MEMORANDUM

TO: COMMISSION MEMBERS

FROM: Brian Callahan, Counsel

RE: AGENDA FOR COMMISSION MEETING

DATE: May 18, 2021 at 11:00AM

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

I. MINUTES

SCOC
April 18, 2021 Commission Meeting
April 26, 2021 Supplemental Commission Meeting

CPCRC
May 13, 2021 Minutes

II. VARIANCES

A. Westchester County Department of Probation
   Woodfield Juvenile Detention Center
   21-V-08
   Use of West Wing Trailer 1st Floor
   Rooms 3, 5 and 9

B. Westchester County Department of Probation
   Woodfield Juvenile Detention Center
   19-V-08
   Use of West Wing
   Section 7320.4

C. Erie County Department of Social Services
   Erie County Secure Detention Center
   20-V-26
   Pod
   Section 7320.4
D. Genesee County Sheriff’s Office
Genesee County Jail
21-V-03
Maximum Facility Capacity
Sections 7040.3 and 7040.5(a)(d)

E. Essex County Sheriff’s Office
Essex County Jail
21-V-14 NEW
Non-Contact Visiting
Sections 7008.2(b) and 7008.3(c)

F. Oneida County Sheriff’s Office
Oneida County Jail
21-V-11 NEW
Prisoner Correspondence
Sections 7004.1 and 7004.3

G. Dutchess County Sheriff’s Office
Dutchess County Jail
21-V-12 NEW
Prisoner Correspondence
Sections 7004.1 and 7004.3

H. Onondaga County Sheriff’s Office
Onondaga County Custody Department
21-V-13 NEW
Prisoner Correspondence
Sections 7004.1 and 7004.3

III. MAXIMUM FACILITY CAPACITY

I. Herkimer County Sheriff’s Office
Herkimer County Jail
Revocation of MFC (old facility)

J. Dutchess County Sheriff’s Office
Dutchess County Jail
Revision

K. Livingston County Sheriff’s Office
Livingston County Jail
Revision

L. Oneida County Sheriff’s Office
Oneida County Jail
Revision

M. New York City Department of Correction
Manhattan Detention Complex
Zero-out Capacity
IV. CONSTRUCTION

N. New York City Department of Correction
   Robert N. Davoren Center
   SCOC #21-C-24
   Security Doors

O. New York City Department of Correction
   North Infirmary Command
   SCOC #21-C-23
   Change Order

P. New York City Department of Correction
   North Infirmary Command
   SCOC #21-C-25
   Razor Ribbon

Q. New York City Department of Correction
   North Infirmary Command
   SCOC #21-C-26
   Virtual Court Rooms

R. New York City Police Department
   116th Precinct
   SCOC #21-C-29
   New Holding Cells
Chairman Riley called the meeting to order at 11:00 a.m.

PRESENT:
Allen Riley, Chairman
Thomas Loughren, Commissioner (Via WebEx)
Brian Callahan, Counsel
Terry Moran, Director of Operations
Keith Zobel, Deputy Director of Operations
Debbie Slack-Bean, Associate Attorney
Christopher Ost, Correctional Facility Specialist 3
Cynthia Allen, Correctional Facility Specialist 3
Lloyd Robistow, Correctional Facility Specialist 1
Adam Tilbe, Correctional Facility Specialist 1
Amanda Crawford-Crowe, Correctional Facility Specialist 1

LOCATION: Alfred E. Smith Building, 80 So. Swan Street, 12th Floor, Albany, NY. and Manatee, Florida 34222.

I. MINUTES

SCOC Approved Unanimous
March 30, 2021 Commission Meeting Loughren/Riley
II.  **VARIANCES**

A. Erie County Department of Social Services  
   Erie County Secure Detention Center  
   20-V-26  
   Beds  
   Section 7320.4(b)  
   Facility did not submit an extension request.  
   Expires May 1, 2021

B. Gates Police Department  
   20-V-18  
   Supervision of Female Prisoners  
   Section 7504.1(e)  
   Approved Unanimous  
   January 1, 2022  
   Loughren/Riley

C. Medina Police Department  
   20-V-17  
   Supervision of Female Prisoners  
   Section 7504.1(e)  
   Approved Unanimous  
   January 1, 2022  
   Loughren/Riley

D. Chautauqua County Sheriff’s Office  
   Chautauqua County Jail  
   21-V-09 NEW  
   Prisoner Correspondence  
   Sections 7004.1 and 7004.3  
   Approved Unanimous  
   July 1, 2021  
   Loughren/Riley

III.  **MAXIMUM FACILITY CAPACITY**

E. Broome County Sheriff’s Office  
   Broome County Jail  
   Revision  
   Approved Unanimous  
   Loughren/Riley

F. Schenectady County Sheriff’s Office  
   Schenectady County Jail  
   Revision  
   Approved Unanimous  
   Loughren/Riley

G. Seneca County Sheriff’s Office  
   Seneca County Jail  
   Revision  
   Approved Unanimous  
   Loughren/Riley
H. Albany County Sheriff’s Office
Albany County Jail
Revision
Approved Unanimous
Loughren/Riley

I. Chemung County Sheriff’s Office
Chemung County Jail
Revision
Approved Unanimous
Loughren/Riley

J. Dutchess County Sheriff’s Office
Dutchess County Jail
Revision
Approved Unanimous
Loughren/Riley

K. Monroe County Sheriff’s Office
Monroe County Jail
Revision
Approved Unanimous
Loughren/Riley

L. Onondaga County Sheriff’s Office
Onondaga County Justice Center
Revision
Approved Unanimous
Loughren/Riley

IV. REGULATORY REVIEW

M. Five Year Regulatory Review
Approved Unanimous
Loughren/Riley

N. Notice of Adoption
9 NYCRR, §7320.4(c), Individual Occupancy Room
Approved Unanimous
Loughren/Riley

Commissioner Loughren made a motion to go into executive session at 11:10 a.m. to discuss Medical Review Board and Variance items which was seconded by Chairman Riley.

Commissioner Loughren made a motion to exit Executive Session and return to general session at 11:15 a.m., which was seconded by Chairman Riley.

The meeting resumed at 11:15 a.m. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding Medical Review Board and Variance items, seconded by Chairman Riley. Commissioner Loughren made a motion to adjourn at 11:16 a.m. which was seconded by Chairman Riley.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner
EXECUTIVE SESSION

MINUTES

LOCATION:
Commission Meeting

STATE COMMISSION OF CORRECTION
LOCATION(S):
Albany Location
80 S. Swan Street, 12th Floor
Albany, New York 12210
and
Manatee, Florida 34222

DATE OF MEETING: April 20, 2021

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

PRESENT:
Allen Riley, Chairman
Thomas Loughren, Commissioner (Via WebEX)
Brian Callahan, Counsel
Terry Moran, Director of Operations
Keith Zobel, Deputy Director of Operations
Debbie Slack-Bean, Associate Attorney
Christopher Ost, Correctional Facility Specialist 3
Cynthia Allen, Correctional Facility Specialist 3
Patricia Amati, Assistant to Chairman/Commissioner
Lloyd Robistow, Correctional Facility Specialist 1
Adam Tilbe, Correctional Facility Specialist 1
Amanda Crawford-Crowe, Correctional Facility Specialist 1
Amanda Grimes, Correctional Facility Specialist 1

LOCATION: Alfred E. Smith Building, 80 So. Swan Street, 12th Floor,
Albany, NY and Manatee, Florida.
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Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner
Chairman Riley called the meeting to order at 11:00 a.m.

PRESENT:
Allen Riley, Chairman
Thomas Loughren, Commissioner (Via WebEx)
Tricia Amati, Assistant to Chairman/Commissioner
Brian Callahan, Counsel
Terry Moran, Director of Operations
Keith Zobel, Deputy Director of Operations
Debbie Slack-Bean, Associate Attorney
Cynthia Allen, Correctional Facility Specialist 3
Debbie Clark, Correctional Facility Specialist 3
Robert Cuttita, Correctional Facility Specialist 3 (Via WebEx)
Lloyd Robistow, Correctional Facility Specialist 1
Larry Roe, Correctional Facility Specialist 3

LOCATION:  Alfred E. Smith Building, 80 So. Swan Street, 12th Floor, Albany, NY. and Manatee, Florida 34222.

I.   VARIANCES

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<th>Onondaga County Sheriff’s Office</th>
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Loughren/Riley

July 1, 2021
II. CONSTRUCTION

A. New York City Administration for Children's Services
   Crossroads Juvenile Detention Center
   Construction 21-C-18
   HVAC Roof Top Units
   Approved Unanimous
   Loughren/Riley

B. New York City Administration for Children's Services
   Crossroads Juvenile Detention Center
   Construction 21-C-19
   Razor Ribbon Upgrade Two Gates
   Approved Unanimous
   Loughren/Riley

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

Commissioner Loughren made a motion to exit Executive Session and return to general session at 11:16 a.m., which was seconded by Chairman Riley.

