



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

YOLANDA CANTY
Commissioner

MEMORANDUM

TO: COMMISSION MEMBERS

FROM: Brian Callahan, General Counsel

RE: AGENDA FOR COMMISSION MEETING

DATE: September 28, 2021 at **10:00AM** *Bas*

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

I. MINUTES

SCOC

August 17, 2021 Commission Meeting

CPCRC

September 9, 2021

MRB

Administrative Closures

September 2, 2021 Medical Review Board Minutes

II. VARIANCES

A. New York City Police Department

18-V-01

Supervision of Female Prisoners

7004.1(e)

B. New York City Department of Correction

George R. Vierno Center

20-V-16

Inmate Confinement

7075.4(a)

C. Dutchess County Sheriff's Office

Dutchess County Jail

20-V-15

Visitation

7008.2(b) and 7008.3(c)

- D. Erie County Sheriff's Office**
Erie County Holding Center
20-V-12
Visitation
7008.2(b) and 7008.3(c)
- E. Erie County Sheriff's Office**
Erie County Correctional Facility
20-V-13
Visitation
7008.2(b) and 7008.3(c)
- F. Franklin County Sheriff's Office**
Franklin County Jail
20-V-05
Visitation
7008.2(b) and 7008.3(c)
- G. Fulton County Sheriff's Office**
Fulton County Jail
20-V-30
Visitation
7008.2(b) and 7008.3(c)
- H. Genesee County Sheriff's Office**
Genesee County Jail
20-V-28
Visitation
7008.2(b) and 7008.3(c)
- I. Jefferson County Sheriff's Office**
Jefferson County Jail
21-V-01
Visitation
7008.2(b) and 7008.3(c)
- J. Monroe County Sheriff's Office**
Monroe County Jail
20-V-03
Visitation
7008.2(b) and 7008.3(c)
- K. Onondaga County Sheriff's Office**
Onondaga County Corrections Department
21-V-16
Visitation
7008.2(b) and 7008.3(c)

**L. Rockland County Sheriff's Office
Rockland County Jail
20-V-09**

Visitation
7008.2(b) and 7008.3(c)

**M. Suffolk County Sheriff's Office
Suffolk County Jail Riverhead
20-V-07**

Visitation
7008.2(b) and 7008.3(c)

**N. Suffolk County Sheriff's Office
Suffolk County Jail Yaphank
20-V-08**

Visitation
7008.2(b) and 7008.3(c)

**O. Tompkins County Sheriff's Office
Tompkins County Jail
20-V-04**

Visitation
7008.2(b) and 7008.3(c)

**P. Westchester County Department of Correction
Westchester County Jail
20-V-23**

Visitation
7008.2(b) and 7008.3(c)

**Q. Wyoming County Sheriff's Office
Wyoming County Jail
20-V-11**

Visitation
7008.2(b) and 7008.3(c)

**R. Yates County Sheriff's Office
Yates County Jail
20-V-10**

Visitation
7008.2(b) and 7008.3(c)

III. MAXIMUM FACILITY CAPACITY

**S. Monroe County Sheriff's Office
Monroe County Jail
Revised MFC**

IV. CONSTRUCTION

**T. Albany County Sheriff's Office
Clarksville Substation
SCOC #21-C-040
Holding Cells**

**U. New York City Department of Correction
Rose M. Singer Center
SCOC #21-C-041
Razor Ribbon**

**V. New York City Department of Correction
Robert N. Davoren Center
SCOC #21-C-042
Razor Ribbon**

**W. Monroe County Sheriff's Office
Monroe County Jail
SCOC #21-C-043
Deputy Station (Housing)**

**X. Chemung County Sheriff's Office
Chemung County jail
SCOC #21-C-044
Replacement Plumbing in Large Dorm**

**Y. New York City Administration for Children's Services
Horizon Juvenile Detention Center
SCOC #21-C-011
Pilot Project**



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

YOLANDA CANTY
Commissioner

MINUTES Commission Meeting

STATE COMMISSION OF CORRECTION LOCATION:

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

DATE OF MEETING: August 17, 2021

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

PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner
Yolanda Canty, Commissioner
Tricia Amati, Assistant to Chairman/Commissioner
Brian Callahan, Counsel
Debbie Slack-Bean, Associate Attorney
Keith, Zobel, Deputy Director of Operations
Cynthia Allen, Correctional Specialist 3
Debbie Clark, Correctional Specialist 3
Larry Roe, Correctional Specialist 3
Amanda Crawford Crowe, Correctional Facility Specialist 1
Lloyd Robistow, Correctional Facility Specialist 1
Adam Tilbe, Correctional Facility Specialist 1

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

I. MINUTES

SCOC

July 20, 2021 Commission Meeting

**Approved Unanimous
Canty/Loughren**

CPCRC

August 12, 2021

**Approved Unanimous
Canty/Loughren**

II. VARIANCES

- | | |
|--|--|
| <p>A. Genesee County Sheriff's Office
Genesee County Jail
21-V-03
Maximum Facility Capacity
Sections 7040.3 and 7040.5(a)(d)</p> | <p>Approved Unanimous
January 1, 2022
Loughren/Canty</p> |
| <p>B. Erie County Department of Social Services
Erie County Secure Detention Center
20-V-26
Pod
Section 7320.4</p> | <p>Approved Unanimous
March 1, 2022
Canty/Loughren</p> |
| <p>C. Orleans County Sheriff's Office
Orleans County Jail
21-V-17
Prisoner Correspondence
Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
July 1, 2022
Canty/Loughren</p> |
| <p>D. Westchester County Department of Probation
Woodfield Juvenile Detention Center
21-V-08
Use of West Wing Trailer 1st Floor
Rooms 3, 5 and 9</p> | <p>Approved Unanimous
March 1, 2022
Canty/Loughren</p> |
| <p>E. Westchester County Department of Probation
Woodfield Juvenile Detention Center
19-V-08
Use of West Wing
Section 7320.4</p> | <p>Approved Unanimous
March 1, 2022
Canty/Loughren</p> |

III. MAXIMUM FACILITY CAPACITY

- | | |
|--|--|
| <p>F. Onondaga County Department of Probation
Hillbrook Specialized Secure Detention Facility
Revised MFC</p> | <p>Approved Unanimous
Canty/Loughren</p> |
|--|--|

IV. CONSTRUCTION

- | | |
|---|---|
| <p>G. Albany County Sheriff's Office
Clarksville Substation
SCOC #21-C-040
Holding Cells</p> | <p>Approved Unanimous
Tabled to Next Month
Canty/Loughren</p> |
|---|---|

- | | |
|--|--|
| <p>H. Croton-on-Hudson Police Department
 SCOC #21-C-17
 Holding Cells</p> | <p>Approved Unanimous
 Canty/Loughren</p> |
| <p>I. Monroe County Sheriff's Office
 Monroe County Jail
 SCOC #21-C-037
 Food/Cuff Ports</p> | <p>Approved Unanimous
 Canty/Loughren</p> |
| <p>J. New York City Department of Correction
 George R. Vierno Center
 SCOC #21-C-038
 Medication Distribution Case</p> | <p>Approved Unanimous
 Canty/Loughren</p> |
| <p>K. Orange County Sheriff's Office
 Road Patrol Area
 SCOC #21-C-039
 Holding Cells</p> | <p>Approved Unanimous
 Canty/Loughren</p> |
| <p>V. <u>VARIANCES</u></p> | |
| <p>L. Greene County Sheriff's Office
 Greene County Jail
 21-V-18-NEW
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Canty/Loughren</p> |

Commissioner Canty made a motion to go into executive session at 11:06 a.m. to discuss Variances and Construction items which was seconded by Commissioner Loughren. Commissioner Canty made a motion to exit Executive Session and return to general session at 11:17 a.m., which was seconded by Commissioner Loughren.

The meeting resumed at 11:17 a.m. Motion was made by Commissioner Canty to ratify actions taken in Executive Session regarding Variances and Construction items, seconded by Commissioner Loughren. Commissioner Canty made a motion to adjourn at 11:18 a.m. which was seconded by Commissioner Loughren.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

YOLANDA CANTY
Commissioner

EXECUTIVE SESSION

MINUTES

LOCATION:

Commission Meeting

STATE COMMISSION OF CORRECTION

LOCATION:

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

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PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner
Yolanda Canty, Commissioner
Tricia Amati, Assistant to Chairman/Commissioner
Brian Callahan, Counsel
Debbie Slack-Bean, Associate Attorney
Keith, Zobel, Deputy Director of Operations
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Debbie Clark, Correctional Specialist 3
Larry Roe, Correctional Specialist 3
Amanda Crawford Crowe, Correctional Facility Specialist 1
Lloyd Robistow, Correctional Facility Specialist 1
Adam Tilbe, Correctional Facility Specialist 1

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

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Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners

CITIZENS' POLICY AND COMPLAINT REVIEW COUBNCIL

September 9, 2021

NYS Commission of Correction
at

Alfred E. Smith Office Building
80 South Swan Street, 12th Floor
Albany, NY 12210

WEBEX CONFERENCE CALL

PRESENT:

Commissioner Canty

Council Members:

Albany:

Tom Cross

Martin Stanton

Also Present:

Commissioner Loughren

Keith Zobel

Deborah Slack-Bean

Cynthia Allen

Chris Ost

Richard Cellini

Jasmine Wilkins

Vicky Walker

Commissioner Canty opened the meeting at 11:07 A.M.

Commissioner Canty asked for a motion to ratify all actions taken at the August 12, 2021 meeting. Tom Cross made a motion to ratify all actions taken on August 12, 2021. Martin Stanton seconded. Carried. Commissioner Canty asked for a motion to approve the minutes of the August 12, 2021 meeting. Tom Cross made a motion to approve the minutes of the August 12, 2021 meeting. Martin Stanton seconded. Carried.

Tom Cross, Martin Stanton, Commissioner Canty, and Commissioner Loughren reviewed the Denied with Comment grievances for the month of September 2021. Tom Cross made a motion to Deny with the appropriate comment the grievances that he reviewed. This motion was seconded by Martin Stanton, and unanimously passed. Martin Stanton made a motion to table Erie County Grievance #143338 and Deny with the appropriate comment the remaining grievances that he reviewed. This motion was seconded by Tom Cross, and unanimously passed. Commissioner Canty made a motion to Deny with the appropriate comment the grievances that she reviewed. This motion was seconded by Martin Stanton, and unanimously passed. Upon the recommendation of Commissioner Loughren, Commissioner Canty made a motion to Deny with the appropriate comment the grievances that Commissioner Loughren reviewed. This motion was seconded by Martin Stanton, and unanimously passed.

Tom Cross, Martin Stanton, Commissioner Canty, and Commissioner Loughren reviewed the Expedited grievances for the month September 2021. Tom Cross, Martin Stanton and Commissioner Canty made motions to Deny the grievances that they reviewed. These motions were seconded by Martin Stanton, Tom Cross and Martin Stanton respectively, and unanimously passed. Upon the recommendation of Commissioner Loughren, Commissioner Canty made a motion to Deny the grievances that Commissioner Loughren reviewed. This motion was seconded by Martin Stanton, and unanimously passed

The Council reviewed the remaining grievances.

