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

MEMORANDUM

TO: COMMISSION MEMBERS

FROM: Brian Callahan, General Counsel

RE: AGENDA FOR COMMISSION MEETING

DATE: February 18, 2015 at 11:00AM

I. MINUTES

SCOC
January 21, 2015

CPCRC
February 12, 2015

MRB
Administrative Closures

II. VARIANCES

A. Onondaga Justice Center
13-V-03
(Section 7040.3 Facility Population Limitation)

B. Putnam County Jail
08-V-08
(Section 7040.3 Facility Population Limitation)

C. Putnam County Jail
03-V-01
(Section 7040.3 Facility Population Limitation)

D. Suffolk County Sheriff's Office – Riverhead
95-V-08
(Section 7040.3 Facility Population Limitation)

E. **Suffolk County Sheriff's Office – Riverhead**
98-V-16
(Section 7040.3 Facility Population Limitation)

III. **MFC**

F. **Nassau County Correctional Center**
MFC Reformulation

IV. **CONSTRUCTION**

G. **Suffolk County Sheriff's Office**
Bid Package "E" Renovation to Dorms at
Yaphank Correctional Facility

H. **Sullivan Correctional Facility**
NYS Department of Correctional Services & Community Supervision
Replace Perimeter Fence, Perimeter Systems & Redirect Drainage Project

I. **Wallkill Correctional Facility**
NYS Department of Correctional Services & Community Supervision
Provide Perimeter Security Fence/Alarm System Project

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MINUTES

LOCATIONS:

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NYS Empire State Development Corporation
633 Third Avenue,
(37th Floor) Conference Room
New York, New York 10017

DATE OF MEETING: January 21, 2015

Commissioner Loughren called the meeting to order at 11:20am.

PRESENT:
Thomas Loughren, Commissioner
Phyllis Harrison-Ross, M.D., Commissioner **(Participated from NYC Office Above)**
Tricia Amati, Assistant to Chairman/Commissioners
Jim Lawrence, Director of Operations
Richard Kinney, Deputy Director of Operations
Brian Callahan, General Counsel
Debbie Slack-Bean, Senior Counsel
Bill Benjamin, South Central, Supervisor
Steve Savoy, Hudson Lakes, Supervisor
Michael Walters, CFS 1
Walt McClure, Deputy Director of Public Information

I. MINUTES

SCOC December 16, 2014	**Approved Unanimous** **Ross/Loughren**
CPCRC January 8, 2015	**Approved Unanimous** **Loughren/Ross**
MRB Administrative Closures	**Approved Unanimous** **Ross/Loughren**

II. VARIANCES

A. **Greene County Jail** 14-V-02 (Section 7028.4 Exercise area and equipment)	**Approved Unanimous** **Six (6) Months** **Ross/ Loughren**

B.	**NYS Department of Corrections and Community Supervision** **Clinton Annex and Wallkill CF** 12-V-06 (Section 7621.3 Facility Population Limitation and Section 7621.8 Multiple Occupancy Housing Units)	**Approved** **One (1) Year** **Ross/Loughren**	**Unanimous**

III. **MFC**

C.	**Delaware County Jail** MFC Reformulation (Double Celling)	**Approved** **Ross/Loughren**	**Unanimous**
D.	**Livingston County Jail** MFC Reformulation	**Approved** **Ross/Loughren**	**Unanimous**
E.	**Wayne County Jail** MFC Reformulation	**Approved** **Ross/Loughren**	**Unanimous**

IV. **CONSTRUCTION**

F.	**Otis Bantum Correctional Center Annex (NYC DOC)** New Multi-Purpose Rooms for the Enhanced Supervision Area	**Approved** **Ross/Loughren**	**Unanimous**
G.	**Schenectady County Jail** Pre-Screening Shed Construction	**Denied** **Ross/Loughren**	**Unanimous**

*Experienced video conferencing problems causing a brief recess at 11:25am. The technical repairs were completed and meeting resumed at 11:29am.

Commissioner Loughren made a motion to go into executive session at 11:40am to discuss Construction and MRB items, which was seconded by Commissioner Harrison-Ross, M.D.

Commissioner Loughren made a motion to exit Executive Session and return to general session at 11:55am, which was seconded by Commissioner Harrison-Ross, M.D.

The meeting resumed at 11:55am. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding MRB and Construction items, seconded by Commissioner Harrison-Ross, M.D. and approved.

Commissioner Loughren made a motion to adjourn at 11:56am, which was seconded by Commissioner Harrison-Ross, M.D.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners

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Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners

Name of Facility: **Onondaga County Justice Center** Variance # **13-V-03**

New: Renewal: X Number of renewals: 16

Relief from Standard #7040.3 Application by: Chief Esteban Gonzalez Date rec.: 01/02/15

Beds at standard: 671 Current Population: 582 (2/3/15) 82.3%

Beds Requested This Variance: 36 Variance Beds This Facility: 36

Last Approved: 8/26/14 Length of Variance: 6 months

Recommendation: Approval Length Recommended: 6 Months By: Todd D'Alessandro

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SUMMARY OF VARIANCE REQUEST

Chief Esteban Gonzalez is requesting to renew this variance which authorizes the facility to double-cell inmates in each of the 100 sq. ft. cells on the upper level of the following areas: Pods 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B and 4C. This would allow the justice center to house an additional 36 inmates.

RECOMMENDED CONDITIONS

At the February 18, 2015 Commission Meeting this variance will be presented before the Commission. The following conditions were included in the previous approval letter regarding this variance.

1) The county is authorized to double-cell in each of the 100 sq. ft. cells on the upper level of the following areas:

Pods	MFC	Increase	Total
2A	60	4	64
2B	60	4	64
2C	60	4	64
3A	60	4	64
3B	60	4	64
3C	60	4	64
4A	60	4	64
4B	60	4	64
4C	60	4	64

TOTAL = 36

2) Inmates housed in the above-noted areas ***must*** be provided with a bunk to be used as a bed.

3) Active supervision must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2(c) when inmates are housed in any of the above-noted areas.

4) Inmates housed in these areas receive the same services and programs as the general population.

5) Commission staff must monitor the effects of the double-celling program on staff and inmates as well as the general operation of the facility.

6) The facility must maintain information on all double-celled inmates which shall include, but is not limited to: (a) name and location of the inmate; (b) date of entrance into and release from double-celling; and (c) reason for release. These records shall be made available to Commission staff upon request.

7) The facility will monitor its double-celling plan by tracking rates of incidents, grievances, and complaints directly related to double-celling. This summary documentation will be made available to Commission staff upon request.

8) The county shall continue its double-celling according to the double-celling plan submitted and approved by the Commission. The county shall advise the Commission of any substantive changes to the double-celling plan.

9) The county ***must*** comply with the temporary rated capacity of **713** for the Onondaga County Justice Center. When the county experiences an overflow, inmates ***must*** be boarded-out to other counties.

10) One (1) additional officer shall be assigned in each of the above-noted pods on the 8:00 a.m.- 4:00p.m. and 4:00 p.m. – 12:00 a.m. tours, for a total of two (2) staff on these tours when the population exceeds sixty (60) inmates. Further, the facility shall observe the current staffing requirement of one (1) officer assigned to each pod on the 12:00 a.m. – 8:00 a.m. tour.

11) That the facility maintains within the respective housing area logbooks/automated systems an ongoing total count of inmates and staff present within the area.

12) When the total population of any housing unit exceeds 60 inmates, the department shall submit to the Commission on a weekly basis, a report which states the population of the housing area and the names of the officers assigned to supervise those areas.

