



Commission of Correction


THOMAS A. BEILEIN
Chairman

THOMAS J. LOUGHREN
Commissioner

ALLEN RILEY
Commissioner

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**



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

MINUTES **Commission Meeting**

STATE COMMISSION OF CORRECTION

LOCATION(S):

Albany Location
80 S. Swan Street, 12th Floor
Albany, New York 12210
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
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
March 30, 2021 Commission Meeting

Approved Unanimous
Loughren/Riley

CPCRC
April 8, 2021 Minutes

Approved Unanimous
Loughren/Riley

MRB
Administrative Closures

Approved Unanimous
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

- | | |
|--|--|
| <p>H. Albany County Sheriff's Office
 Albany County Jail
 Revision</p> | <p>Approved Unanimous
 Loughren/Riley</p> |
| <p>I. Chemung County Sheriff's Office
 Chemung County Jail
 Revision</p> | <p>Approved Unanimous
 Loughren/Riley</p> |
| <p>J. Dutchess County Sheriff's Office
 Dutchess County Jail
 Revision</p> | <p>Approved Unanimous
 Loughren/Riley</p> |
| <p>K. Monroe County Sheriff's Office
 Monroe County Jail
 Revision</p> | <p>Approved Unanimous
 Loughren/Riley</p> |
| <p>L. Onondaga County Sheriff's Office
 Onondaga County Justice Center
 Revision</p> | <p>Approved Unanimous
 Loughren/Riley</p> |

IV. REGULATORY REVIEW

- | | |
|---|--|
| <p>M. Five Year Regulatory Review</p> | <p>Approved Unanimous
 Loughren/Riley</p> |
| <p>N. Notice of Adoption
 9 NYCRR, §7320.4(c), Individual Occupancy Room</p> | <p>Approved Unanimous
 Loughren/Riley</p> |

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



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

EXECUTIVE SESSION

MINUTES

LOCATION:

Commission Meeting

STATE COMMISSION OF CORRECTION

LOCATION(S):

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and
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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,
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MINUTES **Commission Meeting**

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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

Onondaga County Sheriff's Office
Onondaga County Correction Department
21-V-10 NEW
Prisoner Correspondence
Sections 7004.1 and 7004.3

Approved Unanimous
July 1, 2021
Loughren/Riley

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



Commission of Correction

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MINUTES

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Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner

CITIZENS' POLICY AND COMPLAINT REVIEW COUBNCIL
May 13, 2021

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

PRESENT:
Commissioner Loughren

Council Members:

Albany:

Tom Cross
Martin Stanton

Also Present:

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.

Tom Cross and Commissioner Loughren reviewed the Expedited grievances for the month May 2021. Tom Cross made a motion to deny the grievances 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 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 134728 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

137839	
133676	
131632	
Clinton CJ	Unanimous

138294	
Columbia CJ	Unanimous

133345	
133074	
132129	
131251	
Cortland CJ	Unanimous

138217	
138174	
137994	
137394	
134274	
131938	
131707	
131706	
131705	
131704	
131312	

130821
129534
129533
Delaware CJ

Unanimous

131316
Dutchess CJ

Unanimous

134982
138442
137927
137327
134387
134258
134257
134022
134021
134020
134019
134018
134016
133877
133756
132882
132881
132091
132068
131952
131917
131616
131615
131282
131280
131011
131010
131741
Erie CF

Unanimous

134235
133576
133575
132970
132955
132009
131610
131301
131300
131290
Erie CJ

Unanimous

133089 Essex CJ	Unanimous
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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

134057

133914

133555

133536

133374

133349

133334

133331

132800

132619

132617

132369

132351

132057

132019

131472

131471

131209

131014

131849

131736

131829	
Monroe CJ	Unanimous
138055	
132590	
132336	
132319	
132280	
131451	
131351	
131350	
131349	
131333	
131332	
131076	
131075	
131019	
130829	
131730	
131749	
Montgomery CJ	Unanimous
137922	
137777	
133715	
132886	
131468	
131218	
131743	
131742	
Nassau CJ	Unanimous
137521	
137498	
132895	
131831	
Niagara CJ	Unanimous
138325	
133534	
132713	
132391	
131927	
131680	
131649	
131453	
131356	
131211	
Oneida CJ	Unanimous