ACCEPT IN PART

146841 Cattaraugus CJ	Unanimous
146863 146704 Cayuga CJ	Unanimous
142859 Onondaga COR	Unanimous
144168 Onondaga CUS	Unanimous
142736 Orleans CJ	Unanimous

ADMINISTRATIVE CLOSURES

DENY

146796 146795 146794 146752 146538 146024 146019 145804 145234 Albany CJ	Unanimous
147339 146868 146867 146866 146864 146840 146126 146054	

145235	
146375	
Cattaraugus CJ	Unanimous

145520	
147351	
147350	
147349	
146390	
146389	
146388	
146386	
146078	
146077	
146076	
146075	
146074	
145528	
144559	
Cayuga CJ	Unanimous

146694	
146677	
145998	
144856	
Chautauqua CJ	Unanimous

147635	
147594	
147543	
147374	
147373	
147372	
147099	
146871	
146870	
146735	
146734	
145015	
144921	
Chenango CJ	Unanimous

146702	
145267	
Clinton CJ	Unanimous

147074	
Columbia CJ	Unanimous

146703	
Cortland CJ	Unanimous

147708
147098
146858
146856
146855
146854
146175
Delaware CJ

Unanimous

147069
Dutchess CJ

Unanimous

147464
147241
147725
147628
147136
146992
146990
146879
146878
146877
146777
146775
146774
146614
146566
146565
146393
146252
145983
145695
145694
145456
145177
144868
Erie CF

Unanimous

147684
147643
147478
147060
146754
146397
146396
146385
146382
146377
146294
146195
146116

146115	
146027	
145797	
145796	
145795	
145661	
144793	
147136	
Erie CJ	Unanimous
146875	
Essex CJ	Unanimous
145654	
Franklin CJ	Unanimous
147071	
147070	
145190	
Fulton CJ	Unanimous
147509	
145494	
Genesee CJ	Unanimous
146450	
Jefferson CJ	Unanimous
146451	
146174	
146094	
145954	
144775	
Monroe CJ	Unanimous
146876	
146861	
145534	
145134	
144941	
144938	
Montgomery CJ	Unanimous
147120	
146776	
146742	
146563	
146446	
146445	
145741	
145739	

145530 Nassau CJ	Unanimous
147303 144545 Niagara CJ	Unanimous
146474 145194 Oneida CJ	Unanimous
146040 146738 146055 145761 144716 Onondaga COR	Unanimous
146842 145738 145737 145554 144438 Onondaga CUS	Unanimous
147316 147315 147314 147275 147274 146959 146315 145935 145934 145555 145175 145174 144634 Ontario CJ	Unanimous
146977 146675 146663 146404 146391 145843 145842 Orange CJ	Unanimous

146900 143144 Orleans CJ	Unanimous
147277 146898 146896 146895 146894 146880 Oswego CJ	Unanimous
147340 146988 145271 145270 Otsego CJ	Unanimous
147063 146539 146267 145264 Putnam CJ	Unanimous
147134 146494 145154 144874 Rensselaer CJ	Unanimous
146908 146274 Rockland CJ	Unanimous
146753 146264 Saratoga CJ	Unanimous
146665 Schenectady CJ	Unanimous
146676 145743 145374 Schoharie CJ	Unanimous
146442 Seneca CJ	Unanimous

146746	
145802	
145268	
144905	
St. Lawrence CJ	Unanimous
145514	
Steuben CJ	Unanimous
147467	
146741	
146376	
146374	
145714	
Suffolk CJ	Unanimous
147615	
145995	
145976	
145254	
144756	
144755	
144551	
Sullivan CJ	Unanimous
147059	
147058	
147057	
147014	
146860	
146859	
146857	
146695	
146540	
146182	
146181	
145681	
145666	
Tioga CJ	Unanimous
147728	
147255	
147254	
146737	
146736	
146120	
146119	
146118	
145814	
145674	
145655	

145057
Tompkins CJ

Unanimous

147613
147363
147362
147361
147358
147345
147344
147343
146837
146836
146448
146447
146444
145830
145818
145660
145422
145421
145419
145416
144902
144863
144736
144722

Warren CJ

Unanimous

147659
147318
146543
146541
146414
Wayne CJ

Unanimous

147760
147506
147500
147465
147424
147387
147386
147311
147141
147067
146803
146802
146801
146800
146799

146798
146718
146717
146657
146514
146437
146436
146435
146434
146244
146042
145994
145821
145727
145574
145435
145425
145181
145062
145002
144934
144928
144927
144556
144550

Westchester CJ

Unanimous

DENIED WITH COMMENT

146379
146779
145805
146037
144579
146380
146033
146989
147389
144797
145454
146021
145803
145757
145758
145759
146023
146394
146176
146177
146395
146536

146554	
146555	
146537	
146780	
146906	
147117	
147304	
146554	
146907	
Albany CJ	Unanimous
143991	
147510	
Allegany CJ	Unanimous
147338	
Cattaraugus CJ	Unanimous
144558	
145517	
145518	
145519	
145520	
145521	
145525	
145527	
146839	
143985	
144561	
145055	
147097	
147736	
143982	
143984	
145699	
145523	
143285	
143283	
146387	
Cayuga CJ	Unanimous
144240	
145721	
143903	
146340	
Chautauqua CJ	Unanimous
146618	
146617	
146547	
146127	

146031	
145014	
146546	
146869	
146030	
146265	
145697	
145696	
146544	
144314	
144295	
146617	
146547	
146618	
147276	
147383	
146545	
145698	
Chenango CJ	Unanimous
146715	
143563	
Clinton CJ	Unanimous
146716	
Cortland CJ	Unanimous
146914	
146915	
147143	
Delaware CJ	Unanimous
144960	
145977	
145978	
145979	
143514	
Dutchess CJ	Unanimous
145176	
147353	
147464	
147241	
146743	
144061	
144871	
145437	
146262	
144867	
144593	
143223	

143123	
143221	
Erie CF	Unanimous
144521	
144058	
146994	
145794	
145663	
145662	
145249	
146035	
146117	
143762	
143763	
143764	
143752	
143753	
144056	
145676	
146398	
144996	
143761	
146026	
144059	
147706	
144520	
143750	
146740	
143664	
Erie CJ	Unanimous
144855	
144854	
Essex CJ	Unanimous
145980	
Fulton CJ	Unanimous
145594	
145595	
145597	
145598	
147297	
Genesee CJ	Unanimous
146403	
Jefferson CJ	Unanimous
145894	
Madison CJ	Unanimous

144163	
143994	
147194	
144456	
Monroe CJ	Unanimous
144999	
145115	
144537	
147256	
147257	
146696	
Montgomery CJ	Unanimous
146194	
147359	
147121	
146443	
145996	
144136	
Nassau CJ	Unanimous
146128	
Niagara CJ	Unanimous
144461	
144462	
144494	
146744	
144496	
144459	
144906	
146916	
144494	
143555	
143194	
Oneida CJ	Unanimous
147054	
146557	
147646	
146188	
146039	
147215	
144717	
146198	
147056	
146714	
145074	
143910	
144442	

146558	
146186	
144718	
145762	
147055	
146701	
143662	
143534	
143970	
143225	
143224	
Onondaga COR	Unanimous
146214	
145272	
146983	
145273	
146843	
146263	
146216	
145556	
144920	
Onondaga CUS	Unanimous
145634	
146804	
146958	
145557	
143795	
Ontario CJ	Unanimous
145845	
146974	
Orange CJ	Unanimous
145474	
146901	
146354	
143912	
145063	
146899	
143155	
143133	
143147	
143254	
143157	
143251	
143252	
143912	
Orleans CJ	Unanimous

146016 Oswego CJ	Unanimous
146130 146129 146131 147094 Otsego CJ	Unanimous
145261 Putnam CJ	Unanimous
146014 Rensselaer CJ	Unanimous
146934 147375 Schenectady CJ	Unanimous
145801 143745 St. Lawrence CJ	Unanimous
145515 145516 Steuben CJ	Unanimous
146378 145431 144519 145436 144981 147214 143375 Suffolk CJ	Unanimous
145434 144754 146564 146314 Sullivan CJ	Unanimous
147713 145656 Tompkins CJ	Unanimous
147341 147342 146834 146835 145244	

145817
147346
144068
145418
145840
147360
144901
145247
145675
143963
143934
144735
147364
143754
146032
145423
147367
144806
144808
143125
147366

Warren CJ

Unanimous

146542
143535

Wayne CJ

Unanimous

143899
146080
144549
147503
147312
145427
145179
145568
146797
146041
145566
147068
144065
147140
147470
143694
146043
146079
146381
146383
145569
145726
144064
144063

145974
147306
147309
147066
143967
144552
145180

Westchester CJ

Unanimous

TABLED

143338
Erie CJ

Unanimous

The next CPCRC meeting will be held on Thursday, October 14, 2021 at 11:00 A.M. via WebEx Telephone Conference.

Commissioner Canty requested a motion to adjourn the meeting, which was made by Martin Stanton, seconded by Tom Cross, and carried. The meeting adjourned at 11:21 A.M.

Respectfully submitted,

Victoria Connors
Administrative Assistant

Name of Facility: NYPD

Variance # 18-V-01

New: **Renewal: X****Relief from Standard:** 7504.1(e)**Application by:** Assistant Chief Donna G. Jones**Date Request Rec:** 9-02-21**Last Approved:** 3-31-20 **Length of Approval:** 6 months **Expiration:** 10-1-20**Write-up Prepared by:** Alberto Garcia

Recommendation by Field Staff: Approve until December 1, 2022. This will assist in keeping this variance approval in alignment with several other identical PD variances that will be on the agenda for the December 2022 meeting.

Recommendation at Briefing:**Final Recommendation:**

SUMMARY OF VARIANCE REQUEST

The NYC Police Department is requesting variance relief from the requirements of Minimum Standard 7504.1(e), supervision of female prisoners by a matron. The request explains that as the volume of female arrestees have increased, it does not have the resources available to dedicate same-sex supervision of prisoners. Asserts a female police officer will continue to be present within the respective command whenever there is a female prisoner in the detention area. Searches of female prisoners are conducted by a female police officer.

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. Additionally, based on onsite assessments conducted this year (2021), NYPD has demonstrated compliance with all conditions set forth. Recommend that the variance be approved until December 1, 2022.

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: T. Moran DATE: 9/8/21

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



POLICE DEPARTMENT
One Police Plaza, Room 204
New York, N.Y. 10038

ASSISTANT CHIEF DONNA G. JONES
COMMANDING OFFICER, CRIMINAL JUSTICE BUREAU

September 2, 2021

Allen Riley
Chairman
State Commission of Correction
80 S. Swan Road, 12th floor
Albany, New York 12210-2346

RE: Variance No. 18-V-01

Dear Commissioner Riley:

As a result of our previous correspondence, the New York City Police Department (NYPD) requests an extension to the variance that your office previously granted with respect to compliance with the provisions of 9 NYCRR §7504.1(e). The NYPD has strictly complied with the six conditions of the previous variance approval, and there are no reported events of opposite gender direct supervision as proscribed by the variance.

