NEW YORK STATE | Commission of Correction

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS J. LOUGHREN
Commissioner

MEMORANDUM

TO: COMMISSION MEMBERS

FROM: Brian Callahan, General Counsel

RE: AGENDA FOR COMMISSION MEETING

DATE: April 21, 2015 at **10:00AM**

I. MINUTES

SCOC
March 17, 2015

CPCRC
April 9, 2015

MRB
Administrative Closures

II. VARIANCES

A. Dutchess County Sheriff's Office
15-V-01
(Section 7040.3 Facility Population Limitation)

B. Onondaga Penitentiary
02-V-10
(Section 7040.3 Facility Population Limitation)

C. Onondaga Penitentiary
99-V-16
(Section 7040.3 Facility Population Limitation)

D. Putnam County Sheriff's Office
08-V-08
(Section 7040.3 Facility Population Limitation)

E. Putnam County Sheriff's Office
03-V-01
(Section 7040.3 Facility Population Limitation)

F. **Saratoga County Sheriff's Office**
13-V-06
(Section 7040.3 Facility Population Limitation)

G. **Saratoga County Sheriff's Office**
08-V-05
(Section 7040.3 Facility Population Limitation)

H. **Tompkins County Jail**
(New) 15-V-02
Section 7028.4(b) Temporary Recreation Yard relief

III. MISCELLANEOUS

I. **Albany County Jail**
Consideration for Approval of Proposed
Work Release Program Rules and Regulations
Pursuant to Article 27, NYS Correction Law

IV. CONSTRUCTION

J. **Lewis County Jail**
Control Room/911 Center Renovation Project

K. **NYS Department of Correctional Services & Community Supervision**
Eastern Correctional Facility
Replace Perimeter Fence, Rework Visitor Center
Parking Lot Project

L. **NYS Department of Correctional Services & Community Supervision**
Green Haven Correctional Facility
Replace Windows, Doors and Locking Systems
1st Floor J-Block, Building 15 Project

M. **NYS Department of Correctional Services & Community Supervision**
Shawangunk Correctional Facility
Replace Cell Block Glazing A, B, C, & D Project

N. **Saratoga County Jail**
Jail Chapel Conversion to Dormitory

V. REGULATORY AGENDA

O. **Five Year Review**

NEW YORK STATE | Commission of Correction

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS J. LOUGHREN
Commissioner

MINUTES

LOCATION:

STATE COMMISSION OF CORRECTION
Alfred E. Smith State Office Building
80 So. Swan Street, 12th Floor
Albany, New York 12210-8001

DATE OF MEETING: March 17, 2015

Chairman Beilein called the meeting to order at 11am.

PRESENT:
Thomas A. Beilein, Chairman
Thomas Loughren, Commissioner
Tricia Amati, Assistant to Chairman/Commissioners
Richard Kinney, Deputy Director of Operations
Brian Callahan, General Counsel
Debbie Slack-Bean, Senior Counsel
Terry Moran, Capital West, Supervisor
Chris Ost, Forensic Unit, Supervisor
Steve Savoy, Hudson Lakes, Supervisor
Chester Martinez, CFS 1
Sheriff Kenneth Lansing
Captain Raymond Bunce
Mark Kukuvka, LaBella Associates

I. MINUTES

SCOC February 18, 2015	**Approved Unanimous** **Loughren/Beilein**
CPCRC March 12, 2015	**Approved Unanimous** **Loughren/Beilein**
MRB March 5, 2015 Medical Review Board Minutes	**Approved Unanimous** **Loughren/Beilein**

II. VARIANCES

A. **Suffolk Riverhead** 95-V-08 (Section 7040.3 Facility Population Limitation)	**Approved Unanimous** **Two (2) Months** **Loughren/Beilein**

B.	**Suffolk Riverhead** 98-V-16 (Section 7040.3 Facility Population Limitation)	**Approved Unanimous** **Two (2) Months** **Loughren/Beilein**
C.	**Suffolk Riverhead** 00-V-07 (Section 7040.3 Facility Population Limitation)	**Approved Unanimous** **Two (2) Months** **Loughren/Beilein**
D.	**Suffolk Yaphank** 13-V-02 (Section 7040.3 Facility Population Limitation)	**Approved Unanimous** **Two (2) Months** **Loughren/Beilein**

III. CONSTRUCTION

E.	**Montgomery County Jail** Jail Fence Modification	**Approved Unanimous** **Loughren/Beilein**
F.	**Tompkins County Jail** Yard Renovations Project	**Approved Unanimous** **Loughren/Beilein** ***Approved Change Order for the construction project previously approved by the Commission in 2014***

Commissioner Loughren made a motion to go into executive session at 11:03am to discuss Construction and MRB items, which was seconded by Chairman Beilein.

Commissioner Loughren made a motion to exit Executive Session and return to general session at 11:40am, which was seconded by Chairman Beilein.

The meeting resumed at 11:40am. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding MRB and Construction items, seconded by Chairman Beilein and approved.

Commissioner Loughren made a motion to adjourn at 11:41am, which was seconded by Chairman Beilein.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners

NEW YORK STATE | Commission of Correction

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS J. LOUGHREN
Commissioner

MINUTES

LOCATION:

STATE COMMISSION OF CORRECTION
Alfred E. Smith State Office Building
80 So. Swan Street, 12th Floor
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Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners

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

CITIZENS' POLICY AND COMPLAINT REVIEW COUNCIL

April 9, 2015

NYS Commission of Correction
at
Alfred E. Smith Office Building
80 South Swan Street, 12th Floor
Albany, NY 12210
and
Williamsville, NY 14221

PRESENT:
Commissioner Thomas J. Loughren

Council Members:
Albany:
Don Nadler
Tom Cross
Doug Landon
Martin Stanton
Hernan Carvente
Charles Burkes

Also Present:
Rich Kinney
Deborah Slack-Bean
Ellen Tryon
Sara Loguercio

Commissioner Loughren opened the meeting at 11:08 a.m.

Commissioner Loughren asked for a motion to approve the minutes of the March 12, 2015 meeting. Doug Landon made a motion to approve the minutes and Tom Cross seconded. Carried.

Hernan Carvente, Charles Burkes and Doug Landon as the grievance sub-committee, reviewed the expedited grievances for the month of April 2015. Motions were made respectively to deny all of the expedited grievances. The motions were seconded by Tom Cross, Martin Stanton and Don Nadler respectively and unanimously passed.

Don Nadler reviewed the Expedited with Comment grievances for the month of April 2015 and made a motion to deny all of the grievances. The motion was seconded by Tom Cross and unanimously passed.

The Council reviewed the remaining grievances.

ACCEPT IN PART

58759
58742
Chenango CJ — Unanimous

58087
Steuben CJ — Unanimous

ACCEPT

58056
Livingston CJ — Unanimous

DENY WITH COMMENT
58495
Cattaraugus CJ — Unanimous

58749
Monroe CJ — Unanimous

<u>ADMINISTRATIVE CLOSURES</u>

DENY

59001
58054
58754
59010
58755
59012
59020
Chemung CJ — Unanimous

58736
58737
58738
58739
58740
59022
58757
58760
58762
58745
58746
58747
58758
58741
58763
58764
58744
59023
59025
59026
Chenango CJ — Unanimous

59059
Lewis CJ — Unanimous

55702
Livingston CJ — Unanimous

58765
57638
57639
58766
Madison CJ — Unanimous

58750
58768
Monroe CJ — Unanimous

57661
57644
Nassau CJ — Unanimous

58078
57663
57647
58062
Ontario CJ Unanimous

56255
58080
57648
56237
58083
Orange CJ Unanimous

57665
Putnam CJ Unanimous

58085
58777
58753
58794
Rockland CJ Unanimous

57651
58795
St. Lawrence CJ Unanimous

57672
Steuben CJ Unanimous

58095
58073
58119
58120
Westchester CJ Unanimous

DENY WITH COMMENT ADMINISTRATIVE CLOSURES

56655
Albany CJ Unanimous

59013 58756 58761 58743 59034 Chenango CJ	Unanimous
57637 Genesee CJ	Unanimous
58527 Nassau CJ	Unanimous
58774 Oswego CJ	Unanimous
57667 Putnam CJ	Unanimous
58487 Saratoga CJ	
58479 58501 58517 Seneca CJ	Unanimous
57670 57671 57650 Steuben CJ	Unanimous
58483 Sullivan CJ	Unanimous
PULLED 56661 Monroe CJ	Unanimous

The next CPCRC meeting will be held on Thursday, May 14, 2015 at 11:00 a.m. at SCOC, AESOB 80 S. Swan St. 12th Floor Albany, NY and at Williamsville, NY 14221

Commissioner Loughren requested a motion to adjourn the meeting which was made by Tom Cross, seconded by Doug Landon and carried. The meeting adjourned at 12:36 P.M.