13) When an inmate requires the use of a handicapped cell based on a physical handicap, the inmate shall be provided a 100 sq. ft. cell and this cell will ***not*** be double-celled.

14) All inmate assigned to a double-cell should be the same security classification.

15) Commission staff will make periodic ***unannounced*** site visits to the Onondaga County Justice Center in order to ascertain compliance with the above noted conditions.

HISTORY

2014- Recommendation Approval
Action Taken Approved at 8/26 Meeting
Length of Variance 6 months
Conditions, if changed

2014- Recommendation Approval
Action Taken Approved at 2/17 Meeting
Length of Variance 6 months
Conditions, if changed

2013- Recommendation Approval
Action Taken Approved at 12/17 Meeting
Length of Variance 2 months
Conditions, if changed

2013- Recommendation Approval
Action Taken Approved at 3/19 Meeting
Length of Variance 6 months
Conditions, if changed

2009- Recommendation Approval
Action Taken Approved at 12/15 Meeting
Length of Variance 1 year
Conditions, if changed

2008- Recommendation Approval
Action Taken Approved at 12/16 Meeting
Length of Variance 1 year
Conditions, if changed

2008- Recommendation Approval
Action Taken Approved at 11/18 Meeting
Length of Variance 30 days
Conditions, if changed

2008- Recommendation Approval
Action Taken Approved at 10/22 Meeting
Length of Variance 30 days
Conditions, if changed

2008- Recommendation Approval
Action Taken Approved at 9/16 Meeting
Length of Variance 30 days
Conditions, if changed

2007- Recommendation Approval
Action Taken Approved at 9/07 Meeting
Length of Variance 1 year
Conditions, if changed

2006- Recommendation Approval
Action Taken Approved at 9/06 Meeting
Length of Variance 1 year
Conditions, if changed

2005- Recommendation Approval
Action Taken Approved at 9/05 Meeting
Length of Variance
Conditions, if changed

2005- Recommendation Approval
Action Taken Approved a 6/21/05 Meeting
Length of Variance 3 months
Conditions, if changed from original variance

2004- Recommendation Approval
Action Taken Approved at 07/13/04 Meeting
Length of Variance 6 months
Conditions, if changed from first variance SAME

2003- Recommendation Approval
Action Taken Approved at October 28, 2003
Length of Variance 6 months
Conditions, if changed from first variance SAME

2002- Recommendation Deny
Action Taken Denied at the 12/17/02 Meeting
Length of Variance N/A
Conditions, if changed from first variance SAME

2002- Recommendation Approval
Action Taken Approved at 09/16/02 Meeting
Length of Variance 3 months

FACILITY SITE VISIT

Last reviewed for this variance on: December 7, 2014 ***By:*** Todd D'Alessandro

Outstanding issues: Over-population

Open violations that relate to the variance request: Over-population

CONSTRUCTION/RENOVATION PLANS

Construction progress, if building additional capacity: In planning stages to build an additional level/housing area on existing structure.

OTHER VARIANCES IN EFFECT

Variance # 95-V-21 (Perm.): This variance allows the justice center to sell Rx in the commissary.

Variance # 96-V-31 (Perm.): This variance allows inmates at the justice center to possess Rx.

MISCELLANEOUS

This variance should be extended for six (6) months in order to give the facility the opportunity to comply with the classification standard. (This was previously Variance # 02-V-06)

Within the previous six months, this variance has been utilized on various pods approximately eighteen times.

AK 2/3/15

New York State Commission of Correction

Information as Provided by Facilities via Jails Daily Population Reporting System

02/03/15

Facility Name	Std Beds	Var Beds	Tot Cap	Tot Count	% Total	% Std Beds	Brded In	St Rdy Total	Par Viol	Fed Inmts	% Brders Tot Pop	Brded Out	% Brded Out	Minor M/F	Intrmt Total	Un arraign ed M/F	Report Date
Albany County Jail	1043	0	1043	805	77.2%	77.2%	197	17	37	28	28.0%	0	0.0%	11	1	0	02/03/15
Allegany County Jail	164	0	164	139	84.8%	84.8%	11	0	0	69	57.6%	0	0.0%	0	0	0	02/03/15
Broome County Jail	536	0	536	480	89.6%	89.6%	8	12	5	13	4.4%	2	0.4%	12	0	0	02/03/15
Cattaraugus County Jail	150	0	150	129	86.0%	86.0%	4	3	5	13	13.2%	1	0.9%	2	0	0	02/03/15
Cayuga County Jail	214	0	214	183	85.5%	85.5%	4	0	16	52	30.6%	0	0.0%	4	0	0	02/03/15
Chautauqua County Jail	303	0	303	282	93.1%	93.1%	1	12	7	3	1.4%	14	4.8%	7	0	0	02/03/15
Chemung County Jail	264	0	264	182	68.9%	68.9%	3	4	14	0	1.6%	0	0.0%	2	0	0	02/02/15
Chenango County Jail	166	0	166	91	54.8%	54.8%	10	4	5	2	13.2%	0	0.0%	3	0	0	02/03/15
Clinton County Jail	300	0	300	205	68.3%	68.3%	2	1	14	27	14.1%	2	1.1%	1	0	0	02/03/15
Columbia County Jail	135	0	135	101	74.8%	74.8%	40	0	2	1	40.6%	0	0.0%	1	0	0	02/03/15
Cortland County Jail	90	3	93	85	91.4%	94.4%	0	0	5	0	0.0%	12	12.4%	0	0	0	02/03/15
Delaware County Jail	121	0	121	84	69.4%	69.4%	2	0	1	5	8.3%	0	0.0%	1	0	0	02/03/15
Dutchess County Jail	292	0	292	246	84.2%	84.2%	0	10	9	0	0.0%	251	50.5%	3	0	0	02/03/15
Erie County - Yankee Compou	90	0	90	0	0.0%	0.0%	0	0	0	0	0.0%	0	0.0%	0	0	0	02/02/15
Erie County Correctional Fa	794	8	802	696	86.8%	87.7%	1	0	46	1	0.3%	0	0.0%	27	0	0	02/03/15
Erie County Jail	640	0	640	476	74.4%	74.4%	0	8	25	28	5.9%	0	0.0%	16	0	0	02/03/15
Essex County Jail	126	0	126	66	52.4%	52.4%	9	1	0	18	40.9%	0	0.0%	0	1	0	02/02/15
Franklin County Jail	127	0	127	98	77.2%	77.2%	0	0	3	0	0.0%	13	11.7%	0	0	0	02/02/15
Fulton County Jail	169	0	169	71	42.0%	42.0%	9	1	2	0	12.7%	2	3.1%	1	0	0	02/03/15
Genesee County Jail	87	10	97	60	61.9%	69.0%	0	2	2	1	1.7%	14	19.2%	3	2	0	02/03/15
Greene County Jail	56	0	56	43	76.8%	76.8%	0	0	8	0	0.0%	40	48.2%	0	0	0	02/03/15
Hamilton County Jail	6	0	6	2	33.3%	33.3%	0	0	0	0	0.0%	0	0.0%	0	0	0	02/03/15
Herkimer County Jail	41	0	41	30	73.2%	73.2%	0	1	3	0	0.0%	38	55.9%	0	0	0	02/03/15
Jefferson County Jail	196	0	196	141	71.9%	71.9%	0	6	6	0	0.0%	23	14.0%	7	1	0	02/03/15
Lewis County Jail	42	0	42	35	83.3%	83.3%	0	1	2	2	5.7%	1	2.9%	1	0	0	02/03/15
Livingston County Jail	194	0	194	133	68.6%	68.6%	15	4	6	29	33.1%	0	0.0%	0	0	0	02/03/15
Madison County Jail	126	0	126	92	73.0%	73.0%	1	0	7	4	5.4%	0	0.0%	1	3	0	02/03/15
Monroe County Correctional	496	0	496	309	62.3%	62.3%	0	0	0	0	0.0%	0	0.0%	0	4	0	02/03/15
Monroe County Jail	1171	0	1171	993	84.8%	84.8%	0	35	70	59	5.9%	0	0.0%	29	0	14	02/03/15
Montgomery County Jail	177	0	177	147	83.1%	83.1%	2	5	3	17	12.9%	0	0.0%	4	0	0	02/02/15
Nassau County Jail Correcti	1916	26	1942	1200	61.8%	62.6%	7	17	36	39	3.8%	7	0.6%	39	1	0	02/03/15
Niagara County Jail	449	56	505	437	86.5%	97.3%	2	8	11	105	24.5%	0	0.0%	11	0	1	02/03/15
Oneida County Jail	638	0	638	469	73.5%	73.5%	50	6	28	26	16.2%	1	0.3%	5	1	0	02/03/15
Onondaga County Correctiona	512	58	570	439	77.0%	85.7%	53	0	50	4	13.0%	5	1.3%	33	1	0	02/03/15
Onondaga County Jail	671	36	707	582	82.3%	86.7%	8	13	2	1	1.5%	54	8.6%	2	0	4	02/02/15