Should you have any questions regarding this request, please do not hesitate to contact my office at (646) 610-5305. Thank you for your continued assistance in this matter.

Sincerely,

Donna G. Jones
Assistant Chief



**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: _____

Person requesting: _____

(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: _____ Section: _____ 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)

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

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

_____ Days _____ Weeks _____ Months

E. 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).

- F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (day space area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current maximum facility capacity (MFC) for the specific area the variance is requested for as well as how many additional inmates you are requesting to be housed in a particular area.

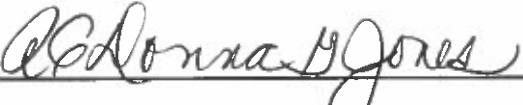
[illegible]

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

(Page _____ of _____)

G. Has this variance been previously approved?

Yes X If yes, include the variance number 18-V-01 No


Signature (Sheriff) (Chief Administrative Officer)

Date 09.02.21

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 #V-1)
(01/15)

Name of Facility: Dutchess County JailVariance #20-V-15

New: Renewal: X

Relief from Standard: 7008.2(b), 7008.3(b).

Application by: Sheriff Adrian Anderson Date Request Rec: 8-16-21

Last Approved: 6/28/ 2021 Length of Approval: 3 Months Expiration: 1-1-22

Write-up Prepared by: Adam Tilbe CFS 1

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

Recommendation at Briefing: Approve until January 1, 2022

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

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.
- 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 p01i, and public lobby will be disinfected in between sessions utilizing our Clorox 360 Electrostatic disinfecting machines. We have had our health department review and approve our change in the visit policies and procedures.

RECOMMENDATION BY STAFF

It is recommended this variance be approved until January 1, 2022.

RECOMMENDED CONDITIONS IF APPROVED

Pursuant to this action, the following conditions shall apply:

1. Any and all visitation limitations requires the ongoing review and determination of the chief administrative officer pursuant to 9 NYCRR §7008.8;

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

CONSTRUCTION/RENOVATION PLANS

NA

OTHER VARIANCES IN EFFECT

NA

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

May 6, 2021. No concerns.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

March 3, 2021

ANY OPEN MINIMUM STANDARD VIOLATIONS:

[REDACTED]

Section 7006.7(c) Administrative Segregation Pending a Disciplinary Hearing
Section 7006.8 Disciplinary Hearing
Section 7028.2(a) Exercise periods
Section 7028.2(d) Exercise Periods
Section 7040.4(f) Individual occupancy housing units
Section 7040.4(g) Individual occupancy housing units
Section 7075.4(c) Inmate confinement
Section 7075.4(d) Inmate confinement
Section 7075.4(f) Inmate confinement

Section 7075.5(a) Deprivation of essential services

Section 7075.5(b) Deprivation of essential services

Section 7075.6 Recordkeeping

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

NA

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

COVID Pandemic

REVIEWED BY REGIONAL SUPERVISOR: T. Moran DATE: 9/1/21

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



Dutchess County Sheriff's Office

Corrections

150 North Hamilton Street, Poughkeepsie, NY 12601

Adrian H. Anderson
Sheriff

Kirk A. Imperati
Undersheriff

Therese Lee
Corrections
Superintendent

Main (845) 486-3900
Fax (845) 486-3913
TDD (845) 486-3888

August 16, 2021

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 [REDACTED] barrier that will be three feet above the table.
- 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

"TAKING PRIDE IN DUTCHESS COUNTY."

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

Sincerely,

A handwritten signature in black ink, appearing to read "Adrian H. Anderson", written in a cursive style.

Adrian H. Anderson
Dutchess County Sheriff



Commission of
Correction

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

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: Dutchess County Jail

Person requesting: Sheriff Adrian Anderson

(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: 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)

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

_____ Days _____ Weeks 6 Months

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

- F. If this variance request pertains to housing additional 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.

[illegible]

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

(Page _____ of _____)

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

Yes ☒ If yes, include the variance number 20-V-15 No ☐



Signature (Director)

08/16/21
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: Erie County Holding Center

Variance #20-V-12

New: ☐ Renewal: X

Relief from Standard: 7008.2 b and 7008.3 c

Application by: Supt. Thomas Diina

Date Request Rec: 4/29/2021

Last Approved: 6/29/21

Length of Approval: 3 Months Expiration: 10/1/21

Write-up Prepared by: M. Ellwanger

Recommendation by Field Staff: Approval until 1/1/22.

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Superintendent Diina is requesting an extension to this variance, which permits non-contact visiting for inmates in their main visiting room.

VARIANCE HISTORY

Approval until 12/1/20

Renewal until 4/1/21

Renewal until 7/1/21

Renewal until 10/1/21

CONSTRUCTION/RENOVATION PLANS**OTHER VARIANCES IN EFFECT**

20-v-13 applies the same conditions of this variance to the JMD's Correctional facility

20-v-05 Correspondence

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

Virtual MSE November 2020

ANY OPEN MINIMUM STANDARD VIOLATIONS:

There are open issues listed in the November 2020 MSE. There were no visitation violations identified by Commission staff during evaluation.

OTHER INFORMATION**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:****JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:**

RECOMMENDED CONDITIONS IF APPROVED

This variance is approved with the following conditions:

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

REVIEWED BY REGIONAL SUPERVISOR: D. Clark DATE: 9-7-21

REVIEWED BY DIRECTOR: T. Moran DATE: 9/8/21

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: Erie County Holding Center

Person requesting: Supt. Thomas J. Diina

(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

Part: 7008 Section: 2&3 Subdivision: B&C

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

Due to public health concerns presented by the COVID-19 pandemic, we are seeking authorization to modify our contact visitation area so that we may facilitate no-contact visits

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

This variance is necessary as it will allow us to continue to protect the incarcerated population against COVID-19 infection, while at the same time provide an opportunity for contact with family

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

Days TBD Weeks TBD 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).

All physical plant modifications will be removed within seven (7) days the variance expiration. Temporary policies will be rescinded as well. We are requesting that if approved, this variance would remain in effect until such time as the Health Department feels it is safe to restore contact visitation.

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

[illegible]

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

(Page ____ of ____)

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

Yes ☒ If yes, include the variance number 20-V-12 No ☐



Signature (Sheriff) (Chief Administrative Officer) 8/26/2021
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: Erie County Correctional FacilityVariance #20-V-13

New: ☐ Renewal: X

Relief from Standard: 7008.2 b and 7008.3 c

Application by: Supt. Thomas Diina

Date Request Rec: 4/29/2021

Last Approved: 6/29/21

Length of Approval: 3 Months Expiration: 10/1/21

Write-up Prepared by: M. Ellwanger

Recommendation by Field Staff: Approval until January 1, 2022.

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Superintendent Diina is requesting an extension to this variance, which permits non-contact visiting for inmates in their main visiting room.

VARIANCE HISTORY

Approval until 12/1/20

Renewal until 4/1/21

Renewal until 7/1/21

Renewal until 10/1/21

CONSTRUCTION/RENOVATION PLANS**OTHER VARIANCES IN EFFECT**

20-v-12 applies the same conditions of this variance to the JMD's Holding Center

20-v-06 Correspondence

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

Virtual MSE November 2020

ANY OPEN MINIMUM STANDARD VIOLATIONS:

There are open issues listed in the November 2020 MSE. There were no visitation violations identified by Commission staff during evaluation.

OTHER INFORMATION**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:****JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:**

RECOMMENDED CONDITIONS IF APPROVED

This variance is approved with the following conditions:

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

REVIEWED BY REGIONAL SUPERVISOR: D. Clark DATE: 9-7-21

REVIEWED BY DIRECTOR: T. Moran DATE: 9/8/21

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: Erie County Correctional Facility

Person requesting: Thomas Diina

(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

Part: 7008 Section: 2&3 Subdivision: B&C

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

Due to the public health concerns presented by the Covid-19 pandemic, we are seeking authorization to modify our contact visitation area so we may facilitate non-contact visits.

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

This variance is necessary as it will allow us to continue to protect the incarcerated population against Covid-19 infection while at the same time provide an opportunity for contact with family.

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

Days TBD Weeks TBD 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).

All physical plant modifications will be removed within seven (7) days of the variance expirations. Temporary policies will be rescinded as well. We are requesting that if approved, this variance would remain in effect until such time as the Health Department feels it is safe to restore contact visitation.

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.

[illegible]

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

(Page _____ of _____)

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

Yes ^X _____ If yes, include the variance number 20-V-13 No _____

 8/26/21
Signature (Sheriff) (Chief Administrative Officer) Date

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

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

Name of Facility: Franklin County JailVariance #20-V-05

New: Renewal: x

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

Application by: Kevin Mullverhill, Sheriff

Date Request Rec: 8/27/2021

Last Approved: 6/29/2021 Length of Approval: 4 months Expiration: 10/01/2021

Write-up Prepared by: Sean Desch

Recommendation by Field Staff: We are generally recommending approval for a period of four months with the expiration date to be the first day of the month. In this case, the expiration date would be 1/01/22.

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. An extension request was made and granted in September of 2020, December 2020, March 2020 and June 2020.

CONSTRUCTION/RENOVATION PLANS

Facility placed [REDACTED] 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: T. MORAN DATE: 9/8/21

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



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

KEVIN MULVERHILL
Sheriff
kmulverhill@co.franklincony.org

TERANCE WHITE
Undersheriff
twhite1@co.franklincony.org

EDWARD WORK
Warden
ework@co.franklincony.org

August 27, 2021

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

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

Dear Chairman Riley:

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

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

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

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

Signature
A handwritten signature in black ink, appearing to read "Kevin A. Mulverhill", written over a horizontal line.

Kevin A. Mulverhill
Franklin County Sheriff

Name of Facility: Fulton County Jail

Variance #20-V-30

New: Renewal: ☒

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

Application by: Captain Keith Ackerknecht

Date Request Rec: 8/30/2021

Last Approved: 6/29/2021 Length of Approval: 3 months Expiration: 10/1/2021

Write-up Prepared by: Elisha Hamilton

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

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Captain Ackerknecht is requesting an extension to a previously approved variance that modified visitation procedures to allow incarcerated individuals the ability to visit with their family/loved ones. They have installed [REDACTED] dividers in the visiting room which will allow for non-contact visitation. The Commission previously received a letter of approval from the local health department and the facility notes that they have begun a vaccination program for incarcerated individuals.

VARIANCE HISTORY

11/17/20 – Approved 4 months

3/30/2021 – Approved 3 months

6/29/2021 – Approved 3 months

CONSTRUCTION/RENOVATION PLANS

20-C-115

OTHER VARIANCES IN EFFECT

N/A

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

No issues noted at COVID-19 inspection performed on 5/7/2021

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

Virtual MSE March 2021

ANY OPEN MINIMUM STANDARD VIOLATIONS:

Not pertaining to this variance; all 7008 issues were resolved during the recent March 2021 MSE

OTHER INFORMATION**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

N/A

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: D. Clark DATE: SEPTEMBER 10, 2021

REVIEWED BY DEPUTY DIRECTOR: T. Moran DATE: 9/18/21

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)

RE - 20 - V - 30
EXTENSION

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:

FULTON COUNTY

Person requesting:

CAPTAIN KEITH ACKERKNECHT

(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
3 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)

THIS IS FOR AN EXTENSION OF CURRENT VARIANCE
20 - V - 30

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

VARIANCE REQUESTED TO PROVIDE NON-CONTACT
BUT IN-PERSON TO INVITES DURING THE COVID-19
PANDEMIC.