Respectfully submitted,

Sara Loguercio
Secretary 1

Name of Facility: Dutchess County Jail Variance # 15-V-01

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

Application by: Sheriff Anderson **Date Request Rec:** 3/23/15

Last Approved: **Length of Approval:** **Expiration:**

Write-up Prepared by: Terrence Moran

Recommendation by Field Staff: **Approve for:** **90 Days**

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Anderson is requesting an extension of Variance 15-V-01, which permits the establishment of beds in the following modular housing areas (currently under construction):

A Pod: 48 beds
B Pod: 52 beds
C Pod: 48 beds
D Pod: 52 beds

RECOMMENDED CONDITIONS

It is recommended that this variance request be granted for a period of sixty (90) days with the stipulation that the following conditions are observed:

1. The facility shall not exceed the temporary capacities in any of the modular housing areas as listed below:
   A Pod: 48 beds
   B Pod: 52 beds
   C Pod: 48 beds
   D Pod: 52 beds

2. Dutchess County shall observe all conditions and milestones as set forth in the March 2014 Memorandum of Agreement and July 2014 amendment.

3. Dutchess County shall observe all requirements as set forth in the 2015 Position and Staffing Analysis for the Dutchess County Jail as they pertain to the new modular housing areas and ancillary functions.

4. The facility shall not occupy any of the modular housing areas until the Commission has completed its review of and is satisfied with key transition steps (i.e., policies and procedures, staff training, testing of equipment, etc.).

OTHER VARIANCES IN EFFECT – None

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):
Commission staff have completed multiple site visits to the facility to assess progress. The modular housing units have been installed – minor finishing touches are ongoing. Additional site visits will be necessary to assess progress.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

ANY OPEN MINIMUM STANDARD VIOLATIONS: NONE

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS: NONE

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:
To date, Dutchess County has met all conditions of the March 2014 Memorandum of Agreement and July 2014 amendment.

REVIEWED BY REGIONAL SUPERVISOR: TM **DATE:** 3/30/15

RC 4/4/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

Dutchess County Sheriff's Office

150 North Hamilton Street, Poughkeepsie, NY 12601

Adrian H. Anderson
Sheriff

Kirk A. Imperati
Undersheriff

Main (845) 486-3800
Fax (845) 452-2987
TDD (845) 486-3888

George V. Krom Jr.
Corrections
Administrator

Main (845) 486-3900
Fax (845) 486-3913

March 23, 2015

Thomas A. Beilein
Chairman/Commissioner
New York State Commission of Correction
Alfred E. Smith State Office Building
80 South Swan Street, 12th Floor
Albany, New York 12210

Subject: Dutchess County Jail – Request for variance to MFC

Dear Chairman Beilein:

The Dutchess County Sheriff's Office is requesting to continue its variance to our current Maximum Facility Capacity. We still have not populated the temporary housing due to issues beyond our control and a few change requests to ensure security. Our new deadline to populate is early April. Dutchess County continues to work towards the construction of a new facility that will significantly increase the capacity of the Dutchess County.

If I may be of further assistance, or if clarification of any of the attached information is required, please do not hesitate to contact me.

Respectfully,

George V. Krom Jr.
Correction Administrator
Dutchess County Jail

Cc: Sheriff Anderson
Undersheriff Kirk Imperati

New York State
Commission of Correction
80 Wolf Road
Albany, New York 12205
518-485-2465
518-485-2467 (Fax)

New	_____
Renewal	_____
Variance #	_____
(SCOC USE ONLY)	

Thomas A. Beilein
Chairman

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: Dutchess County Jail

Person requesting: Adrian H. Anderson

(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: 4040 Section: 3 Subdivision:

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

The Dutchess County Sheriff's Office is requesting to continue its variance to our current MFC at the Dutchess County Jail. On February 18th 2015 the Commission approved a variance in compliance with the provisions of 9NYCRR, Part 7040.3 for a period of 90 days. As of the writing of this document we have not populated the temporary housing units. We expect to populate after the Commission has completed its review and inspection of the units in early April.

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

The Dutchess County Sheriff's Office is requesting a variance to our current MFC at the Dutchess County Jail. We continue to house more than 210 inmates in other counties and need to bring them back to effectively move the criminal justice process along.

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

_____ Days _____ Weeks 48 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).

On March 18th, 2014 the SCOC, Dutchess County Executive, Dutchess County Sheriff and the County of Dutchess entered into a Memorandum of Agreement ("MOA") by which the SCOC agrees in principle with the use of a temporary facility for the purpose of housing up to 200 inmates subject to the terms and conditions set forth within. The MOA states a schedule which includes timetables and milestones leading to the completion of new permanent correctional space and beds to satisfy the requested variance. According to the MOU the next milestone is 3/1/2014 – Completion of "Project Definition" study and report, with a copy provided to SCOC. The County is completing its final review of this document and will forward to the SCOC by this date.

F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (dayspace area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current maximum facility capacity (MFC) for the specific area 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
HU-31	3168	7	5	6	0	48
HU-32	3644	7	5	6	0	52
HU-33	3151	7	5	6	0	48
HU-34	3519	7	5	6	0	52

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

G. Has this variance been previously approved?

Yes X If yes, include the variance number 15-V-01 No _____

3/25/15

Signature (Sheriff) (Chief Administrative Officer) Date

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

(SCOC Form #V-1)
(07/06)

Name of Facility: Onondaga County Penitentiary | Variance # 02-V-10

New: | Renewal: X

Relief from Standard 7040.3 7040.5 Application by: Comm. T. Cowin | Date rec.: 02/27/15

Beds at standard: 512 Beds Requested This Variance: 36

Total Variance Beds AtThis Facility: 52 | Current Population: 473 (04/03/15) 83%

Last Approved: 04/14 | Length of Approval: 1 year | Expiration: 5/1/15

Recommendation: Approval | Length Recommended: 1 year | By: Todd D'Alessandro

SUMMARY OF VARIANCE REQUEST

Commissioner Cowin is requesting an extension of this variance which authorizes the facility to double-cell inmates in Housing Units 2, 2A, 3 and 4. This variance allows the facility to house an additional 36 inmates at the penitentiary.

RECOMMENDED CONDITIONS

At the April 21, 2015 Commission Meeting this variance will be presented before the Commission. Commission staff recommends that the following conditions be included in the approval letter regarding this variance.

1) That the county is authorized to double-cell in each of the following areas listed below. The cells used for double-celling ***must*** be those cells which are closest to the officers post.

Housing Unit	Cells	MFC	Increase	Total
2A	12-15	16	4	20
2	17-24	32	8	40
3	17-24 & 27-30	48	12	60
4	7, 8, 17-24, 33, 34	48	12	60

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

3) That 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) That inmates housed in these areas receive the same services and programs as the general population.

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

6) That the facility maintains 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) That the facility will monitor its double-celling plan by tracking rates of incidents, grievances, and complaints directly related to double-celling. These records shall be made available to Commission staff upon request.

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

9) That the county ***must*** comply with the temporary rated capacity of **548** for the Onondaga County Penitentiary. When the county experiences an overflow, inmates ***must*** be boarded-out to other counties.

10) That 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.

HISTORY

2014-	Recommendation	Approval
	Action Taken	Approved at 4/14 Meeting
	Length of Variance	1 year
	Conditions if changed	
2013-	Recommendation	Approval
	Action Taken	Approved at 4/13 Meeting
	Length of Variance	1year
	Conditions if changed	
2012-	Recommendation	Approval
	Action Taken	Approved at 4/12 Meeting
	Length of Variance	1 year
	Conditions, if changed:	
2011-	Recommendation	Approval
	Action Taken	Approved at 8/11 Meeting
	Length of Variance	9 months
	Conditions, if changed:	
2010-	Recommendation	Approval
	Action Taken	Approved at 8/10 Meeting
	Length of Variance	1 year
	Conditions, if changed:	
2009-	Recommendation	Approval
	Action Taken	Approved at 8/09 Meeting
	Length of Variance	1 year
	Conditions, if changed:	

2008-	Recommendation	Approval
	Action Taken	Approved at 8/08 Meeting
	Length of Variance	1 year
	Conditions, if changed:	
2007-	Recommendation	Approval
	Action Taken	Approved at 8/07 Meeting
	Length of Variance	1 year
	Conditions, if changed:	
2006-	Recommendation	Approval
	Action Taken	Approved at 8/06 Meeting
	Length of Variance	1 year
	Conditions, if changed:	

FACILITY SITE VISIT

Last reviewed for this variance on: 01/15 ***By:*** Todd D'Alessandro

Outstanding issues: None

Open violations that relate to the variance request: None

CONSTRUCTION/RENOVATION PLANS

Construction progress, if building additional capacity: N/A

OTHER VARIANCES IN EFFECT

Variance 95-V-18: This variance allows the penitentiary to sell Rx in the commissary.
Variance 96-V-32: This variance allows inmates at the penitentiary to possess Rx.
Variance 99-V-16: This variance allows the penitentiary to house an additional 16 inmates.

