Review

**Approved Unanimous
Riley/Loughren**

Commissioner Loughren made a motion to go into executive session at 11:08am. to discuss Variances, Maximum Facility Capacities and Construction items which was seconded by Chairman Riley.

Commissioner Loughren made a motion to exit Executive Session and return to general session at 11:34am, which was seconded by Chairman Riley.

The meeting resumed at 11:34am. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding Variances, Maximum Facility Capacities and Construction items, seconded by Chairman Riley. Commissioner Loughren made a motion to adjourn at 11:35am which was seconded by Chairman Riley.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

EXECUTIVE SESSION

MINUTES

LOCATION:

Commission Meeting

STATE COMMISSION OF CORRECTION

LOCATION(S):

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

DATE OF MEETING: August 18, 2020

Chairman Riley called the meeting to order at 11am.

PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner (via teleconference)
Brian Callahan, Counsel
Terry Moran, Director of Operations
Keith Zobel, Deputy Director of Operations
Donald Lincourt, Correctional Specialist 3
Chris Ost, Correctional Specialist 3
Patricia Amati, Assistant to Chairman/Commissioner

LOCATION: Alfred E. Smith Building, 80 So. Swan Street, 12th Floor,
Albany, NY and McDonough, New York

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The meeting resumed at 11:34am. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding Variances, Maximum Facility

Capacities and Construction items, seconded by Chairman Riley. Commissioner Loughren made a motion to adjourn at 11:35am which was seconded by Chairman Riley.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner



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: September 15, 2020

Chairman Riley called the meeting to order at 10:08 a.m.

PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner
Brian Callahan, Counsel
Terry Moran, Director of Operations
Tricia Amati, Assistant to Chairman/Commissioner

LOCATION: Alfred E. Smith Building, 80 So. Swan Street, 12th Floor,
Albany, NY.

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Due to ITS technical issues, this meeting was **NOT recorded.*

I. CONSTRUCTION

**A. New York City Administration for Children’s Services
Crossroads Juvenile Center
20-C-98
Virtual Hearing Booths** **Approved Unanimous
Loughren/Riley**

**B. New York City Administration for Children’s Services
Horizon Juvenile Detention Center
20-C-89
Virtual Hearing Booths** **Approved Unanimous
Loughren/Riley**

Commissioner Loughren made a motion to go into executive session at 10:08 a.m. to discuss Construction items which was seconded by Chairman Riley.

Commissioner Loughren made a motion to exit Executive Session and return to general session at 10:13 a.m., which was seconded by Chairman Riley.

The meeting resumed at 10:14 a.m. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding Construction items which was seconded by Chairman Riley. Commissioner Loughren made a motion to adjourn at 10:14 a.m. which was seconded by Chairman Riley.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner

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: 6/30/20 Length of Approval: 3 Months Expiration: 10/1/20

Write-up Prepared by: A.J. Gonzalez

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

Recommendation at Briefing:**Final Recommendation:****SUMMARY OF VARIANCE REQUEST**

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

VARIANCE HISTORY

Approval until 10/1/20

CONSTRUCTION/RENOVATION PLANS**OTHER VARIANCES IN EFFECT****STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):**

Since the approval of this variance the facility has had 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.

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: 9-14-20

REVIEWED BY DIRECTOR: T. Moran DATE: 9-14-20

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 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: 7008 Section: 2 & 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-3. We want to continue to offer non-contact visitation and limit the number of visitors in our facility during the Covid-19 pandemic.

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

The variance requested will protect inmates and staff from the possible spread of Covid-19.

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

Days _____ Weeks 3 Months

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

Once the pandemic is over we would return to normal operations.

(Page ____ of ____)

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

Yes ____ If yes, include the variance number 20-V-03 No ____

Matt J. Vantore #2225
Signature (Sheriff) (Chief Administrative Officer)

8/19/2020
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: 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: 08/18/2020

Last Approved: 06/30/20 Length of Approval: 3 Months Expiration: 10/01/20

Write-up Prepared by: Michelle Crane CFS 1

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 01/01/21.

Recommendation at Briefing:

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. The facility indicates it has allowed 72 such visits (as of August 2) and have had no complaints or problems thus far.

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:

No

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

Continued health and safety threat of possible COVID-19 exposure for staff, visitors and inmates

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: 9-15-20

REVIEWED BY DIRECTOR: DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:

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

8/3/20

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

Commissioner Riley-

We have been conducting non-contact visitation since the commission gave us a variance approval on June 30th. We have allowed 72 visits and have had no complaints or problems thus far.

I would ask that you review and approve this request to extend our variance so that we can continue to provide inmates with some sort of visitation with their friends and family during this nationwide pandemic.

Please contact us with any questions in regards to this application.

Sincerely --

A handwritten signature in black ink, appearing to read "Derek Osborne", is written over a horizontal line.

Derek Osborne – Sheriff

Cc: Jennifer Olin – Undersheriff
Ray Bunce – Jail Administrator



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

New	_____
Renewal	_____
Variance #	_____
(SCOC USE ONLY)	

Thomas A. Beilein
Chairman

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 Sheriff's Office

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: 2b and 2c 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)

We have installed 48" tall plexiglass barriers between the inmate and the visitor. This is in addition to policy that requires inmates and visitor wear a face covering. We would like to continue this policy as the health officials are still recommending that these type of 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. The visiting schedule has been adjusted to allow for cleaning of the area in between each visit. It should be noted that this variance has been approved since June 30, 2020 and we have conducted 72 visits and have had no problems or complaints.

- 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:

365 Days 52 Weeks 12 Months

- E. If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary).

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

G. Has this variance been previously approved?

Yes X If yes, include the variance number 20-V No 04

Ray Bunce



7/30/2020

Signature (Sheriff) (Chief Administrative Officer)

Date

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

(SOC Form #V-1)
(01/15)

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:** 9/1/2020**Last Approved:** 7/8/2020 **Length of Approval:** 3 months **Expiration:** 10/1/2020**Write-up Prepared by:** Ellen Tryon, RN, CFS II**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 1/1/21.**Recommendation at Briefing:****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.

CONSTRUCTION/RENOVATION PLANS

Facility placed plexiglass barrier in visiting room with first approval. There is no indication that further construction will take place with this extension.

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: C Ost

DATE: 9-14-20

REVIEWED BY DIRECTOR: T. Moran

DATE: 9-14-20

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

September 1, 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 that reads 'Kevin A. Mulverhill'.

Name of Facility: Suffolk County Jail (Riverhead)

Variance #20-V-07

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

Application by: Warden M. Franchi **Date Request Rec:** 8/19/2020

Last Approved: 7/8/2020 **Length of Approval:** 3 months **Expiration:** 10/1/2020

Write-up Prepared by: Ellen Tryon, RN, CFS II

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 1/1/21.

Recommendation at Briefing:

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.

CONSTRUCTION/RENOVATION PLANS

None at this time

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:

6/24/19

ANY OPEN MINIMUM STANDARD VIOLATIONS:

- 7002.4 (Property Confiscation)
- 7003 (Security and Supervision)
- 7004.1 and 7004.2 (Correspondence)
- 7005, 7005.4, 7005.5, 7005.6, and 7005.7 (Prisoner Personal Hygiene)
- 7013.9 (Classification Review)
- 7028.2 and 7028.5 (Exercise)

7039.3 (Fire Prevention Codes)
7051 (Funeral Visits)

OTHER INFORMATION

A review of grievances and complaint letters from Suffolk County facilities 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: C Ost DATE: 9-14-20

REVIEWED BY DIRECTOR: T. Moran DATE: 9-14-20

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

ERROL D. TOULON, JR., Ed.D.
SHERIFF

August 19, 2020

Allen Riley
Chairman/Commissioner
New York State Commission of Correction
80 South Swan Street, 12th Floor
Albany, New York 12210

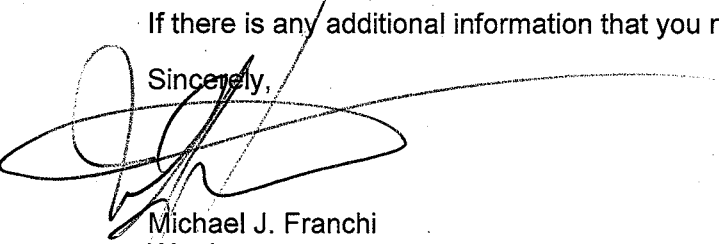
Dear Commissioner Riley:

The Suffolk County Sheriff's Office is requesting continuations for existing variances 20V-07 and 20-V-08 for Part 7008.2(b), permitting physical contact during visitation, and Part 7008.3 (c), allowing visitation with more than one person at a time, at our correctional facilities until the COVID-19 pandemic has ended.

To continue to comply with the Governor's social distancing requirements, we need to continue to limit contact visits as well as reduce the number of visitors during each session. Additionally, due to the need to disinfect the visiting room after each session, each visit has been limited to 30 minutes. I will review these restrictions on a continuous basis, and the inmate population has been made aware of these temporary visiting conditions during our monthly inmate representative meeting with administrative staff. All previously required conditions will be continued during this unusual circumstance.

If there is any additional information that you need, please do not hesitate to contact me.

Sincerely,



Michael J. Franchi
Warden
Suffolk County Sheriff's Office
(631) 852-2282

cc: Sheriff Errol D. Toulon, Jr.
Undersheriff Steven Kuehhas
Undersheriff Kevin Catalina
Deputy Undersheriff Michael Catuosco





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: Suffolk County - Yaphank Correctional Facility

Person requesting: Warden Michael J. Franchi
(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

- 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 Suffolk County Sheriff's Office is requesting a continuation of a variance permitting the use of non-contact visits only and limitations on the number of visitors for the duration of the COVID-19 pandemic. Modification to the existing visiting room provides for social distancing and proper cleaning between visits.

- 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 the ongoing COVID-19 pandemic, social distancing is required as we continue to utilize the visiting rooms at our correctional facilities.

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

Days 0 Weeks 0 Months 6

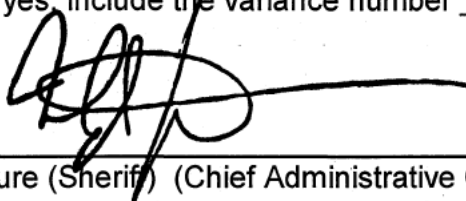
- E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

While we cannot be in compliance with Part 7008.2(b) and Part 7008.3(c) until the Governor lifts the personal distance limits, this will allow us to permit personal visitation while still maintaining safety and sanitation requirements. The space available will permit a maximum of 330 30-minute visits per week. The current population is 231 in the Yaphank Facility.

