



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

YOLANDA CANTY
Commissioner

MEMORANDUM

TO: COMMISSION MEMBERS
FROM: Brian Callahan, General Counsel
RE: AGENDA FOR COMMISSION MEETING
DATE: July 20, 2021 at 11:00AM
LOCATION: Alfred E. Smith Building, 80 So. Swan Street, 12th Floor, Albany, New York.

I. MINUTES

SCOC
June 29, 2021 Commission Meeting

CPCRC
July 8, 2021

MRB
Administrative Closures

II. VARIANCES

- A. New York City Department of Correction
10-V-02
Kiosk Service Fee
B. Onondaga County Sheriff's Office
Onondaga County Corrections Department
21-V-16 NEW
Sections 7008.2(b) and 7008.3(c)

III. MAXIMUM FACILITY CAPACITY

- C. St. Lawrence County Sheriff's Office
St. Lawrence County Jail
Revision

IV. WAIVERS

- D. Westchester County Department of Correction**
Waiver Extension 20-W-001

V. CONSTRUCTION

- E. Town of Chili**
Town of Chili Court
SCOC 21-C-35
Court Holding Area

- F. Monroe County Department of Human Services**
Monroe County Children's Center
SCOC 21-C-30
Heat Panels



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

MINUTES **Commission Meeting**

STATE COMMISSION OF CORRECTION

LOCATION:

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

DATE OF MEETING: June 29, 2021

Chairman Riley called the meeting to order at 11:10 a.m.

PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner
Yolanda Canty, Commissioner
Tricia Amati, Assistant to Chairman/Commissioner
Brian Callahan, Counsel
Debbie Slack-Bear, Associate Attorney
Terry Moran, Director of Operations
Cynthia Allen, Correctional Specialist 3
Debbie Clark, Correctional Specialist 3
Robert Cuttita, Correctional Specialist 3
Amanda Crawford-Crowe, Correctional Facility Specialist 1
Adam Tilbe, Correctional Facility Specialist 1

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

I. MINUTES

SCOC
May 18, 2021 Commission Meeting

Approved Unanimous
Loughren/Canty

MRB

Administrative Closures

**Approved Unanimous
Loughren/Canty**

June 16, 2021 Medical Review Board Minutes

**Approved Unanimous
Loughren/Canty**

II. VARIANCES

**A. Albany County Sheriff's Office
Albany County Jail
19-V-09
Prisoner Correspondence
Sections 7004.1 and 7004.3**

**Approved Unanimous
July 1, 2022
Loughren/Canty**

**B. Broome County Sheriff's Office
Broome County Jail
21-V-15 NEW
Prisoner Correspondence
Sections 7004.1 and 7004.3**

**Approved Unanimous
July 1, 2022
Loughren/Canty**

**C. Cayuga County Sheriff's Office
Cayuga County Jail
21-V-07
Prisoner Correspondence
Sections 7004.1 and 7004.3**

**Approved Unanimous
July 1, 2022
Loughren/Canty**

**D. Chautauqua County Sheriff's Office
Chautauqua County Jail
21-V-09
Prisoner Correspondence
Sections 7004.1 and 7004.3**

**Approved Unanimous
July 1, 2022
Loughren/Canty**

**E. Dutchess County Sheriff's Office
Dutchess County Jail
21-V-12
Prisoner Correspondence
Sections 7004.1 and 7004.3**

**Approved Unanimous
July 1, 2022
Loughren/Canty**

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| <p>F. Erie County Sheriff's Office
 Erie County Holding Center
 21-V-05
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>G. Erie County Sheriff's Office
 Erie County Correctional Facility
 21-V-06
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>H. Genesee County Sheriff's Office
 Genesee County Jail
 21-V-03
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>No Vote was taken. Item
 was placed on agenda
 in error.</p> |
| <p>I. Jefferson County Sheriff's Office
 Jefferson County Jail
 20-V-20
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>J. Livingston County Sheriff's Office
 Livingston County Jail
 20-V-14
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>K. Monroe County Sheriff's Office
 Monroe County Jail
 20-V-06
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>L. Niagara County Sheriff's Office
 Niagara County Jail
 21-V-04
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |

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| <p>M. Oneida County Sheriff's Office
 Oneida County Jail
 21-V-11
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>N. Onondaga County Sheriff's Office
 Onondaga County Correction Department
 21-V-10
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>O. Onondaga County Sheriff's Office
 Onondaga County Custody Department
 21-V-13
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>P. Oswego County Sheriff's Office
 Oswego County Jail
 20-V-22
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>Q. Orange County Sheriff's Office
 Orange County Jail
 20-V-24
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>R. Rockland County Sheriff's Office
 Rockland County Jail
 20-V-25
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |

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| <p>S. Schenectady County Sheriff's Office
 Schenectady County Jail
 20-V-29
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>T. Sullivan County Sheriff's Office
 Sullivan County Jail
 21-V-02
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>U. Westchester County Department of Correction
 Westchester County Jail
 20-V-27
 Prisoner Correspondence
 Sections 7004.1 and 7004.3</p> | <p>Approved Unanimous
 July 1, 2022
 Loughren/Canty</p> |
| <p>V. Dutchess County Sheriff's Office
 Dutchess County Jail
 20-V-15
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>W. Erie County Sheriff's Office
 Erie County Holding Center
 20-V-12
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>X. Erie County Sheriff's Office
 Erie County Holding Center
 20-V-13
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Y. Franklin County Sheriff's Office
 Franklin County Jail
 20-V-05
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |

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|---|---|
| <p>Z. Fulton County Sheriff's Office
 Fulton County Jail
 20-V-30
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Z1. Genesee County Sheriff's Office
 Genesee County Jail
 20-V-28
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Z2. Jefferson County Sheriff's Office
 Jefferson County Jail
 21-V-01
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Z3. Monroe County Sheriff's Office
 Monroe County Jail
 20-V-03
 Non-Contact Visiting Loughren/Canty
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Z4. Rockland County Sheriff's Office
 Rockland County Jail
 20-V-09
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Z5. Suffolk County Sheriff's Office
 Suffolk County Jail Riverhead
 20-V-07
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |

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|---|---|
| <p>Z6. Suffolk County Sheriff's Office
 Suffolk County Jail Yaphank
 20-V-08
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Z7. Tompkins County Sheriff's Office
 Tompkins County Jail
 20-V-04
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Z8. Westchester County Department of Correction
 Westchester County Jail
 20-V-23
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Z9. Wyoming County Sheriff's Office
 Wyoming County Jail
 20-V-11
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Z10. Yates County Sheriff's Office
 Yates County Jail
 20-V-10
 Non-Contact Visiting
 Sections 7008.2(b) and 7008.3(c)</p> | <p>Approved Unanimous
 October 1, 2021
 Loughren/Canty</p> |
| <p>Z11. Suffolk County Sheriff's Office
 Suffolk County Jail (Riverhead)
 21-V-14 NEW
 Disciplinary Sanctions
 Section 7006.9(a)(5)(i)</p> | <p>Deny Unanimous
 Loughren/Canty</p> |

III. MAXIMUM FACILITY CAPACITY

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|---|--|
| Z12. Cattaraugus County Sheriff's Office
Cattaraugus County Jail
Revision | Approved Unanimous
Loughren/Canty |
| Z13. Cayuga County Sheriff's Office
Cayuga County Jail
Revision | Approved Unanimous
Loughren/Canty |
| Z14. Chenango County Sheriff's Office
Chenango County Jail
Revision | Approved Unanimous
Loughren/Canty |
| Z15. Columbia County Sheriff's Office
Columbia County Jail
Revision | Approved Unanimous
Loughren/Canty |
| Z16. Delaware County Sheriff's Office
Delaware County Jail
Revision | Approved Unanimous
Loughren/Canty |
| Z17. Franklin County Sheriff's Office
Franklin County Jail
Revision | Approved Unanimous
Loughren/Canty |
| Z18. Monroe County Sheriff's Office
Monroe County Correctional Facility
Revision | Approved Unanimous
Loughren/Canty |
| Z19. Onondaga County Sheriff's Office
Onondaga County Correction Department
Revision | Approved Unanimous
Loughren/Canty |
| Z20. St. Lawrence County Sheriff's Office
St. Lawrence County Jail
Revision | Approved Unanimous
Loughren/Canty |

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|---|---|
| <p>Z21. Schuyler County Sheriff's Office
Schuyler County Jail
Revision</p> | <p>Approved Unanimous
Loughren/Canty</p> |
| <p>Z22. Steuben County Sheriff's Office
Steuben County Jail
Revision</p> | <p>Approved Unanimous
Loughren/Canty</p> |
| <p>Z23. Suffolk County Sheriff's Office
Suffolk County Jail Riverhead
Revision</p> | <p>Approved Unanimous
Loughren/Canty</p> |
| <p>Z24. Warren County Sheriff's Office
Warren County Jail
Revision</p> | <p>Approved Unanimous
Loughren/Canty</p> |
| <p>Z25. Wayne County Sheriff's Office
Wayne County Jail
Revision</p> | <p>Approved Unanimous
Loughren/Canty</p> |
| <p>Z26. Wyoming County Sheriff's Office
Wyoming County Jail
Revision</p> | <p>Approved Unanimous
Loughren/Canty</p> |
| <p>Z27. Yates County Sheriff's Office
Yates County Jail
Revision</p> | <p>Approved Unanimous
Loughren/Canty</p> |

IV. WORK RELEASE

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| <p>Z28. Monroe County Sheriff's Office
Monroe County Jail
Work Release Written Procedures</p> | <p>Approved Unanimous
Loughren/Canty</p> |
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V. CONSTRUCTION

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| Z29. Chemung County Sheriff's Office
Chemung County Jail
HVAC Control Room
SCOC #21-C032 | Approved Unanimous
Loughren/Canty |
| Z30. Madison County Sheriff's Office
Madison County Jail
Exercise Yard Staff Enclosure
SCOC #21-C-020 | Approved Unanimous
Loughren/Canty |
| Z31. Monroe County Department of Human Services
Monroe County Children's Secure Center
Basketball Hoop
SCOC #21-C-033 | Approved Unanimous
Loughren/Canty |

Commissioner Loughren made a motion to go into executive session at 11:22am to discuss Variances, Construction and Medical Review Board items which was seconded by Commissioner Canty. Commissioner Loughren made a motion to exit Executive Session and return to general session at 11:49 a.m., which was seconded by Commissioner Canty.

The meeting resumed at 11:49 a.m. Motion was made by Commissioner Canty to ratify actions taken in Executive Session regarding Variances, Construction and Medical Review Board items, seconded by Commissioner Loughren. Commissioner Loughren made a motion to adjourn at 11:50 a.m. which was seconded by Commissioner Canty.

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:

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

DATE OF MEETING: June 29, 2021

Chairman Riley called the meeting to order at 11:10 a.m.

PRESENT:

Allen Riley, Chairman
Thomas Loughren, Commissioner
Yolanda Canty, Commissioner
Tricia Amati, Assistant to Chairman/Commissioner
Brian Callahan, Counsel
Debbie Slack-Bean, Associate Attorney
Terry Moran, Director of Operations
Cynthia Allen, Correctional Specialist 3
Debbie Clark, Correctional Specialist 3
Robert Cuttita, Correctional Specialist 3
Amanda Crawford-Crowe, Correctional Facility Specialist 1
Adam Tilbe, Correctional Facility Specialist 1

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

Commissioner Loughren made a motion to go into executive session at 11:22am to discuss Variances, Construction and Medical Review Board items which was seconded by Commissioner Canty. Commissioner Loughren made a motion to exit Executive

Session and return to general session at 11:49 a.m., which was seconded by Commissioner Canty.