The meeting resumed at 11:16 a.m. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding Variance and Construction items, seconded by Chairman Riley. Commissioner Loughren made a motion to adjourn at 11:17 a.m. which was seconded by Chairman Riley.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner
EXECUTIVE SESSION

MINUTES

LOCATION:
Commission Meeting

STATE COMMISSION OF CORRECTION
LOCATION(S):
Albany Location
80 S. Swan Street, 12th Floor
Albany, New York 12210
and
Manatee, Florida 34222

DATE OF MEETING: April 26, 2021

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

PRESENT:
Allen Riley, Chairman
Thomas Loughren, Commissioner (Via WebEx)
Tricia Amati, Assistant to Chairman/Commissioner
Brian Callahan, Counsel
Terry Moran, Director of Operations
Debbie Slack-Bean, Associate Attorney
Cynthia Allen, Correctional Facility Specialist 3
Debbie Clark, Correctional Facility Specialist 3
Robert Cuttita, Correctional Facility Specialist 3 (Via WebEx)
Lloyd Robistow, Correctional Facility Specialist 1
Larry Roe, Correctional Facility Specialist 3

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

Commissioner Loughren made a motion to go into executive session at 11:01 a.m. to discuss Variances and Construction items which was seconded by Chairman Riley.
Commissioner Loughren made a motion to exit Executive Session and return to general session at 11:16 a.m., which was seconded by Chairman Riley.

The meeting resumed at 11:16 a.m. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding Variance and Construction items, seconded by Chairman Riley. Commissioner Loughren made a motion to adjourn at 11:17 a.m. which was seconded by Chairman Riley.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner
PRESENT:
Commissioner Loughren

Council Members:
Albany:
Tom Cross
Martin Stanton

Also Present:
Terry Moran
Cynthia Allen
Chris Ost
Vicky Walker

Commissioner Loughren opened the meeting at 11:14 A.M.

Commissioner Loughren asked for a motion to ratify all actions taken at the April 8, 2021 meeting. Tom Cross made a motion to ratify all actions taken on April 8, 2021. Martin Stanton seconded. Carried. Commissioner Loughren asked for a motion to approve the minutes of the April 8, 2021 meeting. Tom Cross made a motion to approve the minutes of the April 8, 2021 meeting. Martin Stanton seconded. Carried.

Tom Cross and Commissioner Loughren reviewed the Denied with Comment grievances for the month of May 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. Upon the recommendation of Commissioner Loughren, Tom Cross 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. Martin Stanton made a motion to table the grievances he was scheduled to review. This motion was seconded by Tom Cross, and unanimously passed.

The Council reviewed the remaining grievances.
ACCEPT IN PART

132017  Allegany CJ  Unanimous
134723  Erie CF      Unanimous
138314  Monroe CJ    Unanimous

ADMINISTRATIVE CLOSURES

DENY

140134  139317  132578  131631  131348  131155  Albany CJ  Unanimous
133127  133072  131249  131842  Cattaraugus CJ Unanimous
136194  138331  138328  136989  133496  133481
133167  133165  133162  132485  132484  132483
132481  132479  132291  131285  131175  131174
131173  131154
131152 131151
Cayuga CJ  Unanimous

139765 137230 133456 133455 132872 132474 132229 132025 131681 131529 131478
Chautauqua CJ  Unanimous

137739 137156 136973 131550 131279 131253 131834
Chenango CJ  Unanimous

138294 138174 137994 137394 134274 131938 131707 131706 131705 131704 131312
Clinton CJ  Unanimous

133345 133074 132129 131251
Cortland CJ  Unanimous
Delaware CJ

Dutchess CJ

Erie CF

Erie CJ

Unanimous
133089
Essex CJ Unanimous

140274
138297
138295
132491
132490
132470
132309
132027
131330
131230
Fulton CJ Unanimous

137517
131012
Genesee CJ Unanimous

132534
132092
131923
Jefferson CJ Unanimous

132634
Livingston CJ Unanimous

137494
134281
134194
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Nassau CJ  Unanimous
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Niagara CJ  Unanimous
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Oneida CJ  Unanimous
Onondaga CD Unanimous

Onondaga CJ Unanimous

Ontario CJ Unanimous
Orange CJ  
138180
138179
134262
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131909
Unanimous

Orleans CJ  
138144
Unanimous

Oswego CJ  
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Otsego CJ  
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Putnam CJ  
132650
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Rensselaer CJ  
133169
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Rockland CJ  
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DENIED WITH COMMENT

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Rockland CJ

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Seneca CJ

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Sullivan CJ

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Tioga CJ

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Warren CJ

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Yates CJ

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<td>Unanimous</td>
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<tr>
<td>132529</td>
<td>Franklin CJ</td>
<td>Unanimous</td>
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Fulton CJ Unanimous
136509
Herkimer CJ Unanimous
132381
132610
Madison CJ Unanimous
132616
132310
132249
135447
Monroe CJ Unanimous
132589
Montgomery CJ Unanimous
132272
Nassau CJ Unanimous
135934
Niagara CJ Unanimous
132890
Oneida CJ Unanimous
132076
132292
132270
132637
132287
132549
136980
135499
135496
Onondaga CD Unanimous
132023
132910
135666
132829
132807
Ontario CJ Unanimous
132190
132433
<table>
<thead>
<tr>
<th>Code</th>
<th>Unanimous</th>
</tr>
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<tbody>
<tr>
<td>132191</td>
<td>Orange CJ</td>
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<td>132431</td>
<td>Rensselaer JC</td>
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<tr>
<td>132209</td>
<td>Rockland CJ</td>
</tr>
<tr>
<td>135597</td>
<td>Schoharie CJ</td>
</tr>
<tr>
<td>132442</td>
<td>Seneca CJ</td>
</tr>
<tr>
<td>132592</td>
<td>St. Lawrence CJ</td>
</tr>
<tr>
<td>132232</td>
<td>Sullivan CJ</td>
</tr>
<tr>
<td>135844</td>
<td>Steuben CJ</td>
</tr>
<tr>
<td>132331</td>
<td></td>
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<td></td>
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<td>132332</td>
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<td>138326</td>
<td></td>
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<tr>
<td>132817</td>
<td></td>
</tr>
<tr>
<td>132476</td>
<td>Warren CJ</td>
</tr>
<tr>
<td>132575</td>
<td></td>
</tr>
</tbody>
</table>
The next CPCRC meeting will be held on Thursday, July 8, 2021 at 11:00 A.M. via WebEx Telephone Conference.

Commissioner Loughren requested a motion to adjourn the meeting, which was made by Martin Stanton, seconded by Tom Cross, and carried. The meeting adjourned at 11:35 A.M.

Respectfully submitted,

Victoria Connors
Administrative Assistant
Recommendation by Field Staff: The Commission has received a request from Dean DeKranis of the Woodfield Detention Center for a variance to allow for the housing of 5 female youth in the west wing trailer 1st floor in order to create more bed space for male AO’s in the main building. This would allow for the 10 bed east trailer to be utilized for JD/OJ males and the 17 bed west wing of the main building to be used to for AO males. Only female JD/OJ/AO classified females would be housed on the 1st floor of the west wing trailer.

Recommendation at Briefing:
Final Recommendation: Recommend Approval through September 1, 2021

SUMMARY OF VARIANCE REQUEST
SCOC received a request from Director DeKranis for authorization for Woodfield Detention Center requesting to use three beds on the west trailer housing unit 1st floor.

VARIANCE HISTORY

RECOMMENDED CONDITIONS IF APPROVED
If approved, conditions should be as follows:

1. 
2. 
3. 
4. Daily documented inspections shall be completed at least once per day of the youth rooms.
5. All unauthorized coverings on youth lights must be removed.
6. The facility shall maintain a staffing plan consistent with the
requirements as outlined in OCFS and SCOC regulations.

7. Prior to the opening of any housing units the facility shall submit a staffing plan consistent with the requirements as outlined in OCFS and SCOC regulations.

8. The outside fire egress path to the trailers shall always remain clear.

CONSTRUCTION/RENOVATION PLANS

OTHER VARIANCES IN EFFECT
Toilet Ratio 18-V-08
West Wing second floor 19-V-08

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

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:
Conducted a 7306 evaluation

ANY OPEN MINIMUM STANDARD VIOLATIONS:
Many open minimum standard violations are being followed by the SCOC staff and worked on with the facility.

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE’S CONDITIONS:
• Unauthorized coverings over the resident’s lights in their rooms is ongoing

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED: Facility has a current need.