- 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).

FACILITY CAN RETURN TO FULL COMPLIANCE
WITHIN 1 BUSINESS DAY IF REQUIRED.

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.

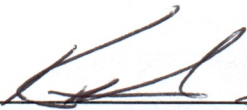
[illegible]

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

(Page _____ of _____)

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

Yes X If yes, include the variance number 20-V-30 No _____



Signature (Sheriff) (Chief Administrative Officer)

8/30/21

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: Genesee County JailVariance # 21-V-28

New: Renewal: X

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

Application by: Sheriff William A. Sheron, Jr.

Date Request Rec: 8/18/2021

Last Approved: 6-28-21

Length of Approval: 3 Months

Expiration: January 1, 2022

Write-up Prepared by: Adam Tilbe CFS1

Recommendation by Field Staff: Recommended for Approval unit

Recommendation at Briefing: Approve until January 1, 2022

SUMMARY OF VARIANCE REQUEST

In an effort to provide for the safety and wellness of inmates and visitors and in an attempt to provide some visitation we would like approval to use [REDACTED] barriers that we have made for our contact visit room and use the area as non-contact visitation.

RECOMMENDATION BY STAFF

It is recommended this variance be approved until January 1, 2022.

RECOMMENDED CONDITIONS IF APPROVED

Pursuant to this action, the following conditions shall apply:

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

CONSTRUCTION/RENOVATION PLANS

NA

OTHER VARIANCES IN EFFECT

NA

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

No site visit conducted.

DATE OF LAST CYCLE THAT STANDARD VIOLATIONS WERE IDENTIFIED:

February 3, 2021.

ANY OPEN MINIMUM STANDARD VIOLATIONS:

Section 7002.4 (C) Property confiscation

Section 7075.5(b) Deprivation of essential services

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

NA

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE APPROVED/

EXTENDED:

COVID Pandemic

REVIEWED BY REGIONAL SUPERVISOR: T. Moran DATE: 9/1/21

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: Genesee County Jail

Person requesting: Sheriff William A. Sheron, Jr.
(*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: Visiting Subdivision: a

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

In an effort to provide for the safety and wellness of incarcerated individuals, visitors, and staff, we are requesting an extension approval to continue to use [REDACTED] barriers that were previously constructed and in place in the contact visit room.

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

With the newly emerging data from the CDC, which shows an increase in Covid infections due to the more infectious Delta variant, utilizing the [REDACTED] barriers will enable the facility to safely continue visitations (non-contact) while protecting the incarcerated individuals, staff and visitors.

D. Provide the amount of time for which the variance is requested, if applicable: _____ Days _____ Weeks _____ 4 Months

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

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

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

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

(Page _____ of _____)

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

Yes X If yes, include the variance number #21-V-28 No _____

William A. Sherman, Jr.

Signature (Sheriff) (Chief Administrative Officer)

8/17/2021

Date

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

Name of Facility: Jefferson County JailVariance #21-V-01

New: Renewal: X

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

Application by: Lt Mark Wilson

Date Request Rec: 7/27/21

Last Approved: 6/29/21

Length of Approval: 3 Months Expiration: 10/1/21

Write-up Prepared by: M. Ellwanger CFS 2

Recommendation by Field Staff: Approval until January 1, 2022.

Recommendation at Briefing: Approve until January 1, 2022

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Lt Mark Wilson is requesting an extension to this variance, which permits non-contact visiting for inmates in their main visiting room.

VARIANCE HISTORY

Approval until 4/1/21

Renewed until 7/1/21

Renewed until 10/1/21

CONSTRUCTION/RENOVATION PLANS

20-C-127

OTHER VARIANCES IN EFFECT

20-v-20 Part 7004

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

Jan 2021 Virtual MSE

ANY OPEN MINIMUM STANDARD VIOLATIONS:

There are open issues listed in the January 2021 MSE. There were no visitation violations identified by Commission staff during evaluation.

OTHER INFORMATION

N/A

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

N/A

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: Deborah Clark DATE:8/25/21

REVIEWED BY DIRECTOR: T. Moran DATE: 9/1/21

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



Colleen M. O'Neill
Sheriff

Jefferson County Sheriff's Office

753 Waterman Drive
Watertown, New York 13601



Brian R. McDermott
Undersheriff

JUL 27 2021

JEFFERSON COUNTY CORRECTIONAL FACILITY **RECEIVED**

FAX Cover Sheet
FAX: (315)786-2689

TO: NYS Commission of Correction

FAX#: 518-485-2467

FROM: Lt. Mark Wilson- Facility Administrator

DATE: 7/27/2021

RE: County Jail Variance Application

PAGES: 5

☐ Urgent

☐ For Review

☐ Please Comment

☒ Please Reply

NOTES: County Jail Variance # 21-V-21

MSw/SD/Masters/FAXcoverCorrFacility05-2016

Administration : (315) 786-2660
Law Enforcement : (315) 786-2671
Corrections : (315) 786-2688

Civil Office : (315) 786-2714
Records Office : (315) 786-2710
Pistol Permits : (315) 786-2711

Address all communications and make checks payable to the Sheriff of Jefferson County

**Commission of
Correction**

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

County Jail Variance Application Form**INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:**

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

Facility: Jefferson County

Person requesting: Sheriff Colleen M. O'Neill

(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 Jefferson County Correctional Facility would like to request an extension to our current Variance #21-V-21. We are requesting the ability to maintain the temporary constructed 48" high continuous [REDACTED] barrier from the top of the visitation tables. The temporary [REDACTED] barrier is for the safety of the inmates and visitors, as it will help protect the inmates and visitors from the spread of the COVID-19 virus through a sneeze or cough. With our original Variance request, we submitted a temporary written policy and procedure that serves as an addendum to our current procedures for Part 7008.2(b). We will continue to follow these temporary written policy and procedures during the duration of this variance.

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

The variance is necessary for the fact that when we offered the COVID vaccination to the inmates only about 30% were willing to be vaccinated. We have no way to know if the visitor is vaccinated, and with the recent rise of COVID -19 cases across the US, risk of transmission is still of great concern for us inside the facility. We really have no way of telling where the visitors have just recently returned vacationing from and are now entering into the facility, possibly carrying the virus. The barrier also helps to meet the guidelines set forth by the CDC, and our Public Health office to help prevent the spread of COVID-19, as it provides a barrier to stop the spread through a sneeze or cough. It is very important to take every measure to prevent one case of COVID-19 from entering the facility as it would be almost impossible to stop the spread to numerous other inmates or staff.

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

Days _____ Weeks _____ Months _____

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

We will continue to use the temporary [REDACTED] barrier for the safety of the inmates and visitors for the duration of the variance. We will continue to follow all temporary written policy and procedures developed and approved by the Sheriff and Jefferson County Public Health that were submitted with the original variance request for the duration of the variance. We make every assurance to restore the visitation area back to its previous design within seven days of the expiration or revocation of the variance. The Jefferson County Correctional Facility ensures that all of the conditions that Chairman Riley stipulated in his letter dated June 29, 2021, will continue to be adhered to.

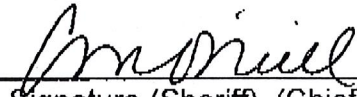
F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (day space area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current Maximum Facility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

[illegible]

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

(Page _____ of _____)

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

Yes X If yes, include the variance number 21-V-21 No _____
Signature (Sheriff) (Chief Administrative Officer) 7-27-21 _____
Date

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

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

Name of Facility: Monroe County Jail

Variance #20-V-03

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

Application by: Supt. Matt VanDuzee Date Request Rec: 8/27/2021

Last Approved: 6/29/21 Length of Approval: 3 Months Expiration: 10/1/21

Write-up Prepared by: A. 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 1/1/22.

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

Sheriff Baxter is requesting an extension to this variance for 3 months, which permits non-contact visiting for inmates in their main visiting room. Since the initial approval of this variance, there have been 2,377 personal visits, and 9,676 professional visits conducted with no problems.

VARIANCE HISTORY

Approval until 10/1/20

Renewed until 10/1/21

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

Since the approval of this variance the facility has had 2,377 personal and 9,676 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.

An assessment site visit of this variance was conducted on 09-02-21. Facility found to be in compliance with all conditions.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

December 21, 2020

ANY OPEN MINIMUM STANDARD VIOLATIONS:

There are several open issues listed in the December 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: D. Clark DATE: September 7, 2021

REVIEWED BY DIRECTOR: T. Moran DATE: 9/8/21

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 VanDuzee

(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

Part: 7008 Section: 2 & 3 Subdivision: _____

- B. 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 to limit the number of visitors entering the 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 is being requested to protect inmates and staff from the 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).

The Monroe County Jail intends on returning to normal operations once the COVID-19 pandemic is over.

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

[illegible]

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

(Page 4 of 4)

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

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

 8/27/2021
Signature (Sheriff) (Chief Administrative Officer) Date

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

(SCOC Form #VA-CJ-1)Ⓢ
(09/2018)

Name of Facility: Onondaga County Jail**Variance #**21-V-16

New: **Renewal:** X**Relief from Standard:** 7008.2(b), 7008.3(b).**Application by:** Sheriff Eugene Conway **Date Request Rec:** 8-27-2021**Last Approved:** 7-21-2021 **Length of Approval:** 3 Months **Expiration:** 10-1-2021**Write-up Prepared by:** Elisha Hamilton**Recommendation by Field Staff:** Recommend approval until January 1, 2022.**Recommendation at Briefing:****Final Recommendation:**

SUMMARY OF VARIANCE REQUEST

The facility acknowledges that 7008.2(b) requires that 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 visitation 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 inmates and visitors at the beginning and end of the visit session and we have installed a [REDACTED] barrier that will be 4 foot above the table.
2. Included in our policy, all inmates and visitors will wear a PPE mask as is deemed appropriate by our County Health Department during the visitation session.
3. To accomplish social distancing, we will utilize half our visiting room, every other table to allow 6 feet between visitors.
4. We request that we open our visits with a limit of one (1) hour visit for each inmate per week due to limitation of our room.
5. Included is our interim policy and procedure to be used during this variance.

RECOMMENDATION BY STAFF

It is recommended this variance be approved until January 1, 2022.