MISCELLANEOUS

None

Regional Supervisor: _____ **Date:** 1/13/15

Name of Facility Onondaga County Penitentiary		Variance # 99-V-16
New:		Renewal: X
Relief from Standard # 7040.3	Application by: Commissioner Cowin	Date rec.: 02/27/15
Beds at standard: 512	Beds Requested This Variance: 16	
Total Variance Beds This Facility: 52	Current Population: 473 (04/03/15) 83%	
Last Approved: 04/14	Length of Approval: 1 year	Expiration: 04/15
Recommendation: Approval	Length Recommended: 1 year	By: Todd D'Alessandro

SUMMARY OF VARIANCE REQUEST

Commissioner Cowin is requesting an extension of this variance which authorizes the penitentiary to house an additional 16 inmates, 8 in Unit #1 A-Section and 8 in Unit #1 C-Section.

RECOMMENDED CONDITIONS

At the April 21, 2015 Commission Meeting this variance will be presented before the Commission. Commission staff recommends that the following conditions be included in the approval letter regarding this variance.

(1) That the penitentiary is authorized to house eight (8) additional inmates in the day space of Unit # 1 A Section and eight (8) additional inmates in the day space of Unit # 1 C Section for a total of sixteen (16) variance beds.

(2) That one (1) cell be left vacant on the flagging areas of Unit #1 so that inmates housed on the flaggings have direct access to a toilet and sink.

(3) That inmates housed on the flaggings ***must*** be provided with a bunk, cot, or at a minimum a 'boat' to be used as a bed.

(4) That 'active supervision' must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2c.

(4) That inmates housed in the above-noted areas receive the same services and programs as the general population.

(6) That 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.

HISTORY

2014	Recommendation	Approval
	Action Taken	Approved at 4/14 Meeting
	Length of Variance	1 year
	Conditions, if changed:	

2013	Recommendation	Approval
	Action Taken	Approved at 4/13 Meeting
	Length of Variance	1 year
	Conditions, if changed:	
2012	Recommendation	Approval
	Action Taken	Approved at 4/12 Meeting
	Length of Variance	1 year
	Conditions, if changed:	
2011	Recommendation	Approval
	Action Taken	Approved at 8/11 Meeting
	Length of Variance	9 months
	Conditions, if changed:	
2010	Recommendation	Approval
	Action Taken	Approved at 8/10 Meeting
	Length of Variance	1 year
	Conditions, if changed:	
2009	Recommendation	Approval
	Action Taken	Approved at 8/09 Meeting
	Length of Variance	1 year
	Conditions, if changed:	
2008	Recommendation	Approval
	Action Taken	Approved at 8/08 Meeting
	Length of Variance	1 year
	Conditions, if changed:	
2007	Recommendation	Approval
	Action Taken	Approved at 8/07 Meeting
	Length of Variance	1 year
	Conditions, if changed:	

FACILITY SITE VISIT

Last reviewed for this variance on: 01/15 ***By:*** Todd D'Alessandro

Outstanding issues: None.

Open violations that relate to the variance request: None

CONSTRUCTION/RENOVATION PLANS

Construction progress, if building additional capacity.

N/A

OTHER VARIANCES IN EFFECT

95-V-18 - (PERM) This variance authorizes the penitentiary to cell certain over-the-counter medications through the facility=s commissary.

96-V-32 - (PERM) This variance authorizes the penitentiary to allow inmates to have a 7-day supply of certain medications in their possession.

02-V-10 - This variance authorizes the penitentiary to double cell for an additional (36) beds.

MISCELLANEOUS

None

Regional Supervisor: _____ **Date:** 4/9/15

New York State
Commission of Correction
80 Wolf Road
Albany, New York 12205
518-485-2465
518-485-2467 (Fax)

New	_____
Renewal	_____
Variance #	_____
(SCOC USE ONLY)	

Thomas A. Beilein
Chairman

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: Onondaga County Department of Correction

Person requesting: Timothy H. Cowin, 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: 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)

Cells used for double-celling are in close proximity to officer stations. All inmates are provide a bunk. Active Supervision is performed on a 24 hour basis in these areas. All inmates receive the same services as all others in General Population. Information/files are maintained on all double-celled inmates to include dates & times. Complaints are tracked. Facility double-cells in accordance with NYS Commission Guidelines. Variance limits are never exceeded.

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

The department continues to experience fluctuations in our inmate population. We report no problems associated with the variance bunks authorized in 02-V-10. The flexibility which the variance allows us, ensures that we may continue to function in a safe and secure environment. Since inception of 02-V-10, we report that no programs or services have been adversely affected.

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

_____ Days _____ Weeks 12 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).**

It remains the department's desire to permanently increase our maximum facility capacity by having the NYS Commission make this a permanent variance.

F. If this variance request pertains to housing additional inmates, please provide the square footage for the potential housing areas effected (dayspace area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current maximum facility capacity (MFC) for the specific area 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
Unit 2A Secure Rooms	81.5	16	2	16	16	4 = 20
Unit 2 Secure Rooms	81.5	32	3	32	32	8 = 40
Unit 3 Secure Rooms	81.5	48	4	48	48	12 = 60
Unit 4 Secure Rooms	81.5	48	7	48	48	12 = 60
					Total	Increase = 36

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

(Page 1 of 1)

G. Has this variance been previously approved?

Yes ___X___ If yes, include the variance number ___02-V-10___ No _____

Signature (Sheriff) (Chief Administrative Officer) Date

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

(SCOC Form #V-1)
(07/06)

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:** 3/12/2015

Last Approved: 02/18/2015 **Length of Approval:** 60 Days **Expiration:** 05/01/2015

Write-up Prepared by: Larry Roe

Recommendation by Field Staff: Denied

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

2015	Recommendation:	Approval
	Action Taken	Approved at 02/15 meeting
	Length of variance	60 Days
	Conditions, if changed	
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 subdivions in the facility housing units in order to comply with the current classification violations. The County administration advised that they are preparing an RFP which is scheduled to be completed by May 1, 2015.

OTHER VARIANCES IN EFFECT

03-V-01

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

Previous site visit was back in February of 2015. Current visit was on April 2, 2015. A review of the facility's logs and records regarding the occupancy of the North 2 Housing Unit revealed that the facility has not had to use this variance since 2012. The facility uses this housing; however, it is only used as in accordance with the established MFC for said housing area.

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 variance should not be extended. A review of the facility's logs and records regarding the occupancy of the North 2 Housing Unit revealed that the facility has not had to use this variance since 2012.

RECOMMENDED CONDITIONS IF APPROVED

N/A due to recommendation to deny an extension

REVIEWED BY REGIONAL SUPERVISOR: CB **DATE:** 4/6/15

4/9/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

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

New _____
Renewal _____
Variance # _____
(SCOC USE ONLY)

Thomas A. Beilein
Chairman

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: Putnam County Correctional Facility

Person requesting: Donald B. Smith

(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

Part: 7040 Section: 3 Subdivision: 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 maintai 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 12 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).

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 (dayspace area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current maximum facility capacity (MFC) for the specific area 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)	Dorms and Cells 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

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

(Page _____ of _____)

G. Has this variance been previously approved?

Yes X If yes, include the variance number 08-V-08 No _____

Signature (Sheriff) (Chief Administrative Officer)

Date 03/12/15

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 #V-1)
(01/15)

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:** 3/12/2015

Last Approved: 02/18/2015 **Length of Approval:** 60 Days **Expiration:** 05/01/2015

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 female inmate classification.

VARIANCE HISTORY

2015	Recommendation:	Approval
	Action Taken	Approved at 02/15 meeting
	Length of variance	60 Days
	Conditions, if changed	
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 subdivions in the facility housing units in order to comply with the current classification violations. The County administration advised that they are preparing an RFP which is scheduled to be completed by May 1, 2015.

OTHER VARIANCES IN EFFECT

08-V-08

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

Previous site visit was back in February of 2015. Current site visit was on April 2, 2015. A review of the facility's logs and records regarding the occupancy of the South Housing revealed that the facility commonly has the need to use this variance. A review of facility records revealed that the facility used this variance 286 days out of 365 in 2014; and from January to April 2015, the facility has used the variance 65 days.