137951
137949
137362
137361
134420
134419
134033
134026
133887
133488
133484
133005
132909
132640
132636
132635
132441
132286
132285
132271
132064
131614
131491
131490
131489
131254
131220
131170
131860
131862
131861

Onondaga CD

Unanimous

131690
131354
130793
130717
130714

Onondaga CJ

Unanimous

137919
132832
132829
132807
132455
132320
131467
131733

Ontario CJ

Unanimous

138180	
138179	
134262	
132450	
132449	
132432	
132430	
132189	
131560	
131050	
131909	
Orange CJ	Unanimous
138144	
Orleans CJ	Unanimous
133755	
132595	
Oswego CJ	Unanimous
133978	
133977	
133976	
133975	
133957	
133230	
133229	
131662	
131661	
131658	
131657	
131656	
131655	
131654	
Otsego CJ	Unanimous
132650	
132649	
132626	
132622	
132620	
Putnam CJ	Unanimous
133169	
Rensselaer CJ	Unanimous
131085	
130766	
Rockland CJ	Unanimous

134375
132611
131177
Schenectady CJ Unanimous

133371
Schoharie CJ Unanimous

133330
131613
131563
131562
131561
Seneca CJ Unanimous

137838
136881
133560
133116
133115
133113
133111
132571
132231
131633
131074
131073
St. Lawrence CJ Unanimous

137674
137654
132392
132109
132077
131729
131130
131129
Steuben CJ Unanimous

132495
132378
131223
131222
131221
131217
Suffolk CJ Unanimous

134380
133897
132533
132532

132357

132334

132194

132193

131752

131753

131754

Sullivan CJ

Unanimous

133346

132574

Tioga CJ

Unanimous

135595

132264

131457

Tompkins CJ

Unanimous

134389

133857

133856

133855

133854

133579

133373

133372

132505

132502

132501

132436

132283

132069

132060

132058

131918

131916

131914

131556

131464

131463

131291

131079

131021

131020

130606

130604

130601

131844

131893

131894

131835

131836
131837
131911
131912
131913
131845
131846
131838
131485
131850
131851

Warren CJ

Unanimous

132577

Washington CJ

Unanimous

134514
133414
132435
131620
131482
131481
131480
131390
131389
131368
131275
131273
131086
130989

Wayne CJ

Unanimous

139345
138175
138154
137936
137881
137714
134336
133760
133189
133179
132836
132834
132831
132576
132573
132572
132513
132503
132500

132499	
132497	
132477	
132475	
132353	
132072	
132062	
131653	
131652	
131343	
131113	
131112	
131111	
131110	
131109	
131088	
131087	
131017	
132653	
131869	
Westchester CJ	Unanimous

134239	
Wyoming CJ	Unanimous

137531	
131847	
131843	
Yates CJ	Unanimous

DENIED WITH COMMENT

139335	
136029	
135493	
Albany CJ	Unanimous

135166	
132531	
Cattaraugus CJ	Unanimous

138330	
Cayuga CJ	Unanimous

135596	
134989	
Chautauqua CJ	Unanimous

137836	
Chemung CJ	Unanimous

134730	
134719	
132067	
Erie CF	Unanimous
135209	
135196	
132317	
132316	
Erie CJ	Unanimous
136354	
Essex CJ	Unanimous
140197	
140161	
Fulton CJ	Unanimous
136517	
Herkimer CJ	Unanimous
132018	
Madison CJ	Unanimous
136358	
135957	
135115	
Monroe CJ	Unanimous
135014	
Montgomery CJ	Unanimous
135341	
130353	
Oneida CJ	
136979	
136895	
136577	
136364	
136360	
132075	
132074	
132073	
132063	
Onondaga CD	Unanimous
137234	
Onondaga CJ	Unanimous