REVIEWED BY REGIONAL SUPERVISOR: Larry Roe DATE: 5/11/2021

OFFICIAL USE ONLY:

NOTES OF MEETING: _______

(09/18)
New York State Commission of Correction
80 South Swan Street, 12th Floor
Albany, NY 12210-8001

Re: Woodfield Detention Center - SCOC #21-V-08

Dear SCOC Colleagues:

On April 12th, 2021 prior to the opening of the West Trailer Housing Unit, the following actions were completed by Deputy Director, Eddie Crenshaw in order to comply with approved waiver #21-V-08.

A. [Redacted]

B. [Redacted]

C. All unauthorized light coverings in rooms 3, 5 and 9 were checked and confirmed to be free of unauthorized coverings.

D. The staffing plan on the Unit has been established as a minimum of two (2) staff during all shifts with a staff member directly outside the internal door leading into the main building.

E. The outside fire egress was inspected and was deemed clear of any debris or obstruction.

Inspections will be completed by staff daily and logged in the West Trailer logbook to ensure these items are continuously monitored.

Respectfully,

E. Crenshaw
Deputy Director of Security

Cc: Dean P. DeKranis, Director of Detention Services
    Timeke AmenRa, Deputy Director of Detention Service
Name of Facility: Woodfield Detention Center

Variance #19-V-08

New\[\] Renewal: [X] Relief from Standard: 7320.5(b)

Application by: Dean Dekranis

Date Request Rec:

Last Approved: Length of Approval: 3 months Expiration: June 1, 2021

Write-up Prepared by Larry Roe / Amanda Grimes

Recommendation by Field Staff:
Allow the facility to use for 90 days to help with the separation or quarantine of youth who are or may be COVID Positive.

Recommendation at Briefing: Approve until September 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST
Received a request from Mr. Dekranis to have the ability to utilize the Top Floor of the West wing trailer for up to a maximum of 7 bed to be able to be utilized for the SSD population as an infirmary due to the current COVID Crisis. This request is consistent with the Current approval with OCFS

VARIANCE HISTORY

CONSTRUCTION/RENOVATION PLANS

OTHER VARIANCES IN EFFECT
Toilet Ratio 18-V-08

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY): Per communications and requested documentation the following has been provided for review
DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:
This is a continuous review of the standards

ANY OPEN MINIMUM STANDARD VIOLATIONS:
Many open minimum standard violations are being followed by the SCOC staff and worked on with the facility.

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE’S CONDITIONS:

• Unauthorized coverings over the resident’s lights in their rooms is ongoing
• Many policies and procedures need to be updated to address the standards
• 

RECOMMENDED CONDITIONS IF APPROVED
If approved, conditions should be as follows:

1. Only youth quarantined at the direction of the medical director may be housed on the second floor of the West Wing trailer.

2. The maximum number of youth authorized on the second floor of the West Wing trailer is seven (7) youth. This does not increase the Maximum facility capacity.

3. The facility shall maintain a staffing plan consistent with the requirements as outlined in OCFS and SCOC regulations.

4. Prior to the opening of any housing units the facility shall submit a staffing plan consistent with the requirements as outlined in OCFS and SCOC regulations.

5. 

6. 

7. 

8. The outside fire egress path to the trailers shall always remain clear.

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED: COVID NEEDS

REVIEWED BY REGIONAL SUPERVISOR: Larry Roe
INSTRUCTIONS TO DIRECTOR:

Pursuant to New York State Minimum Standards Part 7360, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/Commissioner to the address or fax number listed above.

Facility: Woodfield Detention Center

Person requesting: Dean DeKranis

(Director)

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

Ex. Part: 7320 Section: 4 Subdivision: c

Standard for which the variance is requested:

Part: 7320 Section: 4 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)

Woodfield Detention Center is requesting authorization to use the 2nd floor of the West Trailer as a Covid19 quarantine unit.

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

To quarantine youth who test positive for Covid19 as well as new admissions pending Covid19 testing.
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).
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.

<table>
<thead>
<tr>
<th>Housing Area (Name and type, i.e. 1 North, dorm, linear)</th>
<th>Rooms and Cells Sq. Ft.</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Number of Toilets</th>
<th>Current MFC</th>
<th>Requested Number of Variance Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Wing Trailer - 1st Floor</td>
<td>80</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>vaired</td>
<td>3</td>
</tr>
<tr>
<td>West Wing Trailer - 2nd Floor</td>
<td>80</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

(If additional space is required please make a copy of this sheet and attach)
G. Has this variance been previously approved by the Commission?

Yes [X]  If yes, include the variance number 19-U-001  No __________

Signature (Director)  5/12/21

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 Variances (Formal application statement).

(SCCC Form #VA-SSD-2) (09/18)
Name of Facility: Erie County SSD  
Variance # 20-V-26

New: Renewal: X  Relief from Standard: 7320.5 c
Application by: Deputy Commissioner Paul Kubula  Date Request Rec: 05/06/2021
Last Approved: 10/29/20  Length of Approval: 7 months  Expiration: 6/1/21
Write-up Prepared by: Larry Roe/Amanda Grimes

Recommendation by Field Staff: Approve until September 1, 2021
Recommendation at Briefing: Approve until September 1, 2021
Final Recommendation:

SUMMARY OF VARIANCE REQUEST
Mr. Kubula is requesting to be allowed to continue using the Light Blue Pod, to house AO females. He is also requesting to be allowed to use the Green Pod for youth who may need medical isolation which helps minimize the risk to staff who are working with a medically isolated youth.

RECOMMENDED CONDITIONS IF APPROVED
1. The adjacent rooms to the AO shall not used
2. 

CONSTRUCTION/RENOVATION PLANS
N/A

OTHER VARIANCES IN EFFECT
None

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:
Not applicable at this time.

ANY OPEN MINIMUM STANDARD VIOLATIONS:
See most recent evaluation report

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE’S CONDITIONS:
None

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULDN'T BE EXTENDED:
This variance will permit the facility to utilize the Lt Blue pod for the housing of Adolescent Offenders. OCFS was consulted on this use and find it appropriate. They will be issuing an updated capacity for Erie’s SSD.

REVIEWED BY REGIONAL SUPERVISOR: Larry Roe  DATE: 5/11/21
OFFICIAL USE ONLY:

NOTES OF MEETING: _____
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: ________________________________

Person requesting: ________________________________

(Director)

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

   Ex. Part: 7320 Section: 4 Subdivision: c

   Standard for which the variance is requested:

   Part: ___________ 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. 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.

<table>
<thead>
<tr>
<th>Housing Area (Name and type, i.e. 1 North, dorm, linear)</th>
<th>Rooms and Cells Sq. Ft.</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Number of Toilets</th>
<th>Current MFC</th>
<th>Requested Number of Variance Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lt. Blue Pod</td>
<td>75</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

(If additional space is required please make a copy of this sheet and attach)
G. Has this variance been previously approved by the Commission?

Yes_______ If yes, include the variance number__________________No _______

_________________________________________  ___________
Signature (Director)           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: Genesee County Jail

| Name of Facility: | Genesee County Jail | Variance # | 21-V-03 |

### New: Renewal: X

| Relief from Standard: | 7040.3 |

### Application by: Sheriff William A. Sheron, Jr.

| Date Request Rec: | 5/10/2021 |

### Last Approved: NA

| Length of Approval: | 60 Days |

| Expiration: | August 1, 2021 |

### Write-up Prepared by: Adam Tilbe CFS1

### Recommendation by

| Recommendation at Briefing: | Approve until September 1, 2021 |

### SUMMARY OF VARIANCE REQUEST

The SCOC has recently changed our facilities maximum facility capacity and reduced our MFC by 10 beds. As you are aware, Genesee County has worked closely with the Commission over the past several years as part of its efforts to design and construct a new county jail. Although the COVID-19 pandemic has had an impact on those plans, we are currently moving forward and updating our needs assessment and construction plans. In the meantime, the loss of these beds will have a negative operational impact, particularly with the jail’s population increasing now that the courts are beginning to re-open and are resuming sentencing people. As you know, for several years, the Genesee County Jail operated with variance beds approved by the Commission in these housing areas with no problems and all conditions observed. I am requesting authorization for a total of 10 variance beds in the following housing areas for a period of one year.

### RECOMMENDATION BY STAFF

It is recommended this variance be approved.

### RECOMMENDED CONDITIONS IF APPROVED

1. Incarcerated individuals who are housed in the above-noted areas must be provided with a bunk or a “boat” to be used as a bed.

2. Active Supervision shall be provided on a 24-hour basis for the above-noted areas.

3. Incarcerated individuals housed in the above-noted areas shall receive the same services and programs as the general population.

4. The county shall not exceed the rated Maximum Facility Capacity for the purpose of boarding incarcerated individuals. This variance is not approved for the purpose of generating revenue.