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: **DATE:** 4/6/15 4/8/16

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

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

New _____
Renewal _____
Variance # _____
(SCOC USE ONLY)

Thomas A. Beilein
Chairman

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: Putnam County Correctional Facility

Person requesting: Donald B. Smith

(Sheriff/Chief Administrative Officer)

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

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

Standard for which the variance is requested:

Part: 7040 Section: 3 Subdivision: 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)

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 past, the average daily population has fluctuated between 12 and 25. This increase has had a significant impact on the operations of the unit as the 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 12 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).

The subdivisions that were submitted to the Commission ofCorrections 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 (dayspace area, cells, gym, etc.) as well as the number of sinks, shower and toilets for that area. It is also necessary to include the current maximum facility capacity (MFC) for the specific area 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)	Dorms and Cells 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

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

(Page _____ of _____)

G. Has this variance been previously approved?

Yes X If yes, include the variance number 03-V-01 No _____

Signature (Sheriff) (Chief Administrative Officer)

Date 03/12/15

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 #V-1)
(01/15)

Name of Facility: Saratoga County Jail Variance # 08-V-05

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

Application by: Sheriff Michael Zurlo **Date Request Rec:** February 26, 2015

Last Approved: May 21, 2014 **Length of Approval:** 1 Year **Expiration:** May 2015

Write-up Prepared by: Elisha Hamilton

Recommendation by Field Staff: Approve for one year

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Zurlo is requesting relief from Part 7040 by reinstating double celling in the following areas and increasing double celling to 8 beds in A Pod, Unit 2:

Housing Area	Current Capacity	Revised
A Pod Unit 1 (Cells 137-144)	32	40
A Pod Unit 2 (Cells 125-128)	16	20
B Pod Unit 1 (Cells 105-116)	48	60
Total	96	120

VARIANCE HISTORY

October 2008 - Approved 6 months
April 2009 - Approved 12 months
April 2010 - Approved 12 months
April 2011 - Approved 12 months
June 2012 - Approved 6 Months
May 2013 - Approved 12 Months
May 2014 - Approved 12 Months

CONSTRUCTION/RENOVATION PLANS

The facility is in the process of submitting plans for approval for the conversion the chapel into a dormitory for inmate workers.

OTHER VARIANCES IN EFFECT

13-V-06

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

3/6/15

10/2014

ANY OPEN MINIMUM STANDARD VIOLATIONS:
7013, Classification: Amending the facility policy to coincide with the facility practices.

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:
N/A

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:
A. The facility is well managed and operated

B. During the most recent site visit, Sheriff Zurlo indicated that he anticipates an increase in their population due to the county's newly committed invovlement with a regional drug task force.

C. The Commission has received no complaints or grievances concerning double celling.

D. The facility does not use variance beds to generate revenue.

E. There have been no incidents related to double celling.

F. Review of population trend data for the period of 6/1/13 to 3/10/14 shows an average of 192 inmates per day, 13 inmates higher than the 1/1/13 to 5/1/13 average.

G. The female population from 6/1/13 to 3/10/14 averaged 29 inmates and has risen to a high of 36. This average is on par with last year's. This has impacted facility operations by requiring occupation of two housing areas (A2 and A4) for females, thereby leaving one less housing area to house males.

H. Since 6/1/13, the facility has had to operate above 90% capacity 101 days, and over 85% 212 days. Based on an optimum 80% operational occupancy rate, the operational capacity of the facility is 156 beds. This variance (24 beds), along with the 24 beds currently authorized by 13-V-06, increases the operational capacity to 194 beds.

I. Having this variance ensure that both male and female populations are properly separated according to their security separations.

RECOMMENDED CONDITIONS IF APPROVED

1) The County is authorized to double-cell in the following areas only.

Housing Area	Current Capacity	Revised
A Pod Unit 1 (Cells 137-144)	32	40
A Pod Unit 2 (Cells 125-128)	16	20
B Pod Unit 1 (Cells 105-116)	48	60
Total	96	120

2.That "active supervision" must be maintained in all housing areas. Minimum Standards section 7003.2(c) defines active supervision as the immediate availability to prisoners or facility staff responsible for the care and custody of such prisoners which shall include:

(a) uninterrupted ability to communicate orally with and respond to each prisoner unaided by any electronic or other artificial amplifying device; and
(b) the conducting of supervisory visits at 30-minute intervals;
(c) the ability of staff to immediately respond to emergency situations; and
(d) in any facility housing area in which more than 20 inmates are housed, the continuous occupation of a security post within such housing area.

3) That the facility shall not double cell inmates that fall into the following categories:
(a) pending completion of classification
(b) punitive segregation
(c) administrative segregation

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

5) That inmates shall not be double-celled for a period of more than sixty (60) days; however, a mechanism may be put in place to allow inmates to volunteer to remain in a double-cell for a period of more than sixty (60) days. A waiver shall be completed and signed by the inmate if he or she agrees to be double-celled for more than sixty (60) days. This waiver shall be re-evaluated and a new waiver completed every thirty (30) days for the duration of the double-celled period

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

7) That the facility will maintain information on all double-cell 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
(d) substantiation of eligibility criteria, (e.g. classification instrument)
(e) 30 day voluntary waivers
These records shall be made available to Commission staff for inspection.

8) That the facility shall monitor its double-celling plan by tracking rates of incidents, grievance, and complaints directly related to double-celling. This documentation shall be made available to Commission staff for inspection.

9) That the county shall implement its double-celling proposal according to the Commission's Double-Celling Guidelines for Local Correctional Facility Variances to Part 7040.

10) The Saratoga County Jail may not serve as a boarder facility pursuant to Correction Law §504 unless explicitly authorized by the Commission of Correction.

REVIEWED BY REGIONAL SUPERVISOR: **DATE:** 3/30/15

REVIEWED BY DEPUTY DIRECTOR: **DATE:** 4/6/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

New York State Commission of Correction
Chairman Thomas A. Beilein

Memorandum

From: Chairman Thomas A. Beilein

Date: February 26, 2015

Access Number:

To: Jim Lawrence
Brian Callahan
Richard Kinney

Sender: Sheriff Michael Zurlo

Agency: Saratoga County Sheriff's Office

Date Original Received: 2/19/15

Re: Extension of Variance 08V05

Document Description: Letter

Chairman's Comments:

Routing Information

Regional Supervisor: Moran

CC:

SARATOGA COUNTY SHERIFF'S OFFICE

Sheriff@SaratogaCountyNY.gov

MICHAEL H. ZURLO
SHERIFF

Kevin P. Mullahey
Undersheriff

Richard J. Emery
Colonel

February 19, 2015

Chairman Thomas A. Beilein
New York State Commission of Correction
Alfred E. Smith State Office Building
80 South Swan Street, 12th Floor
Albany, New York 12210-8001

RE: Extension of Variance #08-V-05

Dear Chairman Beilein:

The Saratoga County Sheriff's Office respectfully requests an extension of variance #08-V-05. The extension being requested would cover a period of one year from the date that the current variance expires.

The extension of variance #08-V-05, is being requested to ensure the facility has sufficient housing to properly classify inmates and handle any increase of inmate population that my occur.

If the request for the variance extension is approved, The Saratoga County Sheriff's Office will continue to comply with the current terms and conditions, as listed in the variance, during the period of time covering the variance extension. This includes:

1) The county is authorized to double-cell inmates in the following area:

Housing Unit	Rated Capacity	Continued Increase	Revised Capacity
A Pod Unit 1 (Cells 137-144)	32	08	40
A Pod Unit 2 (Cells 125-128)	16	04	20
B Pod Unit 1 (Cells 105-116)	48	12	60
Total	**96**	**24**	**120**

Thank you for your consideration and attention to this matter. If you should have any questions regarding this matter, please contact me.

Respectfully,

Michael H. Zurlo
Sheriff

6010 County Farm Rd.
Ballston Spa, NY 12020
(518) 885-6761

Name of Facility: Saratoga County Jail Variance: 13-V-06

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

Application by: Sheriff Michael Zurlo **Date Request Rec:** February 26, 2015

Last Approved: June 17, 2014 **Length of Approval:** 12 Months **Expiration:** May 2015

Write-up Prepared by: Elisha Hamilton

Recommendation by Field Staff: Approve for one year

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Zurlo is requesting relief from Part 7040 by allowing double celling in the following areas and increasing double celling to 8 beds in A Pod, Unit 2:

Housing Area	Current Capacity	Increase	Revised
A Pod Unit 3 (Cells 109-112, 121-124)	32	8	40
A Pod Unit 4 (Cells 105-108)	16	4	20
B Pod Unit 2 (Cells 133-143, 145)	48	12	60
Total	96	24	120

VARIANCE HISTORY

October 2013 - 8 months

CONSTRUCTION/RENOVATION PLANS

The facility is in the process of submitting plans for approval for the conversion the chapel into a dormitory for inmate workers.

OTHER VARIANCES IN EFFECT

08-V-05

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

3/6/15

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

10/2014

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7013, Classification: Amending the facility policy to coincide with the facility practices.