135035 Ontario CJ	Unanimous
135754 135102 Orleans CJ	Unanimous
135316 132594 Oswego CJ	Unanimous
135874 135058 135055 132632 Putnam CJ	Unanimous
135474 132494 Rensselaer CJ	
135695 135694 Rockland CJ	Unanimous
136221 135734 Seneca CJ	Unanimous
136274 135918 135916 135454 135108 Sullivan CJ	Unanimous
136355 Tioga CJ	Unanimous
137835 Tompkins CJ	Unanimous
137735 135227 132507 132350 Warren CJ	Unanimous
135160 135157 Yates CJ	Unanimous

TABLED

139336 Albany CJ	Unanimous
132453 Broome CJ	Unanimous
136314 Cattaraugus CJ	Unanimous
132480 132482 Cayuga CJ	Unanimous
132192 132024 132591 Chautauqua CJ	Unanimous
132390 Chenango CJ	Unanimous
132614 132487 132711 Clinton CJ	Unanimous
132089 131944 132197 132963 132233 132235 132633 137794 135355 133010 Erie CF	Unanimous
132318 Erie CJ	Unanimous
133069 Essex CJ	Unanimous
132529 Franklin CJ	Unanimous

132429	
132469	
132489	
140161	
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	

132191 132431 132209 Orange CJ	Unanimous
135597 Rensselaer JC	Unanimous
135256 Rockland CJ	Unanimous
132442 Schenectady CJ	Unanimous
132592 Schoharie CJ	Unanimous
132382 Seneca CJ	Unanimous
132232 132569 132570 St. Lawrence CJ	Unanimous
135844 Steuben CJ	Unanimous
132331 132333 132332 132358 135039 Sullivan CJ	Unanimous
132839 132878 132439 132621 132281 132061 132282 132284 132263 135229 138326 132817 Warren CJ	Unanimous
132476 132575	

132512

132352

Westchester CJ

Unanimous

135158

Yates CJ

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

Name of Facility: Woodfield Detention Center Variance # 21-V-08

New ☐ Renewal: ☒ X

Relief from Standard: 7320.4 & 5

Application by: Director Dean DeKranis

Date Request Rec: 05/10/2021

Last Approved: Length of Approval: 60 days

Expiration: 6/1/21

Write-up Prepared by: Larry Roe/Amanda Grimes

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 [REDACTED]. This would allow for the 10 bed east trailer to be utilized for JD/JO males and the 17 bed west wing of the main building to be used to for AO males. Only female JD/JO/AO classified females would be housed on the 1st floor of the west wing trailer.

[REDACTED]

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

[REDACTED]

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:

- [REDACTED]
- 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 / 1 1 / 2 0 2 1

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

(09/18)

April 14th, 2021

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

Eddie 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: ☒

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

[REDACTED]

CONSTRUCTION/RENOVATION PLANS

[REDACTED]

[REDACTED]

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:

- [REDACTED]
- [REDACTED]
- Unauthorized coverings over the resident's lights in their rooms is ongoing
- Many policies and procedures need to be updated to address the standards
- [REDACTED]
- [REDACTED]
- [REDACTED]

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. [REDACTED]
[REDACTED]
[REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
6. [REDACTED]
[REDACTED]
[REDACTED]
7. [REDACTED]
[REDACTED]
[REDACTED].
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



**Commission of
Correction**

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

Specialized Secure Detention Variance Application Form

INSTRUCTIONS TO DIRECTOR:

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

Facility: Woodfield Detention Center

Person requesting: Dean DeKranis

(Director)

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

Ex. Part: 7320 Section: 4 Subdivision: c

Standard for which the variance is requested:

Part: 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 6 Months

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

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

[illegible]

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

(Page _____ of _____)

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

Yes X If yes, include the variance number 19-V-08 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 Variance (Formal application statement).

(SCOC Form #VA-SSD-2)
(09/18)

Name of Facility: Erie County SSDVariance # 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, [REDACTED] to house AO females. He is also requesting to be allowed to use the Green Pod for youth who may need medical isolation [REDACTED] 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. [REDACTED].