Upon the restrictions being lifted, the temporary barriers will be removed and regular visitation will resume.

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

Yes If yes, include the variance number 20-V-08 No



Signature (Sheriff) (Chief Administrative Officer)

19 AUG 2020

Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov. Click on *Manuals/Forms, Request for a County Jail Variance (Variance Application Form)*.



Commission of Correction

New York State
Commission of Correction
80 S. Swan Street, 12th Floor
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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: Suffolk County - Riverhead Correctional Facility

Person requesting: Warden Michael J. Franchi
(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(b) and 3(c) 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 Suffolk County Sheriff's Office is requesting a continuation of a variance permitting the use of non-contact visits only and limitations on the number of visitors for the duration of the COVID-19 pandemic. Modification to the existing visiting room provides for social distancing and proper cleaning between visits.

- 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 the ongoing COVID-19 pandemic, social distancing is required as we continue to utilize the visiting rooms at our correctional facilities.

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

Days 0 Weeks 0 Months 6

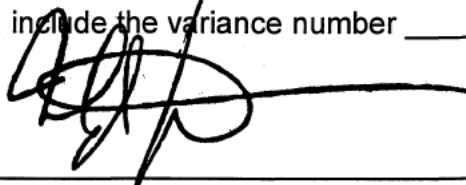
- E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

While we cannot be in compliance with Part 7008.2(b) and Part 7008.3(c) until the Governor lifts the personal distance limits, this will allow us to permit personal visitation while still maintaining safety and sanitation requirements. The space available will permit a maximum of 420 30-minute visits per week. The current population is 261 in the Riverhead Facility.

Upon the restrictions being lifted, the temporary barriers will be removed and regular visitation will resume.

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

Yes If yes, include the variance number 20-V-07 No



Signature (Sheriff) (Chief Administrative Officer)

19 AUG 2020
Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov. Click on *Manuals/Forms, Request for a County Jail Variance (Variance Application Form)*.

Name of Facility: Suffolk County Jail (Yaphank)

Variance #20-V-08

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

Application by: Warden M. Franchi **Date Request Rec:** 8/19/2020

Last Approved: 7/8/2020 **Length of Approval:** 3 months **Expiration:** 10/1/2020

Write-up Prepared by: Ellen Tryon, RN, CFS II

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 1/1/21.

Recommendation at Briefing:

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.

CONSTRUCTION/RENOVATION PLANS

None at this time

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:

6/24/19

ANY OPEN MINIMUM STANDARD VIOLATIONS:

- 7002.4 (Property Confiscation)
- 7003 (Security and Supervision)
- 7004.1 and 7004.2 (Correspondence)
- 7005, 7005.4, 7005.5, 7005.6, and 7005.7 (Prisoner Personal Hygiene)
- 7013.9 (Classification Review)
- 7028.2 and 7028.5 (Exercise)

7039.3 (Fire Prevention Codes)
7051 (Funeral Visits)

OTHER INFORMATION

There have been no grievances or complaint letters from the facility related to this variance.

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: C Ost DATE: 9-14-20

REVIEWED BY DIRECTOR: T. Moran DATE: 9-14-20

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

ERROL D. TOULON, JR., Ed.D.
SHERIFF

August 19, 2020

Allen Riley
Chairman/Commissioner
New York State Commission of Correction
80 South Swan Street, 12th Floor
Albany, New York 12210

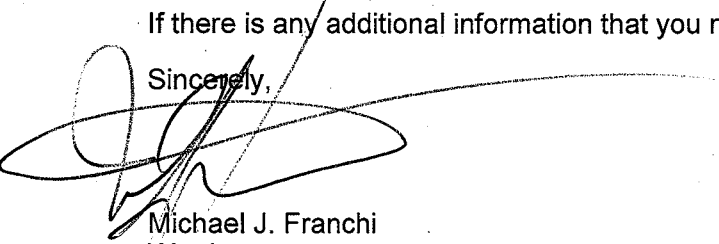
Dear Commissioner Riley:

The Suffolk County Sheriff's Office is requesting continuations for existing variances 20V-07 and 20-V-08 for Part 7008.2(b), permitting physical contact during visitation, and Part 7008.3 (c), allowing visitation with more than one person at a time, at our correctional facilities until the COVID-19 pandemic has ended.

To continue to comply with the Governor's social distancing requirements, we need to continue to limit contact visits as well as reduce the number of visitors during each session. Additionally, due to the need to disinfect the visiting room after each session, each visit has been limited to 30 minutes. I will review these restrictions on a continuous basis, and the inmate population has been made aware of these temporary visiting conditions during our monthly inmate representative meeting with administrative staff. All previously required conditions will be continued during this unusual circumstance.

If there is any additional information that you need, please do not hesitate to contact me.

Sincerely,



Michael J. Franchi
Warden
Suffolk County Sheriff's Office
(631) 852-2282

cc: Sheriff Errol D. Toulon, Jr.
Undersheriff Steven Kuehhas
Undersheriff Kevin Catalina
Deputy Undersheriff Michael Catuosco





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: Suffolk County - Yaphank Correctional Facility

Person requesting: Warden Michael J. Franchi
(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

- 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 Suffolk County Sheriff's Office is requesting a continuation of a variance permitting the use of non-contact visits only and limitations on the number of visitors for the duration of the COVID-19 pandemic. Modification to the existing visiting room provides for social distancing and proper cleaning between visits.

- 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 the ongoing COVID-19 pandemic, social distancing is required as we continue to utilize the visiting rooms at our correctional facilities.

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

Days 0 Weeks 0 Months 6

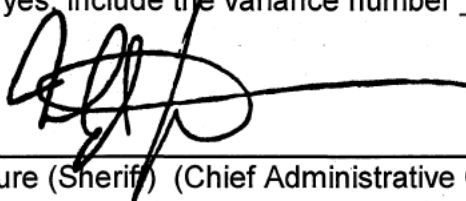
- E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

While we cannot be in compliance with Part 7008.2(b) and Part 7008.3(c) until the Governor lifts the personal distance limits, this will allow us to permit personal visitation while still maintaining safety and sanitation requirements. The space available will permit a maximum of 330 30-minute visits per week. The current population is 231 in the Yaphank Facility.

Upon the restrictions being lifted, the temporary barriers will be removed and regular visitation will resume.

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

Yes If yes, include the variance number 20-V-08 No

A handwritten signature in black ink, appearing to be 'R. J. ...', written over a horizontal line.

Signature (Sheriff) (Chief Administrative Officer)

19 AUG 2020

Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov. Click on *Manuals/Forms, Request for a County Jail Variance (Variance Application Form)*.



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: Suffolk County - Riverhead Correctional Facility

Person requesting: Warden Michael J. Franchi
(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(b) and 3(c) 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 Suffolk County Sheriff's Office is requesting a continuation of a variance permitting the use of non-contact visits only and limitations on the number of visitors for the duration of the COVID-19 pandemic. Modification to the existing visiting room provides for social distancing and proper cleaning between visits.

- 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 the ongoing COVID-19 pandemic, social distancing is required as we continue to utilize the visiting rooms at our correctional facilities.

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

Days 0 Weeks 0 Months 6

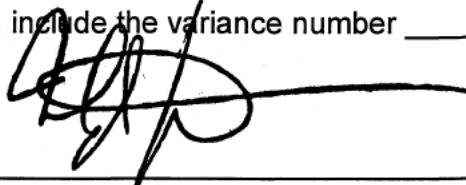
- E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. (Use additional sheets to provide further information and supporting documentation).

While we cannot be in compliance with Part 7008.2(b) and Part 7008.3(c) until the Governor lifts the personal distance limits, this will allow us to permit personal visitation while still maintaining safety and sanitation requirements. The space available will permit a maximum of 420 30-minute visits per week. The current population is 261 in the Riverhead Facility.

Upon the restrictions being lifted, the temporary barriers will be removed and regular visitation will resume.

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

Yes If yes, include the variance number 20-V-07 No



Signature (Sheriff) (Chief Administrative Officer)

19 AUG 2020

Date

Additional copies of this form can be obtained by contacting the Commission, or online at www.scoc.ny.gov. Click on *Manuals/Forms, Request for a County Jail Variance (Variance Application Form)*.

Name of Facility: Livingston County Jail

Variance #20-V-14

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

Application by: Chief Jeff Hammond Date Request Rec: 8-17-20

Last Approved: Length of Approval: Expiration:

Write-up Prepared by:

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

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Chief Jeff Hammond 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 April 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.
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:

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: Terry Moran DATE 9/15/20

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

AUG 19 2020

RECEIVED

LIVINGSTON COUNTY
SHERIFF



THOMAS J. DOUGHERTY, SHERIFF

MATTHEW D. BEAN, UNDERSHERIFF

RECEIVED

Fax Coversheet

Date: 8-17-2020

To: NYS Commission of
Corrections

Phone: (518) 485-2465

Fax: (518) 485-2467

From: Livingston County Jail

Phone: (585) 243-7180

Fax: (585) 243-6973

Number of pages (including cover): 6

Regarding: FRANK MAZ

** This transmission contains confidential information intended only for the use by the recipient named above. Any unauthorized copying, distribution, or disclosure of the contents is strictly prohibited. If you are not the intended recipient, and you have received this transmission in error, please immediately call the telephone number listed below to arrange for the return of the document.

Administrative Offices: (585)243-7120
Civil Division: (585)243-7130
Criminal Investigations: (585)243-7170
Jail Division: (585)243-7180
Juvenile Aid: (585)243-7150
Records Division/Criminal Accident: (585)243-7140

4 COURT STREET * GENESEO, NEW YORK 14454
GENERAL NON-EMERGENCY (585) 243-7100
FAX (585) 243-7104



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: Livingston County Jail

Person requesting: Chief Deputy Jeffrey Hammond (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: 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)

See ATTACHED

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.

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).

See ATTACHED.

Livingston County Jail 8-17-2020

County Jail Variance Form

Section B

The Livingston County Jail is requesting a variance to Minimum Standards Section 7004.3 due to the following:

[REDACTED]

[REDACTED] Due to that incident the Livingston County Jail is requesting a variance for incoming prisoner correspondence to be photo-copied, and the original correspondence along with the envelope be placed in the incarcerated individuals person property box.

All incoming non-privileged correspondence will be photo-copied, and the original correspondence along with the envelope be placed in the incarcerated individuals person property box. All privileged correspondence will be opened and inspected for contraband in front of the incarcerated individual.