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:
N/A

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:
This variance is needed to handle an increase in population. The facility consistently observes the conditions set forth by the Commission. It should be noted that the facility does not board inmates from other counties nor the federal government.

RECOMMENDED CONDITIONS IF APPROVED

1) The County is authorized to double-cell in the following areas only.

Housing Area	Current Capacity	Revised
A Pod Unit 1 (Cells 137-144)	32	40
A Pod Unit 2 (Cells 125-128)	16	20
B Pod Unit 1 (Cells 105-116)	48	60
Total	96	120

2.That "active supervision" must be maintained in all housing areas. Minimum Standards section 7003.2(c) defines active supervision as the immediate availability to prisoners or facility staff responsible for the care and custody of such prisoners which shall include:

(a) uninterrupted ability to communicate orally with and respond to each prisoner unaided by any electronic or other artificial amplifying device; and
(b) the conducting of supervisory visits at 30-minute intervals;
(c) the ability of staff to immediately respond to emergency situations; and
(d) in any facility housing area in which more than 20 inmates are housed, the continuous occupation of a security post within such housing area.

3) That the facility shall not double cell inmates that fall into the following categories:
(a) pending completion of classification
(b) punitive segregation
(c) administrative segregation

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

5) That inmates shall not be double-celled for a period of more than sixty (60) days; however, a

mechanism may be put in place to allow inmates to volunteer to remain in a double-cell for a period of more than sixty (60) days. A waiver shall be completed and signed by the inmate if he or she agrees to be double-celled for more than sixty (60) days. This waiver shall be re-evaluated and a new waiver completed every thirty (30) days for the duration of the double-celled period

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

7) That the facility will maintain information on all double-cell 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
(d) substantiation of eligibility criteria, (e.g. classification instrument)
(e) 30 day voluntary waivers
These records shall be made available to Commission staff for inspection.

8) That the facility shall monitor its double-celling plan by tracking rates of incidents, grievance, and complaints directly related to double-celling. This documentation shall be made available to Commission staff for inspection.

9) That the county shall implement its double-celling proposal according to the Commission's Double-Celling Guidelines for Local Correctional Facility Variances to Part 7040.

10) The Saratoga County Jail may not serve as a boarder facility pursuant to Correction Law §504 unless explicitly authorized by the Commission of Correction.

REVIEWED BY REGIONAL SUPERVISOR: TM **DATE:** 3/29/15

REVIEWED BY DEPUTY DIRECTOR: Re **DATE:** 4/6/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

New York State Commission of Correction
Chairman Thomas A. Beilein

Memorandum

From: Chairman Thomas A. Beilein

Date: February 26, 2015

Access Number:

To: Jim Lawrence
Brian Callahan
Richard Kinney

Sender: Sheriff Michael Zurlo

Agency: Saratoga County Sheriff's Office

Date Original Received: 2/19/15

Re: Extension of Variance 13V06

Document Description: Letter

Chairman's Comments:

Routing Information

Regional Supervisor: Moran

CC:

SARATOGA COUNTY SHERIFF'S OFFICE

Sheriff@SaratogaCountyNY.gov

MICHAEL H. ZURLO
SHERIFF

Kevin P. Mullahey
Undersheriff

Richard J. Emery
Colonel

February 19, 2015

RECEIVED
FEB 26 2015
BY: .....

Chairman Thomas A. Beilein
New York State Commission of Correction
Alfred E. Smith State Office Building
80 South Swan Street, 12th Floor
Albany, New York 12210-8001

RE: Extension of Variance #13-V-06

Dear Chairman Beilein:

The Saratoga County Sheriff's Office respectfully requests an extension of variance #13-V-06. The extension being requested would cover a period of one year from the date that the current variance expires.

The extension of variance #13-V-06, is being requested to ensure the facility has sufficient housing to properly classify inmates and handle any increase of inmate population that my occur.

If the request for the variance extension is approved, The Saratoga County Sheriff's Office will continue to comply with the current terms and conditions, as listed in the variance, during the period of time covering the variance extension. This includes:

1) The county is authorized to double-cell inmates in the following area:

Housing Unit	Rated Capacity	Continued Increase	Revised Capacity
A-Pod, Unit 3 (Cells 109-112, 121-124)	32	08	40
A-Pod, Unit 4 (Cells 105-108)	16	04	20
B-Pod, Unit 2 (Cells 133-143, 145)	48	12	60
Total	**96**	**24**	**120**

Thank you for your consideration and attention to this matter. If you should have any questions regarding this matter, please contact me.

Respectfully,

Michael H. Zurlo
Sheriff

6010 County Farm Rd.
Ballston Spa, NY 12020
(518) 885-6761

Name of Facility: Tompkins CJ | Variance # 15-V-02

New: ☒ **Renewal:** ☐ | **Relief from Standard:** Part 7028

Application by: Sheriff Kenneth W. Lansing | **Date Request Rec:** 03/13/15

Last Approved: **Length of Approval:** **Expiration:**

Write-up Prepared by: Chester Martinez

Recommendation by Field Staff: Until completion of modifications to the outdoor recreation area.

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Lansing is requesting a temporary variance to conduct recreation in Program A (approx. 600 sq ft and currently their indoor recreation area) and leave the exterior door open to allow inmates unrestricted access to a 128 sq ft area that is secure with chain link on top and sides but provides inmates with fresh air and sun light.

RECOMMENDED CONDITIONS IF APPROVED

1. All inmates shall be provided the required amount of exercise pursuant to Part 7028, Exercise during the duration of this variance.

2. That no more than a group of 10 inmates are allowed in the recreation area at one time.

3. That one officer shall be posted inside the recreation area during all exercise periods.

4. That the facility shall maintain a daily staffing level of eight (8) correction officers during the 3-11 shift (instead of the minimum standard requirement of 7 correction officers), until recreation is completed during the duration of this variance.

VARIANCE HISTORY

N/A

CONSTRUCTION/RENOVATION PLANS

The Commission has approved the construction of a covered recreation area inside the current recreation area.

OTHER VARIANCES IN EFFECT

09-V-04

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

On March 25, 2015, Commission staff toured the facility and found no other acceptable alternative area for exercise during the construction project.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

During the 2013 cycle evaluation, Commission staff identified issues with the facility's Classification process. Commission staffs are presently in the process of conducting a classification workshop in order to address this deficiency.

ANY OPEN MINIMUM STANDARD VIOLATIONS:

No other open issues

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

Approval of this variance will allow inmates to conduct outside recreation during the construction project.

REVIEWED BY REGIONAL SUPERVISOR: **DATE:** 4/7/15

OFFICIAL USE ONLY: 4/9/15

NOTES OF MEETING: _____

TOMPKINS COUNTY SHERIFF'S OFFICE

779 WARREN ROAD
ITHACA, NY 14850

KENNETH LANSING
SHERIFF

TEL: (607) 257-1345
FAX: (607) 266-5436

BRIAN ROBISON
UNDERSHERIFF

3/13/15

Captain Ray Bunce
Jail Administrator
779 Warren Road
Ithaca, NY 14850

Chairman Thomas A. Beilein
State Commission of Correction
Alfred E. Smith State Office Building
80 S. Swan Street 12th Floor
Albany, NY 12219

Dear Chairman Beilein,

The Tompkins County Jail is in the process of adding seven beds to the MFC. Part of this project includes the construction of a covered recreation area inside the current recreation area. It is the intention of Tompkins County to be able to provide the inmates with the most outside exercise throughout the year. The project was bid with the intention of having the least amount of construction time with the contractors being told that all materials must be on site prior to construction. The estimated time for this project is 3 months.

In the planning stages of this project, we were given assurance that we could get a variance from your office to run indoor exercise periods for the duration of the construction project. Only recently did we learn that this in fact was not an option and during the construction phase of the outside structure, it will be necessary to find alternative space to provide outdoor exercise for the inmate population. We would like to offer the following temporary alternative to outdoor recreation for your consideration and approval:

1. Conduct recreation in Program A (approx. 600 sq ft and currently our indoor recreation area) and leave the exterior door open to allow inmates unrestricted access to a 128 sq ft. area that is secure with chain link on top and sides but provides inmates with fresh air and sun light. For this option, we would restrict the number of inmates allowed in the recreation area to 15 inmates per group. An Officer would be posted inside the area while any exercise period is going on. We would raise the minimum man power requirement for 3-11 shift from 7 to 8 until the recreation is complete for all inmates. To complete this, we would have up to 8 separate Exercise periods per day starting at 0715 and ending at 2100hrs. Although this area and section does not meet the requirements of Part 7028 we feel that this would be the best option for

TOMPKINS COUNTY SHERIFF'S OFFICE

minimal facility disruption and would provide the most secure option while still allowing inmate the opportunity to feel fresh air and sun light.