New York State Commission of Correction

DAILY POPULATION COUNT REPORTING SYSTEM

AVERAGE DAILY COUNTS / HIGHS / LOWS

Facility: Onondaga County Jail

DATE RANGE: 2/1/14 thru 2/1/15

	Unsentenced		Sentenced		Unarraigned		Civil		Federal		Totals	
Adult Male	AVG: 479.97		AVG: 24.88		AVG: 8.44		AVG: 1.72		AVG: 0.53		AVG: 515.53	
	HI: 538.00	09/21/14	HI: 45.00	01/21/15	HI: 20.00	07/15/14	HI: 5.00	07/13/14	HI: 3.00	11/27/14	HI: 579.00	09/21/14
	LOW: 409.00	02/28/14	LOW: 10.00	01/05/15	LOW: 0.00	01/11/15	LOW: 0.00	01/08/15	LOW: 0.00	01/29/15	LOW: 457.00	03/28/14
Adult Female	AVG: 69.72		AVG: 1.85		AVG: 2.64		AVG: 0.46		AVG: 0.03		AVG: 74.69	
	HI: 94.00	07/20/14	HI: 8.00	10/29/14	HI: 13.00	03/27/14	HI: 3.00	12/10/14	HI: 1.00	01/06/15	HI: 100.00	07/20/14
	LOW: 51.00	12/18/14	LOW: 0.00	12/04/14	LOW: 0.00	01/31/15	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 56.00	12/18/14
Minor Male	AVG: 11.40		AVG: 0.19		AVG: 0.60		AVG: 0.17		AVG: 0.00		AVG: 12.36	
	HI: 55.00	02/03/14	HI: 3.00	02/02/14	HI: 5.00	02/11/14	HI: 2.00	02/24/14	HI: 0.00	00/00/00	HI: 58.00	02/03/14
	LOW: 0.00	01/30/15	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	01/30/15
Minor Female	AVG: 4.50		AVG: 0.05		AVG: 0.28		AVG: 0.00		AVG: 0.00		AVG: 4.84	
	HI: 9.00	10/19/14	HI: 1.00	01/11/15	HI: 4.00	11/20/14	HI: 1.00	07/14/14	HI: 0.00	00/00/00	HI: 9.00	10/19/14
	LOW: 0.00	04/09/14	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 1.00	01/27/15
Total	AVG: 565.60		AVG: 26.96		AVG: 11.96		AVG: 2.35		AVG: 0.56		AVG: 607.42	90%
	HI: 631.00	09/21/14	HI: 47.00	01/21/15	HI: 31.00	06/18/14	HI: 6.00	07/13/14	HI: 3.00	11/27/14	HI: 675.00	09/21/14
	LOW: 510.00	01/16/15	LOW: 12.00	01/05/15	LOW: 0.00	01/11/15	LOW: 0.00	01/08/15	LOW: 0.00	01/29/15	LOW: 536.00	12/26/14

New York State Commission of Correction

DAILY POPULATION COUNT REPORTING SYSTEM

AVERAGE DAILY COUNTS / HIGHS / LOWS

Facility: Onondaga County Jail

DATE RANGE: 2/1/14 thru 2/1/15

	Coram Nobis		D and E Felons		State Readies		Convicted Felons		Parole Violators		New Arrests w/Parole Warrant	
Adult Male	AVG: 1.77		AVG: 9.40		AVG: 13.42		AVG: 2.23		AVG: 1.90		AVG: 81.51	
	HI: 5.00	12/02/14	HI: 20.00	05/08/14	HI: 30.00	01/21/15	HI: 7.00	11/09/14	HI: 7.00	12/11/14	HI: 93.00	04/20/14
	LOW: 0.00	01/22/15	LOW: 1.00	11/06/14	LOW: 3.00	01/05/15	LOW: 0.00	05/27/14	LOW: 0.00	11/24/14	LOW: 68.00	12/26/14
Adult Female	AVG: 0.05		AVG: 1.02		AVG: 1.39		AVG: 0.04		AVG: 0.29		AVG: 3.04	
	HI: 1.00	08/17/14	HI: 4.00	11/03/14	HI: 7.00	10/27/14	HI: 1.00	12/04/14	HI: 2.00	01/05/15	HI: 8.00	12/10/14
	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	12/04/14	LOW: 0.00	00/00/00	LOW: 0.00	01/22/15	LOW: 0.00	08/23/14
Minor Male	AVG: 0.06		AVG: 0.03		AVG: 0.36		AVG: 0.02		AVG: 0.07		AVG: 0.00	
	HI: 1.00	12/21/14	HI: 2.00	02/05/14	HI: 3.00	01/28/15	HI: 1.00	01/14/15	HI: 1.00	04/14/14	HI: 0.00	00/00/00
	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	01/14/15	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00
Minor Female	AVG: 0.00		AVG: 0.03		AVG: 0.05		AVG: 0.00		AVG: 0.00		AVG: 0.00	
	HI: 0.00	00/00/00	HI: 1.00	09/07/14	HI: 1.00	01/11/15	HI: 0.00	00/00/00	HI: 0.00	00/00/00	HI: 0.00	00/00/00
	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00
Total	AVG: 1.89		AVG: 10.48		AVG: 15.22		AVG: 2.29		AVG: 2.25		AVG: 84.55	
	HI: 5.00	12/02/14	HI: 21.00	05/08/14	HI: 32.00	01/28/15	HI: 7.00	11/09/14	HI: 7.00	12/11/14	HI: 95.00	02/17/14
	LOW: 0.00	01/22/15	LOW: 2.00	11/11/14	LOW: 5.00	01/05/15	LOW: 0.00	05/27/14	LOW: 0.00	11/24/14	LOW: 71.00	12/26/14

