



STATE OF NEW YORK • EXECUTIVE DEPARTMENT
STATE COMMISSION OF CORRECTION

Alfred E. Smith State Office Building
80 S. Swan Street, 12th Floor
Albany, New York 12210-8001
(518) 485-2346
FAX (518) 485-2467

CHAIRMAN
Thomas A. Beilein

COMMISSIONERS
Phyllis Harrison-Ross, M.D.
Thomas J. Loughren

December 12, 2014

Dear Chief of Police:

In accordance with section 7509.1(b) of Title 9 of the Codes, Rules and Regulations of the State of New York, your department is required to submit an **annual report of facility detention statistics**. The annual report form for this purpose requests: the total number of males and females detained, the number of juveniles (15 and under) detained, the number of cells and/or detention areas in your lockup, and the total number of detentions in your lockup during the 24-hour period of December 31, 2014.

Pursuant to 9 NYCRR §7501.1(c), a police department headquarters, precinct house or station shall be deemed to operate a police lockup subject to the provisions of 9 NYCRR Chapter IV, if any such place contains a discrete area designated and/or used for the temporary detention of persons awaiting disposition of their cases in the courts, before arraignment in court or for a brief period after court arraignment, irrespective of design, configuration or equipment and notwithstanding occasional incidental use for detention of persons for purposes other than court dispositions. If your agency has **multiple lockup locations** (i.e., different buildings), please complete a **separate annual report form for each location**.

As you know, New York State laws and regulations, as well as federal regulations, prohibit the detention of juveniles (15 and under) in adult jails, lockups, and other adult detention facilities. Unfortunately, it does sometimes happen that a juvenile will be securely detained in an adult facility. For example, we occasionally find that an officer has placed a runaway youngster in a cell while awaiting the arrival of a parent/guardian, or a juvenile appeared to be an adult and was detained before a true date of birth was discovered.

Regardless of the reason, **every** instance of a juvenile detention in an adult facility must be reported to the State Commission of Correction. The enclosed **Record of Juvenile Detention** form should be used to report any occurrence of a juvenile being securely detained in your adult facilities. If a Record of Juvenile Detention form was not completed for any juvenile detentions in 2014, please complete the form and forward it with your annual report response.

The Commission of Correction is the agency in New York that is tasked with reviewing all adult jails' and lock-ups' and compliance with the JJDP core requirements. Failure to comply with the core requirements can jeopardize the state funding that is used for juvenile justice-related programs. The Commission will visit your agency once every three years to check for compliance with all applicable laws and standards. Also, for your information our website has copies of past detention summaries.

Your annual report is due by February 1, 2015. **Please complete the annual report and any outstanding Record of Juvenile Detention forms by this time.** This form can also be found on our website at www.scoc.ny.gov/forms.htm . If you have any questions regarding the annual report, please feel free to call our office at (518) 485-2463. Thank you for your continued cooperation.

Sincerely,



James E. Lawrence
Director of Operations

Enclosures (2)

**Annual Report of Adult Lock-Up for 2014
Record of Detention**

Department or Agency _____

Department or Agency ORI _____

Lock-Up Location or Precinct Name _____

Lock-up Location ORI _____

Total # of detentions during year Males _____ Females _____

Total # of juveniles (15 and under placed in lock-up) Males _____ Females _____

Total # of reported JJDPA violations

Secure detention violation Males _____ Females _____

Sight and sound separation Males _____ Females _____

Jail removal violation Males _____ Females _____

Total # of cells in your lockup _____

Total # of detention areas in your lockup _____

If they are designated as Male and Female, what is the breakdown?

Males _____ Females _____

Total # of persons held regardless of age held **on 12/31/14 only**

Males _____ Females _____

Complete a form for each individual lock-up that your department operates

Address _____

City _____

Zip Code _____

County _____

Telephone Number _____

Chief of Police (**signature**)* _____

Chief of Police (**printed**) _____

Date: ____/____/2015

Please return this completed form by February 1, 2015 to:

New York State Commission of Correction

AE Smith State Office Building

80 S. Swan Street, 12th Floor

Albany, New York 12210-8001

ATTN: James E. Lawrence

*** No signature needed for electronic submissions.**