We feel that this alternative would best meet the needs of inmates and is similar yet has more outdoor access then a variance that was recently given in another county (12-V-04) while that county performed repairs inside their normal exercise area for as much as 60 days. We look forward to our meeting with you on 3/17/15 to discuss the matter and appreciate your understanding in assisting us with this unintended circumstance to adding 7 beds to our facility.

Sincerely

Ray Bunce

Cc: Ken Lansing
Brian Robison

NEW YORK STATE | Commission of Correction

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS LOUGHREN
Commissioner

MEMORANDUM

TO: CHAIRMAN BEILEIN AND COMMISSIONERS ROSS AND LOUGHREN

FROM: TERRENCE MORAN, SUPERVISOR CAPITAL/WEST REGION

DATE: APRIL 21, 2015

RE: ALBANY COUNTY JAIL INMATE WORK RELEASE PROGRAM PROPOSAL

Sheriff Craig Apple has submitted for review and approval a proposal for an Inmate Work Release Program for the Albany County Jail. Commission staff met recently with Sheriff Apple and Deputy Superintendent Lyons to discuss the program and the requirements of New York State Correction Law, Article 27.

Commission staff completed a technical assistance review of draft policies and procedures provided by Sheriff Apple and provided feedback. Revised policies and procedures have been submitted to the Commission and have been found to be acceptable.

It is recommended that this proposal be accepted as submitted.

ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400
WWW.ALBANYCOUNTYSHERIFF.COM

CRAIG D. APPLE, SR.
SHERIFF

WILLIAM C. COX
UNDERSHERIFF

MICHAEL S. MONTELEONE
CHIEF DEPUTY

PAUL M. COURCELLE
CHIEF DEPUTY

KERRY B. THOMPSON
CHIEF DEPUTY

April 3, 2015

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

Re: Albany County Inmate Work Release Program

Dear ~~Chairman Beilein~~ Tom:

I write to you today requesting approval for the Albany County Inmate Work Release Program. I have met with Habitat for Humanity and the Albany County Land Bank Corporation as well as other organizations that are eager to provide vocational training to eligible individuals. It is my hope that with their help we can ultimately reduce recidivism in Albany County.

Based on recommendations made by your staff several changes were made to the policy as well as the inmate rulebook to come into compliance with New York State Correction Law.

If you have any questions or comment please feel free to contact me.

Sincerely,

Craig D. Apple, Sr.
SHERIFF

ALBANY COUNTY SHERIFF'S OFFICE			
GENERAL ORDER	DATE ISSUED XX-XX-XXX	EFFECTIVE DATE XX-XX-XXXX	ORDER NUMBER #242-CF-15
SUBJECT: Inmate Work Release		DISTRIBUTION: All Staff	
AUTHORITY: *Craig D. Apple Sr.*, Sheriff		ISSUED BY: *Christian E. Clark, Superintendent*	
REFERENCE: New York State Commission of Correction, Minimum Standards Section 7002, 7012; New York State Sheriff's Association Standard #38, 56; Correction Law Article 27			
REVIEWED:			
REVISED:			

Number of Pages: 18

I. POLICY:

It is the policy of the Albany County Correctional Facility will maintain a work release program for sentenced inmates,as set forth in Correction Law Atricle 27.

The instructions and guidelines contained in this directive are not intended to be all-inclusive. There may be circumstances that are not specifically addressed within. In these circumstances the staff involved must seek assistance and guidance from their supervisor immediately. The contents herein DO NOT supercede any law, statute or regulatory authority.

This policy is arranged as follows:

A. Legal Authorization for Program
B. Purpose of Work Release Program
C. Work Release Committee
D. Pre-Requisites to Release
E. Release Criteria
F. When Employment is Prohibited
G. Prisoner Not an Agent of County
H. Notification of Application Decision and Right to Appeal
I. Revocation, Suspension or Modification of Work Release Plan
J. Disposition of Prisoner Earnings
K. Work Release Oversight Responsibilities
L. Forms

II. PROCEDURE

A. Legal Authorization for Program

The Albany County Work Release Program was established pursuant to Resolution _____ of the Albany County Legislature and adopted on _____ in accordance with Article 27 of New York State Correction Law. These program rules and regulations have been duly promulgated by the Albany County Sheriff's Office, and have been approved by the State Commission of Correction (SCOC), in accordance with Section 871 of Correction Law. Any revisions or amendments to this policy and procedure must be submitted to the Commission of Correction for approval.

B. Purpose of Work Release Program

The purpose of this program is to provide eligible prisoners who are sentenced to the Albany County Correctional Facility (ACCF) with an opportunity to leave confinement so that they may work at gainful employment, participate in private or public sponsored programs of vocational training, with or without compensation or attend an educational institution. The Work Release program shall also include the release from confinement during necessary and reasonable hours for the purpose of caring for the prisoner's family.

C. Work Release Committee

1. Sheriff shall establish and maintain the Work Release Committee which shall provide recommendations to the Sheriff regarding each and every Work Release Application which is submitted by an inmate.

2. The Work Release Committee shall consist of seven members. One of these members must represent the Probation Department. No more than three members shall be employed by the office of the Sheriff, one of which shall be the Chief Corrections Officer. A member who misses three consecutive meeting or four meeting a year without good cause will be replaced. Appointments to the Committee shall be made by the Sheriff.

3. The Work Release Committee shall meet at least monthly unless no applications are pending.

4. At least four members must be physically present to conduct a meeting. Notices of the meeting will be sent out at least one week in advance. Each notice will list the persons being considered for work release at the upcoming meeting. A copy of each application under consideration shall also be enclosed.

5. The Committee may recommend approving, denying, or modifying a release. Four votes of approval will be required to recommend release. Special restrictions or conditions for approval may also be recommended.

6. The Committee's recommendations shall be forwarded to the Sheriff along with a copy of each application considered.

7. A record of Committee action shall be kept in a monthly work release report. These records shall form part of an annual report to the Albany County Legislature and shall include a summary of the operational and activities of the program for the preceding year and such recommendations for the improvement of the program as the Sheriff shall deem necessary and proper.

D. <u>Pre-Requisites to Release</u>

No inmate may be released under the Program until the following procedures have been satisfied:

1. A Work Release Application in the form prescribed by the Work Release Committee must be completed by the inmate and submitted for Committee consideration. In the event that an inmate is unable to complete the applications, the Sheriff's Office shall provide him/ her with any necessary assistance.

2. The Committee must meet and consider the application and submit a written recommendation to the Sheriff.

3. The Sheriff must review the application and the Committee's recommendations, and determine whether the inmate should be approved for the Work Release program.

4. In the event of approval, the inmate must consent in writing to the terms of a specific Work Release Agreement and Plan established for him/ her by the Sheriff.

5. The inmate must also consent in writing to the Inmates Rules and Regulations for Work Release.

6. The inmate must also consent in writing to the disposition of his or her earning as authorized by law.

7. The Sheriff must contact the employer or institution and verify that employment or attendance is authorized in accordance with an established schedule, and in conformity with section F herein. The employer or institution must consent to notify the Sheriff in the event

the released inmate fails to attend as scheduled or misbehaves in any way. The Sheriff must also verify that an acceptable transportation plan is established.

E. Release Criteria

The following criteria, among other factors, shall be considered by the Committee before recommending an inmate for work release and by the Sheriff when reviewing the Committee recommendations:

1. Would release be a danger to the community? Does the inmate have a history of violence? Is there a risk that he/she will abscond? What does his/ her criminal record and probation report disclose?

2. Is the inmate motivated to succeed? Has he/she demonstrated improved behavior since the arrest? Would he/she benefit from the program? Does he/she act responsibly in the jail?

3. Is the inmate capable of functioning effectively in the community? Is he/she emotionally unstable? What do his/ her mental health reports disclose?

4. Does the inmate have an acceptable means of transportation to his/her destination and for return?

F. When Employment is Prohibited

1. **No employment under the Work Release Program for any inmate shall be approved if:**

    a. It is ascertained by the Sheriff that such employment will result in the displacement of employed workers, or be applied in skills, crafts, or trades in which there is a surplus of available labor in the locality, except in the case of an inmate who is to be employed as a free person prior to the commencement of his/her sentence; and

    b. The rates of pay and other conditions of employment are not least equal to those paid or approved for work of a similar nature in the locality in which the work is to be performed or if the rate of pay falls below the prevailing rate.

2. In no events shall any work release program be permitted when there is any labor strike or lock-out in the establishment in which the inmate is, or is to be, employed.

G. Prisoner Not an Agent of the County

No inmate participating in a work release program shall be deemed an agent, or employee or involuntary servant of the County while released from the jail of confinement pursuant to the terms of any work release plan; provided; however, that when an inmate is employed by the state or local municipality, his/her relationship to the state or local municipality arising out of such employment will be determined in the same manner as if he/she were a free person so employed.