5. Any future extension request shall include a status report on the county’s efforts to construct a new county jail.

### 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:
It is recommended this variance be approved based on the following:

These are the same housing areas that were approved for variance beds in 04-V-02, which the facility chose not to extend in late 2019 due to a decrease in their population.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>MFC</th>
<th>INCREASE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor North West Dorm</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>1st Floor South West Dorm</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>3rd Floor North West Dorm</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>3rd Floor South West Dorm</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>3rd Floor North Recreation Dorm</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>24</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

REVIEWED BY REGIONAL SUPERVISOR: Cuttica. Robert  DATE  5/11/2021

NOTES

OVER THE LAST YEAR THE TOTAL AVERAGE POPULATION WAS 42.19 WITH A HIGH OF 78 AND A LOW OF 32. I DO NOT BELIEVE THIS VARIANCE IS NEEDED.

OFFICIAL USE ONLY:

NOTES OF MEETING: _____
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: 7040 Section: 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)
C. In the space provided below, include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation.)

The SCOC has recently changed our facilities maximum facility capacity and reduced our MFC by 10 beds. As you are aware, Genesee County has worked closely with the Commission over the past several years as part of its efforts to design and construct a new county jail. Although the COVID-19 pandemic has had an impact on those plans, we are currently moving forward and updating our needs assessment and construction plans. In the meantime, the loss of these beds will have a negative operational impact, particularly with the jail’s population increasing now that the courts are beginning to re-open and are resuming sentencing people. As you know, for several years, the Genesee County Jail operated with variance beds approved by the Commission in these housing areas with no problems and all conditions observed. I am requesting authorization for a total of 10 variance beds in the following housing areas for a period of one year.

Housing Revised by the new MFC: Variance Beds Requested | Total Capacity
---|---|---
1st Floor NW Dorm | 5 | 2 | 7
1st Floor SW Dorm | 5 | 2 | 7
3rd Floor NW Dorm | 5 | 2 | 7
3rd Floor SW Dorm | 5 | 2 | 7
3rd Floor North Rec Dorm | 4 | 2 | 6

Your consideration in this matter is greatly appreciated.

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

_________ Days  ___________ Weeks  _____ 12 _____ Months

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

<table>
<thead>
<tr>
<th>Housing Area (Name and type, i.e. 1 North, dorm, linear)</th>
<th>Dorms and Cells Sq. Ft.</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Number of Toilets</th>
<th>Current MFC</th>
<th>Requested Number of Variance Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor North West Dorm</td>
<td>376</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>1st Floor South West Dorm</td>
<td>376</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>3rd Floor North West Dorm</td>
<td>376</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>3rd Floor South West Dorm</td>
<td>376</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>3rd Floor North Rec Dorm</td>
<td>315</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

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

G. Has this variance been previously approved by the Commission?
   Yes ___ No ___ If yes, include the variance number #21-V-03

Signature (Sheriff) (Chief Administrative Officer)  5/10/2021

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: Essex County Jail       Variance #21-V-14 NEW

New: ☒ Renewal:          Relief from Standard: 7008.6(a) and 7008.3(b)
Application by: Sheriff David Reynolds          Date Request Rec: 5/13/2021
Last Approved: N/A       Length of Approval:          Expiration:
Write-up Prepared by: L. Robistow
Recommendation by Field Staff: Recommend approval until September 1, 2021
Recommendation at Briefing: Recommend approval until July 1, 2021 (T. Moran)
Final Recommendation:

SUMMARY OF VARIANCE REQUEST: The facility is requesting to resume visitation, with restrictions, to mitigate the spread of COVID-19 while still allowing incarcerated individuals the ability to visit with family and friends. The facility does not intend to perform any physical modifications requiring construction but requests to allow for a single visitor, visits to be scheduled, no contact between the visitor and the incarcerated individuals and limiting the total number of visitors in the visitation area to 50% capacity. The facility also will utilize a screening procedure and require masks to be worn at all times. In addition to a policy document, the facility has provided a letter of support from the Essex County Public Health Director following the review of their plans.

VARIANCE HISTORY:

CONSTRUCTION/RENOVATION PLANS: N/A

OTHER VARIANCES IN EFFECT: N/A

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):
April 7, 2021 – COVID-19 Inspection-No relevant issues identified

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:
Virtual MSE February 2021

ANY OPEN MINIMUM STANDARD VIOLATIONS:
N/A to this variance

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 or modifications 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:  Clark      DATE:  5-14-21

REVIEWED BY DIRECTOR:

DATE:

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:
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: Essex County Sheriff’s Office

Person requesting: Sheriff David Reynolds

(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: 6 Subdivision: N/A

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

See attachment
C. In the space provided below include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation.) To mitigate the spread of COVID-19, but still allowing inmates to visit with family and friends in person relieving mental stress.

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

   Days     Weeks     6 Months

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

   See attachment
F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas affected (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)
G. Has this variance been previously approved by the Commission?

Yes _____ If yes, include the variance number _______________  No  x

Signature (Sheriff) (Chief Administrative Officer)  

May 12, 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).
5/12/2021

Commissioner of Corrections,

I have reviewed the Essex County Sheriff’s– County Jail Post COVID19 Procedures and Directives Visitation and Programs Updated: May 12, 2021.

I. Supplemental Procedures and Directives for the following:

A. §400.10 Electronic Scanning Devices
B. §500.1 Jail Lobby
C. §500.4 Visitation.

I accept this plan as best practices and COVID compliant.

Sincerely,

Linda L. Beers
Essex County Public Health Director

CC:

Sheriff, Dave Reynolds
Name of Facility: Oneida County Jail

Variance #21-V-11  NEW

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

Application by: Sheriff R. Macio
Date Request Rec: 5/5/21

Variance #: 21-V-11

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

Write-up Prepared by: M. Ellwanger CFS 2

Recommendation by Field Staff:  Approval until July 1, 2021.

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST
Sheriff Maciol is requesting authorization to provide inmates with photocopies of their incoming non-privileged correspondence in lieu of the original correspondence.

VARIANCE HISTORY
N/A

CONSTRUCTION/RENOVATION PLANS
N/A

OTHER VARIANCES IN EFFECT
N/A

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 correspondence violations identified by Commission staff during evaluation which will impact this variance.

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

Pursuant to this action, the following conditions shall apply:

1. Only non-privileged incoming correspondence and accompanying envelope may be photocopied and provided to the recipient prisoner. Incoming privileged correspondence shall be provided to the recipient prisoner and is not to be photocopied.

2. Incoming general and legal privileged correspondence shall be opened and inspected for contraband in the presence of the recipient prisoner. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope and contents must occur only while in the presence of the recipient prisoner.

3. Approval of this variance does not relieve the facility from its duty to comply with United States Postal Services’ regulations and statutes.

4. Except for incoming non-general and legal privileged correspondence forwarded to the chief administrative officer, the facility shall make available correspondence for inmate view within one business day of delivery by the United States Postal Service.

5. The facility shall ensure that inmates are provided, at no cost, the opportunity to:
   a. be provided with their original correspondence and enclosed contents (i.e., photos, cards, etc.), that are non-criminal in nature, immediately upon release/transfer from the facility; and
   b. be permitted to designate a person(s) who may obtain such original correspondence from the facility.

6. The facility shall provide inmates the opportunity to have their original correspondence forwarded to a third party.

7. All relevant protocols concerning the photocopying of correspondence shall be included in the facility’s inmate rulebook. If the rulebook is not yet scheduled for reprinting, such information shall be posted conspicuously in all housing areas until such reprinting has been completed and issued.

8. Any costs associated with the correspondence photocopying program shall be borne by the facility and not through the use of commissary profits.

9. The facility ensures that all correspondence-related reportable incidents are submitted to the Commission in accordance with Part 7022, Reportable Incidents.

REVIEWED BY REGIONAL SUPERVISOR: Clark            DATE: MAY 10, 2021

REVIEWED BY DIRECTOR: Moran             DATE: May 12, 2021

COMMENTS BY DIRECTOR:
OFFICIAL USE ONLY:

NOTES OF MEETING:

SCOC VARIANCE WRITE-UP FORM: EFFECTIVE JANUARY 2010
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: Oneida County Sheriff's Office

(Sheriff/Chief Administrative Officer)

Person requesting: Sheriff Robert Maciol

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: 7040 Section: 3

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)

Incoming non-general and legal privileged correspondence are to be photographed as a request 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.)

   TO MAINTAIN SAFETY AND SECURITY FOR INMATES AND STAFF BY PHOTOCOPYING ALLOWED CORRESPONDENCE.

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).

   - Policy addendum will be distributed to staff,
   - Change of rules to be posted in units
   - Copy machine to be acquired through county contract.
   - Plans for full compliance by June 30, 2021
F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas affected (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)
G. Has this variance been previously approved by the Commission?