New York State Commission of Correction

DAILY POPULATION COUNT REPORTING SYSTEM

AVERAGE DAILY COUNTS / HIGHS / LOWS

Facility: Onondaga County Jail

DATE RANGE: 2/1/14 thru 2/1/15

	Intermittents		Boarded In		Boardrd Out		Out To Hospital		Out To Mental Hygiene		Out To Other	
Adult Male	AVG: 0.00		AVG: 6.39		AVG: 47.19		AVG: 0.75		AVG: 0.23		AVG: 0.00	
	HI: 0.00	00/00/00	HI: 20.00	04/14/14	HI: 86.00	02/18/14	HI: 4.00	02/02/14	HI: 1.00	06/25/14	HI: 0.00	00/00/00
	LOW: 0.00	00/00/00	LOW: 1.00	01/04/15	LOW: 0.00	03/25/14	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00
Adult Female	AVG: 0.00		AVG: 3.51		AVG: 8.11		AVG: 0.11		AVG: 0.00		AVG: 0.00	
	HI: 0.00	00/00/00	HI: 14.00	03/05/14	HI: 26.00	09/24/14	HI: 2.00	11/08/14	HI: 0.00	00/00/00	HI: 0.00	00/00/00
	LOW: 0.00	00/00/00	LOW: 1.00	12/29/14	LOW: 0.00	03/25/14	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00
Minor Male	AVG: 0.00		AVG: 1.72		AVG: 17.35		AVG: 0.01		AVG: 0.00		AVG: 0.00	
	HI: 0.00	00/00/00	HI: 10.00	02/03/14	HI: 31.00	08/04/14	HI: 1.00	04/15/14	HI: 0.00	00/00/00	HI: 0.00	00/00/00
	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	04/28/14	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00
Minor Female	AVG: 0.00		AVG: 0.38		AVG: 0.00		AVG: 0.00		AVG: 0.00		AVG: 0.00	
	HI: 0.00	00/00/00	HI: 2.00	03/23/14	HI: 0.00	00/00/00	HI: 0.00	00/00/00	HI: 0.00	00/00/00	HI: 0.00	00/00/00
	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00
Total	AVG: 0.00		AVG: 12.00		AVG: 72.64		AVG: 0.87		AVG: 0.23		AVG: 0.00	
	HI: 0.00	00/00/00	HI: 37.00	02/09/14	HI: 122.00	09/23/14	HI: 4.00	04/13/14	HI: 1.00	06/25/14	HI: 0.00	00/00/00
	LOW: 0.00	00/00/00	LOW: 2.00	12/28/14	LOW: 0.00	03/25/14	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00	LOW: 0.00	00/00/00

New York State Commission of Correction
Chairman Thomas A. Beilein

Memorandum

From: Chairman Thomas A. Beilein **Date:**January 1, 2015

Access Number:

To: Jim Lawrence
Brian Callahan
Richard Kinney

Sender: Sgt. M. Ferguson

Agency: Onondaga County Sheriff's Offie

Date Original Received:1/2/15

Re: Application to continue 02-V-06 currently approved under 13-V-03

Document Description: Variance Application

Chairman's Comments:

Routing Information

Regional Supervisor: Savoy

CC:

ONONDAGA COUNTY SHERIFF'S OFFICE

PATRICK J. CORBETT JUSTICE CENTER

FACSIMILE TRANSMITTAL COVER SHEET

To: NYS COC	**Fax #** (518)485-2467
From: Sgt. M. Ferguson	**Fax #** (315)435-1709

Onondaga County Sheriff's Office
Patrick J. Corbett - Justice Center
555 S. State Street
Syracuse, N.Y. 13202
Administration: (315) 435-1717 Booking: (315) 435-1782 Staff Development: (315) 435-1701 Transport: (315) 435-3108

Comments:
Application to continue Variance 02-V-06, currently approved under Variance 13-V03.

Response requested: ○ Yes ◉ No

New York State
Commission of Correction
AE Smith Building, 12th Floor
80 South Swan Street
Albany, NY 12210
518-485-2465
518-485-2467 (Fax)

New

Renewal

Variance #

(SCOC Use Only)

Thomas A. Beilein
Chairman

Variance Application Form

INSTRUCTIONS TO COMMISSIONER OR SUPERINTENDENT:

Pursuant to New York State Minimum Standards Part 7603, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman to the address or fax number listed above.

Facility: Onondaga County Sheriff's Office Justice Center

Person requesting: Esteban Gonzalez
(COMMISSIONER/SUPERINTENDENT)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7621.3 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: 7621 Section: 3 Subdivision: N/A

Standard for which the variance is requested:

Part: 740 Section: 3 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)

Modification not requested. This request is to seek and obtain continued approval of variance: 02-V-06 orgin of September 2002.

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

Approval to continue the variance would give the facility immediate options for housing unsentenced inmates and keep within the minimum standards: programs, services, education-vocation training, mental and health concerns protective custody while maintaining a safe and secure environment for staff, inmates, and civilians.

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

Days _____ Weeks _____ Months _____

E. If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary).

Classification and compliance unit staff work daily with the courts to insure follow-up on court appearances and grand jury proceedings within the time frames of the NYS CPL. Staff also work with Jail Ministry, community, Alternatives, Probation, Parole and the District Attorney's Office on case review.

6. 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 the variance is requested for as well as how many additional inmates you are requesting to be housed in a particular area.

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds
Housing Pod 2A	100	56	7	56	60	+4 to 64
Housing Pod 2B	100	56	7	56	60	+4 to 64
Housing Pod 2C	100	56	7	56	60	+4 to 64
Housing Pod 3A	100	56	7	56	60	+4 to 64
Housing Pod 3B	100	56	7	56	60	+4 to 64
Housing Pod 3C	100	56	7	56	60	+4 to 64
Housing Pod 4A	100	56	7	56	60	+4 to 64
Housing Pod 4B	100	56	7	56	60	+4 to 64
Housing Pod 4C	100	56	7	56	60	+4 to 64
Housing Pod 5B	100	56	7	56	60	+4 to 64
Housing Pod 5C	100	56	7	56	60	+4 to 64

G. Has this variance been previously approved?

Yes ☒ If yes, include the variance number 13-V-03 No ☐

Signature (Commissioner) (Superintendent)

1-2-14
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: Putnam County Jail Variance # 08-V-08

New: ☐ **Renewal:** ☒ **Relief from Standard:** 7040.3

Application by: Sheriff Donald Smith **Date Request Rec:** 1/23/2014

Last Approved: 02/19/2014 **Length of Approval:** 12 months **Expiration:** 02/19/2015

Write-up Prepared by: Larry Roe

Recommendation by Field Staff: Approve for 6 Months.

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Smith is requesting an extension of this varance which authorizes the county to house an additional four (4) inmates in the days space of the North Housing Unit. This allows the facility to have an area to house inmates in the event of local population spike.

VARIANCE HISTORY

2014	Recommendation:	Approval
	Action Taken	Approved at 02/14 meeting
	Length of variance	12 Months
	Conditions, if changed	
2013	Recommendation:	Approval
	Action Taken	Approved at 10/13 meeting
	Length of variance	4 Months
	Conditions, if changed	
2013	Recommendation:	Approval
	Action Taken	Approved at 6/13 meeting
	Length of variance	4 Months
	Conditions, if changed	
2012	Recommendation:	Approval
	Action Taken	Approved at 11/12 meeting
	Length of variance	6 Months
	Conditions, if changed	
2011	Recommendation:	Approval
	Action Taken	Approved at 11/11 meeting
	Length of variance	1 year
	Conditions, if changed	
2010	Recommendation:	Approval

	Action Taken	Approved at 11/10 meeting
	Length of variance	1 year
	Conditions, if changed	
2009	Recommendation:	Approval
	Action Taken	Approved at 11/09 meeting
	Length of variance	1 year
	Conditions, if changed	
2008	Recommendation:	Appoval
	Action Taken	Approved at 11/08 meeting
	Length of Variance	1 year
	Conditions, if changed	

CONSTRUCTION/RENOVATION PLANS

The County is completeing the approved subdivisions in the facility housing units in order to comply with the current classification violations. The County administration advised that they are preparing an RFP to be posted and put out for bid.