Section C

[REDACTED]

[REDACTED] Due to that incident the Livingston County Jail is requesting a variance for incoming prisoner correspondence to be photo-copied, and the original correspondence along with the envelope be placed in the incarcerated individuals person property box.

[REDACTED]

Section E

The Livingston County Jail believes this practice should remain in effect to prevent the influx of contraband into the facility. The incarcerated individuals are still allowed to view and possess all their correspondence just in a phot-copied form.

[REDACTED]

(Page ____ of ____)

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

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



Signature (Sheriff) (Chief Administrative Officer) 8-17-2020
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: Dutchess County Jail

Variance #20-V-15

New: X Renewal:

Relief from Standard: 7008.2 b & 7008.3C

Application by: Adrian Anderson Sheriff

Date Request Rec: 8/18/2020

Last Approved:

Length of Approval:

Expiration:

Write-up Prepared by: Robert Cuttita

Recommendation by Field Staff:

Recommendation at Briefing: Approve until January 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:

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 local health department shall review and approve the interim visitation policies and procedures;
5. The screening of all prospective visitors shall include search, taking of temperature, symptomology observations and questionnaire;
6. The exception to any one visitor limitation is for any person accompanying a visitor under eighteen (18);
7. Incarcerated individuals and visitors shall wear face coverings;
8. Social distancing (at least six feet apart) between visitors shall be maintained;
9. The visitation schedule and scheduling procedures shall be implemented;
10. Incarcerated individuals shall have equal access to visitation;
11. Visitation areas shall be disinfected in between sessions

REVIEWED BY REGIONAL SUPERVISOR:

DATE:

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



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

August 17, 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



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: Sherill 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 _____ No

Michael Walters
Signature (Sheriff) (Chief Administrative Officer)

8/18/2020
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: Crossroads Juv. Det. Center

Variance # 19-V-05

New: Renewal:

Relief from Standard: 7320.4(c)

Application by: Assoc. Comm. Stephanie Prussack Date Request Rec:

7/31/2020

Last Approved: 7/28/2019 Length of Approval: 1 year Expiration: 10/1/2020

Write-up Prepared by: R Cuttita

Recommendation by Field Staff: Approve until October 1, 2021

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Associate Commissioner Stephanie Prussack from the New York City Administration for Children's Services is requesting variance relief from section 7320.4(c), which requires, in part, at least one functioning shower for every six youth contained within a living unit. The shower-to-youth ratio at Crossroads is 1 to 8, which is consistent with OCFS regulations.

RECOMMENDED CONDITIONS IF APPROVED

1. That the facility ensures it maintains a shower-to-youth ratio of no greater than 1 to 8.

CONSTRUCTION/RENOVATION PLANS

The facility continues its renovation project.

OTHER VARIANCES IN EFFECT

Variance #19-V-04

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 EXTENDED:

The facility maintains sufficient showers to allow for a 1 to 8 shower-to-youth ratio within living units. SCOC's regulations concerning such ratio will be addressed at a later time.

REVIEWED BY REGIONAL SUPERVISOR:

DATE

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

DIVISION OF YOUTH & FAMILY JUSTICE**Detention Services****150 William Street****New York, NY 10038****212-442-7164****David Hansell**
Commissioner**Sara Hemmeter**
Deputy Commissioner**Stephanie Prussack**
Associate Commissioner

July 31, 2020

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

Dear Chairman Riley:

Re: Variance #18-V-05
9 NYCRR 7320.4(c) Individual occupancy room
Variance request for Crossroads Juvenile Center

I am writing to request a continuation of the variance from Minimum Standard 7320.4(c), which requires that “at least one functioning toilet, sink and shower shall be available for every six youth contained within a living unit.”

If you have any questions, you may contact me at (212) 442-7164, or by email at Stephanie.Prussack@acs.nyc.gov. Thank you for your assistance in this matter.

Respectfully,

Stephanie Prussack

Stephanie Prussack
 Associate Commissioner for Detention
 Division of Youth and Family Justice
 NYC Administration for Children’s Services

CC: Commissioner David Hansell, ACS
 Deputy Commissioner Sara Hemmeter, ACS
 Deputy Associate Commissioner Chuck Parkins, ACS



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

Specialized Secure Detention Variance Application Form

INSTRUCTIONS TO DIRECTOR:

Pursuant to New York State Minimum Standards Part 7360, 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: Crossroads Juvenile Center

Person requesting: _____

(Director)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7320.4(c) states that, at least one functioning toilet, sink and shower shall be available for every 6 youth contained within a living unit. To request a variance to allow for 1 tub/shower for every 8 youth:

Ex. Part: 7320 Section: 4 Subdivision: c

Standard for which the variance is requested:

Part: 7320 Section: 4 Subdivision: (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)

Not Applicable

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

Facility design

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).

Not applicable

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

Yes Y If yes, include the variance number 18-V-05 No _____

Stephanie Prussack

Signature (Director)

7/31/20

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-SSD-2)
(09/18)

Name of Facility: Horizon Juv. Det. Center

Variance # 18-V-06

New: Renewal:

Relief from Standard: 7320.4(c)

Application by: Assoc. Comm. Stephanie Prusack Date Request Rec: 7/29/19

Last Approved: 9/2019 Length of Approval: Until 10/1/2020 Expiration: 10/1/2020

Write-up Prepared by: R Cuttita

Recommendation by Field Staff: Approve until October 1, 2021

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Associate Commissioner Prussack is requesting variance relief from section 7320.4(c), which requires, in part, at least one functioning shower for every six youth contained within a living unit. The shower-to- youth ratio at Horizon is 1 to 8, which is consistent with OCFS regulations.

RECOMMENDED CONDITIONS IF APPROVED

1. That the facility ensures it maintains a shower-to-youth ratio of no greater than 1 to 8.

CONSTRUCTION/RENOVATION PLANS

OTHER VARIANCES IN EFFECT

Variance #18-V-07

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

The facility is complying with conditions set by the Commission of maintaining a shower-to-youth ratio of no greater than 1 to 8.

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 EXTENDED:

The facility maintains sufficient showers to allow for a 1 to 8 shower-to-youth ratio within living units. SCOC's regulations concerning such ratio will be addressed at a later time.

REVIEWED BY REGIONAL SUPERVISOR:

DATE

OFFICIAL USE ONLY:

NOTES

DIVISION OF YOUTH & FAMILY JUSTICE**Detention Services****150 William Street****New York, NY 10038****212-442-7164****David Hansell**
Commissioner**Sara Hemmeter**
Deputy Commissioner**Stephanie Prussack**
Associate Commissioner

July 31, 2020

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

Dear Chairman Riley:

Re: Variance #18-V-06
9 NYCRR 7320.4 Individual occupancy room
Variance request for Horizon Juvenile Center

I am writing to request a continuation of the variance from Minimum Standard 7320.4(c), which requires that “at least one functioning toilet, sink and shower shall be available for every six youth contained within a living unit.”

If you have any questions, you may contact me at (212) 442-7164, or by email at Stephanie.Prussack@acs.nyc.gov. Thank you for your assistance in this matter.

Respectfully,

Stephanie Prussack

Stephanie Prussack
 Associate Commissioner for Detention
 Division of Youth and Family Justice
 NYC Administration for Children’s Services

CC: Commissioner David Hansell, ACS
 Deputy Commissioner Sara Hemmeter, ACS
 Deputy Associate Commissioner Chuck Parkins, ACS



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

Specialized Secure Detention Variance Application Form

INSTRUCTIONS TO DIRECTOR:

Pursuant to New York State Minimum Standards Part 7360, 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: Horizon Juvenile Center

Person requesting: _____

(Director)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7320.4(c) states that, at least one functioning toilet, sink and shower shall be available for every 6 youth contained within a living unit. To request a variance to allow for 1 tub/shower for every 8 youth:

Ex. Part: 7320 Section: 4 Subdivision: c

Standard for which the variance is requested:

Part: 7320 Section: 4 Subdivision: (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)

Not Applicable

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

Facility design

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).

Not applicable

F. If this variance request pertains to housing additional youth, please provide square footage for the potential housing areas affected (dayspace area, cells, gym, etc.) as well as the number of sinks, showers and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) rating for the specific area listed in this application, along with the number of additional youth (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)	Rooms 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 Y If yes, include the variance number 18-V-06 No _____

Stephanie Prussack

Signature (Director)

7/31/20

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-SSD-2)
(09/18)

Name of Facility: Woodfield Detention Center

Variance # 18-V-08

New: Renewal:

Relief from Standard: 7320.4(c)

Application by: Director Dean DeKranis

Date Request Rec: 9/18/2020

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

Write-up Prepared by: R Cuttita

Recommendation by Field Staff: Approve until October 1, 2021

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Dean DeKranis, Director of the Woodfield Detention Center, is requesting variance relief from section 7320.4(c), which requires, in part, at least one functioning toilet for every six youth contained within a living unit. The facility's West Wing Unit has two (2) toilets and one (1) urinal.

RECOMMENDED CONDITIONS IF APPROVED

1. That the facility ensures it maintains the current two functioning toilets and one urinal in the West Wing Unit.

CONSTRUCTION/RENOVATION PLANS

N/A

OTHER VARIANCES IN EFFECT

None

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

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

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 EXTENDED:

This variance will permit the facility to utilize the West Wing Unit for the housing of Adolescent Offenders.

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)

Specialized Secure Detention Variance Application Form

INSTRUCTIONS TO DIRECTOR:

Pursuant to New York State Minimum Standards Part 7360, 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: Woodfield Detention Center

Person requesting: Dean DeKranis

(Director)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7320.4(c) states that, at least one functioning toilet, sink and shower shall be available for every 6 youth contained within a living unit. To request a variance to allow for 1 tub/shower for every 8 youth:

Ex. Part: 7320 Section: 4 Subdivision: c

Standard for which the variance is requested:

Part: 7329 Section: 4 Subdivision: 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)

West Wing Unit currently has 2 toilets and 1 urinal

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

Does not match SSD minimum ratio of toilets

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).

Currently SCOC and OCFS are making determinations regarding structural repairs to the West Trailer.