RECOMMENDED CONDITIONS IF APPROVED

Pursuant to this action, the following conditions shall apply:

1. Any and all visitation limitations requires the ongoing review and determination of the chief administrative officer pursuant to 9 NYCRR §7008.8;
2. Upon expiration of this variance, renovations made will be removed and the visiting area will be restored to its previous design within seven (7) days;
3. The facility shall maintain a sufficient supply of Personal Protective Equipment (PPE) for staff and incarcerated individuals as part as part of the visitation program;

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

CONSTRUCTION/RENOVATION PLANS

NA

OTHER VARIANCES IN EFFECT

NA

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

NA

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

Virtual MSE January 2021

ANY OPEN MINIMUM STANDARD VIOLATIONS:

Section 7028.2(f) Exercise periods
Section 7075.3(b) Inmate Confinement and Deprivation
Section 7075.4(f) Inmate Confinement
Section 7075.5(a) Deprivation of essential services
Section 7075.5(b) Deprivation of essential services
Section 7075.5(c) Deprivation of essential services

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

NA

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

COVID Pandemic

REVIEWED BY REGIONAL SUPERVISOR: D. Clark DATE SEPTEMBER 10, 2021

OFFICIAL USE ONLY:

Onondaga County Sheriff's Office

Eugene J. Conway
Sheriff



Jason M. Cassalia
Undersheriff

Joseph B. Ciciarelli	Chief Deputy Police Department
Esteban M. Gonzalez	Chief Deputy Custody Department
William R. Bleyle	Chief Deputy Correction Department
Susan C. DeMari	Chief Deputy Civil Department
Katherine L. Trask	Chief Deputy Staff Services

June 30, 2021

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



Office of Indigent
Legal Services

JUL 12 2021

Dear Chairman Riley,

The Onondaga County Sheriff's Office, Correction Department is seeking a variance from the following regulations:

- 9 NYCRR 7008.2 (b) – Visitation room design to allow physical contact
- 9 NYCRR 7008.3 (a) – Allows visitation of at least two hours per week
- 9 NYCRR 7008.3 (c) – Allows visitation with more than one visitor at the same time

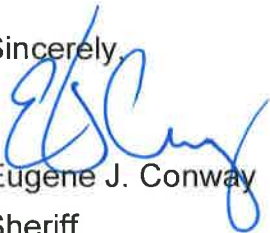
The facility acknowledges that 7008.2(b) requires that visiting areas be designed to allow physical contact between incarcerated individuals and their visitors. With the current pandemic that has overwhelmed the country, we are proposing the following changes to our visitation policy as a temporary measure 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 inmates and visitors at the beginning and end of the visit session and we have installed a [REDACTED] barrier that will be 4 foot above the table. (see attachment).
2. Included in our policy, all inmates and visitors will wear a PPE mask as is deemed appropriate by our County Health Department during the visitation session.
3. To accomplish social distancing, we will utilize half our visiting room, every other table to allow 6 feet between visitors.

4. We request that we open our visits with a limit of one (1) hour visit for each inmate per week due to limitation of our room.
5. Included is our interim policy and procedure to be used during this variance.

We understand that at the conclusion of this variance the visitation room and previous policies will need to be restored to their original design within seven (7) days. We will request that all visitors supply their own facial coverings, but if they cannot then the facility will supply one. 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 visitation room. The visitation room, jury pool and public lobby will be disinfected in between sessions utilizing our Clorox 360 Electrostatic disinfecting machines. We have had our County Health Department review and approve our change in the visitation policies and procedures.

Sincerely,



Eugene J. Conway

Sheriff,

Onondaga County

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 listed above.

Facility: Onondaga County Sheriff's Office
Correction Department
6660 East Seneca Turnpike
Jamesville, New York 13078

Person requesting: Sheriff Eugene J. Conway
(Sheriff)

- A. State the specific part, section and subdivision of New York 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. 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

Part: 7008 Section: 2 Subdivision: B

- B. In the space provided 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)

Requesting the redesign of the visitation room to allow for only non-contact visitation.

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

The spread of COVID-19 is an ongoing pandemic of Coronavirus Disease, caused by severe acute respiratory syndrome. The virus spreads mainly from person to person through respiratory droplets. The implementation of non-contact visitation and the addition of [REDACTED] barriers at each visitation table will facilitate increased visitation during the current COVID-19 pandemic.

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

Days _____ Weeks _____ Months 6

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

All physical plant modifications will be removed within seven (7) days of the variance expiration date. Temporary policies will be rescinded as well. We are requesting that if approved, this variance would remain in effect until such time as the Department of Health feels it is safe to restore contact visitation.

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

Housing Area (Name and type i.e. 1 North, dorm, linear)	Dorm s 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 1 of 3)

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

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



Signature (Sheriff)

7-6-2021

Date

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

**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 listed above.

Facility: **Onondaga County Sheriff's Office**
Correction Department
6660 East Seneca Turnpike
Jamesville, New York 13078

Person requesting: **Sheriff Eugene J. Conway**
(Sheriff)

- A. State the specific part, section and subdivision of New York 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. 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

Part: 7008 Section: 3 Subdivision: C

- B. In the space provided 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)

Limit visitation to one visitor per inmate with the exception for the person accompanying the visitor under 18 yrs old. .

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

The spread of COVID-19 is an ongoing pandemic of Coronavirus Disease, caused by severe acute respiratory syndrome. The virus spreads mainly from person to person through respiratory droplets. The implementation of non-contact visitation and the addition of [REDACTED] barriers at each visitation table will facilitate increased visitation during the current COVID-19 pandemic.

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

Days _____ Weeks _____ Months 6

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

We are anticipating that at the end of the 6 month period, All inmates and visitors will be vaccinated, once this happens we will return to normal operating procedures.

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

Housing Area (Name and type i.e. 1 North, dorm, linear)	Dorm s 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 1 of 3)

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

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



Signature (Sheriff)

7-6-2021

Date

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

**New York State
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80 S. Swan Street, 12th Floor
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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 listed above.

Facility: **Onondaga County Sheriff's Office**
Correction Department
6660 East Seneca Turnpike
Jamesville, New York 13078

Person requesting: **Sheriff Eugene J. Conway**
(Sheriff)

- A. State the specific part, section and subdivision of New York 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. 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

Part: 7008 Section: 3 Subdivision: A

- B. In the space provided 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)

**Limit visitation to one hour or two 30 minute visitation periods per week.
This will allow every inmate an opportunity for up to 1 hour each week.**

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

The spread of COVID-19 is an ongoing pandemic of Coronavirus Disease, caused by severe acute respiratory syndrome. The virus spreads mainly from person to person through respiratory droplets. The implementation of non-contact visitation and the addition of [REDACTED] barriers at each visitation table will facilitate increased visitation during the current COVID-19 pandemic.

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

Days _____ Weeks _____ Months 6

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

We are anticipating that at the end of the 6 month period, All inmates and visitors will be vaccinated, once this happens we will return to normal operating procedures.

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

Housing Area (Name and type i.e. 1 North, dorm, linear)	Dorm s 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 1 of 3)

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

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



Signature (Sheriff)

7-6-2021

Date

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

Name of Facility: Rockland County JailVariance #20-V-09

New: ☐ Renewal: X

Relief from Standard: 7008.2 b and 7008.3 c

Application by: Captain Jill King

Date Request Rec: 8/27/2021

Last Approved: 6/29/21 Length of Approval: 3 Months Expiration: 10/1/2021

Write-up Prepared by: Alberto Garcia

Recommendation by Field Staff: Approve until 1/1/22

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Rockland County Jail is requesting an extension to this variance, continued modified visitation with previously specified conditions. Such is requested due to COVID. Asserts facility continues to abide by Local Health guidelines as well as SCOC conditions as set forth previously.

VARIANCE HISTORY

20-V-09 last approved until 10/1/21

20-V-25 approved until 7/1/21 pertaining to Part 7004.

CONSTRUCTION/RENOVATION PLANS**OTHER VARIANCES IN EFFECT****STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):****DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

February 8, 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

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

OTHER INFORMATION**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:****JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:**

Asserts facility continues to abide by Local Health guidelines as well as SCOC conditions as set forth in previously approved variance. A review of the E-Justice Portal shows no incidents/complaints/grievances pertaining to visitation reported since last granted extension.

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: T. Moran

DATE: 9/8/21

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



**Commission of
Correction**

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

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Rockland County Correctional Facility

Person requesting: Capt. Jill King for Chief Karl Mueller

(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

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

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

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

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

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

90 Days _____ Weeks _____ Months

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

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

N/A

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

(Page 4 of 4)

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

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

Capt [Signature] (For Chief Mueller) 8.27.2021
Signature (Sheriff) (Chief Administrative Officer) Date

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

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

Name of Facility: 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: 8/25/2021

Last Approved: 6/30/2021

Length of Approval: 3 months

Expiration: 10/1/2021

Write-up Prepared by: Susana Gonzalez CFS II

Recommendation by Field Staff: Recommending approval for a period of three months with the expiration date to be January 1, 2022.

Recommendation at Briefing: Approve until 1/1/2022.

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

Approval until 10/1/20

Renewed until 1/1/21

Renewal until 4/1/21

Renewal until 7/1/21

Renewal until 10/1/21

CONSTRUCTION/RENOVATION PLANS

None at this time

OTHER VARIANCES IN EFFECT

20-v-08 applies the same conditions of this variance to the Department's Yaphank facility

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

COVID assessment site visit complete 11-10-20. No major violations were observed, compliance with CDC and DOH guidelines.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

6/7/2021 Virtual

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7002.4 (Property Confiscation)

7003 (Security and Supervision)

7009 (Food Service policy)

7015.2(Sanitation General)

7075.3 Policy

7075.4 (d & f) Reviews of determinations

7075.5(b) Determinations by CAO

7075.5(c) Reviews of determinations

OTHER INFORMATION

A review of grievances and complaint letters revealed that there were none submitted from this facility that were associated to the topic 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 while protecting 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: T. Moran DATE: 9/8/21

REVIEWED BY DIRECTOR: DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

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

August 25, 2021

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 20-V-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,

A handwritten signature in black ink, appearing to read "Michael J. Franchi", with a long horizontal line extending to the right.

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 Correctional Facility - Yaphank

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 330 30-minute visits per week. The current population is 268 in the Yaphank Facility.

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

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.

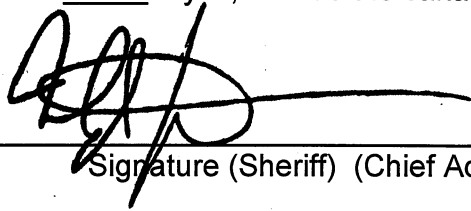
[illegible]

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

(Page _____ of _____)

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

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



Signature (Sheriff) (Chief Administrative Officer)

25 AUG 2021

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
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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 Correctional Facility - Riverhead

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 401 in the Riverhead Facility.

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

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.

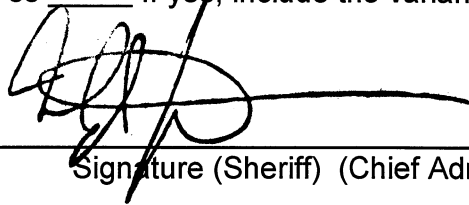
[illegible]

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

(Page _____ of _____)

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

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



Signature (Sheriff) (Chief Administrative Officer)

25 AUG 2021

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: 08/25/2021

Last Approved: 6/30/2021 Length of Approval: 3 months Expiration: 10/1/2022

Write-up Prepared by: Susana Gonzalez CFS II

Recommendation by Field Staff: Recommending approval for a period of three months with the expiration date to be January 1, 2022.