The meeting resumed at 11:49 a.m. Motion was made by Commissioner Canty to ratify actions taken in Executive Session regarding Variances, Construction and Medical Review Board items, seconded by Commissioner Loughren. Commissioner Loughren made a motion to adjourn at 11:50 a.m. which was seconded by Commissioner Canty.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioner

CITIZENS' POLICY AND COMPLAINT REVIEW COUBNCIL

July 8, 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
Commissioner Canty

Council Members:

Albany:

Tom Cross
Martin Stanton

Also Present:

Terry Moran
Deborah Slack-Bean
Cynthia Allen
Chris Ost
Vicky Walker

Commissioner Loughren opened the meeting at 11:04 A.M.

Commissioner Loughren asked for a motion to ratify all actions taken at the May 13, 2021 meeting. Martin Stanton made a motion to ratify all actions taken on May 13, 2021. Tom Cross seconded. Carried. Commissioner Loughren asked for a motion to approve the minutes of the May 13, 2021 meeting. Martin Stanton made a motion to approve the minutes of the May 13, 2021 meeting. Tom Cross seconded. Carried.

Tom Cross, Martin Stanton, and Commissioner Loughren reviewed the Denied with Comment grievances for the month of July 2021. Tom Cross and Martin Stanton made motions to Deny with the appropriate comment the grievances that they reviewed. These motions were seconded by Martin Stanton and Tom Cross respectively, and unanimously passed. Upon the recommendation of Commissioner Loughren, Martin Stanton made a motion to Deny with the appropriate comment the grievances that Commissioner Loughren reviewed. This motion was seconded by Tom Cross, and unanimously passed.

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

The Council reviewed the remaining grievances.

ACCEPT IN FULL

141858
Cattaraugus CJ Unanimous

141861
Westchester CJ Unanimous

ACCEPT IN PART

141116
Dutchess CJ Unanimous

141916
Monroe CJ Unanimous

141877
139432
142201
142214
Onondaga COR Unanimous

141482
Oneida CJ Unanimous

140206
Schenectady CJ Unanimous

DENY WITH COMMENT

133454
Oneida CJ Unanimous

140914
Schenectady CJ Unanimous

139767
Suffolk CJ Unanimous

140198
Westchester CJ Unanimous

ADMINISTRATIVE CLOSURES

DENY

136904
135495
134614
134594

134578
134576
133150
133149
132892
141520
141001
140814
139981
139341
138703
137932
141818

Albany CJ

Unanimous

139134

Allegany CJ

Unanimous

132453

141355

141354

Broome CJ

Unanimous

137594

136967

136334

136154

135343

135207

135206

135165

135164

135163

135162

133126

132811

141857

139836

139768

139637

138815

138315

137846

141856

137880

134588

Cattaraugus CJ

Unanimous

137000

136999

136998

136987
135842
135255
135254
135239
135237
135236
135235
135234
135233
134457
134456
134455
134453
134451
134449
134447
134446
134444
133486
133482
133163
132482
141516
141056
141033
141074
141031
139205
139204
138327
Cayuga CJ

Unanimous

137118
136864
136591
136434
135114
134727
134715
134589
134582
133436
132961
132958
132591
132192
132024
141602
141457
137924

143348
142189
141059
Chautauqua CJ

Unanimous

139481
Chemung CJ

Unanimous

137514
137496
137495
137155
136755
136058
136057
135841
135074
134819
134818
134816
134699
134698
134356
133675
133152
133151
132949
132390
141674
141427
140526
138634
138596
138296
138216
137717
142204
139353
139352

Chenango CJ

Unanimous

137014
136218
136220
135027
132711
132614
132487
141538
141494
141477

141444
141358
139908
137877
137876
141190
141189
141096
Clinton CJ

Unanimous

140345
139202
138522
141117
Columbia CJ

Unanimous

135997
135434
134554
132952
132130
137878
Cortland CJ

Unanimous

135484
135059
135041
135036
135024
134255
134254
133250
133249
140876
138598
138176
137997
137996
137995
141180
141155
140878
140877
141115
Delaware CJ

Unanimous

137598
141843
141751
141446
140582

142218
141842
141997
140581
138333
140583
137601
Dutchess CJ

Unanimous

137326
136739
136240
136103
136102
136101
136100
135975
135974
135661
135660
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133014
133013
133010
132963
132880
132633
132235
132233
132197
132089
131944
141839
141838
141837
141836
141748
141614
141583
141508
141506
141454
141375
141360
141194
141193
140642
140576
139566
139430
139428
139234
138681
138680
138525
138524
137773
142531
142530
142438
142298
141614
139430
142629
142627
142550
142545
142386
142299

142144
142129
142127
142125
142122
142121
142120
142030
141977
141975
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141886
141885
141163
140985
137929
Erie CF

Unanimous

137526
137243
136901
136900
136642
136639
136638
136637
136636
136228
135210
135208
135195
135117
135099
134916
134849
134841
134577
133997
133996
133959
133335
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132951
132950
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141424
141423
139200
139198
138837
138835
138465
138463
137776
137775
137769
142356
141017
141879
Erie CJ