H. Notification of Application Decision and Right to Appeal

Every person who applies for the Work Release Program shall receive written notice of the Sheriff's decision. The inmate shall also be informed by the Sheriff of the right to appeal any adverse decision of the Sheriff to include disapproval, revocation, suspension or modification of a work release plan; to the Commission of Correction, Alfred E. Smith State Office Building, 80 S. Swan Street, 12th Floor, Albany, NY 12210. The inmate must make written application to the Commission requesting such review. Upon appeal, the facility shall supply the Commission and inmate with a copy of the denied application and the reason for the adverse decision. The inmate will be notified in writing of the Commission's decision.

I. Revocation, Suspension or Modification of Work Release Plan

Any approved work release plan may be revoked, suspended or modified by the Sheriff at any time for good cause, with or without prior notice to the inmate, subject to appeal to the New York State Commission of Correction, upon written request of the inmate. Upon appeal, the facility shall supply the Commission and inmate with a copy of the denied application, Revocation, Suspension or Modification of Work Release Plan and the reason for the adverse decision. The inmate will be notified in writing of the Commission's decision.

J. Disposition of Prisoner Earnings

1. The earning of the inmate's participating in the Work Release program shall be turned over by the inmate to the Chief Correction Officer immediately upon receipt, who shall deposit such earning in a trust fund account. The Chief Correction Officer shall keep a ledger of the account of each inmate. Earnings shall be disbursed as authorized by section 872 of the Correction law in the following manner:

    a. A sum determined by a court of competent jurisdiction or recommended by the Commissioner of Social Services in the absence of such determination will be paid to the inmates

dependents for support of said dependents. The inmate may authorize that a reasonable sum greater than that so determined or recommended be also disbursed for the purpose.

b. A sum of twelve dollars and fifty cents ($12.50) per working day will be withdrawn from the earning of each inmate for room, board, and clothing.

c. A sum determined by the Sheriff to be the County's cost for the actual and necessary food, travel, and other expenses paid for the inmate when out of jail on work release may be written from his / her earnings.

d. Any sums as may be necessary to satisfy any outstanding against the inmate may be withdrawn by the Chief Correction Officer to pay such fines.

e. Any sums as may be necessary to satisfy any outstanding legal obligations of the inmate acknowledged by him/ her in writing and filed with the Chief Correction Officer in such form as the Sheriff shall specify, may be withdrawn to pay such obligations.

2. Any balance remaining in the Trust Fund Account after such disbursements shall be paid to the inmate upon his / her discharge from confinement.

K. Work Release Oversight Responsibilities

1. Prisoners participating in the Work Release Program shall be housed in a separate unit of the jail, known as the Release Unit. The Sheriff shall have the responsibility for the overall operation of the Work Release unit. These duties include:

   a. Administer the daily operation of the Work Release unit.

   b. Direct, prepare, and coordinate evaluative reports and recommendations regarding the inmates assigned to the unit.

   c. Function as Administrative officer and as a member of the Work Release Committee.

   d. Oversee the delivery of direct services to the inmates in the Work Release Program.

   e. Supervise counseling services.

f. Coordinate those functions related to the admission of inmates to the unit. This responsibility includes the initiation and direction of the intake process for the inmate and the coordination of the program placement process. This also includes arranging for any medical or psychiatric examination as may be necessary.

g. Coordinate with other personnel at the facility in the administration of policies and procedures which would have an effect on the operation of the Work Release Unit such as:

   i. Commissary privileges and procedures.
   ii. Infirmary and sick call.
   iii. Visiting procedures.

h. Coordinate the provision of satisfactory security staff in the unit and encourage active participation of the informed staff in the programs of the unit.

i. As the situation dictates, meets with relatives, legal advisors, and others who may wish to discuss the problems of the inmates in the unit.

j. Interview and counsel inmates regarding their personal problems, and, when appropriate, refer them to other professional staff in the facility.

k. Coordinate budget planning for the unit and supervise the inmate's accounts.

l. Coordinate records keeping for all unit functions.

2. The Sheriff shall annually prepare a report of the work release program which shall be transmitted to the legislature on or before the first day of March of each year. Such annual report shall include a summary of the operations and activities of the program for the preceding year and such recommendations for the improvement of the program as the Sheriff shall deem necessary and proper.

Albany County Correctional Facility

Voluntary Application for Work Release

Article 27 of New York State Correction law

Date Forwarded
To Applicant: _____

Date Receives
From Applicant: _____

Personal Information:

Name: _____ Housing Unit: _____
Date of Birth: _____ Age: _____ Booking Number: _____
Home Address: _____
Current Charge: _____ Court: _____

Significant Other – Information

Spouse/Boyfriend/Girlfriend's Name _____
Home address: _____
Employer: _____ Employed Since: _____
Employer's Address: _____
Job Description: _____

Your Children's - Name and Address, Ages

_____
_____
_____
_____

Parents – Name and Address

Mother's Name: _____ Address: _____
Father's Name: _____ Address: _____

Brother/Sisters – Names, Addresses Including Town

_____
_____
_____

Form A: Work Release Application- Page one

Voluntary Application for Work Release
Article 27 NYS Correction Law
Albany County Correctional Facility

_____
Applicant's Name

EMPLOYMENT INFORMATION

1. Name of the Business where you will be Employed:

   _____

2. Complete Address of the Business, including Town:

   _____

3. Job Description:

   _____

4. Have you confirmed there is a position open?

   _____

5. Name and phone number to whom confirmation was made.

   _____

6. Were you employed at this company prior to your incarceration?

   _____

7. If you were, how long have you worked there? _____
8. Name of your prior employer? _____
9. Days and hours you will be required to work, BE SPECIFIC:

   _____

10. Name of any family members employed at this company.

    _____

    _____

    _____

11. Name of immediate supervisor:

    _____ Phone Number: _____

DRAFT

Voluntary Application for Work Release
Article 27 NYS Correction Law
Albany County Correctional Facility

_____
Applicant's Name

12. Have you ever been on Probation? _____
    If yes, when _____ P.O. _____

13. Will you be on probation upon your release? _____
    Who is your P.O.? _____

14. What programs were you involved in prior to your incarceration:
    _____

15. How would you describe your current health:
    Excellent _____ Good _____ Fair _____ Poor _____

16. What medications are you currently taking and reason for taking:
    _____

17. Were you under the influence of drugs or alcohol at the time of your arrest? ____
    If so, what type of drug or alcohol: _____
    _____

18. To what extent are you dependent on alcohol, narcotics or marijuana?
    _____

19. The highest grade level you completed: _____

20. Other schools /classes you have attended prior to your incarceration:
    _____

21. Describe any past or present physical or mental problems:
    _____
    _____
    _____

DRAFT

Voluntary Application for Work Release
Article 27 NYS Correction Law
Albany County Correctional Facility

_____
Applicant's Name

22. The date of the offense for which you are currently incarcerated: _____

    The charge: _____

23. Describe the circumstances of your arrest and subsequent sentence:

    _____
    _____
    _____
    _____

24. How do you feel about it now:

    _____
    _____
    _____

25. How will the work Release program benefit you?

    _____
    _____
    _____
    _____

26. What Jail Programs do you participate in?

    _____
    _____

27. How often do you attend? _____
28. When was the last time you went? _____
29. How many times have you gone? _____

DRAFT

ALBANY COUNTY CORRECTIONAL FACILITY
WORK RELEASE AGREEMENT AND PLAN

State of New York
County of Albany

To the Albany County Sheriff:

I, _____, now confined in the Albany County Correctional Facility as a result of having been convicted and sentenced in Albany County at a term of the _____ Court, Judge _____ presiding, for the charge(s) of _____ on the _____ day of _____, 20__. With credit granted for the good behavior and efficient and willing performance of duties assigned, do hereby apply for the Work Release Program.

I have voluntarily applied under the provisions of Article 27 of the NYS Correction Law, to participate in the Work Release Program of Albany County. I accept the Jurisdiction of Albany County Sheriff and promise, with my honor, and with full knowledge that failure to keep such promise may result in revocation of my work release program privileges by order of the Sheriff, pursuant to law, that I will faithfully keep all conditions specified in this agreement and all other conditions and instructions given to me by the Albany County Sheriff or any of his representatives. I understand the while on the work release program; I remain sentenced to the Albany County Correctional Facility pursuant to my Order of Commitment.

1. I will proceed directly to my place of employment vocational or educational program which is for _____ hours and is located at _____ _____ and will return directly to the Albany County Correctional Facility upon completion of my working hours or educational program. I will comply with the transportation plan which the Sheriff has authorized for my release as follows:

   _____

   _____

2. I will sign the ledger every time I enter the Albany County Correctional Facility. I will show the date, my time out, my destination, and my time in.