- F. If this variance request pertains to housing additional youth, please provide square footage for the potential housing areas affected (dayspace area, cells, gym, etc.) as well as the number of sinks, showers and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) rating for the specific area listed in this application, along with the number of additional youth (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)	Rooms 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 18-V-08 No



Signature (Sheriff) (Chief Administrative Officer)

9/17/20

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: NYPD

Variance # 18-V-01

New: **Renewal:** X

Relief from Standard: 7504.1(e)

Application by: Deputy Commissioner Ernest Hart

Date Request Rec: 9-25-20

Last Approved: 3-31-20 **Length of Approval:** 6 months **Expiration:** 10-1-20

Write-up Prepared by: Deborah Clark

Recommendation by Field Staff: Approve – 6 Months

Recommendation at Briefing: Approve until October 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

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

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

Permitting the NYPD to allow male officers to supervise female prisoners could allow the department to place female prisoners in detention cells.

RECOMMENDED CONDITIONS

1. The 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 NYPD shall ensure that any search of a female prisoner is conducted by a female officer or matron;
3. The NYPD shall ensure that anytime a female prisoner is placed on constant supervision, such supervision is conducted by a female officer or matron;
4. The NYPD shall maintain a system of video recording for six months of the detention area that cannot be disabled by staff any time a male officer is providing supervision to a female prisoner;
5. The NYPD 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; and
6. The NYPD 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.

OTHER VARIANCES IN EFFECT – None

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

2019 – S. Gonzalez

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7502 – ACCURATE LIST OF PERSONAL PROPERTY

7504 – [REDACTED]

STATUS OF MINIMUM STANDARD VIOLATIONS

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

REVIEWED BY REGIONAL SUPERVISOR: Clark DATE: 9-14-20

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: Various New York City Police Department Precinct Stationhouses

Person requesting: Ernest Hart, Deputy Commissioner, Legal Matters

(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: 7504 Section: 1 Subdivision: (e)

- 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)

It is requested that the SCOC consider the NYPD substantially compliant with the standard mandating gender specific supervision in precinct arrest processing cells by permitting the NYPD to meet the standard in New York State County Law Section 652(2). That standard, as tailored to the NYPD's physical plants, will ensure that a female police officer will be in attendance in the precinct when females are confined in a detention area and shall, when deemed necessary by the desk officer (supervisor), be

available to respond in times when a search is needed or a female prisoner is placed on constant supervision. This standard is acceptable to the SCOC for large correctional facilities that have overnight lodging functions. It should surely be sufficient for a temporary detention area that is visible from the supervisor's desk both corporeally and via video. The NYPD will continue its policy of same-gender physical search and will ensure that the female is within the structure of any facility where a female prisoner is being processed. Additionally, the NYPD is in the process of creating an enhanced review process for allegations of improper or illegal physical contact between prisoners and staff, including annual reporting of data to the SCOC on all such allegations and their dispositions.

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

The NYPD simply does not have the operational resources to dedicate same-gender supervision of prisoners. While the number of female arrestees has steadily increased over time, the NYPD employs a gender-neutral approach to arresting offenders. Very often a male police officer is the only one that "personally observed" the crime that led to the arrest of a female prisoner and is therefore the arresting and processing officer. The NYPD does not have the personnel to dedicate a female police officer to be present for arrest processing and supervision of the prisoner in every arrest situation.

- 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 NYPD is prepared to remediate the issue with policy updates and training. Additionally, the NYPD will continue its policy of same-gender physical searches and will ensure that the female is within the structure of any facility where a female prisoner is being processed. The NYPD shall continue to maintain a system of video recording in detention areas and shall continue to require an entry to be made in the supervision records that state a male officer is supervising a female prisoner.

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 18-V-01 No



Signature (Sheriff) (Chief Administrative Officer)

9/25/20
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: Poughkeepsie City Police Department

Variance # 18-V-02

New: **Renewal:** X**Relief from Standard:** 7504.1(e)**Application by:** Chief Thomas Pape**Date Request Rec:** 7-13-20**Last Approved:** 3-26-20**Length of Approval:** 6 Months**Expiration:** 4/1/21**Write-up Prepared by:** Elisha Hamilton**Recommendation by Field Staff:** Approve until 4/1/21**Recommendation at Briefing:****Final Recommendation:****SUMMARY OF VARIANCE REQUEST**

The Poughkeepsie City Police Department is requesting an extension of variance #18-V-02 which permits male officers to supervise female prisoners with strict conditions set forth. variance relief from the requirements of Minimum Standard 7504.1(e), supervision of female prisoners by a matron.

The department has seven (7) female officers. This leaves the department void of female officer coverage during multiple shifts throughout the week.

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

Permitting the Poughkeepsie City Police Department to allow male officers to supervise female prisoners could allow the department to place female prisoners in detention cells.

In his request, Chief Pape acknowledged that the department has yet to utilize the approved arrangement outlined at the original approval granted for variance 18-V-02.

RECOMMENDED CONDITIONS

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

5. The Poughkeepsie 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.

6. The Poughkeepsie 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.

OTHER VARIANCES IN EFFECT – None

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

Department has not yet had to utilize this variance.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

4/11/18 Full compliance

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: Cindee Allen **DATE:** 9/9/20

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

**POLICE DEPARTMENT
CITY OF POUGHKEEPSIE
New York**



Thomas M. Pape
Chief of Police



July 8, 2020

New York State Commission of Corrections
Alfred E. Smith State Office Building
80 S Swan Street, 12th Floor
Albany, New York 12210-8001

Dear Chairman Riley,

We are requesting approval for a variance with respect to compliance with the provisions of 9 NYCRR §7504.1(e), we are requesting an extension on our original approval.

Currently our police agency has seven (7) female police officers. As a result, on a regular basis, there are multiple shifts throughout the week in which our agency does not have a female officer on duty.

Our agency is unable to secure our female prisoners in the detention facility (female cell) when we do not have a female officer working. This creates a need to assign male officers to observe the female prisoner until the female prisoner is arraigned or until a female officer is on duty. This can often be a substantial amount of time. This impacts the available staffing of police officers to handle calls for service from the public as well as providing other police services to the public. The inability to use the female detention/cells could also indirectly impact upon officer and public safety.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in blue ink that reads "T.M. Pape".

Thomas Pape
Chief of Police

Name of Facility: Crossroads Juv. Det. Center Variance #20-V-19

New: Renewal:

Relief from Standard: 7320.3(c)

Application by: Assoc. Comm. Stephanie Prussack Date Request Rec: 9/21/2020

Last Approved: NA Length of Approval: NA Expiration: NA

Write-up Prepared by: R Cuttita

Recommendation by Field Staff: Approve until February 1, 2021

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Associate Commissioner Stephanie Prussack from the New York City Administration for Children's Services is requesting variance relief from section 7320.3, ACS is requesting designating the following halls be permitted to operate as an SSD if needed B, C, D, E, and H.

RECOMMENDED CONDITIONS IF APPROVED

CONSTRUCTION/RENOVATION PLANS

The facility continues its renovation project.

OTHER VARIANCES IN EFFECT

Variance #19-V-04

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

February 2020

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

February 2020

ANY OPEN MINIMUM STANDARD VIOLATIONS:

See MSE report

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

REVIEWED BY REGIONAL SUPERVISOR: Robert Cuttita

DATE 9-23-20

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)

Specialized Secure Detention Variance Application Form

INSTRUCTIONS TO DIRECTOR:

Pursuant to New York State Minimum Standards Part 7360, 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: Horizon Juvenile Center

Person requesting:

(Director)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7320.4(c) states that, at least one functioning toilet, sink and shower shall be available for every 6 youth contained within a living unit. To request a variance to allow for 1 tub/shower for every 8 youth:

Ex. Part: 7320 Section: 4 Subdivision: c

Standard for which the variance is requested:

Part: 7320 Section: 4 Subdivision: (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)

Not Applicable

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

Facility design

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).

Not applicable

F. If this variance request pertains to housing additional youth, please provide square footage for the potential housing areas affected (daySPACE area, cells, gym, etc.) as well as the number of sinks, showers and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) rating for the specific area listed in this application, along with the number of additional youth (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)	Rooms 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 Y If yes, include the variance number 18-V-06 No _____

Signature (Director)

7/31/20
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-SSD-2)
(09/18)



**Commission of
Correction**

**Maximum Facility Capacity
for the**

HORIZON SPECIALIZED JUVENILE DETENTION FACILITY

Specialized Secure Juvenile Detention Facility

Bronx, New York

September 29, 2020

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

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

INDIVIDUAL OCCUPANCY ROOM:

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

LIVING UNIT

Each living unit shall contain:

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

EXCEPTIONS:

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

SPECIAL MANAGEMENT UNITS:

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

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

I. A. INDIVIDUAL OCCUPANCY ROOMS USED FOR GENERAL HOUSING

Name of Living Unit	Number of Individual Occupancy Rooms	Total Size of Living Unit (Sq. Ft. of unencumbered Floor Space)	# of Showers Available per Living Unit	# of Sinks Available per Living Unit	# of Toilets Available per Living Unit	Maximum Youth Capacity
A Hall	15	70 Sq. Ft	3	3	3*	0
B Hall	8	70 Sq. Ft	2	2	2	0
D Hall	15	70 Sq. Ft	3	3	3*	0

* Includes ADA compliant toilet area which will be secured until needed

Individual Occupancy Units for General Housing Total 0

II B. INDIVIDUAL OCCUPANCY ROOMS USED FOR SPECIAL MANAGEMENT HOUSING

Name of Living Unit	Purpose/ Type of Special Management Unit	Number of Individual Occupancy Rooms	Total Size of Living Unit (Sq. Ft. of unencumbered Floor Space)	# of Showers Available per Living Unit	# of Sinks Available per Living Unit	# of Toilets Available per Living Unit	Maximum Youth Capacity
C Hall	Infirmary	5	70 Sq. Ft	2	2	2	0
C Hall	Infirmary-ADA Room	1	100 sq. Ft	1	1	1	0

NOTE: Rooms in this section are to be used for temporary housing to comply with medical orders.

Individual Occupancy Units for Special Management Total: 0

LIVING UNIT TYPE	TOTALS
Subtotal Individual Occupancy Rooms Used for General Housing:	0
Subtotal Individual Occupancy Rooms Used for Special Management: **These rooms are to be used for Temporary housing to comply with medical orders. They are not to be used for General Housing purposes and do not count toward the facility's MFC	0 ** 0
MAXIMUM FACILITY CAPACITY:	0

The above-noted capacity is based upon the following:

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

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

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

COMMENTS:

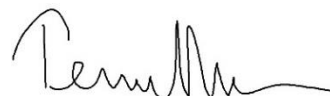
The SJD designation is no longer needed and this MFC is Zeroed out.