Unanimous

136357
135995
133069
142194
Essex CJ

Unanimous

136774
136036
136035
135414
135257
134516
132693
139374
Franklin CJ

Unanimous

134580
133435
132871
132489
132469
132429
141030
140843
140841
140276
140275

140255
139535
139197
138839
138521
137774
141029

Fulton CJ

Unanimous

136814
136815
135054
134534
141296

Genesee CJ

Unanimous

135895
135340
135094
141576
142074

Jefferson CJ

Unanimous

136465
136464
141876
141438
138514
140256

Livingston CJ

Unanimous

132929
132381
137954
142754

Madison CJ

Unanimous

137075
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Monroe CJ

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Montgomery CJ

Unanimous

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Nassau CJ

Unanimous

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Niagara CJ

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Oneida CJ

Unanimous

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Onondaga COR

Unanimous

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Onondaga CUS

Unanimous

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Ontario CJ

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Orange CJ

Unanimous

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Orleans CJ Unanimous

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Oswego CJ Unanimous

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Otsego CJ Unanimous

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Putnam CJ Unanimous

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Rensselaer CJ Unanimous

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Rockland CJ Unanimous

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Schenectady CJ Unanimous

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Schoharie CJ Unanimous

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Seneca CJ Unanimous

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St. Lawrence CJ Unanimous

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Steuben CJ

Unanimous

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Suffolk CJ

Unanimous

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Sullivan CJ

Unanimous

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Tioga CJ

Unanimous

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Tompkins CJ

Unanimous

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Ulster CJ

Unanimous

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Warren CJ

Unanimous

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Washington CJ

Unanimous

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Wayne CJ

Unanimous

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Westchester CJ

Unanimous

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Wyoming CJ

Unanimous

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Yates CJ

Unanimous

DENIED WITH COMMENT

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Albany CJ

Unanimous

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Allegany CJ

Unanimous

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Broome CJ

Unanimous

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Cattaraugus CJ

Unanimous

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Cayuga CJ

Unanimous

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Chautauqua CJ Unanimous

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Chemung CJ Unanimous

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Chenango CJ Unanimous

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Clinton CJ Unanimous

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Cortland CJ Unanimous

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Delaware CJ Unanimous

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Dutchess CJ Unanimous

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Erie CF

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Erie CJ

Unanimous

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Essex CJ

Unanimous

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Franklin CJ Unanimous

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Fulton CJ Unanimous

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Herkimer CJ Unanimous

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Livingston CJ Unanimous

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Madison CJ Unanimous

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Monroe CJ Unanimous

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Montgomery CJ Unanimous

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Nassau CJ Unanimous

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Niagara CJ Unanimous

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Oneida CJ Unanimous

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Onondaga COR

Unanimous

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Onondaga CUS

Unanimous

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Ontario CJ

Unanimous

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Orange CJ

Unanimous

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Orleans CJ Unanimous

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Oswego CJ Unanimous

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Putnam CJ Unanimous

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Rensselaer CJ Unanimous

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Rockland CJ Unanimous

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Schenectady CJ Unanimous

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Schoharie CJ Unanimous

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St. Lawrence Unanimous

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Steuben CJ Unanimous

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Suffolk CJ Unanimous

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Sullivan CJ	Unanimous
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Tioga CJ	Unanimous
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Tompkins CJ	Unanimous
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Warren CJ	Unanimous
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Washington CJ	Unanimous

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Wayne CJ

Unanimous

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Westchester CJ

Unanimous

135274
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Yates CJ

Unanimous

The next CPCRC meeting will be held on Thursday, August 12, 2021 at 11:00 A.M. via WebEx Telephone Conference.

Commissioner Loughren requested a motion to adjourn the meeting, which was made by Tom Cross, seconded by Martin Stanton, and carried. The meeting adjourned at 11:38 A.M.

Respectfully submitted,

Victoria Connors
Administrative Assistant

- **Prisoner Personal Hygiene**
 - Not Providing laundry services twice a week for personal clothing
 - Not consistently issuing pillows and pillow cases
 - Not consistently issuing uniforms due to order shortage
- **Discipline**
 - Facility Directive and Inmate Rulebook Issues
 - Disciplinary Hearing Processing Issues
 - Sanction Issues
 - Hearing Appeal Issues
- **Good Behavior Allowances**
 - Documentation Issues
- **Visitation**
 - [REDACTED]
 - Department Policy and Procedure Issues
 - [REDACTED]
- **Food Service**
 - Policy and Procedure Issues on Nutritional Adequacy
 - Policy and Procedure Issues on Medical & Religious Diets
- **Sanitation**
 - Water Leaks and Water Damage Issues
 - Rust Issues
 - Peeling Paint Issues
 - Vermin Control/Sanitation Issues
 - Mold Issues
 - Repair Issues
 - Food Accumulation Issues
 - Clutter Issues
- **Commissary**
 - Commissary operation is not self-supporting
 - Commissary profits not deposited in a separate bank account
 - Commissary account not maintained in a manner which fully substantiates all purchases, sales, and expenditures
 - Last audit was in 2004
 - Unclaimed funds from inmate accounts are transferred to the Police Property Payable Fund
 - Department's commissary audit needs to include an audit of the accounting system being utilized (IFCOM) by the Department for inmate funds
 - No conspicuously posted signs that outlined the requirements of section 7016.2(e)
- **Religion**
 - Due to religious service advisor retirements and illnesses, some religious services programs have been canceled
- **Packages**
 - Each Facility had a different way of processing outgoing prisoner packages, and some did not have the prisoner package their outgoing package
 - Facility Staff and not the CAO were determining whether or not a prisoner could place personal property in secured property
 - Not consistently providing written notice to any person affected by the CAO determination to deny property or deem contraband

- **Exercise**
 - [REDACTED]
 - Not consistently providing outdoor exercise for all housing areas
- **Legal Services**
 - Department does not consistently provide access to a list of available legal reference materials that are sufficiently indexed to allow for component request by a chapter, article, and section; for prisoners who do not have direct access to such legal reference materials
 - Not consistently providing access to a notary within one business day of request
- **Chemical Agents**
 - Policy and Procedure Issues
 - Facility Health Services Training Issues
 - Recording the Use Of Chemical Agent Issues

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

See above Commissary section under "Any Open Minimum Standard Violations".