CONSTRUCTION/RENOVATION PLANS

N/A

OTHER VARIANCES IN EFFECT

None

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

N/A

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 SHOULD NOT 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: _____



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: Erie County Secure and Specialized Secure Youth Center

Person requesting: Paul Kubala

(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: 5 Subdivision: C

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

[Redacted area for response B]

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

[Redacted area for response C]

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

_____Days _____Weeks 6Months

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).

- (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 (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).

(SCOC Form #VA-SSD-2)
(09/18)

Name of Facility: Genesee County JailVariance # 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

Field Staff: Recommended for Approval

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.

<u>LOCATION</u>	<u>MFC</u>	<u>INCREASE</u>	<u>TOTAL</u>
1 st Floor North West Dorm	5	2	7
1 st Floor South West Dorm	5	2	7
3 rd Floor North West Dorm	5	2	7
3 rd Floor South West Dorm	5	2	7
3 rd Floor North Recreation Dorm	4	2	6
TOTAL:	24	10	

REVIEWED BY REGIONAL SUPERVISOR: Cuttita, Robert DATE 5/11/2021**NOTES**

<u>DATE</u>	<u>POPULATION</u>	<u>MALES</u>	<u>FEMALES</u>	<u>FEDS</u>	<u>CAPACITY</u>
5/2/2021	57	57	0	0	87
5/3/2021	57	57	0	0	
5/4/2021	57	57	0	0	
5/5/2021	59	59	0	0	
5/6/2021	59	59	0	0	
5/7/2021	48	46	2	0	
5/8/2021	47	46	1	0	
5/9/2021	46	46	0	0	
5/10/2021	46	46	0	0	
5/11/2021	47	47	0	0	

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: _____



Commission of
Correction

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

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Genesee County Jail

Person requesting: Sheriff William A. Sheron, Jr.
(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

Part: **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
1 st Floor NW Dorm	5	2	7
1 st Floor SW Dorm	5	2	7
3 rd Floor NW Dorm	5	2	7
3 rd Floor SW Dorm	5	2	7
3 rd 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 _____12Months

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

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

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

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

(Page _____ of _____)

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

Yes X If yes, include the variance number #21-V-03 No 1



 Signature (Sheriff) (Chief Administrative Officer)

5/10/2021

 Date

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

Name of Facility: Essex County JailVariance #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:



Commission of
Correction

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

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: 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 effected (dayspace area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) for the specific area listed in this application, along with the number of additional inmates (beyond the MFC rating) you are requesting to be housed in the specific area.

[illegible]

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

(Page ____ of ____)

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

Yes ____ If yes, include the variance number ____ 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).

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



**HEALTH
DEPARTMENT**
Public Health Unit

DIRECTOR OF PUBLIC HEALTH- Linda Beers, MPH

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 Reynold

Name of Facility: Oneida County JailVariance #21-V-11 NEW

New: X Renewal:

Relief from Standard: 7004.3(a)

Application by: Sheriff R. Maciol

Date Request Rec: 5/5/21

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. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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:



Commission of
Correction

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

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Oneida County Sheriff's office

Person requesting: Sheriff Robert Maciol

(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

Part: 7004 Section: 1 Subdivision: _____
7004 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 _____ 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).

- 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 3, 2021

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

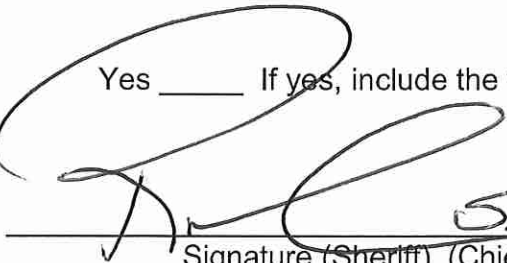
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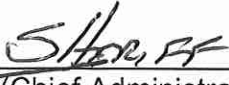
(Page ____ of ____)

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

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



Signature (Sheriff) (Chief Administrative Officer)



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 JailVariance #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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

RECOMMENDATION BY STAFF

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

RECOMMENDED CONDITIONS IF APPROVED

Pursuant to this action, the following conditions shall apply:

1. Only non-privileged incoming correspondence and accompanying envelope may be photocopied and provided to the recipient prisoner. Incoming privileged correspondence shall be provided to the recipient prisoner and is not to be photocopied.
2. Incoming general and legal privileged correspondence shall be opened and inspected for contraband in the presence of the recipient prisoner. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope and contents must occur only while in the presence of the recipient prisoner.
3. Approval of this variance does not relieve the facility from its duty to comply with United States Postal Services' regulations and statutes.
4. Except for incoming non-general and legal privileged correspondence forwarded to the chief administrative officer, the facility shall make available correspondence for inmate view within one business day of delivery by the United States Postal Service.
5. The facility shall ensure that inmates are provided, **at no cost**, the opportunity to:

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

CONSTRUCTION/RENOVATION PLANS

NA

OTHER VARIANCES IN EFFECT

NA

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

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(j)(5)(i-iii) Supervision of prisoners in facility housing areas
Section 7003.3(j)(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

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

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

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

Standard for which the variance is requested:

Part: 7004 Section: 1 Subdivision: _____
7004 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)
- 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 12Months

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 (day space area, cells, gym, etc.) as well as the number of sinks, showers and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) rating for the specific area listed in this application, along with the number of additional youth (beyond the MFC rating) you are requesting to be housed in the specific area.

[illegible]

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

(Page _____ of _____)

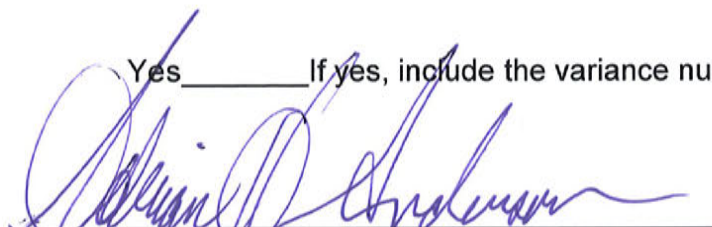
G. Has this variance been previously approved by the Commission?

Yes _____

If yes, include the variance number _____

No _____





Signature (Director)

5/10/21
Date

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

(SCOC Form #VA-SSD-2)
(09/18)

Name of Facility: 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. [REDACTED]

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.
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: D. Clark

DATE: May 13, 2021

REVIEWED BY DIRECTOR: Terry Moran

DATE: May 14, 2021

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:

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

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER

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

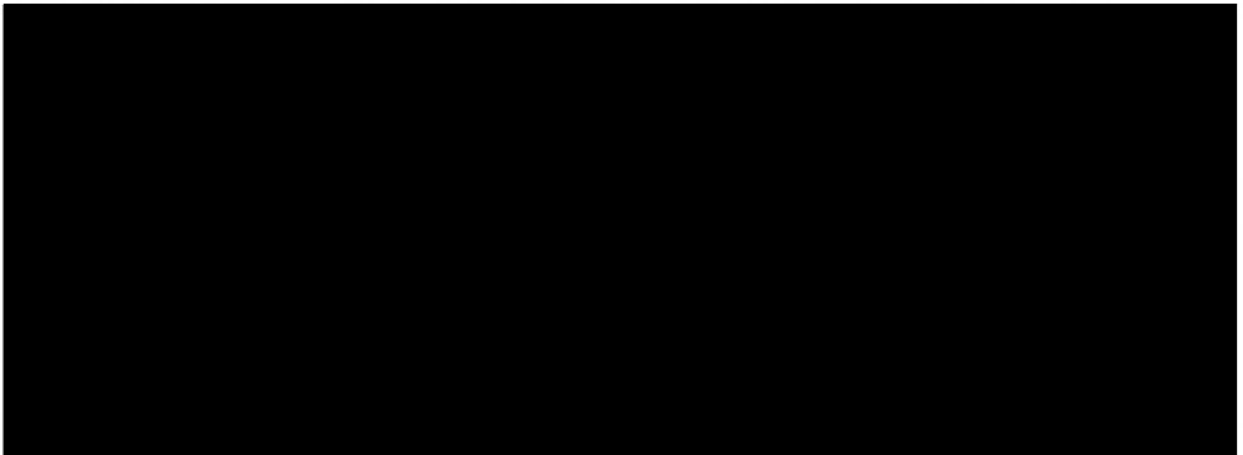
- B. In the space provided include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

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 effected (day space area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current Maximum Facility Capacity (MFC) for the

specific area listed in this application, along with the number of additional inmates (beyond the MFC rating) you are requesting to be housed in a specific area.