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

Signature (Sheriff) (Chief Administrative Officer)  Date

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

(SCOC Form #VA-CJ-1)  
(09/2018)
Name of Facility: Dutchess County Jail  Variance #21-V-12

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

Application by:  Superintendent Therese Lee  Date Request Rec: 5-10-21

Last Approved:  NA  Length of Approval: 1 Month  Expiration: 7-1-21

Write-up Prepared by:  Adam Tilbe CFS 1

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

Recommendation at Briefing:  Approve until July 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

RECOMMENDATION BY STAFF

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

RECOMMENDED CONDITIONS IF APPROVED

Pursuant to this action, the following conditions shall apply:

1. Only non-privileged incoming correspondence and accompanying envelope may be photocopied and provided to the recipient prisoner. Incoming privileged correspondence shall be provided to the recipient prisoner and is not to be photocopied.

2. Incoming general and legal privileged correspondence shall be opened and inspected for contraband in the presence of the recipient prisoner. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope and contents must occur only while in the presence of the recipient prisoner.

3. Approval of this variance does not relieve the facility from its duty to comply with United States Postal Services’ regulations and statutes.

4. Except for incoming non-general and legal privileged correspondence forwarded to the chief administrative officer, the facility shall make available correspondence for inmate view within one business day of delivery by the United States Postal Service.

5. The facility shall ensure that inmates are provided, at no cost, the opportunity to:
a. be provided with their original correspondence and enclosed contents (i.e., photos, cards, etc.), that are non-criminal in nature, immediately upon release/transfer from the facility; and

b. be permitted to designate a person(s) who may obtain such original correspondence from the facility.

6. The facility shall provide inmates the opportunity to have their original correspondence forwarded to a third party.

7. All relevant protocols concerning the photocopying of correspondence shall be included in the facility’s inmate rulebook. If the rulebook is not yet scheduled for reprinting, such information shall be posted conspicuously in all housing areas until such reprinting has been completed and issued.

8. Any costs associated with the correspondence photocopying program shall be borne by the facility and not through the use of commissary profits.

9. The facility ensures that all correspondence-related reportable incidents are submitted to the Commission in accordance with Part 7022, Reportable Incidents.

CONSTRUCTION/RENOVATION PLANS
NA

OTHER VARIANCES IN EFFECT
NA

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):
May 6, 2021. No concerns.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:
March 3, 2021

ANY OPEN MINIMUM STANDARD VIOLATIONS:
Section 7003.2(d) Constant Supervision
Section 7003.2(jj)(5)(i-iii) Supervision of prisoners in facility housing areas
Section 7003.3(jj)(6) Supervision of prisoners in facility housing areas
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
SCOC VARIANCE WRITE-UP FORM: EFFECTIVE JANUARY 2010

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

REVIEWED BY REGIONAL SUPERVISOR: DATE

OFFICIAL USE ONLY:

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

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

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<th>Part</th>
<th>Section</th>
<th>Subdivision</th>
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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  12 Months

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

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(Page_____ of_____)

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

Yes ______ If yes, include the variance number ______ No ______

[Signature (Director)]

Date: 5/10/21

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 #VA-SSD-2) (09/18)
Name of Facility: Onondaga County Jail/Custody Dept.  Variance #: 21-V-13 NEW

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

Application by: Chief Esteban Gonzalez  Date Request Rec: 4/29/21

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

Write-up Prepared by: L. Robistow

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

Recommendation at Briefing:  Approve until July 1, 2021

Final Recommendation:

SUMMARY OF VARIANCE REQUEST
Chief Esteban Gonzalez is requesting authorization to provide incarcerated individuals with photocopies of their incoming non-privileged correspondence in lieu of the original correspondence.

Note: On 5/7/2021, Sgt. Mahoney advised Commission staff member Lloyd Robistow of their intention to immediately implement the procedure as described in this variance, prior to the approval of the variance.

VARIANCE HISTORY

CONSTRUCTION/RENOVATION PLANS

N/A

OTHER VARIANCES IN EFFECT

21-V-10 Same topic and conditions for Correction Department

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

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

Virtual MSE January 2021

ANY OPEN MINIMUM STANDARD VIOLATIONS:

Not applicable at this time. No correspondence violations have been identified by Commission staff.

OTHER INFORMATION

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE’S CONDITIONS:

Not applicable at this time.

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:
RECOMMENDED CONDITIONS IF APPROVED

Pursuant to this action, the following conditions shall apply:

1. Only non-privileged incoming correspondence and accompanying envelope may be photocopied and provided to the recipient prisoner. Incoming privileged correspondence shall be provided to the recipient prisoner and is not to be photocopied.

2. Incoming general and legal privileged correspondence shall be opened and inspected for contraband in the presence of the recipient prisoner. The facility may use a drug detecting device to scan privileged correspondence for illicit drugs only in the presence of the recipient prisoner.

3. Approval of this variance does not relieve the facility from its duty to comply with United States Postal Services’ regulations and statutes.

4. Except for incoming non-general and legal privileged correspondence forwarded to the chief administrative officer, the facility shall make available correspondence for inmate view within one business day of delivery by the United States Postal Service.

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6. The facility shall provide inmates the opportunity to have their original correspondence forwarded to a third party.

7. All relevant protocols concerning the photocopying of correspondence shall be included in the facility’s inmate rulebook. If the rulebook is not yet scheduled for reprinting, such information shall be posted conspicuously in all housing areas until such reprinting has been completed and issued.

8. Any costs associated with the correspondence photocopying program shall be borne by the facility and not through the use of commissary profits.

9. The facility ensures that all correspondence-related reportable incidents are submitted to the Commission in accordance with Part 7022, Reportable Incidents.

REVIEWED BY REGIONAL SUPERVISOR: D. Clark  DATE:  May 13, 2021

REVIEWED BY DIRECTOR: Terry Moran  DATE:  May 14, 2021

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:
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
          Custody Department
          555 South State Street
          Syracuse, New York 13202

Person requesting: Chief Esteban Gonzalez

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: 7004  Section: 3  Subdivision: N/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)

The Onondaga County Sheriff’s Office, Custody Department is seeking approval to photocopy all incoming non-privileged correspondence prior to
being delivered to its intended recipient. Custody Department staff will photocopy the envelope and enclosed correspondence, deliver the photocopied material to the inmate and secure the original in the inmate’s property. Inmates will receive all original correspondence that has not been subject to a criminal investigation, upon their release or transfer from the Justice Center, or will be permitted to authorize the release of all their original correspondence from their property to a person who is not incarcerated at the Justice Center.

Attached is a copy of the Justice Center’s written directive outlining the photocopying procedure to serve as an addendum to your current procedures for part 7004. Upon your approval, we will continue to follow these 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.)

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

   Days ______________  Weeks ______________  Months 12

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.)

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 a 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_______ if yes, include the variance number_________ No

X

Signature Chief Administrative Officer

4/29/21

Date

Additional copies of this form can be obtained by contacting the Commission, or online at [www.scoc.nu.gov](http://www.scoc.nu.gov). Click on Table of Contents, Commission Forms, Request for a Variance (Formal application statement).
To: Chairman Riley and Commissioner Loughren

From: Terrence Moran, Director

Re: Old Herkimer County Jail MFC Revocation

Date: May 14, 2021

With the recent opening of the new Herkimer County Correctional Facility, I am recommending that the Maximum Facility Capacity for the old Herkimer County Jail on Main Street in Herkimer, New York, be revoked.
MAXIMUM FACILITY CAPACITY

For the

Dutchess County Jail

Poughkeepsie, New York

May 18, 2021

Allen Riley
Chairman

Thomas J. Loughren
Commissioner
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.
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.