Recommendation at Briefing: Approve until 1/1/2022

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

Approval until 10/1/20

Renewed until 1/1/21

Renewal until 4/1/21

Renewal until 07/1/21

Renewal until 10/1/21

CONSTRUCTION/RENOVATION PLANS

None at this time

OTHER VARIANCES IN EFFECT

20-v-07 applies the same conditions of this variance to the Department's Riverhead facility

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

COVID assessment site visit complete 11-10-20. No major violations were observed, compliance with CDC and DOH guidelines.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

6/7/2021 Virtual

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7002.4 (Property Confiscation)

7003 (Security and Supervision)

7028.5 (Exercise)

7039.3 (Fire Prevention Codes)
7075.3 Policy
7075.4 (d & f) Reviews of determinations
7075.5(b) Determinations by CAO
7075.5(c) Reviews of determinations

OTHER INFORMATION

A review of grievances and complaint letters revealed that there were none submitted from this facility that were associated to the topic 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 while protecting the health and safety of the facility and visitors

RECOMMENDED CONDITIONS IF APPROVED

This variance is approved with the following conditions:

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

REVIEWED BY REGIONAL SUPERVISOR: Larry Roe DATE: 9/8/21

REVIEWED BY DIRECTOR: T. Moran DATE: 9/8/21

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

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

August 25, 2021

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 20-V-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,

A handwritten signature in black ink, appearing to read "Michael J. Franchi", with a long horizontal line extending to the right.

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 Correctional Facility - Yaphank

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 330 30-minute visits per week. The current population is 268 in the Yaphank Facility.

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

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.

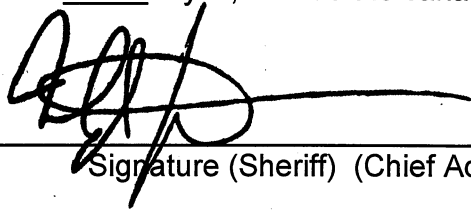
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(If additional space is required please make a copy of this sheet and attach)

(Page _____ of _____)

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

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



Signature (Sheriff) (Chief Administrative Officer)

25 AUG 2021

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 Correctional Facility - Riverhead

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 401 in the Riverhead Facility.

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

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

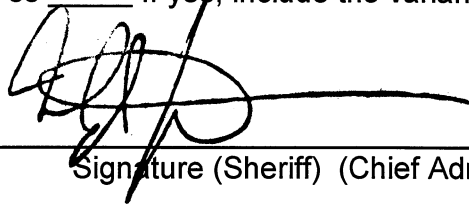
[illegible]

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

(Page _____ of _____)

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

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



Signature (Sheriff) (Chief Administrative Officer)

25 AUG 2021

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: Tompkins County Jail

Variance #20-V-04

New: Renewal: ☒

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

Application by: Captain Ray Bunce, Jail Administrator Date Request Rec: 7/29/2021

Last Approved: 6/29/21 Length of Approval: 3 Months Expiration: 10/1/21

Write-up Prepared by: L. Robistow

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

Recommendation at Briefing: Approve until January 1, 2022

Final Recommendation:

SUMMARY OF VARIANCE REQUEST: The facility has been conducting non-contact visitation due to the COVID-19 pandemic and believes it is essential in order to continue to provide a safe environment for incarcerated individuals. The facility has also added video visits as an option for to greater enhance the availability of visitation for incarcerated individuals. The facility also cites approval from the local department of health and provides a letter indicating that the process meets their guidelines.

VARIANCE HISTORY:

6/1/20 – Approved 3 months

9/29/20 – Approved 3 months

12/15/20 – Approved 3 months

3/30/21 – Approved 3 months

6/29/21 – Approved 3 months

CONSTRUCTION/RENOVATION PLANS:

N/A

OTHER VARIANCES IN EFFECT:

N/A

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

June 10, 2021 - No relevant issues identified

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

Virtual MSE December 2020

ANY OPEN MINIMUM STANDARD VIOLATIONS:

No relevant issues identified.

OTHER INFORMATION:

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

N/A

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: Deborah Clark DATE: 8-18-21

REVIEWED BY DIRECTOR: T. Moran DATE: 9/1/21

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:

TOMPKINS COUNTY SHERIFF'S OFFICE

SHERIFF DEREK R. OSBORNE
UNDERSHERIFF JENNIFER K. OLIN

NEW YORK

779 Warren Road
Ithaca, NY 14859

Phone
(607) 257-1345

Fax
(607) 266-5436

7/29/2021

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

Commissioner Riley –

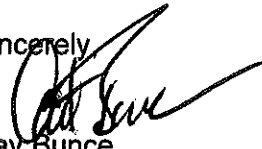
The Tompkins County Jail is filing application to extend variance #20-V-04. We have been conducting non-contact visitation for over a year. This has helped keep the inmate population safe here in Tompkins County while still allowing inmates to have visits during the pandemic. In addition to the regular non-contact visits, we have added video visits via inmate tablets. We feel that the inmate population remains in agreement that this is an appropriate way to protect them.

We have been in communication with the health department here in Tompkins County and they are in agreement that continuation of the non-contact visitation is appropriate to protect the inmate population.

We would ask that you review and approve our variance extension for the next six months.

Please contact us with any questions.

Sincerely,



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

Cc: Derek Osborne, Sheriff
Jennifer Olin, Undersheriff

July 29, 2021

Derek Osborne, Sheriff
Tompkins County Sheriff's Office
Public Safety Building
779 Warren Road
Ithaca, NY 14850

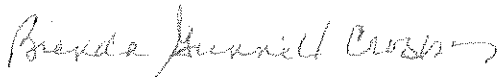
Sheriff Osborne,

I have reviewed your plan to allow non-contact visitations in the jail. They physical structures you have in place coupled with procedures regarding density, distancing and donning of masks meet current standards for limiting the spread of COVID 19.

I appreciate your willingness to work closely with public health to provide families the opportunities to see their loves ones while at the same time protecting them and our community from COVID 19.

Please let me know if I can be of further assistance.

Thank you,



 Frank Kruppa
Public Health Director



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: Tompkins County Jail

Person requesting: Ray Bunce – Jail Administrator

(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

Part: 7008 Section: 2 Subdivision: b+c

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

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

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.

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

180 Days 26 Weeks 6 Months

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

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

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

[illegible]

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

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

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



Signature (Sheriff) (Chief Administrative Officer)

7/28/21

Date

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

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

Name of Facility: Westchester DOCVariance #20-V-23

New: ☐ Renewal: X

Relief from Standard: 7008.2 b and 7008.3 b

Application by: Commissioner Joseph Spano

Date Request Rec: 08/27/2021

Last Approved: 6/29/2021 Length of Approval: 3 Months Expiration: 10/1/2021

Write-up Prepared by: Don Lincourt CFS II

Recommendation by Field Staff: Approve until January 1, 2022

Recommendation at Briefing: Approve through 01/01/2022

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Commissioner Spano is requesting an extension to this variance, which permits non-contact visiting for inmates in their main visiting room.

VARIANCE HISTORY

Approval 11/15/20; 1/1/2021; 4/1/2021; 7/1/2021; 6/29/2021

CONSTRUCTION/RENOVATION PLANS**OTHER VARIANCES IN EFFECT**

20-V-27-Correspondence

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

MAY 10, 2021 COVID ASSESSMENT

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

September 8, 2020 Virtual

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7002.4(e): Prisoner property confiscation

[REDACTED]

7013.6(b): Comingling

7013.8(f): Assignment to facility housing area

7075.4(c): Documentation out of cell time

7075.4(d): Confinement reviews by CAO

7075.5: Deprivation of essential services

OTHER INFORMATION**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

Covid-19 infection rates in detention facilities is still a legitimate concern.

RECOMMENDED CONDITIONS IF APPROVED

This variance is approved with the following conditions:

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

REVIEWED BY REGIONAL SUPERVISOR: Larry Roe DATE: 9/8/21

REVIEWED BY DIRECTOR: T. Moran DATE: 9/8/21

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



George Latimer
County Executive

Department of Correction
Joseph K. Spato
Commissioner

August 27, 2021

BY ELECTRONIC MAIL

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

Re: (4th) Extension Request- Variance #20-V-23 (Visitation)

Dear Chairman Riley:

On June 29, 2021, the Commission approved our extension request for variance #20- V-23 which is set to expire on October 1, 2021. The Department has been conducting visits in accordance to the conditions set forth by the Commission and will continue to do so. In light of the recent trends due to the Delta Variant we are requesting an extension request.

If you require additional information, I can be reached at (914) 231-1326 or by e-mail to lidd@westchestergov.com

Respectfully yours,

Leandro Diaz
Deputy Commissioner



**Commission of
Correction**

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

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Westchester County DOC

Person requesting: Leandro Diaz, Deputy Commissioner of Operations

(Sheriff/Chief Administrative Officer)

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

Ex. Part: 7008 Section: Subdivision: n/a

Standard for which the variance is requested:

Part: 7008 Section: 2 and 3 Subdivision: _____

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

WCDOC has been and will continue to provide pre-scheduled booth visits as noted in the attached memorandum Re: LIMITED FAMILY VISITATION and in adherence to the conditions set forth by the commission in the approval letter.

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

To minimize the spread of the COVID-19 virus specifically the more contagious Delta variant.

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

Days _____ Weeks _____ 6 _____ Months

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

- F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (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.


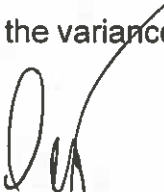
[illegible]

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

(Page _____ of _____)

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

Yes X If yes, include the variance number 20-V-23 No _____

 
Signature (Sheriff) (Chief Administrative Officer) 8/27/2021
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: Wyoming County Jail**Variance #**20-V-11

New: **Renewal:** Renewal**Relief from Standard:** 7008.2(b) & 7008.3(b).**Application by:** Jail Administrator C. Michael Horton**Date Request Rec:** 7-26-21**Last Approved:** July 1, 2021 **Length of Approval:** 3 Months **Expiration:** 10-1-21**Write-up Prepared by:** Michael Walters**Recommendation by Field Staff:** Recommend approval for 6 Months**Recommendation at Briefing:** Approve until January 1, 2022**Final Recommendation:**

SUMMARY OF VARIANCE REQUEST

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 [REDACTED] barrier that will be three feet above the table.
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 p01i, and public lobby will be disinfected in between sessions utilizing our Clorox 360 Electrostatic disinfecting machines. We have had our health department review and approve our change in the visit policies and procedures.

RECOMMENDATION BY STAFF

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

RECOMMENDED CONDITIONS IF APPROVED

The following conditions shall apply:

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

CONSTRUCTION/RENOVATION PLANS

None

OTHER VARIANCES IN EFFECT

Construction #20-C-84

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

Commission staff member Michael Walters conducted a Covid-19 Inspection on May 11, 2021. Visitation Area with [REDACTED] barrier was observed.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

March 12-14, 2019

ANY OPEN MINIMUM STANDARD VIOLATIONS:

No Open Issues

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

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

COVID-19 Pandemic

REVIEWED BY REGIONAL SUPERVISOR: Deborah Clark DATE 8-18-21

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



Sheriff of Wyoming County
151 N Main Street
Warsaw NY 14569

Gregory J. Rudolph
Sheriff
grudolph@wyomingco.net

David P. Linder
Undersheriff
dlinder@wyomingco.net

Phone (585) 786-8989
Fax (585) 786-8961
Jail: (585) 786-8808
Fax (585) 786-8573

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

July 26, 2021

Re: Visitation Variance Extension- Wyoming County

Mr. Chairman,

I am respectfully requesting an extension to our current variance of visitation for the Jail Division, SCOC Construction # 20-C-84, which is set to expire October 1, 2021.