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

NYC DOC has contracts with two companies to provide services for deposits to incarcerated individual's accounts (JPAY, and Western Union). In the Department's application are the associated fees for the companies based on the method of payment used.

The Department also allows for visitors to deposit funds, without charge, into an incarcerated individual's account via the Rikers Island Central Cashiers (RICC) and at each of the current operating borough facilities' cashiers.

Commission staff recommends that this variance be approved for 1 year. The service fees seem to be within a standard range of fees charged for similar Kiosk services elsewhere. Additionally, the Kiosk service is beneficial to the incarcerated population and their family and friends that use the system. Furthermore, NYCDOC reports that they receive no payment for this service and allow such service to be provided for the convenience of the incarcerated population and their family and friends. NYCDOC also has a system in place that allows persons to deposit monies into an incarcerated individual's account that does not impose a service fee.

REVIEWED BY REGIONAL SUPERVISOR: Larry Roe DATE: 06/21/21

REVIEWED BY DIRECTOR: Terry Moran DATE: 7/12/21

COMMENTS BY DIRECTOR:

OFFICIAL USE ONLY:

NOTES OF MEETING:



NEW YORK CITY DEPARTMENT OF CORRECTION
Cynthia Brann, Commissioner
Office of the Commissioner
75-20 Astoria Boulevard, Suite 305
East Elmhurst, New York. 11370

718 • 546 • 0890
Fax 718 • 278 • 6022

May 19, 2021

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

**Re: Variance Renewal Request on Maximum
Five Dollar Service Fee/Variance #10-V-02**

Dear Chairman Riley:

I am writing to request the renewal of the variance from Minimum Standard 7016.2(b), which imposes a maximum service fee of five dollars on the use of “electronic kiosks, automated teller machines, or other similar devices or systems capable of allowing members of the public to deposit funds into an inmate’s institutional fund account.” The State Commission of Correction (SCOC) last approved this variance on June 30, 2020. The variance expires on July 1, 2021.

The Department of Correction’s (DOC) completed SCOC Variance Application Form is attached.

Thank you for your consideration of this request for a variance renewal. Please contact me if you have any questions.

Sincerely,

Cynthia Brann
Commissioner



**Commission of
Correction**

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

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: NYC Department of Correction

Person requesting: Cynthia Brann, Commissioner

(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: 7016 Section: 2 Subdivision: (b)

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

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

See attached.

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

365 Days 0 Weeks 0 Months

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

Not applicable

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

Yes If yes, include the variance number 10-V-02 No

Cynthia Bann 5.19.21
Signature (Sheriff) (Chief Administrative Officer) Date

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

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

RESPONSE TO ITEM “C” OF THE SCOC VARIANCE APPLICATION FORM

The NYC Department of Correction (DOC) requests renewal of the variance from Minimum Standard 7016.2 (b), which imposes a maximum service fee of five dollars on the use of “electronic kiosks, automated teller machines, or other similar devices or systems capable of allowing members of the public to deposit funds into an inmate’s institutional fund account.” The SCOC last approved this variance on June 30, 2020. The variance expires on July 1, 2021.

On January 28, 2010, DOC provided the SCOC with copies of the three vendor licensing agreements regarding the use of electronic kiosks, automated teller machines and similar devices. The SCOC had requested these documents in its variance approval letter dated January 20, 2010. In April 2011, the Department entered into an additional agreement with Continental Prison System, Inc. (CPSI), bringing the total to four, as discussed in a previously approved variance request. In August 2011, the licensing agreement with IC Solutions was terminated, bringing the total number of third-party vendors to three. In October 2012, the licensing agreement between the Department and Continental Prison System, Inc. (CPSI) was terminated, bringing the total number of third-party vendors to two. As of October 2018, two vendor licensing agreements remain in effect – Western Union and J-Pay. These vendor agreements have not been replaced, nor have any of these agreements expired or been terminated. In addition, no changes have occurred in the fees specified in the vendor agreements.

DOC’s justification for renewal of this variance remains unchanged from the previous variance requests. The SCOC’s maximum fee of five dollars is not viable in the economic marketplace in New York City. The five-dollar fee would essentially prevent the vendors, who currently make electronic deposits available to family and friends of DOC inmates, from continuing to provide those services, except for the most minimal of transactions. DOC understands and endorses the importance of facilitating the deposit of funds into inmate institutional fund accounts; however, DOC believes strongly that this principle would be better served by permitting the local vendors to continue providing their services at rates that are demonstrably affordable to them and to the public, than by imposing an artificial maximum that this local market will not bear. If these vendors stop providing their services in New York City, those wishing to make more than minimal deposits will be required to revert to the less convenient method of making those deposits at the DOC facilities in cash. (Those wishing to make deposits continue to have the option of depositing funds into inmate accounts with no fees at the Rikers Island Central Cashiers (RICC) and at the borough facility cashiers.)

Two vendors provide services to those seeking to make deposits in DOC’s inmate institutional fund accounts: J-Pay and Western Union. The consumer selects the vendor. The rates for J-Pay and Western Union continue to range from \$3.95 - 11.95, depending on the type and size of the transaction (cash or credit, kiosk, internet, telephone agent, or walk-in). There were 38,616 internet deposits by credit card from April 1, 2020 through March 31, 2021 averaging \$50 each. Depending on the vendor and the nature of the transaction, the fee for a \$50 transaction continues to average below \$7.50. During the same period, vendors also processed 17,027 walk-in deposits, 52,254 telephone deposits and 458 kiosk deposits.