OTHER VARIANCES IN EFFECT

03-V-01

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

The facility administration advises that they believe construction will begin within 2 to 3 months. (01/2014

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

11/27/2013

ANY OPEN MINIMUM STANDARD VIOLATIONS:

Part 7013, Inmates are not consistently seperated by the secuity classification designation.

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

This allows the facility to have overflow housing if they experience a spike in their local population. Commission staff are recommending approval for a period of 6 months.

RECOMMENDED CONDITIONS IF APPROVED

1. The county would be authorized to house an additional (4) inmates in the North housing unit 2.

Housing unit	MFC	Increase	Total
North Housing 2	4	4	8

2. Inmates housed in the above-noted areas must be provided with a bunk to be used as a bed.

3. "Active supervision" must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2(c) when inmates are housed in any of the above noted areas.

4. Inmates housed in these areas received the same services and programs as the general population.

5. The county shall not exceed the rated MFC for the purpose of boarding inmates. The Commission does not approve variances for the purpose of generating revenue.

REVIEWED BY REGIONAL SUPERVISOR: WS **DATE:** 2/3/15

2/10/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

New York State Commission of Correction
Chairman Thomas A. Beilein

Memorandum

From: Chairman Thomas A. Beilein **Date:**January 20, 2015

Access Number:

To: Jim Lawrence
Brian Callahan
Richard Kinney

Sender: Donald B. Smith

Agency: Putnam County Sheriff's Office

Date Original Received:

Re: Variance 08V08

Document Description: Variance Application

Chairman's Comments:

Routing Information

Regional Supervisor: Benjamin

New York State
Commission of Correction
AE Smith Building, 12th Floor
80 South Swan Street
Albany, NY 12210
518-485-2465
518-485-2467 (Fax)

New
Renewal
Variance #
(SCOC Use Only)

JAN 20 2015

Thomas A. Beilein
Chairman

Variance Application Form

INSTRUCTIONS TO COMMISSIONER OR SUPERINTENDENT:

Pursuant to New York State Minimum Standards Part 7603, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman to the address or fax number listed above.

Facility: Putnam County Correctional Facility

Person requesting: Donald B. Smith SHERIFF
(COMMISSIONER/SUPERINTENDENT)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7621.3 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: 7621 Section: 3 Subdivision: N/A

Standard for which the variance is requested:

Part: 7040 Section: 3 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)

Requesting use of NHU #2 of 4 cots for inmate overflow. The latitude to have a flexible housing alternative in the Correctional Facility would greatly enhance the ability to maintain the proper security and supervision of the inmate population.

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

The female and male inmate average daily population (ADP) has fluctuated over the past years. During the past year, the populations have remained at 9.81 and 90.95 respectively. This additional bed space would allow for the latitude and flexibility to manage the fluctuation of inmates. The costs of boarding out inmates will continue to cause a financial hardship to the county budget.

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

Days _____ Weeks _____ Months 12

E. If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary).

Reassign inmate housing and evaluate the feasibility of short term boarding out of inmates. The blueprints are done for housing modification. We are currently working with the Purchasing Department and Highways and Facilities to have a RFP completed.

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

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds
North Housing 2	520	1	1	1	8	4

G. Has this variance been previously approved?

Yes ☒ If yes, include the variance number 08-V-08 No ☐

Signature (Commissioner) (Superintendent) 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: Putnam County Jail Variance # 03-V-01

New: ☐ **Renewal:** ☒ **Relief from Standard:** 7040.3

Application by: Sheriff Donald Smith **Date Request Rec:** 1/20/2015

Last Approved: 02/19/2014 **Length of Approval:** 12 Months **Expiration:** 02/19/2015

Write-up Prepared by: Larry Roe

Recommendation by Field Staff: Approve for 6 Months

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Smith is requesting an extension of this varance which authorizes the county to house an additional four (4) inmates in the days space of the South Housing Unit. The variance helps provide flexability with with maintaing inmate classification.

VARIANCE HISTORY

2014	Recommendation:	Approval
	Action Taken	Approved at 02/14 meeting
	Length of variance	12 Months
	Conditions, if changed	
2013	Recommendation:	Approval
	Action Taken	Approved at 10/13 meeting
	Length of variance	4 Months
	Conditions, if changed	
2013	Recommendation:	Approval
	Action Taken	Approved at 6/13 meeting
	Length of variance	4 Months
	Conditions, if changed	
2012	Recommendation:	Approval
	Action Taken	Approved at 11/12 meeting
	Length of variance	6 Months
	Conditions, if changed	
2011	Recommendation:	Approval
	Action Taken	Approved at 11/11 meeting
	Length of variance	1 year
	Conditions, if changed	
2010	Recommendation:	Approval
	Action Taken	Approved at 11/10 meeting
	Length of variance	1 year
	Conditions, if changed	

2009	Recommendation:	Approval
	Action Taken	Approved at 11/09 meeting
	Length of variance	1 year
	Conditions, if changed	
2008	Recommendation:	Appoval
	Action Taken	Approved at 11/08 meeting
	Length of Variance	1 year
	Conditions, if changed	

CONSTRUCTION/RENOVATION PLANS

The County is preparing an RFP to be posted and put out for bid. The County is anticipating the actual construction to begin in approximately 2 to 3 months.

OTHER VARIANCES IN EFFECT

08-V-08

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

The facility administration advised that they plan on construction beginning within 2 to 3 months. (01/2014)

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

11/27/2013

ANY OPEN MINIMUM STANDARD VIOLATIONS:

Part 7013, Inmates are not consistently seperated by the secuity classification designation.

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

This allows the facility to have overflow housing if they experience a spike in their local female population. Commission staff are recommending approval for a period of 6 months.

RECOMMENDED CONDITIONS IF APPROVED

1. The county is authorized to house an additional four (4) female inmates in the dayspace of the South housing unit.

Housing unit	MFC	Increase	Total
South Housing Unit	4	4	8

2. Inmates housed in the above-noted areas must be provided with a bunk to be used as a bed.

3. "Active supervision" must be provided on a 24-hour basis, pursuant to 9NYCRR Section 70003 .2(c) when inmates are housed in any of the above noted areas.

4. Inmates housed in these areas received the same services and programs as the general population.

5. The county shall not exceed the rated MFC for the purpose of boarding inmates. The Commission does not approve variances for the purpose of generating revenue.

REVIEWED BY REGIONAL SUPERVISOR: WD **DATE:** 2/2/15

2/10/16

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

New York State Commission of Correction
Chairman Thomas A. Beilein

Memorandum

From: Chairman Thomas A. Beilein TAB **Date:**January 20, 2015

Access Number:

To: Jim Lawrence
Brian Callahan
Richard Kinney

Sender: Donald B. Smith

Agency: Putnam County Sheriff's Office

Date Original Received:

Re: Variance 03V01

Document Description: Variance Application

Chairman's Comments:

Routing Information

Regional Supervisor: Benjamin

New York State
Commission of Correction
AE Smith Building, 12th Floor
80 South Swan Street
Albany, NY 12210
518-485-2465
518-485-2467 (Fax)

New
Renewal
Variance #
(SCOC Use Only)

JAN 20 2015

BY.

Thomas A. Beilein
Chairman

Variance Application Form

INSTRUCTIONS TO COMMISSIONER OR SUPERINTENDENT:

Pursuant to New York State Minimum Standards Part 7603, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman to the address or fax number listed above.