The current Public Health Emergency (COVID-19) limited our visitation to a single inmate/visitor ratio due to the physical layout of our visitation room. The approved variance increased that number to a (4) inmate/visitor ratio. It is our request the Commission approves this extension so our facility can continue to provide the increased visitation capacity.

As stated in the original request, the Jail Administrator and staff will assist in any way to facilitate a virtual access to the visitation area for inspection.

If you or your staff have any questions or concerns, please feel free to contact me as we continue to work together to safely bring incarcerated individuals and their loved ones together.

Sincerely,

Gregory J. Rudolph
Sheriff



Commission of
Correction

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

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: WYOMING COUNTY JAIL

Person requesting: C. MICHAEL HORTON, Jail Administrator

(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

Part: 7008 Section: 2 Subdivision: B
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)

* REQUESTING Extension to current Visitation Variance *

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

* SEE ATTACHED LETTER *

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

Days _____ Weeks 12 Months

As Long As Commission Allows -

- 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).

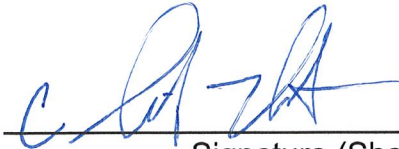
Barrier is in Place - Requesting Extension

(Page _____ of _____)

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

#20-C-84

Yes ☒ If yes, include the variance number #20-V-11 No _____



Jail Administrator

Signature (Sheriff) (Chief Administrative Officer)

07/26/21

Date

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

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

Name of Facility: Yates County JailVariance #20-V-10

New: Renewal: X

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

Application by: Chief Jared Bailey

Date Request Rec: 8/27/2021

Last Approved: 6/29/2021

Length of Approval: 3 Months Expiration: 10/01/21

Write-up Prepared by: Amanda Crawford-Crowe

Recommendation by Field Staff: We are generally recommending approval for a period of three months, with the expiration date to be the first day of the month. In this case, the extended expiration date would be January 1, 2022.

Recommendation at Briefing: Approve until January 1, 2022

Final Recommendation: Approve

SUMMARY OF VARIANCE REQUEST

Requests an extension of non-contact visitation. Affording visitation by appointment on Sat/Sun in (30) minute sessions. All visitors will be screened, and temperature taken. [REDACTED] barriers to be used in visitation area. Visitors are required to wear masks at all times, only to be removed during security screening for contraband. Social distancing of 6 feet maintained at all times. Only visitors from the same household are allowed to visit together. No visitors under the age of 6 are allowed. No more than (2) visitors per incarcerated individual allowed at one time. No more than (3) incarcerated individuals allowed in the visiting area. In the event a visitor is denied due to failed screening, facility will attempt to seek said individual's consent to disclose identity to county health department officials. Incarcerated individual will be notified of denied visit and reasons for such. Visitation tables will be disinfected prior to each visit and after final visit. Facility PPE supplies are approved by Yates County Office of Emergency Management.

VARIANCE HISTORY

6/29/21 Approved until 10/01/21

CONSTRUCTION/RENOVATION PLANS

N/A

OTHER VARIANCES IN EFFECT

NO

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

10/3/2019

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

02/22/2021 Virtual MSE

ANY OPEN MINIMUM STANDARD VIOLATIONS:

YES – 7075.3, 7075.4(c), 7075.5(b), 7075.6, Response assessment pending for corrective actions taken.

OTHER INFORMATION

NO

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

NO

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

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

RECOMMENDED CONDITIONS IF APPROVED

This variance is approved with the following conditions:

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

REVIEWED BY REGIONAL SUPERVISOR: T. Moran DATE: 9/18/21

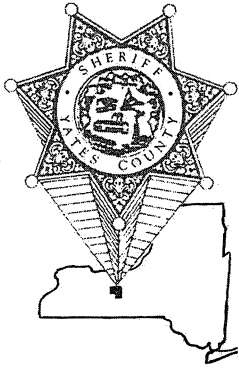
REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



Office of the

YATES COUNTY SHERIFF

RONALD G. SPIKE

Public Safety Building • 227 Main Street

Penn Yan, New York 14527-1720

Telephone: 315-536-4438

Web site: www.yatescountysheriff.org

Email: sheriff@yatescounty.org

Howard R. Davis, Jr. Undersheriff

PHONES: (315) area code

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

8/27/2021

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

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

Dear Chairman Riley:

I respectfully request your review of our application for no contact visitation during the COVID-19 pandemic to continue until it is safe to return to normal visitation.

Please see the attached.

For Sheriff Spike, I am

Sincerely,

Jared Bailey

Jared Bailey

Chief Correction Officer

CC: Sheriff Ronald Spike





**Commission of
Correction**

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

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Yates County Jail

Person requesting: Chief Correction Officer Jared Bailey

(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

Part: 7008 Section: 2 Subdivision: b

Part: 7008 Section: 3 Subdivision: a

Part: 7008 Section: 6 Subdivision: a

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

- During COVID-19 pandemic Non-Contact Visits started 8/1/2020 – We anticipate keeping this request in place until the pandemic is resolved, or more guidance is issued from the state.
- Currently substituting in person visitation with Tablet video visitation.
- Visitors must call Friday from 8am-8pm to make a visitation appointment for Saturday and call Saturday from 8am-8pm to make a visitation appointment for Sunday, no walk in visits will be accepted.
- The “kiss on the lips” at the beginning and end of any inmate visit will not be allowed until full visitation is available and safe for inmates, visitors and staff.
- Visitors must maintain social distancing from the point of entry to the building until exit.
- Use a [REDACTED] barrier to separate the inmate from the visitor, to be removed after pandemic has subsided.
- Limit visits to one half hour per visit to accommodate all who wish to visit inmates at the jail and allow time for cleaning procedures.
- Limit visitation to three inmates in the visit room at each visit period with no more than two visitors at any one time. No visitors under 6 years old will be allowed to visit.
- Visitors that are not from the same household will not be allowed to visit the same inmate at the same time.
- Conduct health Assessment of the visitor, to include, a temperature check; standard questions/answers regarding travel to other counties, proximity to a person who has had, or is suspected to have, coronavirus; whether the visitor has cough, nose congestion, etc.
 - Any person who;
 - (1) has been diagnosed with, or has had close contact with anyone diagnosed with, COVID-19, and has not obtained medical clearance to appear in public; or

- (2) has been directed to self-quarantine, isolate or self-monitor for the coronavirus by any doctor, hospital or health agency, and has not obtained medical clearance to appear in public, or
 - (3) Meets the quarantine restrictions set forth from the NYSDOH travel advisory.
 - (4) has flu-like symptoms (including cough, sore throat, temperature of 100.4o or higher, shortness of breath) (collectively, "Persons at Risk") should not enter the jail facility
- Jail staff shall obtain the name and address of any such person denied entry to the jail and seek his or her consent to the disclosure of identity to appropriate county health department officials.
- The inmate shall be notified of any visits denied for the reasons stated above.
- Jail officials at the earliest opportunity, shall arrange for appropriate cleaning of areas where any person who have been denied visitation has been in contact.
- Require the visitor and inmate to wear a mask or facial covering during the visit and any time that the visitor is in any part of the facility. Face coverings should cover the nose and mouth. Jail officers will ask for the mask to be removed and checked to verify that the visitor does not have any contraband which could be brought into the facility, and can verify the identity of the visitor. The visitor will be required to use the supplied hand sanitizer in the lobby prior to entering the secure area of the jail.
- PPE supplies have been verified with Yates County Office of Emergency management to ensure the appropriate amount to conduct visitation throughout the pandemic will be supplied.
- Yates County Public Health has reviewed this plan.
- SCOC will be granted access to review at any time upon request.
- All visit tables and high touch surfaces will be disinfected by correctional staff prior to the start of every visit and at the end of visitation for the day.
- All other current Visitation protocols will continue.

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

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

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

Days _____ Weeks 6 Months

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

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

N/A

[illegible]

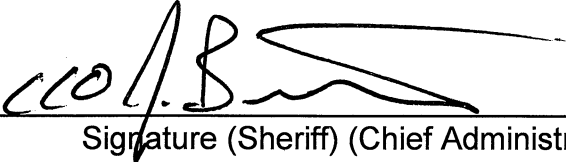
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(If additional space is required please make a copy of this sheet and attach)

(Page ____ of ____)

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

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



Signature (Sheriff) (Chief Administrative Officer)

8/27/2021

Date

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

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



**Commission of
Correction**

MAXIMUM FACILITY CAPACITY

For the

Monroe County Jail

Rochester, New York

September 28, 2021

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

Yolanda Canty
Commissioner

MONROE COUNTY JAIL – MFC 2021

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.

MONROE COUNTY JAIL – MFC 2021

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.

MONROE COUNTY JAIL – MFC 2021

IA. 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
Street Plaza <i>see note 1</i>	34	34 @ 65 sq. ft.	4	33
Mezzanine A-C	29	29 @ 63 sq. ft.	3	29
2 East Low	13	13 @ 56 sq. ft.	1	13
2 East High	13	13 @ 56 sq. ft.	1	13
2 West Low	13	13 @ 56 sq. ft.	1	13
2 West High	13	13 @ 56 sq. ft.	1	13
2M East Low	13	13 @ 56 sq. ft.	1	13
2M East High	13	13 @ 56 sq. ft.	1	13
2M West Low	13	13 @ 56 sq. ft.	1	13
2M West High	13	13 @ 56 sq. ft.	1	13
2M Center <i>see note 2</i>	5	5 @ 56 sq. ft.	1	0
3M Center <i>see note 2</i>	5	5 @ 56 sq. ft.	1	0
3 East Low	13	13 @ 56 sq. ft.	1	13
3 East High	13	13 @ 56 sq. ft.	1	13
3 West Low	13	13 @ 56 sq. ft.	1	13
3 West High	13	13 @ 56 sq. ft.	1	13
3M East Low	13	13 @ 56 sq. ft.	1	13
3M East High	13	13 @ 56 sq. ft.	1	13
3M West Low	13	13 @ 56 sq. ft.	1	13
3M West High	13	13 @ 56 sq. ft.	1	13
4 West Low	13	13 @ 56 sq. ft.	1	13
4 West High	13	13 @ 56 sq. ft.	1	13
4 East Low	10	10 @ 56 sq. ft.	1	10
4 East High	10	10 @ 56 sq. ft.	1	10
4M East Low	10	10 @ 56 sq. ft.	1	10
4M East High	10	10 @ 56 sq. ft.	1	10
4M West High	13	13 @ 56 sq. ft.	1	13
4M West Low	13	13 @ 56 sq. ft.	1	13
City 2 nd A Block	12	12 @ 42 sq. ft.	1	12
City 2 nd B Block	24	24 @ 38 sq. ft.	1	24
City 2 nd C Block	16	16 @ 42 sq. ft.	1	16
City 2 nd D Block	18	18 @ 42 sq. ft.	1	18
City 2 nd E Block	12	12 @ 42 sq. ft.	1	12
City 3rd			2	37
Main	14 15	14 @ 60 sq. ft. 15 @ 42 sq. ft.		
Right Side Subdivision	8	8 @ 42 sq. ft.		
Plaza North Pod	37 16	37 @ 80 sq. ft. 16 @ 98 sq. ft.	4	53
Plaza South Pod	37 16	37 @ 80 sq. ft. 16 @ 98 sq. ft.	4	53