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

Approved by: Terrence Moran



Deputy Director 9/29/20



Director 9/29/20



**Commission of
Correction**

**Maximum Facility Capacity
for the**

HORIZON SPECIALIZED SECURE DETENTION FACILITY

Specialized Secure Juvenile Detention Facility

Bronx, New York

September 29, 2020

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

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

INDIVIDUAL OCCUPANCY ROOM:

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

LIVING UNIT

Each living unit shall contain:

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

EXCEPTIONS:

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

SPECIAL MANAGEMENT UNITS:

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

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

I. A. INDIVIDUAL OCCUPANCY ROOMS USED FOR GENERAL HOUSING

Name of Living Unit	Number of Individual Occupancy Rooms	Total Size of Living Unit (Sq. Ft. of unencumbered Floor Space)	# of Showers Available per Living Unit	# of Sinks Available per Living Unit	# of Toilets Available per Living Unit	Maximum Youth Capacity
A Hall	15	70 Sq. Ft	3	3	3*	15
B Hall	8	70 Sq. Ft	2	2	2	8
C Hall	15	70 Sq. Ft	3	3	3*	15
E Hall	15	70 Sq. Ft	3	3	3*	15
F Hall	8	70 Sq. Ft	2	2	2	8
G Hall	15	70 Sq. Ft	3	3	3*	15
H Hall	15	70 Sq. Ft	3	3	3*	15
J Hall	15	70 Sq. Ft	3	3	3*	15

* Includes ADA compliant toilet area which will be secured until needed

Individual Occupancy Units for General Housing Total: 106

II B. INDIVIDUAL OCCUPANCY ROOMS USED FOR SPECIAL MANAGEMENT HOUSING

Name of Living Unit	Purpose/ Type of Special Management Unit	Number of Individual Occupancy Rooms	Total Size of Living Unit (Sq. Ft. of unencumbered Floor Space)	# of Showers Available per Living Unit	# of Sinks Available per Living Unit	# of Toilets Available per Living Unit	Maximum Youth Capacity
SHU Male	Isolation Room **	2	70 Sq. Ft	1	1	1	2***
	SHU Rooms	3	70 Sq. Ft	3	3	3	3***

** Isolation Room has a bathroom, sink, and shower with a lockable door located within the room. These bathrooms shall remain closed and locked until staff is notified when bathroom is needed to be used and received authorization from the Captain.

***NOTE: Rooms in this section are to be used for temporary housing to comply with medical orders.

Individual Occupancy Units for Special Management Total: 5

LIVING UNIT TYPE	TOTALS
Subtotal Individual Occupancy Rooms Used for General Housing:	106
Subtotal Individual Occupancy Rooms Used for Special Management: **** <i>These rooms are to be used for Temporary housing to comply with medical orders. They are not to be used for General Housing purposes and do not count toward the facility's MFC</i>	0 (5) ****
MAXIMUM FACILITY CAPACITY:	106

The above-noted capacity is based upon the following:

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

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

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

COMMENTS:

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

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

Approved by: Terrence Moran



Deputy Director 9/29/20



Director 9/29/20



**Commission of
Correction**

**NEW YORK STATE .
COMMISSION OF CORRECTION**

September 29, 2020

MAXIMUM FACILITY CAPACITY

for
Cortland County Jail
in
Cortland, New York

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

CORTLAND COUNTY JAIL – MFC 2020

NOTE: INDIVIDUAL OCCUPANCY HOUSING UNITS AND MULTIPLE OCCUPANCY HOUSING UNITS WHICH MEET THE FOLLOWING REQUIREMENTS PURSUANT TO 9 NYCRR PART 7040 ARE TO BE INCLUDED IN THE MAXIMUM FACILITY CAPACITY FORMULATION.

I. INDIVIDUAL OCCUPANCY HOUSING UNITS:

1. Each such unit shall only house one (1) incarcerated individual and contain at least 60 square feet of floor space.
2. Each such individual occupancy housing unit shall contain:
One (1) bed and mattress;
One (1) functioning toilet; and
One (1) functioning sink.
3. Sufficient showers shall be available to permit each incarcerated individual to shower daily.
4. Each tier or section of individual housing units constructed after the effective date of 9 NYCRR 7040 shall provide dayroom space adjacent and accessible to such tier or section.

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy prior to the effective date of 9 NYCRR Part 7040.
2. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

II. MULTIPLE OCCUPANCY HOUSING UNITS:

1. Each such unit shall provide a minimum of 50 square feet of floor space per incarcerated individual in the sleeping area.
2. Each such unit shall house no more than 60 incarcerated individuals.
3. Each such unit shall have a bed and mattress for each incarcerated individual.
4. Each such unit shall have at least:
One (1) functioning toilet for every 12 incarcerated individuals;
One (1) functioning shower for every 15 incarcerated individuals; and
One (1) functioning sink for every 12 incarcerated individuals.
5. Each such unit shall provide a minimum of 25 square feet of dayroom space immediately adjacent and accessible to the sleeping area.

EXCEPTIONS:

1. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

CORTLAND COUNTY JAIL – MFC 2020

III. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING:

1. The requirements as stipulated in I and II apply to all housing units consisting of both individual and multiple occupancy housing units.

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy prior to the effective date of 9 NYCRR Part 7040.
2. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

1. These are used to identify areas within the facility that are used for the temporary detention of individuals. These areas do not increase the capacity of the facility.

CORTLAND COUNTY JAIL – MFC 2020

I. A. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available per Section	Maximum Incarcerated Individual Capacity
A Block	10	10 @ 78 sq. ft.	2	10
B Block	10	10 @ 78 sq. ft.	2	10
C Block	10	10 @ 78 sq. ft.	2	10
D Block	10	10 @ 78 sq. ft.	2	10
E Block	10	10 @ 78 sq. ft.	2	10

Individual General Housing Unit Total: 50

I. B. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available per Section	Maximum Incarcerated Individual Capacity
N/A					0

Individual Special Housing Unit Total: 0

CORTLAND COUNTY JAIL – MFC 2020

II. A. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
Section 1	1	1	1	229 Sq. Ft.	3
Section 2	1	1	1	229 Sq. Ft.	3
Section 3	1	1	1	229 Sq. Ft.	3
Dormitory 1	3	3	3	2250 Sq. Ft.	30

Multiple General Housing Unit Total: 39

II. B. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
N/A						0

Multiple Special Housing Unit Total: 0

III. A. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
N/A				0

Individual and Multiple Occupancy General Housing Unit Total: 0

CORTLAND COUNTY JAIL – MFC 2020

III. B. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
N/A					0

Individual and Multiple Occupancy Special Housing Unit Total: 0

IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

Name of Area/Section	Number of Toilets	Number of Sinks	Total Size of Area (Sq. Ft. of Floor Space)	Description of Use
Holding Tank #1	1	1	84 sq. ft.	Facility may hold up to five (5) incarcerated individuals.
Holding Tank #2	1	1	84 sq. ft.	Facility may hold up to five (5) incarcerated individuals.
Holding Tank #3	1	1	84 sq. ft.	Facility may hold up to five (5) incarcerated individuals.

*Note: Non-Standard housing may be used only for temporary holding for up to the number of incarcerated individuals as prescribed. The facility shall limit individual occupancy holding to **12 hours**. Multiple occupancy holding shall be limited to **four (4) hours**. Any other use is prohibited. Whenever incarcerated individuals are placed in non-standard housing, at a minimum, Active Supervision shall be maintained.*

CORTLAND COUNTY JAIL – MFC 2020

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	50
Subtotal Individual Housing Units Used for Special Housing:	0
Subtotal Individual and Multiple Occupancy Units for General Housing:	0
Subtotal Individual and Multiple Occupancy Units for Special Housing:	0
Subtotal Multiple Housing Units Used for General Housing:	39
Subtotal Multiple Housing Units Used for Special Housing:	0
MAXIMUM FACILITY CAPACITY:	89

Other identified areas not rated as part of Maximum Facility Capacity: Yes (X) No ()

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units;
2. The number of properly equipped multiple occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

JUSTIFICATION FOR CHANGE IN MFC

Revised to reflect that A-Block housing area is no longer used for special housing.

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

Submitted by: Cynthia Allen, CFS3
Reviewed by: Keith Zobel

Approved by: Terrence Moran



Deputy Director 9/15/20



Director 9/15/20



**Commission of
Correction**

**NEW YORK STATE .
COMMISSION OF CORRECTION**

September 29, 2020

MAXIMUM FACILITY CAPACITY

for
Hamilton County Jail
in
Lake Pleasant, New York

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

HAMILTON COUNTY JAIL – MFC 2020

NOTE: INDIVIDUAL OCCUPANCY HOUSING UNITS AND MULTIPLE OCCUPANCY HOUSING UNITS WHICH MEET THE FOLLOWING REQUIREMENTS PURSUANT TO 9 NYCRR PART 7040 ARE TO BE INCLUDED IN THE MAXIMUM FACILITY CAPACITY FORMULATION.

I. INDIVIDUAL OCCUPANCY HOUSING UNITS:

1. Each such unit shall only house one (1) incarcerated individual and contain at least 60 square feet of floor space.
2. Each such individual occupancy housing unit shall contain:
One (1) bed and mattress;
One (1) functioning toilet; and
One (1) functioning sink.
3. Sufficient showers shall be available to permit each incarcerated individual to shower daily.
4. Each tier or section of individual housing units constructed after the effective date of 9 NYCRR 7040 shall provide dayroom space adjacent and accessible to such tier or section.

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy prior to the effective date of 9 NYCRR Part 7040.
2. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

II. MULTIPLE OCCUPANCY HOUSING UNITS:

1. Each such unit shall provide a minimum of 50 square feet of floor space per incarcerated individual in the sleeping area.
2. Each such unit shall house no more than 60 incarcerated individuals.
3. Each such unit shall have a bed and mattress for each incarcerated individual.
4. Each such unit shall have at least:
One (1) functioning toilet for every 12 incarcerated individuals;
One (1) functioning shower for every 15 incarcerated individuals; and
One (1) functioning sink for every 12 incarcerated individuals.
5. Each such unit shall provide a minimum of 25 square feet of dayroom space immediately adjacent and accessible to the sleeping area.

EXCEPTIONS:

1. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

HAMILTON COUNTY JAIL – MFC 2020

III. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING:

1. The requirements as stipulated in I and II apply to all housing units consisting of both individual and multiple occupancy housing units.

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy prior to the effective date of 9 NYCRR Part 7040.
2. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

1. These are used to identify areas within the facility that are used for the temporary detention of individuals. These areas do not increase the capacity of the facility.