Facility: Putnam County Correctional Facility

Person requesting: Donald B. Smith
(COMMISSIONER/SUPERINTENDENT)
Sheriff

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7621.3 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: 7621 Section: 3 Subdivision: N/A

Standard for which the variance is requested:

Part: 7040 Section: 3 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)

The alternative for the housing of female inmates within the Correctional Facility is the opening of a second housing unit which requires overtime. This option is not feasible for long term housing due to the cost of supervision of the housing unit on an overtime basis. Furthermore, this would increase the number of housing unit assignments and further burden the staff with forced overtime.

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

The female inmate average daily population has been approximately 10 during 2014. However, during the ~~recent~~ past, the average daily population has fluctuated between 12 and 25. This aforementioned increase has had a significant impact on the operations of the unit as the present female housing unit is only comprised of eight cells. In addition, when there is a minor female housed in the unit, the available cells for adult females is further reduced. The cost of boarding out females continues to increase and impact the county budget.

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

Days _____ Weeks _____ Months 12

E. If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary).

The subdivisions that were submitted to the Commission of Corrections have been approved. We will ~~continue~~ our dialogue with our Highways and Facilities Department in an effort to begin the project.

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

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds
South Housing	520	1	1	1	8	4

G. Has this variance been previously approved?

Yes ☒ If yes, include the variance number 03-V-01 No ☐

Signature (Commissioner) (Superintendent) Date

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

Name of Facility: **Suffolk County - Riverhead** Variance # **95-V-08**

New: ☐ **Renewal: X** **Relief from Standard:** 7040

Application by: Suffolk County Correctional Facility **Date Request Rec:** 1/30/15

Last Approved: August 2014 **Length of Approval: 6month** **Expiration:** March 1, 2015

Write-up Prepared by: Steve Savoy

Recommendation by Field Staff: Currently the county is not using this variance due to the low population count.

SUMMARY OF VARIANCE REQUEST

This variance will allow for the housing of **EIGHT** extra inmates in the day space area of the housing areas of the linear section of the facility.

Housing Area	MFC	Variance Beds
1 East North	17	8
1 East South	17	8
1 South East	20	8
1 South West	20	8
2 East North	20	8
2 East South	20	8
2 South East	20	8
2 South West	20	8
2 West South	20	8
2 West North	20	8
3 East North	20	8
3 East South	20	8
3 South East	20	8
3 South West	20	8
3 West South	20	8
3 West North	20	8

MFC. Photos were taken of these housing areas and will also be presented. The bathroom on the west sprung housing unit is dangerously deteriorating. A letter is being sent to the Sheriff requesting an update as to corrective measures being sought.

Medical issues

As of 2/2/15 inmates are now being booked into the new Yaphank facility.

Bid Package E

This project is due to begin in March of 2015. Plans are being reviewed today for the Commission's approval.

Phase II (Additional Housing – 360 Beds):

The county is looking for guidance from the Commission as to how to save money on the Phase II project. They have money in the budget for design development and construction in out years. Current estimate for construction to begin is 2017 with completion in 2019. Commission staff expressed concerns over the timelines and gave the Deputy County Executive a copy of the Court settlement which will require at least an additional 236 beds. It was expressed to the county they had to keep in mind the Stressed membrane structure was a temporary housing and was midway in its expected life span.

CONSTRUCTION/RENOVATION PLANS currently being preformed

- Bid package E
- Phase II construction for the Yaphank Facility

OTHER VARIANCES IN EFFECT

98-V-16,

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

January 29, 2015

ANY OPEN MINIMUM STANDARD VIOLATIONS:

COMMISSION STAFF CONDUCTED AN INTENSIVE EVALUATION IN LATE 2013. THE DEPARTMENT HAS JUST SUBMITTED THEIR RESPONSE AND COMMISSION STAFF ARE EVALUATING THEIR RESPONSE.

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

COMMISSION STAFF RECOMMEND NOT APPROVING THIS VARIANCE AS IT IS NOT NEEDED AT THIS TIME.

REVIEWED BY REGIONAL SUPERVISOR: DATE: 2/3/15

2/10/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

New York State
Commission of Correction
80 South Swan Street
12th Floor
Albany, New York 12210
518-485-2346
518-485-2467 (Fax)

New: _____

Renewal: XX

Var. #: 95-V-08

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: Riverhead Correctional Facility

Person requesting: Warden Charles Ewald
(Chief Administrative Officer)

(A) State the specific part, section, and subdivision of the 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: N/A

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

The Suffolk County Sheriff's Office is requesting an extension of variance 95-V-08, allowing the use of 208 day area beds in the Riverhead Facility. Including the required vacated cells, the total number of additional beds is 182. Due to continuing population trends, we remain in exigent circumstances. All conditions previously required under this variance are currently being observed.

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

_____ Days _____ Weeks 12 Months

(D) If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary)

Suffolk County has opened a new correctional facility in Yaphank, New York, however, we have also closed 5 dormitory style housing units for renovation. This new facility will substantially increase the inmate housing capacities for the Sheriff's Office when completed.

(E) If this variance request pertains to housing additional inmates, please provide the square footage for the housing area(s) at issue as well as the number of sinks, shower and toilets for that area.

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Square Footage	Number of Sinks	Number of Showers	Number of Toilets

(F) Has this variance been previously approved and subsequently expired or been denied?

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

Charles Ewald

Signature (Chief Administrative Officer)

January 28, 2015

Date

(SCOC Form #V-1) (12/02)

Name of Facility: Suffolk County - Riverhead Variance # 98-V-16

New: ☐ **Renewal:** X **Relief from Standard:** 7040

Application by: Suffolk County Correctional Facility **Date Request Rec:** 1/30/15

Last Approved: August 2014 **Length of Approval:** 6 month **Expiration:** March 1, 2015

Write-up Prepared by: Steve Savoy

Recommendation by Field Staff: Currently the county is not using this variance due to the low population count.

SUMMARY OF VARIANCE REQUEST

Requesting authorzation of double – celling inmates in the pods of the Riverhead faiclity for a total of 192 Variance Beds. See below chart:

Housing Area	MFC	Variance Beds	Total
Pod 1 East - North	30	24	54
Pod 1 East - South	30	24	54
Pod 1 West - North	30	24	54
Pod 1 West - South	30	24	54
Pod 3 East - North	30	24	54
Pod 3 East - South	30	24	54
Pod 3 West - North	30	24	54
Pod 3 West - South	30	24	54
TOTALS	240	**192**	432

New York State
Commission of Correction
80 South Swan Street
12th Floor
Albany, New York 12210
518-485-2346
518-485-2467 (Fax)

New:	
Renewal:	XX
Var. #:	98-V-16

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: Riverhead Correctional Facility

Person requesting: Warden Charles Ewald
(Chief Administrative Officer)

(A) State the specific part, section, and subdivision of the 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: N/A

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

The Suffolk County Sheriff's Office is requesting an extension of variance 98-V-16, allowing double-celling of inmates in the Medium Security Facility, Riverhead. Due to continuing population trends, we remain in exigent circumstances. All conditions previously required under this variance are currently being observed and we are no longer utilizing the 7 day area spaces in the Medium Security Facility Podular Units (with the exception of POD 1 West North and POD 1 West South) as provided in Variance #95-V-08. A double celling report, as required, is attached to this application.

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

_____ Days _____ Weeks 12 Months

(D) If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary)

Suffolk County has opened a new correctional facility in Yaphank, New York, however, we have also closed 5 dormitory style housing units in the old section of the facility for renovation. This new facility will substantially increase the inmate housing capacities for the Sheriffs' Office.