DOC continues not to receive any monetary benefit from the services offered by third-party money agents. DOC allows the third-party agents to provide “for fee” services, but DOC remains open to work with any third-party agent who can fulfill the standard terms of DOC’s “Money Transfer Agent License Agreement.” DOC has sought to promote price competition among the third-party agents and has tried to ensure that family members who choose to avail themselves of the services have several different options at a fair market price. DOC is willing to work with any qualified agent and does not accept any commission or fee.

DOC’s only goal in working with these third-party agents remains the provision of a valuable service to the inmates in custody and to their loved ones. DOC believes that this convenience is the reason that we are now accepting nearly 18,808 deposits per month through the third-party agents.

From April 1, 2019 to March 31, 2020, there were 149,334 deposits through vendors, representing 83 percent of all deposits to institutional fund accounts for an average daily inmate population of 6728. The total amount deposited in this manner was \$8,054,386. From April 1, 2020 through March 31, 2021, there were 112,846 deposits through vendors, which represents 93 percent of all deposits to institutional fund accounts for an average daily inmate population of 4534. The total amount deposited in this manner during this period was \$7,274,092.

As noted above, the utilization of third-party vendors accounts for 93 percent of all deposits to inmate accounts for the period April 1, 2020 to March 31, 2021. This is a clear indication that these vendors continue to provide a valued service that enables more inmates to have more funds deposited to their institutional fund accounts than would be the case otherwise.

The availability of vendor services at market rates for electronic deposits to DOC inmate fund accounts continues to provide an effective and valued service, not only to the family and friends who make these deposits but also to the inmates themselves.

Name of Facility: Onondaga County Jail

Variance #21-V-??

New: X **Renewal:** **Relief from Standard:** 7008.2(b), 7008.3(b).

Application by: Sheriff Eugene Conway **Date Request Rec:** 7-14-21

Last Approved: NA **Length of Approval:** 2 Months **Expiration:** 10-1-21

Write-up Prepared by: Adam Tilbe CFS 1

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

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

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

1. We need to limit any physical contact between inmates and their visitors. To accomplish this, there will not be any contact between inmates and visitors at the beginning and end of the visit session and we have installed a [REDACTED] barrier that will be 4 foot above the table. (see attachment).
2. Included in our policy, all inmates and visitors will wear a PPE mask as is deemed appropriate by our County Health Department during the visitation session.
3. To accomplish social distancing, we will utilize half our visiting room, every other table to allow 6 feet between visitors.
4. We request that we open our visits with a limit of one (1) hour visit for each inmate per week due to limitation of our room.
5. Included is our interim policy and procedure to be used during this variance.

RECOMMENDATION BY STAFF

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

RECOMMENDED CONDITIONS IF APPROVED

Pursuant to this action, the following conditions shall apply:

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

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

CONSTRUCTION/RENOVATION PLANS

NA

OTHER VARIANCES IN EFFECT

NA

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

NA

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

Virtual MSE January 2021

ANY OPEN MINIMUM STANDARD VIOLATIONS:

Section 7003.3(f) Supervision of prisoners in facility housing areas

Section 7028.2(f) Exercise periods

Section 7075.3(b) Inmate Confinement and Deprivation

Section 7075.4(f) Inmate Confinement

Section 7075.5(a) Deprivation of essential services

Section 7075.5(b) Deprivation of essential services

Section 7075.5(c) Deprivation of essential services

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

NA

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

COVID Pandemic

REVIEWED BY REGIONAL SUPERVISOR:

DATE

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

Onondaga County Sheriff's Office

Eugene J. Conway
Sheriff



Jason M. Cassalia
Undersheriff

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

Office of Indigent
Legal Services

JUL 12 2021

June 30, 2021



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

Dear Chairman Riley,

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

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

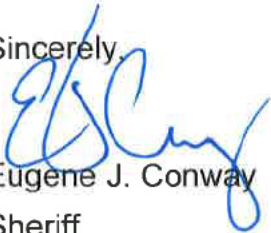
The facility acknowledges that 7008.2(b) requires that visiting areas be designed to allow physical contact between incarcerated individuals and their visitors. With the current pandemic that has overwhelmed the country, we are proposing the following changes to our visitation policy as a temporary measure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

1. We need to limit any physical contact between inmates and their visitors. To accomplish this, there will not be any contact between inmates and visitors at the beginning and end of the visit session and we have installed a [REDACTED] that will be 4 foot above the table. (see attachment).
2. Included in our policy, all inmates and visitors will wear a PPE mask as is deemed appropriate by our County Health Department during the visitation session.
3. To accomplish social distancing, we will utilize half our visiting room, every other table to allow 6 feet between visitors.

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

We understand that at the conclusion of this variance the visitation room and previous policies will need to be restored to their original design within seven (7) days. We will request that all visitors supply their own facial coverings, but if they cannot then the facility will supply one. The facility has a large supply of PPE masks to accommodate. All inmates have been and will continue to be provided with facial coverings. Inmates will be socially distanced while going to and from the visitation room. The visitation room, sally port and public lobby will be disinfected in between sessions utilizing our Clorox 360 Electrostatic disinfecting machines. We have had our County Health Department review and approve our change in the visitation policies and procedures.