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

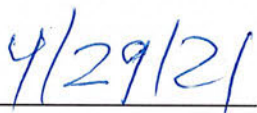
(If additional space is required please make a copy of this sheet and attach)
(Page _____ of _____)

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

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



Signature Chief Administrative Officer



Date

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

M-E-M-O-R-A-N-D-U-M

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.



**Commission of
Correction**

MAXIMUM FACILITY CAPACITY

For the

Dutchess County Jail

Poughkeepsie, New York

May 18, 2021

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

DUTCHESS COUNTY JAIL – MFC 2021

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

I. INDIVIDUAL OCCUPANCY HOUSING UNITS:

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

EXCEPTIONS:

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

II. MULTIPLE OCCUPANCY HOUSING UNITS:

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

EXCEPTIONS:

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

DUTCHESS COUNTY JAIL – MFC 2021

III. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING:

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

EXCEPTIONS:

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

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

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

DUTCHESS COUNTY JAIL – MFC 2021

IA. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

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

Individual General Housing Unit Total: 204

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

Name of Housing Area/Section	Type of Housing	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
Housing Unit 4 Pod A	Medical and Mental Health	3	3 @ 69 sq. ft.	1	3
Housing Unit 4 Pod B	Medical and Mental Health	4	4 @ 69 sq. ft.	1	4
Housing Unit 4 Pod C	Medical and Mental Health	4	4 @ 69 sq. ft.	1	4
Housing Unit 5 East	Admissions and Orientation	6	6 @ 69 sq. ft.	1	6
Housing Unit 5 West	Admissions and Orientation	7	7 @ 69 sq. ft.	1	7
Housing Unit 6	Medical and Mental Health	6	6 @ 69 sq. ft.	1	6
Housing Unit 9	Medical and Mental Health	4	4 @ 69 sq. ft.	1	4
Housing Unit 11 Pod A	Medical and Mental Health	3	3 @ 69 sq. ft.	1	3
Housing Unit 11 Pod B	Medical and Mental Health	4	4 @ 69 sq. ft.	1	4
Housing Unit 11 Pod C	Medical and Mental Health	4	4 @ 69 sq. ft.	1	4

DUTCHESS COUNTY JAIL – MFC 2021

Housing Unit 11 Pod D	Medical and Mental Health	4	4 @ 69 sq. ft.	1	4
Housing Unit 11 Pod E	Medical and Mental Health	6	6 @ 69 sq. ft.	1	6
Housing Unit 11 Pod F	Mental Health	7	7 @ 69 sq. ft.	1	7
Housing Unit 20	Medical and Mental Health	10	10 @ 78 sq. ft.	2	10
Housing Unit 21	Medical and Mental Health	8	8 @ 120 sq. ft.	1	8

Individual Admissions/Orientation, Medical and Mental Health Observation Housing Unit Total: 80

IC. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

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

Individual Special Housing Unit Total: 10

IIA. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

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

Multiple General Housing Unit Total:0

DUTCHESS COUNTY JAIL – MFC 2021

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

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

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

IIC. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

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

Multiple Special Housing Unit Total: 0

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

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

Individual and Multiple Occupancy General Housing Unit Total: 0

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

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

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

DUTCHESS COUNTY JAIL – MFC 2021

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

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

Individual and Multiple Occupancy Special Housing Unit Total: 0

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

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

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.