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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.
**IA. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING**

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Individual Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available per Section</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Unit 1</td>
<td>30</td>
<td>30 @ 69 sq. ft.</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>Housing Unit 2 East</td>
<td>13</td>
<td>13 @ 69 sq. ft.</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Housing Unit 2 West</td>
<td>13</td>
<td>13 @ 69 sq. ft.</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Housing Unit 3 East</td>
<td>14</td>
<td>14 @ 69 sq. ft.</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Housing Unit 3 West</td>
<td>14</td>
<td>14 @ 69 sq. ft.</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Housing Unit 4F</td>
<td>7</td>
<td>7 @ 69 sq. ft.</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Housing Unit 8 East</td>
<td>6</td>
<td>6 @ 69 sq. ft.</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Housing Unit 8 West</td>
<td>7</td>
<td>7 @ 69 sq. ft.</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Housing Unit 22</td>
<td>50</td>
<td>50 @ 78 sq. ft.</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>Housing Unit 23</td>
<td>50</td>
<td>50 @ 78 sq. ft.</td>
<td>4</td>
<td>50</td>
</tr>
</tbody>
</table>

Individual General Housing Unit Total: 204

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Housing</th>
<th>Number of Individual Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Unit 4 Pod A</td>
<td>Medical and Mental Health</td>
<td>3</td>
<td>3 @ 69 sq. ft.</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Housing Unit 4 Pod B</td>
<td>Medical and Mental Health</td>
<td>4</td>
<td>4 @ 69 sq. ft.</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Housing Unit 4 Pod C</td>
<td>Medical and Mental Health</td>
<td>4</td>
<td>4 @ 69 sq. ft.</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Housing Unit 5 East</td>
<td>Admissions and Orientation</td>
<td>6</td>
<td>6 @ 69 sq. ft.</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Housing Unit 5 West</td>
<td>Admissions and Orientation</td>
<td>7</td>
<td>7 @ 69 sq. ft.</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Housing Unit 6</td>
<td>Medical and Mental Health</td>
<td>6</td>
<td>6 @ 69 sq. ft.</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Housing Unit 11 Pod A</td>
<td>Medical and Mental Health</td>
<td>3</td>
<td>3 @ 69 sq. ft.</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Housing Unit 11 Pod B</td>
<td>Medical and Mental Health</td>
<td>4</td>
<td>4 @ 69 sq. ft.</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Housing Unit 11 Pod C</td>
<td>Medical and Mental Health</td>
<td>4</td>
<td>4 @ 69 sq. ft.</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>
### I. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Special Housing</th>
<th>Number of Individual Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th># of Showers Available per Section</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Unit 4 Pod D</td>
<td>Punitive and Administrative Segregation</td>
<td>4</td>
<td>4 @ 69 sq. ft.</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Housing Unit 4 Pod E</td>
<td>Punitive and Administrative Segregation</td>
<td>6</td>
<td>6 @ 69 sq. ft.</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

Individual Special Housing Unit Total: 10

### IIA. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Multiple General Housing Unit Total: 0
### IIB. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR ADMISSIONS/ORIENTATION, MEDICAL AND MENTAL HEALTH OBSERVATION

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Housing</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

### IIC. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Special Housing</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Multiple Special Housing Unit Total: 0

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Housing</th>
<th>Number of Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Individual and Multiple Occupancy General Housing Unit Total: 0

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Housing</th>
<th>Number of Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Individual and Multiple Occupancy Admissions/orientation, Medical and Mental Health Housing Unit Total: 0
III.C. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR SPECIAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Special Housing</th>
<th>Number of Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Individual and Multiple Occupancy Special Housing Unit Total: 0

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

<table>
<thead>
<tr>
<th>Name of Area/Section</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Total Size of Area (Sq. Ft. of Floor Space)</th>
<th>Description of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Holding #1</td>
<td>1</td>
<td>1</td>
<td>1 @ 55 sq. ft.</td>
<td>The facility may hold up to three (3) incarcerated individuals.</td>
</tr>
<tr>
<td>Single Holding #2</td>
<td>1</td>
<td>1</td>
<td>1 @ 55 sq. ft.</td>
<td>The facility may hold up to three (3) incarcerated individuals.</td>
</tr>
<tr>
<td>Single Holding #3</td>
<td>1</td>
<td>1</td>
<td>1 @ 55 sq. ft.</td>
<td>The facility may hold up to three (3) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Tank #1</td>
<td>0</td>
<td>0</td>
<td>1 @ 92 sq. ft.</td>
<td>The facility may hold up to six (6) incarcerated individuals.</td>
</tr>
<tr>
<td><strong>See note #2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holding Tank #2</td>
<td>0</td>
<td>0</td>
<td>1 @ 132 sq. ft.</td>
<td>The facility may hold up to eight (8) incarcerated individuals.</td>
</tr>
<tr>
<td><strong>See note #2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td><strong>See note #2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holding Tank #4</td>
<td>0</td>
<td>0</td>
<td>1 @ 132 sq. ft.</td>
<td>The facility may hold up to eight (8) incarcerated individuals.</td>
</tr>
<tr>
<td><strong>See note #2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

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

2. Any incarcerated individuals placed in Holding Tanks #1, #2, #3 or #4 shall be provided access to a toilet and sink.
Housing Type | Totals
--- | ---
Subtotal Individual Housing Units Used for General Housing | 204
Subtotal Individual Housing Units Used for Admissions/Orientation, Medical and Mental Health Observation | 80
Subtotal Individual Housing Units Used for Special Housing | 10
Subtotal Multiple Occupancy Housing Units Used for General Housing | 0
Subtotal Multiple Occupancy Housing Units Used for Admissions/Orientation, Medical and Mental Health Observation | 0
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:** 294

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

Approved by: Terrence Moran

Deputy Director 5/10/21

Director 5/10/21
MAXIMUM FACILITY CAPACITY

For the

Livingston County Jail

Geneseo, New York

May 18, 2021

Allen Riley
Chairman

Thomas J. Loughren
Commissioner
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# LIVINGSTON COUNTY JAIL – MFC 2021

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<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available per Section</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>G Block</td>
<td>2</td>
<td>2 @ 70 sq. ft.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>H Block</td>
<td>2</td>
<td>2 @ 70 sq. ft.</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Individual General Housing Unit Total: 4

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Housing</th>
<th>Number of Individual Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

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

## IC. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Special Housing</th>
<th>Number of Individual Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th># of Showers Available per Section</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Individual Special Housing Unit Total: 0
## IIA. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>C Dorm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay 1 (Bunks 1-8)</td>
<td>3 Toilets 1 Urinal</td>
<td>4</td>
<td>3</td>
<td>3,226 sq. ft.</td>
<td>32</td>
</tr>
<tr>
<td>Bay 2 (Bunks 9-16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay 3 (Bunks 17-24)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay 4 (Bunks 25-32)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorm I</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>364 sq. ft.</td>
<td>4</td>
</tr>
<tr>
<td>Dorm J</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>364 sq. ft.</td>
<td>4</td>
</tr>
<tr>
<td>Dorm K</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>364 sq. ft.</td>
<td>4</td>
</tr>
</tbody>
</table>

Multiple General Housing Unit Total: 44

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
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<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

## IIC. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Special Housing</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Multiple Special Housing Unit Total: 0
### IIIA. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR GENERAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Pod</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Area Single Cells</td>
<td>28</td>
<td>28 @ 70 sq. ft.</td>
<td>4</td>
<td>60</td>
</tr>
<tr>
<td>Main Area Double Cells</td>
<td>12</td>
<td>12 @ 104 sq. ft.</td>
<td>4</td>
<td>60</td>
</tr>
<tr>
<td>9-10, 13-14, 15-16, 33-34, 37-40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub 1 (cells 1-2)</td>
<td>2</td>
<td>2 @ 70 sq. ft.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sub 2 (cells 5-6)</td>
<td>2</td>
<td>2 @ 70 sq. ft.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sub 3 (cells 19-20)</td>
<td>2</td>
<td>2 @ 70 sq. ft.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sub 4 (cells 23-24)</td>
<td>2</td>
<td>2 @ 70 sq. ft.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>B Pod</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Area Single Cells</td>
<td>28</td>
<td>28 @ 70 sq. ft.</td>
<td>4</td>
<td>60</td>
</tr>
<tr>
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<td>60</td>
</tr>
<tr>
<td>9-10, 13-14, 15-16, 33-34, 37-40</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sub 1 (cells 1-2)</td>
<td>2</td>
<td>2 @ 70 sq. ft.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sub 2 (cells 5-6)</td>
<td>2</td>
<td>2 @ 70 sq. ft.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sub 3 (cells 19-20)</td>
<td>2</td>
<td>2 @ 70 sq. ft.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sub 4 (cells 23-24)</td>
<td>2</td>
<td>2 @ 70 sq. ft.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>D Block</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old Section Single Cells</td>
<td>5</td>
<td>5 @ 70 sq. ft.</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Dayspace (Dorm)</td>
<td>1</td>
<td>320 sq. ft.</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>E Block</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old Section Single Cells</td>
<td>5</td>
<td>5 @ 70 sq. ft.</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Dayspace (Dorm)</td>
<td>1</td>
<td>361 sq. ft.</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>F Block</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old Section Single Cells</td>
<td>5</td>
<td>5 @ 70 sq. ft.</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Dayspace (Dorm)</td>
<td>1</td>
<td>361 sq. ft.</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

**Individual and Multiple Occupancy General Housing Unit Total:** 144
LIVINGSTON COUNTY JAIL – MFC 2021

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Housing</th>
<th>Number of Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Special Housing</th>
<th>Number of Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Individual and Multiple Occupancy Special Housing Unit Total: 0
IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