Sincerely,



Eugene J. Conway
Sheriff,
Onondaga County

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

County Jail Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER

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

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

Person requesting: Sheriff Eugene J. Conway
(Sheriff)

- A. State the specific part, section and subdivision of New York of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility. To request a variance to house additional inmates within the facility the citation should be listed as:

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

Part: 7008 Section: 2 Subdivision: B

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

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

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

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

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

Days _____ Weeks _____ Months 6

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

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

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

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

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

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

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



Signature (Sheriff)

7-6-2021

Date

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

**New York State
Commission of Correction
80 S. Swan Street, 12th Floor
Albany, New York 12205
518-485-2465
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County Jail Variance Application Form

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Jamesville, New York 13078

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

- A. State the specific part, section and subdivision of New York of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility. To request a variance to house additional inmates within the facility the citation should be listed as:

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

Part: 7008 Section: 3 Subdivision: C

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

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

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

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

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

Days _____ Weeks _____ Months 6

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

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

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

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

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

(Page 1 of 3)

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

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



Signature (Sheriff)



Date

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

- A. State the specific part, section and subdivision of New York of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility. To request a variance to house additional inmates within the facility the citation should be listed as:

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

Part: 7008 Section: 3 Subdivision: A

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

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

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

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

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

Days _____ Weeks _____ Months 6

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

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

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

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

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

(Page 1 of 3)

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

Yes _____ if yes, include the variance number _____ No



Signature (Sheriff)

7-6-2021

Date

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**Commission of
Correction**

MAXIMUM FACILITY CAPACITY

For the

St. Lawrence County Jail

Canton, New York

July 20, 2021

Allen Riley
Chairman

Thomas J. Loughren
Commissioner

ST. LAWRENCE 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.

ST. LAWRENCE 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.

ST. LAWRENCE 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
Not Applicable				0

Individual General Housing Unit Total: 0

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
D Housing Unit	Admissions and Orientation, Medical and Mental Health				32
Main Unit					
Cells 5-6, 13-16, 21-22, 29-32		12	12 @ 68 sq. ft.	1	12
Cells 7-12- 23-28		12	12 @ 100 sq. ft.	1	12
Subdivision		4	4 @ 65 sq. ft.	1	4
Cells 1-4					
Subdivision		4	4 @ 68 sq. ft.	1	4
Cells 17-20					

Individual Admissions/Orientation, Medical and Mental Health Observation Housing Unit Total: 32

ST. LAWRENCE 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
D Housing Unit	Punitive and Administrative Segregation				4
Subdivision Cells 33-34		2	2 @ 80 sq. ft.	2	2
Subdivision Cells 35-36		2	2 @ 95 sq. ft.	2	2

Individual Special Housing Unit Total: 4

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

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

ST. LAWRENCE COUNTY JAIL – MFC 2021

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
C Housing Unit				30
Main Section			2	
Double Cells (cells 1-6)	6	6 @ 100 sq. ft.		12
Single Cells (cells 7-18)	12	12 @ 68 sq. ft.		12
Subdivision (cells 19-20)	2	2 @ 68 sq. ft.	1	2
Subdivision (cells 21-22)	2	2 @ 68 sq. ft.	1	2
Subdivision (cells 23-24)	2	2 @ 68 sq. ft.		2
E Housing Unit			4	60
Main Section				
Double Cells (cells 1-4, 27-30)	8	8 @ 100 sq. ft.		16
Single Cells (cells 5-6, 15-18, 23-26, 31-52)	32	32 @ 68 sq. ft.		32
Subdivision (cells 19-22)	4	4 @ 68 sq. ft.	1	4
Subdivision (cells 7-14)	8	8 @ 68 sq. ft.	1	8

ST. LAWRENCE COUNTY JAIL – MFC 2021

F Housing Unit				60
Main Section				
Double Cells (cells 23-26, 49-52))	8	8 @ 100 sq. ft.	3	16
Single Cells (cells 1-12, 21-22, 27-48)	36	36 @ 68 sq. ft.		36
Subdivision (cells 13-20)	8	8 @ 68 sq. ft.	2	8

Individual and Multiple Occupancy General Housing Unit Total: 150

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

ST. LAWRENCE 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
Booking Cell #1	1	1	1 @ 198 sq. ft.	The facility may hold up to thirteen (13) incarcerated individuals.
Booking Cell #2	0	0	1 @ 60 sq. ft.	The facility may hold up to four (4) incarcerated individuals.
Booking Cell #3	0	0	1 @ 60 sq. ft.	The facility may hold up to four (4) incarcerated individuals.
Booking Cell #4	0	0	1 @ 72 sq. ft.	The facility may hold up to four (4) incarcerated individuals.

- Notes:**
1. Non-housing areas may be used only for temporary holding for up to the number of incarcerated individuals as prescribed. The facility shall limit individual occupancy holding to twelve (12) hours. Multiple occupancy holding shall be limited to four (4) hours. Any other use is prohibited. Whenever incarcerated individuals are placed in non-housing areas, at a minimum, Active Supervision shall be maintained.
 2. Incarcerated individuals placed Booking Cells, #2, #3 or #4 must be provided access to a toilet and sink.

ST. LAWRENCE COUNTY JAIL – MFC 2021

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing	0
Subtotal Individual Housing Units Used for Admissions/Orientation, Medical and Mental Health Observation	32
Subtotal Individual Housing Units Used for Special Housing	4
Subtotal Multiple Occupancy Housing Units Used for General Housing	150
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:	186

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 7/19/21

Approved by: Terrence Moran



Director 7/19/21

Name of Facility: Westchester DOC

Waiver # 20-W-001

New: Renewal: XX

Relief from Standard: 7010.3 (a)

Application by: Commissioner Spano

Date Request Rec: 7/9/21

Last Approved: 7/21/20

Length of Approval: 1 Year

Expiration: 8/1/21

Write-up Prepared by: Christopher Ost, CFS III

Recommendation by Forensic Staff: Approve for 1 year.

Recommendation at Briefing: Approve until August 1, 2022

Final Recommendation:

Waiver Requested:

Sell over the counter medication in Commissary (7010.3 (a), 7016)

Keep medication on person (7010.3 (a) per 7010.3 (b))

WAIVER HISTORY:

7/9/21 Renewal request received.

7/6/20 Renewal request received.

4/27/20 New Waiver Request

CONSTRUCTION/RENOVATION PLANS

None

OTHER WAIVERS IN EFFECT

None

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

Scheduled for 7-19-21.