(E) If this variance request pertains to housing additional inmates, please provide the square footage for the housing area(s) at issue as well as the number of sinks, shower and toilets for that area.

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Square Footage	Number of Sinks	Number of Showers	Number of Toilets

(F) Has this variance been previously approved and subsequently expired or been denied?

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

Charles Ewald

Signature (Chief Administrative Officer)

January 28, 2015

Date

(SCOC Form #V-1) (12/02)

COUNTY OF SUFFOLK

OFFICE OF THE SHERIFF

VINCENT F. DEMARCO
SHERIFF

January 28, 2015

Thomas A. Beilein
Chairman / Commissioner
State Commission of Correction
80 Wolf Road, 4th Floor
Albany, New York 12203-3764

Dear Chairman Beilein,

Pursuant to the requirements of Variance #98-V-16, regarding double celling in the Medium Security Facility, the Sheriff's Office has monitored implementation of the double celling plan by tracking rates of incidents, grievances, and complaints directly attributable to double celling.

The following is a summary of this tracking, reflecting the period March 20, 2014 through January 28, 2015.

Incidents Reported	1
Complaints Received	0
Grievances Filed	0

On June 11, 2014, inmate Harry PATRICK, #100513, 6/6/1961, P3WS06B had a verbal altercation with his cellmate Alain CARRIES, #412999, 5/2/1975, P3WS06T. Inmate PATRICK was rehoused.

Sincerely,

Charles Ewald

Charles Ewald
Warden
Suffolk County Sheriff's Office

100 CENTER DRIVE
RIVERHEAD, NEW YORK 11901-3389
(631) 852-2200

RECOMMENDED CONDITIONS IF APPROVED

Same conditions currently in effect should apply along with the following additional conditions:

The facility administration shall submit a weekly report listing all dorms in the old Yaphank facility to include the number of functioning Showers, Sinks and Toilets.

VARIANCE HISTORY

More information can be found in the commissions Electronic files

Current Information:

Commission staff members Steve Savoy, Bill Benjamin and Chester Martinez visited both facilities on 1/29/15 and 1/30/15. Several dorms at the old Yaphank facility had broken toilets, sinks or showers but all areas had enough functioning fixtures to be in compliance with Part 7040, MFC. Photos were taken of these housing areas and will also be presented. The bathroom on the west sprung housing unit is dangerously deteriorating. A letter is being sent to the Sheriff requesting an update as to corrective measures being sought.

Medical issues

As of 2/2/15 inmates are now being booked into the new Yaphank facility.

Bid Package E

This project is due to begin in March of 2015. Plans are being reviewed today for the Commission's approval.

Phase II (Additional Housing – 360 Beds):

The county is looking for guidance from the Commission as to how to save money on the Phase II project. They have money in the budget for design development and construction in out years. Current estimate for construction to begin is 2017 with completion in 2019. Commission staff expressed concerns over the timelines and gave the Deputy County Executive a copy of the Court settlement which will require at least an additional 236 beds. It was expressed to the county they had to keep in mind the Stressed membrane structure was a temporary housing and was midway in its expected life span.

CONSTRUCTION/RENOVATION PLANS currently being preformed

- Bid package E
- Phase II construction for the Yaphank Facility

OTHER VARIANCES IN EFFECT

95-V-08

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

January 29, 2015

ANY OPEN MINIMUM STANDARD VIOLATIONS:

COMMISSION STAFF CONDUCTED AN INTENSIVE EVALUATION IN LATE 2013. THE DEPARTMENT HAS JUST SUBMITTED THEIR RESPONSE AND COMMISSION STAFF ARE EVALUATING THEIR RESPONSE.

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

N/A

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

COMMISSION STAFF RECOMMEND NOT APPROVING THIS VARIANCE AS IT IS NOT NEEDED AT THIS TIME.

REVIEWED BY REGIONAL SUPERVISOR: **DATE:** 2/3/15

2/10/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

AMENDMENT TO FACILITY MFC

Facility: **Nassau County Jail**

Date of Site Visit: **N/A**

Name of Person Who Conducted the Last Site Visit to Facility:
Bob Cuttita

Date of Last MFC report
November 2014

Update on Capital Construction Project:
Not applicable

Summary of amendment(s) to current MFC
The MFC was reformulated in November 2014. At the requests of the Sheriff's office the following changes were made:

1. Pages 3 & 4: We would propose deleting the notations ("*" & "^") regarding the double bunks. Our existing double bunks are limited to D03-D, E02-G, and E02-H (the housing areas covered by the current program housing variance).

2. Page 4: Existing housing area E-1 G POD (identical in every way to the other E Building POD housing units) should be added to the listing (it appears to have been inadvertently removed).

3. Page 5: We would propose deleting the Prison Ward (-7 Beds) housing completely leaving only the D-2 A POD BMU housing of 24 cells.

4. Page 7: Existing housing area D-2 D4 (identical in every way to D-2 D2 & D-2 D3) should be added to the listing (it appears to have been inadvertently removed).

5. Page 10: There is a typographical error on the top of the page double listing Cell 11. There are 12 holding cells in that area.

6. Page 13: We believe that the totals in the top box should be as follows.

1.	Subtotal Individual Housing Units for GH:	1324
2.	Subtotal Individual Housing Units for SH:	24
3.	Subtotal Multiple Housing Units for GH:	489
4.	Subtotal Multiple Housing Units for SH:	42
	MAXIMUM FACILITY CAPACITY:	1879

Recommendation/Comments:
Recommend the Commission approve the revised MFC (1879 beds) for the Nassau County Jail.

Approve: X **Amended Capacity:1879**

Deny:_____

No Recommendation:_____
(Check One)

Reviewed by Regional Supervisor: _____ **Date:** 1/23/15

Reviewed by Facility Planning: _____ **Date:** 1/23/15

Reviewed by Deputy Director: _____ **Date:** 2/10/15

NEW YORK STATE
COMMISSION OF CORRECTION

February 2015

MAXIMUM FACILITY CAPACITY

for
Nassau County Jail
in
East Meadow, New York

Thomas A. Beilein
Chairman

Phyllis Harrison-Ross, M.D.
Commissioner

Thomas J. Loughren
Commissioner

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

INDIVIDUAL OCCUPANCY HOUSING UNITS:

1. Each such unit shall only house 1 inmate and contain at least 60 square feet of floor space.

2. Each such unit shall contain:
   1 bed and mattress;
   1 functioning toilet; and
   1 functioning sink.

3. At least 1 functioning shower shall be available for each tier/section of such units.

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:
   1 functioning toilet for every 12 inmates;
   1 functioning shower for every 15 inmates; and
   1 functioning sink for every 12 inmates.

5. Each such unit shall provide a minimum of 25 square feet of dayroom space immediately adjacent and accessible to the sleeping area.