DUTCHESS COUNTY JAIL – MFC 2021

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



Deputy Director 5/10/21

Approved by: Terrence Moran



Director 5/10/21



**Commission of
Correction**

MAXIMUM FACILITY CAPACITY

For the

Livingston County Jail

Geneseo, New York

May 18, 2021

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

LIVINGSTON COUNTY JAIL – MFC 2021

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

I. INDIVIDUAL OCCUPANCY HOUSING UNITS:

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

EXCEPTIONS:

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

II. MULTIPLE OCCUPANCY HOUSING UNITS:

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

EXCEPTIONS:

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

LIVINGSTON COUNTY JAIL – MFC 2021

III. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING:

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

EXCEPTIONS:

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

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

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

LIVINGSTON COUNTY JAIL – MFC 2021

IA. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available per Section	Maximum Incarcerated Individual Capacity
G Block	2	2 @ 70 sq. ft.	1	2
H Block	2	2 @ 70 sq. ft.	1	2

Individual General Housing Unit Total: 4

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

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

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

IC. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

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

Individual Special Housing Unit Total: 0

LIVINGSTON COUNTY JAIL – MFC 2021

IIA. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

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

Multiple General Housing Unit Total: 44

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

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

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

IIC. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

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

Multiple Special Housing Unit Total: 0

LIVINGSTON COUNTY JAIL – MFC 2021

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

Name of Housing Area/Section	Number of Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	Number of Showers Available	Maximum Incarcerated Individual Capacity
A Pod			4	60
Main Area Single Cells	28	28 @ 70 sq. ft.		28
Main Area Double Cells 9-10, 13-14, 15-16, 33-34, 37-40	12	12 @ 104 sq. ft.		24
Sub 1 (cells 1-2)	2	2 @ 70 sq. ft.		2
Sub 2 (cells 5-6)	2	2 @ 70 sq. ft.		2
Sub 3 (cells 19-20)	2	2 @ 70 sq. ft.		2
Sub 4 (cells 23-24)	2	2 @ 70 sq. ft.		2
B Pod			4	60
Main Area Single Cells	28	28 @ 70 sq. ft.		28
Main Area Double Cells 9-10, 13-14, 15-16, 33-34, 37-40	12	12 @ 104 sq. ft.		24
Sub 1 (cells 1-2)	2	2 @ 70 sq. ft.		2
Sub 2 (cells 5-6)	2	2 @ 70 sq. ft.		2
Sub 3 (cells 19-20)	2	2 @ 70 sq. ft.		2
Sub 4 (cells 23-24)	2	2 @ 70 sq. ft.		2
D Block				8
Old Section Single Cells	5	5 @ 70 sq. ft.	1	5
Dayspace (Dorm)	1	320 sq. ft.	1	3
E Block				8
Old Section Single Cells	5	5 @ 70 sq. ft.	1	5
Dayspace (Dorm)	1	361 sq. ft.	1	3
F Block				8
Old Section Single Cells	5	5 @ 70 sq. ft.	1	5
Dayspace (Dorm)	1	361 sq. ft.	1	3

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

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

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

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

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

Individual and Multiple Occupancy Special Housing Unit Total: 0

LIVINGSTON COUNTY JAIL – MFC 2021

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

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

Notes:

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

LIVINGSTON COUNTY JAIL – MFC 2021

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing	4
Subtotal Individual Housing Units Used for Admissions/Orientation, Medical and Mental Health Observation	0
Subtotal Individual Housing Units Used for Special Housing	0
Subtotal Multiple Occupancy Housing Units Used for General Housing	44
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	144
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:	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



Deputy Director 5/10/21

Approved by: Terrence Moran



Director 5/10/21



**Commission of
Correction**

MAXIMUM FACILITY CAPACITY

For the

Oneida County Jail

Oriskany, New York

May 18, 2021

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

ONEIDA COUNTY JAIL – MFC 2021

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

I. INDIVIDUAL OCCUPANCY HOUSING UNITS:

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

EXCEPTIONS:

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

II. MULTIPLE OCCUPANCY HOUSING UNITS:

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

EXCEPTIONS:

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

ONEIDA COUNTY JAIL – MFC 2021

III. UNITS CONTAINING BOTH INDIVIDUAL AND MULTIPLE OCCUPANCY HOUSING:

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

EXCEPTIONS:

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

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

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

ONEIDA COUNTY JAIL – MFC 2021

IA. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

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

Individual General Housing Unit Total: 590

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

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

Individual Admissions/Orientation, Medical and
Mental Health Observation Housing Unit Total: 18

ONEIDA COUNTY JAIL – MFC 2021

IC. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

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

Individual Special Housing Unit Total: 0

IIA. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

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

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

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

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

IIC. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

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

Multiple Special Housing Unit Total: 0

ONEIDA COUNTY JAIL – MFC 2021

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

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

Individual and Multiple Occupancy General Housing Unit Total: 0

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

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

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

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

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

Individual and Multiple Occupancy Special Housing Unit Total: 0

ONEIDA COUNTY JAIL – MFC 2021

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

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

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.

ONEIDA COUNTY JAIL – MFC 2021

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



Deputy Director 5/10/21

Approved by: Terrence Moran



Director 5/10/21



**Commission of
Correction**

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

MANHATTAN DETENTION COMPLEX – MFC 2021

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.

MANHATTAN DETENTION COMPLEX – MFC 2021

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

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

Individual General Housing Unit Total: 0

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

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

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 day space.

Individual Special Housing Unit Total: 0

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

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
8 North	4	8	6	4500 sq. ft.	0

Multiple General Housing Unit Total: 0

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

Name of Housing Area/Section	Type of Special Housing	Number of Toilets	Number of Sinks	Number of Showers	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
Not Applicable						

Multiple Special Housing Unit Total: N/A

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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.

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Total Size of Unit (sq. ft. of floor space)	Description of Use (Limit as to use, time frame, etc.)
CLINIC				
Holding Pen #1	0	0	1 @ 145 sq. ft.	The facility may hold up to nine (9) incarcerated individuals.
MAIN INTAKE				
Holding #1	0	0	1 @ 35 sq. ft.	The facility may hold up to two (2) incarcerated individuals.
Holding #2	0	0	1 @ 30 sq. ft.	The facility may hold up to two (2) incarcerated individuals.
Holding Pen #1	1	1	1 @ 192 sq. ft.	The facility may hold up to twelve (12) incarcerated individuals.
Holding Pen #2	1	1	1 @ 160 sq. ft.	The facility may hold up to ten (10) incarcerated individuals.
Holding Pen #3	1	1	1 @ 150 sq. ft.	The facility may hold up to ten (10) incarcerated individuals.
Holding Pen #4	0	0	1 @ 60 sq. ft.	The facility may hold up to four (4) incarcerated individuals.
Holding Pen #5	1	1	1 @ 100 sq. ft.	The facility may hold up to six (6) incarcerated individuals.
Holding Pen #6	1	1	1 @ 110 sq. ft.	The facility may hold up to seven (7) incarcerated individuals.
Holding Pen #7	1	1	1 @ 110 sq. ft.	The facility may hold up to seven (7) incarcerated individuals.
Holding Pen #8	1	1	1 @ 110 sq. ft.	The facility may hold up to seven (7) incarcerated individuals.
Holding Pen #9	1	1	1 @ 110 sq. ft.	The facility may hold up to seven (7) incarcerated individuals.
Holding Pen #10	0	0	1 @ 100 sq. ft.	The facility may hold up to six (6) incarcerated individuals.
Holding Pen #11	0	0	1 @ 130 sq. ft.	The facility may hold up to eight (8) incarcerated individuals.
Holding Pen #12	0	0	1 @ 90 sq. ft.	The facility may hold up to six (6) incarcerated individuals.
Holding Pen #13	0	0	1 @ 120 sq. ft.	The facility may hold up to nine (9) incarcerated individuals.

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HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	0
Subtotal Individual Housing Units Used for Special Housing:	0
Subtotal Multiple Housing Units Used for General Housing:	0
Subtotal Multiple Housing Units Used for Special Housing:	0
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



Deputy Director 5/12/21

Approved by: Terrence Moran



Director 5/12/21