ANY OPEN 7010 VIOLATIONS:

None

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE APPROVED:

7/2021

Westchester County Dept. of Correction is requesting a renewal of their waiver to §7010.3 (a) requirements pursuant to §7010.3(b) that allows for most general population inmates to possess

approved medications and self-administer them. The initial waiver period was for 3 months for review during the COVID 19 Pandemic period, then it was renewed for a full year. Status report for Westchester DOC as of 7/7/21 indicated that they have had 94 inmates and 254 staff test positive for COVID 19 during the pandemic. The facility(s) report no current inmate quarantines and only 1 staff under current quarantine. There have been no reported incidents, grievances, or complaints received regarding medication administration since implemented. Westchester DOC reports the program is working well and has benefitted in maintaining social distancing needs during the pandemic. It is recommended the waiver be approved and extended for 1 year.

7/21/20

Westchester County Dept. of Correction is requesting a renewal of their waiver to §7010.3 (a) requirements pursuant to §7010.3(b) that allows for most general population inmates to possess approved medications and self-administer them. The initial waiver period was for 3 months for review during the COVID 19 Pandemic period. Status report for Westchester DOC as of 7/1/20 indicated that they have had 58 inmates and 158 staff test positive for COVID 19 during the pandemic. The facility(s) report no current inmate quarantines and 24 staff under quarantine. There have been no reported incidents, grievances, or complaints received regarding medication administration since implemented. Westchester DOC reports the program is working well and has benefitted in maintaining social distancing needs during the pandemic. It is recommended the waiver be approved and extended for 1 year.

4/27/20

This is a special request from the Westchester County Dept. of Correction for a waiver to the 7010.3 (a) requirements regarding possession of medication by inmates. Westchester DOC is applying for a waiver pursuant to 7010.3 (b). Due to the COVID-19 virus, Westchester DOC has experienced a significant increase in the number of inmates that require medical isolation and the number of housing areas that have to be placed into quarantine. This has increased the amount of time that nursing staff must use to perform individual medication deliveries. This has also led to increased person to person contacts. In an effort to facilitate social distancing practices, decrease demand on available nursing staff, and to prevent further spread of the COVID – 19 virus to staff and inmates within the facility, Westchester DOC is seeking to implement a Keep on Person (KOP) program that would permit certain medications be possessed and self-administered within the inmate population. The KOP program will include:

- Providing inmates prescribed medications from 7 to 14-day supplies in blister packs.
- Medications will be limited to non-controlled, non-psychotropic, non-injectable, nor Hep C therapies.
- The program will be limited to general population inmates who are not on suicide watch or in punitive segregation status.

Initial approval should be for 3 months with a follow up and review by Forensic Staff. Extended length of approval will be considered after the first 3 months.

RECOMMENDED CONDITIONS IF APPROVED:

7-20-21

1. The Jail Physician shall be responsible for all “keep on person medication” determinations including:
 - The type and quantity of medications that may be possessed by incarcerated

individuals.

- The quantity of medication may be permitted only up to a fourteen (14) day supply.

2. The Jail Physician shall assure that all “keep on person medications” are:
 - Dispensed by the physician or provider licensed to do so.
 - Placed in a blister pack labeled with the individual’s name, medication name, directions for use, and number filled.
3. The Jail Physician shall assure the incarcerated individual has been educated and provided instruction on the proper dosage and administration of the medication

7-21-20

1. The Jail Physician shall be responsible for all “keep on person medication” determinations including:
 - The type and quantity of medications that may be possessed by inmates.
 - The quantity of medication may be permitted only up to a fourteen (14) day supply.
2. The Jail Physician shall assure that all “keep on person medications” are:
 - Dispensed by the physician or provider licensed to do so.
 - Placed in a blister pack labeled with the inmate’s name, medication name, directions for use, and number filled.
3. The Jail Physician shall assure the inmate has been educated and provided instruction on the proper dosage and administration of the medication.

4-27-20

1. The Jail Physician shall develop a policy and procedure for the purpose of permitting the possession of certain medications by inmates on their person. The policy and procedure shall include:
 - Jail Physician makes all “keep on person medication” determinations.
 - The type and quantity of medications that may be possessed by inmates.
 - The quantity of medication may be permitted only up to a fourteen (14) day supply.
 - Procedures for verifying medication compliance and renewals.
2. The Jail Physician shall assure that all “keep on person medications” are:
 - Dispensed by the physician or provider licensed to do so.
 - Placed in a blister pack labeled with the inmate’s name, medication name, directions for use, and number filled.
3. The Jail Physician shall assure the inmate has been educated and provided instruction on the proper dosage and administration of the medication.
4. A copy of the medication procedures permitted by this Waiver shall be forwarded to the Commission’s Forensic Medical Unit.

REVIEWED BY REGIONAL SUPERVISOR: Christopher Ost

DATE: 7-14-21

REVIEWED BY DEPUTY DIRECTOR: Terry Moran

DATE: 7/14/21

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



George Latimer
County Executive

Department of Correction
Joseph K. Spano
Commissioner

July 9, 2021

BY ELECTRONIC MAIL

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

Re: Extension Request- Waiver 20-W-001 (KOP Medication)

Dear Chairman Riley:

I am respectfully requesting an extension of the Commission's approval for Waiver 20-W-001 dated April 28, 2020 and set to expire on August 1, 2021.

While we are pleased to notify the commission that we currently have no positive cases of COVID we believe that this "keep on person medication" protocol is an integral part of our overall success in combatting this pandemic by limiting exposure between staff and our population.

Thank you for your time and consideration in this matter. I am available by phone (914) 231-1055 or by e-mail jks4@westchestergov.com if you wish to discuss.

Sincerely,



Joseph K. Spano
Commissioner