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

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Proposed Inmate Capacity
B-2 A Tier	20	48 Sq. Ft.	1	**20**
B-2 B Tier	20	48 Sq. Ft.	1	**20**
B-2 C Tier	20	48 Sq. Ft.	1	**20**
B-2 D Tier	20	48 Sq. Ft.	1	**20**
B-3 A Tier	20	48 Sq. Ft.	1	**20**
B-3 B Tier	20	48 Sq. Ft.	1	**20**
B-3 C Tier	20	48 Sq. Ft.	1	**20**
B-3 D Tier	20	48 Sq. Ft.	1	**20**
B-3 L CELLS	OFF LINE	80 Sq. Ft.	1	**0**
B-4 A Tier	20	48 Sq. Ft.	1	**20**
B-4 B Tier	20	48 Sq. Ft.	1	**20**
B-4 C Tier	20	48 Sq. Ft.	1	**20**
B-4 D Tier	20	48 Sq. Ft.	1	**20**
B-4 L CELLS	2	80 Sq. Ft.	1	**2**
B-5 A Tier	20	48 Sq. Ft.	1	**20**
B-5 B Tier	20	48 Sq. Ft.	1	**20**
B-5 C Tier	20	48 Sq. Ft.	1	**20**
B-5 D Tier	20	48 Sq. Ft.	1	**20**
B-5 L CELLS	2	80 Sq. Ft.	1	**2**
D-2 B POD	24	70 Sq. Ft.	4	**24**
D-3 A POD	24	70 Sq. Ft.	4	**24**
D-3 B POD	24	70 Sq. Ft.	4	**24**
D-3 C POD	24	70 Sq. Ft.	4	**24**
D-3 D POD	24	70 Sq. Ft.	4	**24**
D-3 E POD	24	70 Sq. Ft.	4	**24**
D-3 F POD	24	70 Sq. Ft.	4	**24**
E-1 A POD	52	70 Sq. Ft.	8	**52**
E-1 B POD	52	70 Sq. Ft.	8	**52**
E-1 C POD	52	70 Sq. Ft.	8	**52**
E-1 D POD	52	70 Sq. Ft.	8	**52**
E-1 E POD	52	70 Sq. Ft.	8	**52**
E-1 F POD	52	70 Sq. Ft.	8	**52**

E-1 G Pod	52	70 Sq. Ft.	8	52
E-1 H POD	52	70 Sq. Ft.	8	52
E-2 A POD	52	70 Sq. Ft.	8	52
E-2 B POD	52	70 Sq. Ft.	8	52
E-2 C POD	52	70 Sq. Ft.	8	52
E-2 D POD	52	70 Sq. Ft.	8	52
E-2 E POD	52	70 Sq. Ft.	8	52
E-2 F POD	52	70 Sq. Ft.	8	52
E-2 G POD	52	70 Sq. Ft.	8	52
E-2 H POD	52	70 Sq. Ft.	8	52

Individual General Housing Unit Total: 1324

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

Name of Housing Area/Section	Purpose/ 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
D-2 A Pod	Discipline	24	70 sq. ft.	4	24

Individual Special Housing Unit Total: 24

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

Name of Housing Area/Section	Number of Toilets	Number of Sinks	# of Showers Available per Section	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
B-1 A Dorm	6	10	4	4700 sq. ft.	60
B-1 B Dorm	5	6	3	3150 sq. ft.	40
B-1 C Dorm	4/1	6	3	4250 sq. ft.	45
E-1 J BLOCK	3/3	6+1SLOP	5	4200 sq. ft.	56
E-1 K BLOCK	3/3	6+1SLOP	5	4200 sq. ft.	56
E-1 L BLOCK	3/3	6+1SLOP	5	4200 sq. ft.	56
E-1 M BLOCK	3/3	6	5	4200 sq. ft.	56
E-1 N BLOCK	3/3	6	5	4200 sq. ft.	56
E-1 O BLOCK	6	6+1SLOP	5	4200 sq. ft.	56
D-2 C POD	4	4	2	147 sq. ft.	8
	Toilet/urinals				

Multiple General Housing Unit Total: 489

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

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Number of Showers Available per Section	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
D-2 D1 (AD SEG)	1	1	1	308 sq. ft.	4
D-2 D2 (AD SEG)	1	1		187 sq. ft.	2
D-2 D3 (AD SEG)	1	1		187 sq. ft.	2
D-2 D4 (AD SEG)	1	1		187 sq. ft.	2
D-2 D5 (AD SEG)	1	1		353 sq. ft.	4
D-2 D6 (AD SEG)	1	1		172 sq. ft.	2
D-2 D7 (AD SEG)	1	1		270 sq. ft.	3
D-2 D8 (AD SEG)	1	1		122 sq. ft.	1
D-2 D9 (AD SEG)	1	1	1	122 sq. ft.	1
D-2 D10 (AD SEG)	1	1		122 sq. ft.	1
D-2 D11 (AD SEG)	1	1		107 sq. ft.	1
D-2 D12 (AD SEG)	1	1		107 sq. ft.	1
D-2 D13 (AD SEG)	1	1		107 sq. ft.	1
D-2 D14 (AD SEG)	1	1		107 sq. ft.	1
D-2 D15 (AD SEG)	1	1		107 sq. ft.	1
D-2 D16 (AD SEG)	1	1		107 sq. ft.	1
D-2 D17 (AD SEG)	1	1		353 sq. ft.	4
D-2 D18 (AD SEG)	1	1		353 sq. ft.	4
D-2 D19 (AD SEG)	1	1		353 sq. ft.	4
D-2 D20 (AD SEG)	1	1		196 sq. ft.	2
Note D-2-D	**Contains**	**a total**	**of 4 showers for**	**the rest of the above area**	

Note: AD SEG based on 75 square feet per inmate as they do not have direct access to a day room.

Multiple Special Housing Unit Total: 42

III. A. NON-STANDARD HOUSING

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.)
D Building Medical Cell 1			90 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to six (6) inmates in this cell.
D Building Medical Cell 2			90 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to six (6) inmates in this cell.
D Building Medical Cell 3			90 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to six (6) inmates in this cell.
D Building Medical Cell 1			120 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.
Admissions/Disc D Building				
Cell 1	1		130 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.
Cell 2	1		130 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.

Cell 3	1		123 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.
Cell 4	1		169 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eleven (11) inmates in this cell.
Cell 5	1		130 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.
Cell 6	1		143 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
Cell 7	1		110 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to seven (7) inmates in this cell.
Cell 8	1		155 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.
Cell 9	1		131 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.
Cell 10	1		127 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.

Cell 11	1		120 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.
Cell 12	1		120 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.
Admissions/Disc 832 **E Building**				
Cell 1	1	1	90 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to six (6) inmates in this cell.
Cell 2	1	1	90 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to six (6) inmates in this cell.
Cell 3	1	1	157 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.
Cell 4	1	1	157 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.
Cell 5	1	1	150 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.

Cell 6	1	1	150 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.
Cell 7	1	1	141 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
Cell 8	1	1	141 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
Cell 9	1	1	141 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
Cell 10	1	1	141 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
Cell 11	1	1	141 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
Cell 12	1	1	141 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.

E Building Medical				
Cell 1	1	1	49 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to three (3) inmates in this cell.
Cell 2	1	1	49 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to three (3) inmates in this cell.
Satellite Holding				
Cell 1	1	1	150 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.
Cell 2	1	1	150 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.

These cells may be used only for the type of temporary housing and for the durations shown, as listed in the right hand column above. Any other use is prohibited. This area is considered *Non-Standard Housing* and will not be added to the Maximum Facility Capacity for this facility.

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	1324
Subtotal Individual Housing Units Used for Special Housing:	24
Subtotal Multiple Housing Units Used for General Housing:	489
Subtotal Multiple Housing Units Used for Special Housing:	42
MAXIMUM FACILITY CAPACITY:	**1879**

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.

____ Adjustments have not been made based on 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.

____ Adjustments have been made based on 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. (Explain below.)

COMMENTS:

To the best of my knowledge all information contained in this formulation is correct.

Submitted by: CPS III 1/27/15

(Preparer's Signature and Title, and Date)

Approved by: CPS III 1/27/15

(Signature Title and Date)