HAMILTON COUNTY JAIL – MFC 2020

I. A. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available per Section	Maximum Incarcerated Individual Capacity
First Floor				4
Tier 1	2	2 @ 54 sq. ft.	1	2
Tier 2	2	2 @ 54 sq. ft.	1	2
Second Floor				2
Right 1	1	1 @ 180 sq. ft.	1	1
Left 1	1	1 @ 144 sq. ft.	1	1

Individual General Housing Unit Total: 6

I. B. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available per Section	Maximum Incarcerated Individual Capacity
N/A					0

Individual Special Housing Unit Total: 0

II. A. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
N/A					0

Multiple General Housing Unit Total: 0

II. B. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
N/A						0

Multiple Special Housing Unit Total: 0

HAMILTON COUNTY JAIL – MFC 2020

III. A. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
N/A				0

Individual and Multiple Occupancy General Housing Unit Total: 0

III. B. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
N/A					0

Individual and Multiple Occupancy Special Housing Unit Total: 0

IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

Name of Area/Section	Number of Toilets	Number of Sinks	Total Size of Area (Sq. Ft. of Floor Space)	Description of Use
N/A				

HAMILTON COUNTY JAIL – MFC 2020

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	6
Subtotal Individual Housing Units Used for Special Housing:	0
Subtotal Individual and Multiple Occupancy Units for General Housing:	0
Subtotal Individual and Multiple Occupancy Units for Special Housing:	0
Subtotal Multiple Housing Units Used for General Housing:	0
Subtotal Multiple Housing Units Used for Special Housing:	0
MAXIMUM FACILITY CAPACITY:	6

Other identified areas not rated as part of Maximum Facility Capacity: Yes () No (X)

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units;
2. The number of properly equipped multiple occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

JUSTIFICATION FOR CHANGE IN MFC

Revised to reflect updated document template.

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

Submitted by: Cynthia Allen, CFS3
Reviewed by: Keith Zobel

Approved by: Terrence Moran



Deputy Director 9/15/20



Director 9/15/20



**Commission of
Correction**

**NEW YORK STATE
COMMISSION OF CORRECTION**

September 29, 2020

MAXIMUM FACILITY CAPACITY

for
Lewis County Jail
in
Lowville, New York

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

LEWIS COUNTY JAIL – MFC 2020

NOTE: INDIVIDUAL OCCUPANCY HOUSING UNITS AND MULTIPLE OCCUPANCY HOUSING UNITS WHICH MEET THE FOLLOWING REQUIREMENTS PURSUANT TO 9 NYCRR PART 7040 ARE TO BE INCLUDED IN THE MAXIMUM FACILITY CAPACITY FORMULATION.

I. INDIVIDUAL OCCUPANCY HOUSING UNITS:

1. Each such unit shall only house one (1) incarcerated individual and contain at least 60 square feet of floor space.
2. Each such individual occupancy housing unit shall contain:
One (1) bed and mattress;
One (1) functioning toilet; and
One (1) functioning sink.
3. Sufficient showers shall be available to permit each incarcerated individual to shower daily.
4. Each tier or section of individual housing units constructed after the effective date of 9 NYCRR 7040 shall provide dayroom space adjacent and accessible to such tier or section.

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy prior to the effective date of 9 NYCRR Part 7040.
2. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

II. MULTIPLE OCCUPANCY HOUSING UNITS:

1. Each such unit shall provide a minimum of 50 square feet of floor space per incarcerated individual in the sleeping area.
2. Each such unit shall house no more than 60 incarcerated individuals.
3. Each such unit shall have a bed and mattress for each incarcerated individual.
4. Each such unit shall have at least:
One (1) functioning toilet for every 12 incarcerated individuals;
One (1) functioning shower for every 15 incarcerated individuals; and
One (1) functioning sink for every 12 incarcerated individuals.
5. Each such unit shall provide a minimum of 25 square feet of dayroom space immediately adjacent and accessible to the sleeping area.

EXCEPTIONS:

1. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

LEWIS COUNTY JAIL – MFC 2020

III. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING:

1. The requirements as stipulated in I and II apply to all housing units consisting of both individual and multiple occupancy housing units.

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy prior to the effective date of 9 NYCRR Part 7040.
2. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

1. These are used to identify areas within the facility that are used for the temporary detention of individuals. These areas do not increase the capacity of the facility.

LEWIS COUNTY JAIL – MFC 2020

I. A. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available per Section	Maximum Incarcerated Individual Capacity
A Block	8	8 @ 70 sq. ft.	2	8
B Block	8	8 @ 70 sq. ft.	2	8
C Block	8	8 @ 70 sq. ft.	2	8
D Block	8	8 @ 70 sq. ft.	2	8
E Block	4	4 @ 70 sq. ft.	1	4
F Block	4	4 @ 70 sq. ft.	1	4
H Block	2	1 @ 102 sq. ft. 1 @ 84 sq. ft.	1	2

Individual General Housing Unit Total: 42

I. B. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available per Section	Maximum Incarcerated Individual Capacity
N/A					0

Individual Special Housing Unit Total: 0

LEWIS COUNTY JAIL – MFC 2020

II. A. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
N/A					0

Multiple General Housing Unit Total: 0

II. B. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
N/A						0

Multiple Special Housing Unit Total: 0

III. A. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
N/A				0

Individual and Multiple Occupancy General Housing Unit Total: 0

III. B. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
N/A					0

Individual and Multiple Occupancy Special Housing Unit Total: 0

LEWIS COUNTY JAIL – MFC 2020

IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

Name of Area/Section	Number of Toilets	Number of Sinks	Total Size of Unit (Sq. Ft. of Floor Space)	Description of Use
N/A				

LEWIS COUNTY JAIL – MFC 2020

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	42
Subtotal Individual Housing Units Used for Special Housing:	0
Subtotal Multiple Housing Units Used for General Housing:	0
Subtotal Multiple Housing Units Used for Special Housing:	0
Subtotal Units Containing both Individual and Multiple Occupancy Housing for General Housing	0
Subtotal Units Containing both Individual and Multiple Occupancy Housing for Special Housing:	0
MAXIMUM FACILITY CAPACITY:	42

Other identified housing areas not on Max. Facility Capacity Yes () No (X)

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units;
2. The number of properly equipped multiple occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

JUSTIFICATION FOR CHANGE IN MFC
Revised to reflect updated document template.

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

Submitted by: Cynthia Allen, CFS3
 Reviewed by: Keith Zobel

Approved by: Terrence Moran



Deputy Director 9/15/20



Director 9/15/20



**Commission of
Correction**

**NEW YORK STATE
COMMISSION OF CORRECTION**

September 29, 2020

MAXIMUM FACILITY CAPACITY

for
Otsego County Jail
in
Cooperstown, New York

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

OTSEGO COUNTY JAIL – MFC 2020

NOTE: INDIVIDUAL OCCUPANCY HOUSING UNITS AND MULTIPLE OCCUPANCY HOUSING UNITS WHICH MEET THE FOLLOWING REQUIREMENTS PURSUANT TO 9 NYCRR PART 7040 ARE TO BE INCLUDED IN THE MAXIMUM FACILITY CAPACITY FORMULATION.

I. INDIVIDUAL OCCUPANCY HOUSING UNITS:

1. Each such unit shall only house one (1) incarcerated individual and contain at least 60 square feet of floor space.
2. Each such individual occupancy housing unit shall contain:
One (1) bed and mattress;
One (1) functioning toilet; and
One (1) functioning sink.
3. Sufficient showers shall be available to permit each incarcerated individual to shower daily.
4. Each tier or section of individual housing units constructed after the effective date of 9 NYCRR 7040 shall provide dayroom space adjacent and accessible to such tier or section.

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy prior to the effective date of 9 NYCRR Part 7040.
2. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

II. MULTIPLE OCCUPANCY HOUSING UNITS:

1. Each such unit shall provide a minimum of 50 square feet of floor space per incarcerated individual in the sleeping area.
2. Each such unit shall house no more than 60 incarcerated individuals.
3. Each such unit shall have a bed and mattress for each incarcerated individual.
4. Each such unit shall have at least:
One (1) functioning toilet for every 12 incarcerated individuals;
One (1) functioning shower for every 15 incarcerated individuals; and
One (1) functioning sink for every 12 incarcerated individuals.
5. Each such unit shall provide a minimum of 25 square feet of dayroom space immediately adjacent and accessible to the sleeping area.

OTSEGO COUNTY JAIL – MFC 2020

I. A. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available per Section	Maximum Incarcerated Individual Capacity
A Wing				
Block 100	6	80 sq. ft.	1	6
Block 101	6	80 sq. ft.	1	6
Block 102	4	80 sq. ft.	1	4
Block 117	4	80 sq. ft.	1	4
Block 119	3	80 sq. ft.	1	3
B Wing				
Block 106	5	80 sq. ft.	1	5
Block 107	4	80 sq. ft.	1	4
Block 110	5	80 sq. ft.	1	5
Block 111	3	80 sq. ft.	1	3

Individual General Housing Unit Total: 40

I. B. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available per Section	Maximum Incarcerated Individual Capacity
N/A					0

Individual Special Housing Unit Total: 0

OTSEGO COUNTY JAIL – MFC 2020

II. A. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
Dorm A	2	2	1	1019 sq. ft.	13
Dorm B	2	2	1	1125 sq. ft.	15
Dorm C	2	2	1	1125 sq. ft.	15
Dorm D	2	2	1	1019 sq. ft.	13

Multiple General Housing Unit Total: 56

II. B. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
N/A						0

Multiple Special Housing Unit Total: 0

III. A. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
N/A				0

Individual and Multiple Occupancy General Housing Unit Total: 0

III. B. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
N/A					0

Individual and Multiple Occupancy Special Housing Unit Total: 0

OTSEGO COUNTY JAIL – MFC 2020

IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

Name of Area/Section	Number of Toilets	Number of Sinks	Total Size of Area (Sq. Ft. of Floor Space)	Description of Use
Holding Pen 1	1	1	60 sq. ft.	The facility can hold up to four (4) incarcerated individuals.
Holding Pen 2	1	1	60 sq. ft.	The facility can hold up to four (4) incarcerated individuals.
Holding Pen 3	1	1	60 sq. ft.	The facility can hold up to four (4) incarcerated individuals.