MONROE COUNTY JAIL – MFC 2021

2 North Pod	37 16	37 @ 80 sq. ft. 16 @ 98 sq. ft.	4	53
2 South Pod	37 16	37 @ 80 sq. ft. 16 @ 98 sq. ft.	4	53
3 North Pod	37 16	37 @ 80 sq. ft. 16 @ 98 sq. ft.	4	53
3 South Pod	37 16	37 @ 80 sq. ft. 16 @ 98 sq. ft.	4	53
4 North Pod	37 16	37 @ 80 sq. ft. 16 @ 98 sq. ft.	4	53
4 South Pod	37 16	37 @ 80 sq. ft. 16 @ 98 sq. ft.	4	53
Mezz Dorm Cells <i>see note 3</i>	4 8	4 @ 85 sq. ft. 8 @ 63 sq. ft.	Shared with Mezz Dorm	11

Notes:

1. A previous window replacement project resulted in the loss of natural light in cell #200. Until such time natural light is restored, this cell cannot be used to house incarcerated Individuals.
2. The facility no longer uses the cells in the 2M Center and 3M Center housing areas, as the cell fixtures are used for spare parts for other cells in the facility.
3. Mezz Dorm cell #10 was removed to increase the capacity of the Mezz Dorm from 36 beds to 48 beds, as cell #10 is vacated and available for toilet and sink use by incarcerated individuals in the Mezz Dorm.

Individual General Housing Unit Total: 915

MONROE COUNTY JAIL – MFC 2021

IB. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR ADMISSIONS/ORIENTATION, MEDICAL AND MENTAL HEALTH OBSERVATION

Name of Housing Area/Section	Type of Housing	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
Reception Includes Reception Annex Housing <i>see note</i>	Admission and Orientation	10	10 @ 65 sq. ft.	2	18 10
	Medical	1	1 @ 80 sq. ft.		1
	Mental Health	3	3 @ 84 sq. ft.		3
		1	1 @ 89 sq. ft.		1
		1	1 @ 66 sq. ft.		1
		1	1 @ 60 sq. ft.		1
		1	1 @ 60 sq. ft.		1
Reception	Admission and Orientation	34	34 @ 60 sq. ft.	2	34
Reception Annex <i>see note</i>	Admission and Orientation	10	10 @ 64 sq. ft.	2	21 10
	Medical	4	4 @ 86 sq. ft.		4
	Mental Health	1	1 @ 79 sq. ft.		1
		1	1 @ 60 sq. ft.		1
		1	1 @ 63 sq. ft.		1
		1	1 @ 94 sq. ft.		1
		1	1 @ 64 sq. ft.		1
		1	1 @ 99 sq. ft.		1
		1	1 @ 70 sq. ft.		1

Note: Only cells that are 80 sq. ft. or larger can be used for medical purposes.

**Individual Admissions/Orientation, Medical and
Mental Health Observation Housing Unit Total: 73**

MONROE COUNTY JAIL – MFC 2021

IC. 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 Incarcerated Individual Capacity
2 Corridor	Punitive and Administrative Segregation	4	4 @ 56 sq. ft.	Share with either 2 West Low Housing or 2 West High Housing	4
3 Corridor	Punitive and Administrative Segregation	4	4 @ 56 sq. ft.	Share with either 3 West Low Housing or 3 West High Housing	4
4M East Corridor	Punitive and Administrative Segregation	3	3 @ 56 sq. ft.	Share with either 4M East Low Housing or 4M East High Housing	3
4M West Corridor	Punitive and Administrative Segregation	3	3 @ 56 sq. ft.	Share with either 4M West Low Housing or 4M West High Housing	3
City 2 nd G Block	Punitive and Administrative Segregation	2	2 @ 70 sq. ft.	Shares with B Block	2
Special Housing	Punitive and Administrative Segregation	20	20 @ 65 sq. ft.	1	20

Individual Special Housing Unit Total: 36

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IIA. 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
PSB A/B Dorm	7	6	7	5530 sq. ft.	60
City Dorm	5	5	4	4172 sq. ft.	55
City 2 F-Block Dorm	4	4	3	701 sq. ft.	9
4 East High End Cell (located within 4 East High linear unit) <i>see note 1</i>	1	1	Access is provided to East High Linear showers	168 sq. ft.	3
4 East Low End Cell (located within 4 East Low linear unit) <i>see note 1</i>	1	1	Access is provided to East Low Linear showers	168 sq. ft.	3
4 Mezz East High End Cell (located within 4 Mezz East High linear unit) <i>see note 1</i>	1	1	Access is provided to Mezz East High Linear showers	168 sq. ft.	3
4 Mezz East Low End Cell (located within 4 Mezz East Low linear unit) <i>see note 1</i>	1	1	Access is provided to Mezz East Low Linear showers	168 sq. ft.	3
Mezz Dorm <i>see note 2</i>	3	3	4	3952 sq. ft.	48

Notes:

1. There is sufficient day space square footage in the respective main units for incarcerated individuals housed in the End cells in 4 East High, 4 East Low, 4 Mezz East High and 4 Mezz East Low to access the dayroom space. Only incarcerated individuals of the same classification can be housed in these areas.
2. Mezz Dorm cell #10 is vacated and the door has been removed to provide a fourth toilet and sink for incarcerated individuals housed in the Mezz Dorm. Accordingly, the capacity for the Mezz Dorm is 48 beds.

Multiple General Housing Unit Total: 184

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IIB. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR ADMISSIONS/ORIENTATION, MEDICAL AND MENTAL HEALTH OBSERVATION

Name of Housing Area/Section	Type of Housing	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Incarcerated Individual Capacity
Reception Annex	Admissions Orientation	1	1	2	618 sq. ft.	8

Multiple Admissions/Orientation, Medical and Mental Health Observation Housing Unit Total: 0

IIC. 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
Not Applicable						0

Multiple Special Housing Unit Total: 0

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IIIA. 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
Not Applicable				0

Individual and Multiple Occupancy General Housing Unit Total: 0

IIIB. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR ADMISSIONS/ORIENTATION, MEDICAL AND MENTAL HEALTH OBSERVATION

Name of Housing Area/Section	Type of Housing	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
Not Applicable					0

Individual and Multiple Occupancy Admissions/Orientation, Medical and Mental Health Housing Unit Total: 0

IIIC. 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
Not Applicable					0

Individual and Multiple Occupancy Special Housing Unit Total: 0

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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
S 02 - Booking	1	1	98 sq. ft.	The facility may hold up to six (6) incarcerated individuals.
S 03 - Booking	1	1	75 sq. ft.	The facility may hold up to five (5) incarcerated individuals.
S 04 - Booking	1	1	66 sq. ft.	The facility may hold up to four (4) incarcerated individuals.
S 05 - Booking	1	1	86 sq. ft.	The facility may hold up to five (5) incarcerated individuals.
S 06 - Booking	1	1	64 sq. ft.	The facility may hold up to four (4) incarcerated individuals.
S 07 - Booking	1	1	86 sq. ft.	The facility may hold up to five (5) incarcerated individuals.
S 08 - Booking	1	1	72 sq. ft.	The facility may hold up to four (4) incarcerated individuals.
S 09 - Booking	1	1	95 sq. ft.	The facility may hold up to six (6) incarcerated individuals.
S 10 - Booking	1	1	95 sq. ft.	The facility may hold up to six (6) incarcerated individuals.
S 11 - Booking	1	1	177 sq. ft.	The facility may hold up to eleven (11) incarcerated individuals.
S 12 - Booking	1	1	80 sq. ft.	The facility may hold up to five (5) incarcerated individuals.
S 13 - Booking	1	1	265 sq. ft.	The facility may hold up to seventeen (17) incarcerated individuals.
S 14 - Booking	1	1	111 sq. ft.	The facility may hold up to seven (7) incarcerated individuals.
S 15 - Booking	1	1	75 sq. ft.	The facility may hold up to five (5) incarcerated individuals.
S 16 - Booking	1	1	51 sq. ft.	The facility may hold up to three (3) incarcerated individuals.
S 17 - Booking	1	1	51 sq. ft.	The facility may hold up to three (3) incarcerated individuals.
S 18 - Booking	1	1	64 sq. ft.	The facility may hold up to four (4) incarcerated individuals.
S 19 - Booking	1	1	51 sq. ft.	The facility may hold up to three (3) incarcerated individuals.
S 20 - Booking	1	1	51 sq. ft.	The facility may hold up to three (3) incarcerated individuals.
S 21 - Booking	1	1	51 sq. ft.	The facility may hold up to three (3) incarcerated individuals.
S 22 – Female Dressing Station	1	1	72 sq. ft.	The facility may hold up to four (4) incarcerated individuals.
S 23 – Female Dressing Station	1	1	68 sq. ft.	The facility may hold up to four (4) incarcerated individuals.

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S 24 Booking Release	1	1	89 sq. ft.	The facility may hold up to five (5) incarcerated individuals.
S 25 Booking Release	1	1	68 sq. ft.	The facility may hold up to four (4) incarcerated individuals.
S 26 Booking Release	1	1	72 sq. ft.	The facility may hold up to four (4) incarcerated individuals.
S 27 Booking Release	1	1	120 sq. ft.	The facility may hold up to eight (8) incarcerated individuals.
S 28 Booking Release	1	1	89 sq. ft.	The facility may hold up to five (5) incarcerated individuals.
S 29 Booking Release	1	1	89 sq. ft.	The facility may hold up to five (5) incarcerated individuals.
S 30 Booking	1	1	153 sq. ft.	The facility may hold up to ten (10) incarcerated individuals.
S 31 Booking	1	1	177 sq. ft.	The facility may hold up to eleven (11) 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.*

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HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing	915
Subtotal Individual Housing Units Used for Admissions/Orientation, Medical and Mental Health Observation	73
Subtotal Individual Housing Units Used for Special Housing	36
Subtotal Multiple Occupancy Housing Units Used for General Housing	184
Subtotal Multiple Occupancy Housing Units Used for Admissions/Orientation, Medical and Mental Health Observation	8
Subtotal Multiple Occupancy Housing Units Used for Special Housing	0
Subtotal Units Containing both Individual and Multiple Occupancy Housing Used for General Housing	0
Subtotal Units Containing both Individual and Multiple Occupancy Housing Used for Admissions/Orientation, Medical and Mental Health Observation	0
Subtotal Units Containing both Individual and Multiple Occupancy Housing Used for Special Housing	0
MAXIMUM FACILITY CAPACITY:	1216

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 Minimum Standard changes to Part 7006 and Part 7013.

Reviewed by: Keith Zobel



Deputy Director 9/9/21

Approved by: Terrence Moran



Director 9/9/21