<table>
<thead>
<tr>
<th>Name of Area/Section</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Total Size of Area (Sq. Ft. of Floor Space)</th>
<th>Description of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holding #1</td>
<td>1</td>
<td>1</td>
<td>50 sq. ft.</td>
<td>The facility may hold up to three (3) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding #2</td>
<td>1</td>
<td>1</td>
<td>65 sq. ft.</td>
<td>The facility may hold up to four (4) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding #3</td>
<td>1</td>
<td>1</td>
<td>50 sq. ft.</td>
<td>The facility may hold up to three (3) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding #4</td>
<td>1</td>
<td>1</td>
<td>50 sq. ft.</td>
<td>The facility may hold up to three (3) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding #5</td>
<td>1</td>
<td>1</td>
<td>50 sq. ft.</td>
<td>The facility may hold up to three (3) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding #6</td>
<td>1</td>
<td>1</td>
<td>50 sq. ft.</td>
<td>The facility may hold up to three (3) incarcerated individuals.</td>
</tr>
<tr>
<td>OLD SECTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation #1</td>
<td>1</td>
<td>1</td>
<td>80 sq. ft.</td>
<td>These cells are now used for storage space and cannot be used to hold incarcerated individuals.</td>
</tr>
<tr>
<td>Observation #2</td>
<td>1</td>
<td>1</td>
<td>48 sq. ft.</td>
<td>These cells are now used for storage space and cannot be used to hold incarcerated individuals.</td>
</tr>
</tbody>
</table>

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.
### HOUSING TYPE

<table>
<thead>
<tr>
<th>Description</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtotal Individual Housing Units Used for General Housing</td>
<td>4</td>
</tr>
<tr>
<td>Subtotal Individual Housing Units Used for Admissions/Orientation, Medical and Mental Health Observation</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal Individual Housing Units Used for Special Housing</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal Multiple Occupancy Housing Units Used for General Housing</td>
<td>44</td>
</tr>
<tr>
<td>Subtotal Multiple Occupancy Housing Units Used for Admissions/Orientation, Medical and Mental Health Observation</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal Multiple Occupancy Housing Units Used for Special Housing</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal Units Containing both Individual and Multiple Occupancy Housing Used for General Housing</td>
<td>144</td>
</tr>
<tr>
<td>Subtotal Units Containing both Individual and Multiple Occupancy Housing Used for Admissions/Orientation, Medical and Mental Health Observation</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal Units Containing both Individual and Multiple Occupancy Housing Used for Special Housing</td>
<td>0</td>
</tr>
</tbody>
</table>

**MAXIMUM FACILITY CAPACITY:** 192

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

Approved by: Terrence Moran

Deputy Director 5/10/21

Director 5/10/21
MAXIMUM FACILITY CAPACITY

For the

Oneida County Jail

Oriskany, New York

May 18, 2021

Allen Riley
Chairman

Thomas J. Loughren
Commissioner
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.
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.
## IA. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Individual Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available per Section</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Left Front</td>
<td>6</td>
<td>6 @ 48 sq. ft.</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>A Right Front</td>
<td>6</td>
<td>6 @ 48 sq. ft.</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>B Left</td>
<td>16</td>
<td>16 @ 48 sq. ft.</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>B Right</td>
<td>16</td>
<td>16 @ 48 sq. ft.</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>C Left</td>
<td>16</td>
<td>16 @ 48 sq. ft.</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>C Right</td>
<td>16</td>
<td>16 @ 48 sq. ft.</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>E Left</td>
<td>4</td>
<td>4 @ 48 sq. ft.</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>E Right</td>
<td>4</td>
<td>4 @ 48 sq. ft.</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>F Left</td>
<td>6</td>
<td>6 @ 48 sq. ft.</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>F Right</td>
<td>6</td>
<td>6 @ 48 sq. ft.</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>H Left</td>
<td>20</td>
<td>20 @ 48 sq. ft.</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>H Right</td>
<td>20</td>
<td>20 @ 48 sq. ft.</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>MWC 1</td>
<td>3</td>
<td>3 @ 63 sq. ft.</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>MWC 2</td>
<td>3</td>
<td>3 @ 63 sq. ft.</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Pod 1</td>
<td>56</td>
<td>56 @ 84 sq. ft.</td>
<td>8</td>
<td>56</td>
</tr>
<tr>
<td>Pod 2</td>
<td>56</td>
<td>56 @ 84 sq. ft.</td>
<td>8</td>
<td>56</td>
</tr>
<tr>
<td>Pod 3</td>
<td>56</td>
<td>56 @ 84 sq. ft.</td>
<td>8</td>
<td>56</td>
</tr>
<tr>
<td>Pod 4</td>
<td>56</td>
<td>56 @ 84 sq. ft.</td>
<td>8</td>
<td>56</td>
</tr>
<tr>
<td>Pod 5</td>
<td>56</td>
<td>56 @ 84 sq. ft.</td>
<td>8</td>
<td>56</td>
</tr>
<tr>
<td>Pod 6</td>
<td>56</td>
<td>56 @ 84 sq. ft.</td>
<td>8</td>
<td>56</td>
</tr>
<tr>
<td>Pod 7</td>
<td>56</td>
<td>56 @ 84 sq. ft.</td>
<td>8</td>
<td>56</td>
</tr>
<tr>
<td>Pod 8</td>
<td>56</td>
<td>56 @ 84 sq. ft.</td>
<td>8</td>
<td>56</td>
</tr>
</tbody>
</table>

Individual General Housing Unit Total: 590

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Housing</th>
<th>Number of Individual Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infirmary</td>
<td>Medical</td>
<td>14</td>
<td>14 @ 110 sq. ft.</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Negative Pressure Cells</td>
<td>Medical</td>
<td>4</td>
<td>4 @ 80 sq. ft.</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Individual Admissions/Orientation, Medical and Mental Health Observation Housing Unit Total: 18
IC. **INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING**

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Special Housing</th>
<th>Number of Individual Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th># of Showers Available per Section</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Individual Special Housing Unit Total: 0

IIA. **MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING**

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Left Dorm</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>1026 sq. ft.</td>
<td>13</td>
</tr>
<tr>
<td>A Right Dorm</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>1026 sq. ft.</td>
<td>13</td>
</tr>
<tr>
<td>G Dorm</td>
<td>see note</td>
<td>1</td>
<td>1</td>
<td>192 sq. ft.</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: The G dorm is currently used for storage. Any such items must be removed prior to housing any incarcerated individual(s).

Multiple General Housing Unit Total: 28

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

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

IIC. **MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING**

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Special Housing</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Multiple Special Housing Unit Total: 0
### IIIA. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING USED FOR GENERAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Housing</th>
<th>Number of Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
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<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Special Housing</th>
<th>Number of Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Number of Showers Available</th>
<th>Maximum Incarcerated Individual Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Individual and Multiple Occupancy Special Housing Unit Total: 0
### IV. NON-HOUSING AREAS USED FOR THE TEMPORARY DETENTION OF INDIVIDUALS

<table>
<thead>
<tr>
<th>Name of Area/Section</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Total Size of Area (Sq. Ft. of Floor Space)</th>
<th>Description of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holding Cell #1</td>
<td>1</td>
<td>1</td>
<td>1 @ 102 sq. ft.</td>
<td>The facility may hold up to six (6) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Cell #2</td>
<td>1</td>
<td>1</td>
<td>1 @ 102 sq. ft.</td>
<td>The facility may hold up to six (6) incarcerated individuals.</td>
</tr>
<tr>
<td>Detox #1</td>
<td>1</td>
<td>1</td>
<td>1 @ 102 sq. ft.</td>
<td>The facility may hold up to six (6) incarcerated individuals.</td>
</tr>
<tr>
<td>Detox #2</td>
<td>1</td>
<td>1</td>
<td>1 @ 102 sq. ft.</td>
<td>The facility may hold up to six (6) incarcerated individuals.</td>
</tr>
<tr>
<td>Court Hold #1</td>
<td>1</td>
<td>1</td>
<td>1 @ 420 sq. ft.</td>
<td>The facility may hold up to twenty-eight (28) incarcerated individuals.</td>
</tr>
<tr>
<td>Court Hold #2</td>
<td>1</td>
<td>1</td>
<td>1 @ 189 sq. ft.</td>
<td>The facility may hold up to twelve (12) incarcerated individuals.</td>
</tr>
<tr>
<td>Court Hold #3</td>
<td>1</td>
<td>1</td>
<td>1 @ 189 sq. ft.</td>
<td>The facility may hold up to twelve (12) incarcerated individuals.</td>
</tr>
<tr>
<td>Court Hold #4</td>
<td>1</td>
<td>1</td>
<td>1 @ 189 sq. ft.</td>
<td>The facility may hold up to twelve (12) incarcerated individuals.</td>
</tr>
<tr>
<td>Court Hold #5</td>
<td>1</td>
<td>1</td>
<td>1 @ 70 sq. ft.</td>
<td>The facility may hold up to four (4) incarcerated individuals.</td>
</tr>
</tbody>
</table>

**Notes:**

1. Non-Standard housing may be used only for temporary holding for up to the number of incarcerated individuals as prescribed. The facility shall limit individual occupancy holding to **12 hours**. Multiple occupancy holding shall be limited to **four (4) hours**. Any other use is prohibited. Whenever incarcerated individuals are placed in non-standard housing, at a minimum, Active Supervision shall be maintained.
HOUSING TYPE | TOTALS
---|---
Subtotal Individual Housing Units Used for General Housing | 590
Subtotal Individual Housing Units Used for Admissions/Orientation, Medical and Mental Health Observation | 18
Subtotal Individual Housing Units Used for Special Housing | 28
Subtotal Multiple Occupancy Housing Units Used for General Housing | 0
Subtotal Multiple Occupancy Housing Units Used for Admissions/Orientation, Medical and Mental Health Observation | 0
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: 636

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  
Approved by: Terrence Moran

Deputy Director 5/10/21  
Director 5/10/21
MAXIMUM FACILITY CAPACITY

For the

New York City Department of Correction
Manhattan Detention Complex

Manhattan, New York

May 18, 2021

Allen Riley
Chairman

Thomas J. Loughren
Commissioner
NOTE: ONLY INDIVIDUAL HOUSING UNITS AND MULTIPLE OCCUPANCY HOUSING UNITS WHICH MEET THE FOLLOWING REQUIREMENTS PURSUANT TO 9 NYCRR PART 7040 ARE TO BE INCLUDED IN THIS CAPACITY FORMULATION.