*Note: Non-Standard housing may be used only for temporary holding for up to the number of incarcerated individuals as prescribed. The facility shall limit individual occupancy holding to **12 hours**. Multiple occupancy holding shall be limited to **four (4) hours**. Any other use is prohibited. Whenever incarcerated individuals are placed in non-standard housing, at a minimum, Active Supervision shall be maintained.*

OTSEGO COUNTY JAIL – MFC 2020

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	40
Subtotal Individual Housing Units Used for Special Housing:	0
Subtotal Individual and Multiple Occupancy Units for General Housing:	0
Subtotal Individual and Multiple Occupancy Units for Special Housing:	0
Subtotal Multiple Housing Units Used for General Housing:	56
Subtotal Multiple Housing Units Used for Special Housing:	0
MAXIMUM FACILITY CAPACITY:	96

Other identified areas not rated as part of Maximum Facility Capacity: Yes (X) No ()

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units;
2. The number of properly equipped multiple occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

JUSTIFICATION FOR CHANGE IN MFC

Revised to reflect new MFD document template.

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

Submitted by: Cynthia Allen, CFS3
Reviewed by: Keith Zobel

Approved by: Terrence Moran



Deputy Director 9/15/20



Director 9/15/20



**Commission of
Correction**

**NEW YORK STATE
COMMISSION OF CORRECTION**

September 29, 2020

MAXIMUM FACILITY CAPACITY

for
Tompkins County Jail
in
Ithaca, New York

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

TOMPKINS COUNTY JAIL – MFC 2020

NOTE: INDIVIDUAL OCCUPANCY HOUSING UNITS AND MULTIPLE OCCUPANCY HOUSING UNITS WHICH MEET THE FOLLOWING REQUIREMENTS PURSUANT TO 9 NYCRR PART 7040 ARE TO BE INCLUDED IN THE MAXIMUM FACILITY CAPACITY FORMULATION.

I. INDIVIDUAL OCCUPANCY HOUSING UNITS:

1. Each such unit shall only house one (1) incarcerated individual and contain at least 60 square feet of floor space.
2. Each such individual occupancy housing unit shall contain:
One (1) bed and mattress;
One (1) functioning toilet; and
One (1) functioning sink.
3. Sufficient showers shall be available to permit each incarcerated individual to shower daily.
4. Each tier or section of individual housing units constructed after the effective date of 9 NYCRR 7040 shall provide dayroom space adjacent and accessible to such tier or section.

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy prior to the effective date of 9 NYCRR Part 7040.
2. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

II. MULTIPLE OCCUPANCY HOUSING UNITS:

1. Each such unit shall provide a minimum of 50 square feet of floor space per incarcerated individual in the sleeping area.
2. Each such unit shall house no more than 60 incarcerated individuals.
3. Each such unit shall have a bed and mattress for each incarcerated individual.
4. Each such unit shall have at least:
One (1) functioning toilet for every 12 incarcerated individuals;
One (1) functioning shower for every 15 incarcerated individuals; and
One (1) functioning sink for every 12 incarcerated individuals.
5. Each such unit shall provide a minimum of 25 square feet of dayroom space immediately adjacent and accessible to the sleeping area.

EXCEPTIONS:

1. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

TOMPKINS COUNTY JAIL – MFC 2020

III. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING:

1. The requirements as stipulated in I and II apply to all housing units consisting of both individual and multiple occupancy housing units.

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy prior to the effective date of 9 NYCRR Part 7040.
2. Each such unit used to house incarcerated individuals apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

1. These are used to identify areas within the facility that are used for the temporary detention of individuals. These areas do not increase the capacity of the facility.

TOMPKINS COUNTY JAIL – MFC 2020

I. A. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available per Section	Maximum Incarcerated Individual Capacity
A-Block	3	3 @ 72 sq. ft.	1	3
B-Block	3	3 @ 72 sq. ft.	1	3
C-Block	5	5 @ 72 sq. ft.	1	5
D-Block	5	5 @ 72 sq. ft.	1	5
E-Block	5	5 @ 72 sq. ft.	1	5
F-Block	6	6 @ 72 sq. ft.	1	6
G-Block	4	4 @ 72 sq. ft.	1	4
H-Block	4	4 @ 72 sq. ft.	1	4

Individual General Housing Unit Total: 35

I. B. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Showers Available per Section	Maximum Inmate Capacity
N/A					0

Individual Special Housing Unit Total: 0

TOMPKINS COUNTY JAIL – MFC 2020

II. A. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
Dorm A	1	1	*	600 sq. ft.	8
Dorm B	1	1	*	676 sq. ft.	9
Dorm C	1	1	*	676 sq. ft.	9
Dorm D	1	1	*	600 sq. ft.	8
Dorm E	1	1	*	605 sq. ft.	7
Trusty Dorm (Program-D)	1	1	1	462 sq. ft.	5

*Adjacent to the A-E dorms is a communal bathroom which contains 4 toilets, 4 sinks, and 4 showers which also services the inmates housed in those dorms.

Multiple General Housing Unit Total: 46

II. B. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
N/A						0

Multiple Special Housing Unit Total: 0

TOMPKINS COUNTY JAIL – MFC 2020

III. A. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
N/A				0

Individual and Multiple Occupancy General Housing Unit Total: 0

III. B. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Type of Special Housing	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
N/A					0

Individual and Multiple Occupancy Special Housing Unit Total: 0

TOMPKINS COUNTY JAIL – MFC 2020

IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

Name of Area/Section	Number of Toilets	Number of Sinks	Total Size of Area (Sq. Ft. of Floor Space)	Description of Use
Booking Holding Cell	1	1	205 sq. ft.	The facility may hold up to thirteen (13) incarcerated individuals.

Notes:

1. *Non-housing areas may be used only for temporary holding for up to the number of incarcerated individuals as prescribed. The facility shall limit individual occupancy holding to **twelve (12) hours**. Multiple occupancy holding shall be limited to **four (4) hours**. Any other use is prohibited. Whenever incarcerated individuals are placed in non-housing areas, at a minimum, Active Supervision shall be maintained.*
2. *Facility has two search rooms in addition to the above with showers and one toilet in each of the rooms. This space may not be used for any holding. These are two separate rooms located in the "Medium Hallway" within the facility.*

TOMPKINS COUNTY JAIL – MFC 2020

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	35
Subtotal Individual Housing Units Used for Special Housing:	0
Subtotal Multiple Housing Units Used for General Housing:	46
Subtotal Multiple Housing Units Used for Special Housing:	0
Subtotal Units Containing both Individual and Multiple Occupancy Housing for General Housing	0
Subtotal Units Containing both Individual and Multiple Occupancy Housing for Special Housing:	0
MAXIMUM FACILITY CAPACITY:	81

Other identified areas not rated as part of Maximum Facility Capacity: Yes (X) No ()

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units;
2. The number of properly equipped multiple occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

JUSTIFICATION FOR CHANGE IN MFC

Revised to reflect updated document template.

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

Submitted by: Cynthia Allen, CFS3

Reviewed by: Keith Zobel



Deputy Director 9/15/20

Approved by: Terrence Moran



Director 9/15/20

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE
COMMISSION OF CORRECTION

APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY

FACILITY: Capital District Juvenile Secure Detention Facility
 Name
838 Albany Shaker Rd., Loudonville, NY 12211
 Address
Albany (518) 456 - 9399
 County (Area Code) Telephone Number

Capacity: Male: 12 Female: 3 Total: 15



Proposed Capacity: Total 11

OPERATING AGENCY: Berkshire Farm Center and Services for Youth
 Name
13640 Route 22, Canaan NY 12029
 Address
Columbia (518) 781 - 4567
 County (Area Code) Telephone Number

PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):
Capital District Youth Center, Inc (518) 453 - 0850
 Name (Area Code) Telephone Number
1 Park Place, Suite 102, Albany NY 12205
 Address

Contact Person: Lucas Jacobs, Vice President of Detention and Prevention Services

VERIFICATION AND CERTIFICATION: I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

Completed By: <u></u>	<u>VP of Detention and Prevention</u>	<u>8 / 28 / 2020</u>
Signature	Title	Date
Approved By: <u></u>	<u>VP of Detention and Prevention</u>	<u>8 / 28 / 2020</u>
Signature	Title	Date

Submit completed forms and supporting documentation to:

<p>New York State Office of Children and Family Services Bureau of Detention Services 52 Washington Street Room 118 South Rensselaer, NY 12144 Questions can be sent to RTADetention@ocfs.ny.gov</p>	AND	<p>New York State Commission of Correction 80 South Swan Street 12th Floor Albany, NY 12210-8001 Questions can be sent to infoscoc@scoc.ny.gov</p>
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SSD Certification Checklist

Facility Name: Capital District Juvenile Secure Detention Facility

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/1/2020

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes
- Program statement
- Update/Changes to Medical/Behavior Health Services Plan
- Update/Changes to Education/Vocation Plan
- NA Update/Changes to Behavioral Management Plan
- NA Update/Changes to Recreation Plan
- NA Update/Changes to Evacuation Plan
- NA Update/Changes to Rapid Response Team Plan
- Updated Policies and Procedures
- Current Fire Inspection
- Security Inspection completed by the County Sheriff/ NYC DOC
- Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy
- NA Changes to Interior and Exterior Physical Plant Description
- NA Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE
COMMISSION OF CORRECTION

APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY

FACILITY: ERIE COUNTY YOUTH DETENTION CENTER - SPECIALIZED SECURE

Name

810 EAST FERRY STREET, BUFFALO, NEW YORK 14211

Address

ERIE

(716) 923 - 4000

County

(Area Code) Telephone Number

Capacity:

Male: _____

Female: _____

Total: _____

40

Proposed Capacity: Total 40

OPERATING AGENCY: ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES

Name

95 FRANKLIN STREET, ROOM 800, RATH BUILDING, BUFFALO, NY 14204

Address

ERIE

716-858-8000

County

(Area Code) Telephone Number

PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):

() -

Name

(Area Code) Telephone Number

Address

Contact Person: PAUL KUBALA, DEPUTY COMMISSIONER - YOUTH SERVICES (716)923-4065

VERIFICATION AND CERTIFICATION: I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

Completed By:

Signature

Facility Supervisor

08/26/2020

Approved By:

Signature

Title

Deputy Commissioner-Youth

Date

8/25/2020

Title

Date

Submit completed forms and supporting documentation to:

New York State Office of Children and Family Services

Bureau of Detention Services

52 Washington Street

Room 118 South

Rensselaer, NY 12144

Questions can be sent to RTADetention@ocfs.ny.gov

AND

New York State Commission of Correction

80 South Swan Street

12th Floor

Albany, NY 12210-8001

Questions can be sent to infoscoc@scoc.ny.gov

SSD Certification Checklist

Facility Name: Erie County Youth Detention Center

Reviewer: Deborah Slack-Bean

Date Reviewed: 8/27/20

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes
- Program statement
- NA Update/Changes to Medical/Behavior Health Services Plan
- NA Update/Changes to Education/Vocation Plan
- NA Update/Changes to Behavioral Management Plan
- NA Update/Changes to Recreation Plan
- NA Update/Changes to Evacuation Plan
- NA Update/Changes to Rapid Response Team Plan
- NA Updated Policies and Procedures
- Current Fire Inspection
- Security Inspection completed by the County Sheriff/ NYC DOC
- NA Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy
- NA Changes to Interior and Exterior Physical Plant Description
- NA Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE
COMMISSION OF CORRECTION

APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY

FACILITY: Crossroads Specialized Secure Detention Facility

Name
17 Bristol St, Brooklyn, NY, 11212

Address
Kings

(718) 240 - 3800

County

(Area Code) Telephone Number

Capacity:

Male:

Female:

Total:

106

Proposed Capacity: Total 106

OPERATING AGENCY: New York City Administration for Children's Services

Name
150 William Street, New York, NY, 10038

Address
New York

(212) 341 - 0900

County

(Area Code) Telephone Number

PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):

Name

() -
(Area Code) Telephone Number

Address

Contact Person: Stephanie Prussack (347) 225-6493

VERIFICATION AND CERTIFICATION: I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

Completed By: *Charles Parkins*

Signature

Deputy Associate
Commissioner

Title

7 / 31 / 2020

Date

Approved By: *Stephanie Prussack*

Signature

Associate Commissioner

Title

7 / 31 / 2020

Date

Submit completed forms and supporting documentation to:

New York State Office of Children and Family Services
Bureau of Detention Services
52 Washington Street
Room 118 South
Rensselaer, NY 12144
Questions can be sent to RTADetention@ocfs.ny.gov

AND

New York State Commission of Correction
80 South Swan Street
12th Floor
Albany, NY 12210-8001
Questions can be sent to infoscoc@scoc.ny.gov

SSD Certification Checklist

Facility Name: Crossroads Specialized Secure Detention Facility

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/22/2020

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes
- Program statement
- NA Update/Changes to Medical/Behavior Health Services Plan
- Update/Changes to Education/Vocation Plan
- NA Update/Changes to Behavioral Management Plan
- NA Update/Changes to Recreation Plan
- NA Update/Changes to Evacuation Plan
- Update/Changes to Rapid Response Team Plan
- Updated Policies and Procedures
- Current Fire Inspection
- Security Inspection completed by the County Sheriff/ NYC DOC
- NA Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy
- NA Changes to Interior and Exterior Physical Plant Description
- Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE
COMMISSION OF CORRECTION

APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY

FACILITY: Hillbrook Juvenile Detention Facility

Name
4949 Velasko Road, Syracuse, NY 13215

Address
Onondaga (315) 435 - 1421

(Area Code) Telephone Number

County Male: Female: Total: 32

Proposed Capacity: Total 50

OPERATING AGENCY: Onondaga County Department of Children & Family Services

Name
421 Montgomery Street, Syracuse, NY 13202

Address
Onondaga (315) 435 - 2884

(Area Code) Telephone Number

PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):

() -
(Area Code) Telephone Number

Name

Address

Contact Person: Damian Pratt, DamianPratt@ongov.net, 315-435-3730

VERIFICATION AND CERTIFICATION: I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

Completed By:

Damian Pratt
Signature

Director of Juvenile Justice 8 / 21 / 2020

14

Approved By:

Paul Gaswonec
Signature

Commissioner, DCFS 8 / 21 / 2020

Title Date

Submit completed forms and supporting documentation to:

New York State Office of Children and Family Services
Bureau of Detention Services
52 Washington Street
Room 118 South
Rensselaer, NY 12144
Questions can be sent to RTADetention@ocfs.ny.gov

AND

New York State Commission of Correction
80 South Swan Street
12th Floor
Albany, NY 12210-8001
Questions can be sent to infoscoc@scoc.ny.gov

SSD Certification Checklist

Facility Name: Hillbrook Juvenile Detention Facility

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/11/2020

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes
- Program statement
- NA Update/Changes to Medical/Behavior Health Services Plan
- NA Update/Changes to Education/Vocation Plan
- NA Update/Changes to Behavioral Management Plan
- NA Update/Changes to Recreation Plan
- NA Update/Changes to Evacuation Plan
- NA Update/Changes to Rapid Response Team Plan
- Updated Policies and Procedures
- Current Fire Inspection
- Security Inspection completed by the County Sheriff/ NYC DOC
- NA Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy
- NA Changes to Interior and Exterior Physical Plant Description
- NA Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY

FACILITY: Horizon Specialized Secure Detention Facility

Name

560 Brook Ave, Bronx, NY 10455

Address

Bronx

(718) 533 - 4620

County

(Area Code) Telephone Number

Capacity:

Male: _____

Female: _____

Total: _____

106

Proposed Capacity: Total **100**

OPERATING AGENCY: New York City Administration for Children's Services

Name

150 William Street, New York, NY, 10038

Address

New York

(212) 341 - 0900

County

(Area Code) Telephone Number

PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):

() -

Name

(Area Code) Telephone Number

Address

Contact Person: Stephanie Prussack (347) 225-6493

VERIFICATION AND CERTIFICATION: I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

Completed By: *Charles Parkins*

Signature

Deputy Associate
Commissioner

Title

7 / 31 / 2020

Date

Approved By: *Stephanie Prussack*

Signature

Associate Commissioner

Title

7 / 31 / 2020

Date

Submit completed forms and supporting documentation to:

New York State Office of Children and Family Services
Bureau of Detention Services
52 Washington Street
Room 118 South
Rensselaer, NY 12144
Questions can be sent to RTADetention@ocfs.ny.gov

AND

New York State Commission of Correction
80 South Swan Street
12th Floor
Albany, NY 12210-8001
Questions can be sent to infoscoc@scoc.ny.gov

SSD Certification Checklist

Facility Name: Horizon Specialized Juvenile Detention Facility

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/23/2020

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes
- Program statement
- NA Update/Changes to Medical/Behavior Health Services Plan
- Update/Changes to Education/Vocation Plan
- NA Update/Changes to Behavioral Management Plan
- NA Update/Changes to Recreation Plan
- NA Update/Changes to Evacuation Plan
- Update/Changes to Rapid Response Team Plan
- Updated Policies and Procedures
- Current Fire Inspection
- Security Inspection completed by the County Sheriff/ NYC DOC
- NA Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy
- NA Changes to Interior and Exterior Physical Plant Description
- Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY

FACILITY: Monroe COunty Children's Detention Center
Name
400 Rush Scottsville Rd
Address
Monroe (585) 753 - 5953
County (Area Code) Telephone Number

Capacity: Male: _____ Female: _____ Total: 31 Coed

Proposed Capacity: Total 31 Coed

OPERATING AGENCY: Monroe County Children's Detention Center
Name
400 Rush Scottsville Rd
Address
Monroe (585) 753 - 5953
County (Area Code) Telephone Number

PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):

Name (Area Code) Telephone Number

Address

Contact Person: Catherine Thomas

VERIFICATION AND CERTIFICATION: I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

Completed By: _____ Director _____ 7 / 20 / 2020
Signature Title Date

Approved By: _____ / /
Signature Title Date

Submit completed forms and supporting documentation to:

New York State Office of Children and Family Services Bureau of Detention Services 52 Washington Street Room 118 South Rensselaer, NY 12144 Questions can be sent to RTADetention@ocfs.ny.gov	AND	New York State Commission of Correction 80 South Swan Street 12th Floor Albany, NY 12210-8001 Questions can be sent to infoscoc@scoc.ny.gov
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SSD Certification Checklist

Facility Name: Monroe County Children's Center

Reviewer: Deborah Slack-Bean

Date Reviewed: 8/27/2020

- Application to Operate a Specialized Secure Detention Facility
- NA Any plan to collocate the Facility with a juvenile secure detention facility to include any changes
- Program statement
- NA Update/Changes to Medical/Behavior Health Services Plan
- NA Update/Changes to Education/Vocation Plan
- NA Update/Changes to Behavioral Management Plan
- NA Update/Changes to Recreation Plan
- NA Update/Changes to Evacuation Plan
- NA Update/Changes to Rapid Response Team Plan
- Updated Policies and Procedures
- Current Fire Inspection
- Security Inspection completed by the County Sheriff/ NYC DOC
- Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy
- Changes to Interior and Exterior Physical Plant Description
- Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE
COMMISSION OF CORRECTION

APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY

FACILITY: Woodfield Detention Center
Name
20 Hammond House Road, Valhalla, NY 10595
Address
Westchester County (914) 231 - 1103
County (Area Code) Telephone Number

Capacity: Male: _____ Female: _____ Total: 54 Co-ed Beds

Proposed Capacity: Total 54 Co-ed Beds

OPERATING AGENCY: The Children's Village
Name
1 Echo Hill Dobbs Ferry, NY 10522
Address
Westchester (914) 693 - 0600
County (Area Code) Telephone Number

PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):
Westchester County Department of Probation (914) 995 - 7107
Name (Area Code) Telephone Number
111 Dr. Martin Luther King Jr. Blvd, White Plains, NY 10601 6th floor
Address

Contact Person: Mary Frascello, Assistant Commissioner

VERIFICATION AND CERTIFICATION: I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

Completed By: [Signature] Director of Detention Services 8/19/20
Signature Title Date
Approved By: [Signature] Commissioner 8/18/2020
Signature Title Date
Westchester County Dept of Probation

Submit completed forms and supporting documentation to:
New York State Office of Children and Family Services
Bureau of Detention Services
52 Washington Street
Room 118 South
Rensselaer, NY 12144
Questions can be sent to RTADetention@ocfs.ny.gov
AND
New York State Commission of Correction
80 South Swan Street
12th Floor
Albany, NY 12210-8001
Questions can be sent to infoscoc@scoc.ny.gov

SSD Certification Checklist

Facility Name: Woodfield Detention Center

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/25/2020

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes
- Program statement
- NA Update/Changes to Medical/Behavior Health Services Plan
- NA Update/Changes to Education/Vocation Plan
- Update/Changes to Behavioral Management Plan
- NA Update/Changes to Recreation Plan
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- NA Update/Changes to Rapid Response Team Plan
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