INDIVIDUAL OCCUPANCY HOUSING UNITS:

1. Each such unit shall only house one (1) inmate 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 inmate to shower daily.

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy or rated for single occupancy by the Commission of Correction prior to the effective date Part 7040, September 13, 1989.
2. Each such unit used to house inmates apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.
3. Required equipment (bed, mattress, toilet, sink) may be modified or excluded for units used for short term medical/mental health observation of inmates when the presence of such equipment may pose a threat to such inmates or to the safety or security of the facility.

MULTIPLE OCCUPANCY HOUSING UNITS:

1. Each such unit shall provide a minimum of 50 square feet of floor space per inmate in the sleeping area.
2. Each such unit shall house no more than 60 inmates.
3. Each such unit shall have a bed and mattress for each inmate.
4. Each such unit shall have at least:
   - One (1) functioning toilet for every 12 inmates;
   - One (1) functioning shower for every 15 inmates; and
   - One (1) functioning sink for every 12 inmates.
5. Each such unit shall provide a minimum of 25 square feet of dayroom space immediately adjacent and accessible to the sleeping area.
### I. A. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Individual Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th># of Shower Available per Section</th>
<th>Maximum Inmate Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NORTH TOWER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 North</td>
<td>46</td>
<td>46 @ 65 sq. ft.</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>4 South</td>
<td>46</td>
<td>46 @ 65 sq. ft.</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>5 North</td>
<td>46</td>
<td>46 @ 65 sq. ft.</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>5 South</td>
<td>46</td>
<td>46 @ 65 sq. ft.</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>6 North</td>
<td>46</td>
<td>46 @ 65 sq. ft.</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>6 South</td>
<td>46</td>
<td>46 @ 65 sq. ft.</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>SOUTH TOWER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 East</td>
<td>32</td>
<td>32 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>5 West</td>
<td>34</td>
<td>34 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>6 East</td>
<td>32</td>
<td>32 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>6 West</td>
<td>34</td>
<td>34 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>9 East</td>
<td>26</td>
<td>26 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>9 West</td>
<td>26</td>
<td>26 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Individual General Housing Unit Total: 0
I. B. **INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING**

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Type of Special Housing</th>
<th>Number of Individual Housing Units</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th># of Showers Available per Section</th>
<th>Maximum Inmate Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTH TOWER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 North</td>
<td>Punitive/Admin Seg</td>
<td>12</td>
<td>12 @ 60 sq. ft.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>9 South See Note</td>
<td>Punitive/Admin Seg</td>
<td>24</td>
<td>24 @ 60 sq. ft.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>SOUTH TOWER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 West</td>
<td>Punitive/Admin Seg</td>
<td>34</td>
<td>34 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>7 West</td>
<td>Punitive/Admin Seg</td>
<td>34</td>
<td>34 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>8 East</td>
<td>Punitive/Admin Seg</td>
<td>32</td>
<td>32 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>8 West</td>
<td>Punitive/Admin Seg</td>
<td>34</td>
<td>34 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>10 West</td>
<td>Punitive/Admin Seg</td>
<td>26</td>
<td>26 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>11 East</td>
<td>Punitive/Admin Seg</td>
<td>22</td>
<td>22 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>11 West</td>
<td>Punitive/Admin Seg</td>
<td>22</td>
<td>22 @ 60 sq. ft.</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Housing Unit 9 South is the ERU unit and cells 1-2, 3-4, 5-6, 7-8, 9-10 all share one 80 square foot sub-day room each and cells 11-14 share a 160 square foot secure sub-dayroom. The remaining 9 South cells do not have a secure sub-dayroom and open to the main dayspace.

Individual Special Housing Unit Total: 0

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

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Number of Showers</th>
<th>Total Size of Unit (Sq. Ft. of Floor Space)</th>
<th>Maximum Inmate Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 North</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td>4500 sq. ft.</td>
<td>0</td>
</tr>
</tbody>
</table>

Multiple General Housing Unit Total: 0

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

Multiple Special Housing Unit Total: N/A
III. A. NON-STANDARD HOUSING

Note: The below documented cells may be used only for temporary holding and only for the maximum number of incarcerated listed in the right-hand column. The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. Any other use is prohibited. The Holding Pens are considered Non-Standard Housing and will not be added to the Maximum Facility Capacity for this facility.

<table>
<thead>
<tr>
<th>Name of Housing Area/Section</th>
<th>Number of Toilets</th>
<th>Number of Sinks</th>
<th>Total Size of Unit (sq. ft. of floor space)</th>
<th>Description of Use (Limit as to use, time frame, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holding #1</td>
<td>0</td>
<td>0</td>
<td>1 @ 145 sq. ft.</td>
<td>The facility may hold up to nine (9) incarcerated individuals.</td>
</tr>
<tr>
<td>MAIN INTAKE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holding #1</td>
<td>0</td>
<td>0</td>
<td>1 @ 35 sq. ft.</td>
<td>The facility may hold up to two (2) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding #2</td>
<td>0</td>
<td>0</td>
<td>1 @ 30 sq. ft.</td>
<td>The facility may hold up to two (2) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #1</td>
<td>1</td>
<td>1</td>
<td>1 @ 192 sq. ft.</td>
<td>The facility may hold up to twelve (12) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #2</td>
<td>1</td>
<td>1</td>
<td>1 @ 160 sq. ft.</td>
<td>The facility may hold up to ten (10) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #3</td>
<td>1</td>
<td>1</td>
<td>1 @ 150 sq. ft.</td>
<td>The facility may hold up to ten (10) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #4</td>
<td>0</td>
<td>0</td>
<td>1 @ 60 sq. ft.</td>
<td>The facility may hold up to four (4) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #5</td>
<td>1</td>
<td>1</td>
<td>1 @ 100 sq. ft.</td>
<td>The facility may hold up to six (6) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #6</td>
<td>1</td>
<td>1</td>
<td>1 @ 110 sq. ft.</td>
<td>The facility may hold up to seven (7) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #7</td>
<td>1</td>
<td>1</td>
<td>1 @ 110 sq. ft.</td>
<td>The facility may hold up to seven (7) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #8</td>
<td>1</td>
<td>1</td>
<td>1 @ 110 sq. ft.</td>
<td>The facility may hold up to seven (7) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #9</td>
<td>1</td>
<td>1</td>
<td>1 @ 110 sq. ft.</td>
<td>The facility may hold up to seven (7) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #10</td>
<td>0</td>
<td>0</td>
<td>1 @ 100 sq. ft.</td>
<td>The facility may hold up to six (6) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #11</td>
<td>0</td>
<td>0</td>
<td>1 @ 130 sq. ft.</td>
<td>The facility may hold up to eight (8) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #12</td>
<td>0</td>
<td>0</td>
<td>1 @ 90 sq. ft.</td>
<td>The facility may hold up to six (6) incarcerated individuals.</td>
</tr>
<tr>
<td>Holding Pen #13</td>
<td>0</td>
<td>0</td>
<td>1 @ 120 sq. ft.</td>
<td>The facility may hold up to nine (9) incarcerated individuals.</td>
</tr>
<tr>
<td>HOUSING TYPE</td>
<td>TOTALS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal Individual Housing Units Used for General Housing:</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal Individual Housing Units Used for Special Housing:</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal Multiple Housing Units Used for General Housing:</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal Multiple Housing Units Used for Special Housing:</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MAXIMUM FACILITY CAPACITY:**

0

Other identified housing areas not on Max. 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

Approved by: Terrence Moran

Deputy Director 5/12/21

Director 5/12/21