3. I will not go home or deviate from a direct route between the Albany County Correctional facility and my place of employment or education. I will not operate a motor vehicle or loiter on my way to and from work. I also understand that no visitation is permitted at the work place.
4. I will abstain completely from the use of alcoholic beverages, narcotics, and harmful intoxicants during the term of my confinement. I will not go to bars, tavern, etc., or take part in gambling or use illicit drugs.

5. I will not carry from the Albany County Correctional Facility nor carry to the Correctional facility any verbal or written messages, nor any objects or property of any kind; I understand that introducing any contraband (including cigarettes) into the Albany County Correctional Facility is a criminal offense and the grounds for immediate revocation of my work release privileges.

6. Visiting hours for me are schedule the same as for other sentenced inmates.

7. I understand that I earn one-third (1/3) good time allowance on any sentenced if all rules are followed. Any misconduct constitutes a violation of the rules and any cause loss of good time and the revocation of my work release privilege.

8. Upon my return to the jail, I will be subject to a strip search and, if applicable, an Alco-sensor or Breathalyzer test.

9. I will make every effort to maintain gainful employment provided to me under this program and if for any reason I lose my employment or if I am dismissed or suspended, I will immediately report this fact to the Sheriff. When outside the Jail I will conduct myself as a good citizen and lead a law abiding life. I understand that this means I must not associate with disreputable companions or any individuals having a criminal record. I will avoid any violations of jail regulations abstain from wrong doing, lead an honest, industrious life: support my dependents, if any, and assume towards then all my moral and legal obligations. My behavior must not be a menace to the safety of my family or to any individual that all my earnings be turned over to the Sheriff and be kept in trust for me until my release date, subject to such disbursements from my earnings as are authorized by Section 872 of Correction Law.

10. I understand that all of my earnings, wages, salary, or monies, either in cash or by check must be turned over in full to the Chief Administrator (or the designee in charge of work release money) when Section 872 of the Correction law in the following matter:

a. A sum determined by a court of competent jurisdiction as recommended by the Commissioner of Social Services in the absence of such determination will be paid dependents. The inmate may authorize that a reasonable sum greater than that so determined or recommended be also disbursed for this purpose.

b. A sum of $12.50 per working day will be withdrawn from earning to cover your room and board.

c. Any sums as may be necessary to satisfy any fines, surcharges, etc., which are outstanding against you may be written by the Chief Administrator to pay such fines.

d. Any sums as necessary to satisfy and outstanding legal obligations of an inmate acknowledged by him/her in writing and filed with the Chief Administrator in such form as the Sheriff shall specify, may be withdrawn from your earnings.

e. Any balance remaining in your account after such disbursements shall be paid to you upon your discharged from confinement.

11. I understand that any violation of the above conditions shall subject me to criminal prosecution for ABSCONDING FROM TEMPORARY RELEASE 2ND DEGREE (pursuant to section 205.16 of the NYS Penal Law). This section reads as follows:

A person is guilty of Absconding from Temporary Release 2nd Degree when having been released from confinement in a correctional institution or division for youth facility to participate in a program of work release; he intentionally fails to return to the institution or facility of his/her confinement at or before the time prescribed for his/her return.

12. Should the occasion arise, I will waive extradition and will not resist being returned to the jurisdiction of Albany County and the custody of the Sheriff.

13. If required, I authorize a physical examination prior to beginning the work release program.

14. Additional conditions / restrictions:

_____

_____

_____

I hereby certify I have read and understand the foregoing and have received a copy thereof:

X _____
(Your Signature)

Signed on this _____ day of _____, 20___.

Witnessed By: _____

DRAFT

FORM B: Work Release AGREEMENT & PLAN

Voluntary Application for Work Release
Article 27 NYS Correction Law
Albany County Correctional Facility

_____
Applicant's Name

This section is VERY IMPORTANT – please make sure you provide all information so that your application may be processed in a timely manner.

We will need the name, address, telephone number, of anyone you wish to have considered as your transport person.

You must give us a name as it appears on the person's driver's license. Any name submitted will be checked through DMV for a valid New York State driver's license and valid New York State registered vehicle.

MAKE SURE YOU GIVE THE NAME AS IT APPEARS ON THEIR DRIVERS LICENSE

1. Name: _____ _____ _____
   LAST FIRST MIDDLE
   Address: _____ _____
   Street Town
   Telephone: _____ _____
   HOME WORK

   Date of Birth: ____ / ____ / _____

Time and Telephone number where they can be reached to verify they will transport.

2. Name: _____ _____ _____
   LAST FIRST MIDDLE
   Address: _____ _____
   STREET CITY
   Telephone: _____ _____
   HOME WORK

   Date of Birth: ____ / ____ / _____

Time and Telephone number where they can be reached to verify they will transport.

C: EMPLOYMENT & TRANSPORTATION VERIFICATION

Albany County Correctional Facility
Voluntary Application for Work Release
Under Article 27 NYS Correction Law

WORK RELEASE REPORT

The work release report committee met on the _____
of _____, 20___.

The following members were present:

_____
_____
_____
_____
_____
_____
_____
_____

The following applications were reviewed:

_____ _____
_____ _____
_____ _____
_____ _____

Other actions / comments:

_____
_____
_____
_____

Completed By: _____

DRAFT

Work Release Program
~Notice of Work Release Decision & Right to Appeal~
Albany County Correctional Facility

Inmates' Name: _____
Booking Number: _____
Date: _____

This is to inform you that your work release program application has been:

APPROVED DENIED DEFERRED REVOKED

by the Sheriff.

If denied or deferred, it was for the following reason:

_____
_____
_____
_____
_____

You may appeal this decision to the local Work Release Committee,
Within ten (10) business days of the date of this form.

If your application has been approved, you must fully comply with all program rules and regulations before being eligible for release.

Reporting Officer and Title: _____
(Signature of Officer Reporting)

Date: _____

DRAFT

FORM E: Notice of Decision and Right to Appeal

STATE COMMISSION OF CORRECTION
FIVE YEAR REVIEW OF RULES ADOPTED BY THE
STATE COMMISSION OF CORRECTION IN CALENDAR YEARS 2000, 2005, AND 2010 REQUIRED TO BE REVIEWED IN CALENDAR YEAR 2015

As required by Chapter 262 of the Laws of 1996, the following is a list of rules which were adopted by the State Commission of Correction in calendar years 2000, 2005, and 2010 which must be reviewed in calendar year 2015. Public comment on the continuation or modification of these rules was invited. No comments were received. Based upon the belief that said rules further the Commission's mission to provide for a safe, stable and humane correctional system in New York State, and absent public comment to the contrary, the Commission has determined and hereby gives notice pursuant to State Administrative Procedure Act §207(4) that the rules listed below shall continue without modification.

CMC-37-00-00022 Amendment of sections 7005.2, 7005.3 and 7009.6 of Title 9 NYCRR.

Analysis of the need for the rule: The rule is needed to provide for better management of inmates in special housing units of local correctional facilities with regard to showers, shaving and food services.

Legal basis for the rule: Correction Law section 45(6).

CMC-45-99-0009 Consensus rule making to section 7010.6 of Title 9 NYCRR.

Analysis of the need for the rule: The rule is needed to designate the person to whom reports should be submitted.

Legal basis for the rule: Correction Law section 45(6) and section 500-k.

CMC-29-05-00006 Amendment of sections 7002.9(a)(e), 7013/6(a)(e) and 7041.2(a)(8) of Title 9 NYCRR.

Analysis of the need for the rule: The rule is needed to change all regulatory reference from inmate "recreation" to "exercise."

Legal basis for the rule: Correction Law sections 45(6) and 45(16).

CMC-29-05-00008 Amendment of sections 7022.5(c), 7200.2(a), 7200.3, 7200.6(b), 7202.4(a), 7202.6 and 7202.11(a) of Title 9 NYCRR.

Analysis of the need for the rule: The rule is needed to amend the Commission of Correction's listed address.

Legal basis for the rule: Correction Law sections 45(6) and 45(16).

CMC-29-05-00005 Amendment of section 7039.3, 7602.3, 7602.5, 7602.7 and 7602.8 of Title 9 NYCRR.

Analysis of the need for the rule: The rule is needed to remove specific references to repealed New York State Fire Prevention and Building Codes.

Legal basis for the rule: Correction Law section 45(6) and

45(16).

CMC-29-05-00007 Amendment of section 7503.1(b) of Title 9 NYCRR.

Analysis of the need for the rule: The rule is needed to remove a reference to a repealed provision of the New York State Penal Law.

Legal basis for the rule: Correction Law section 45(6) and 45(16).

CMC-41-10-00004-P Amendment of sections 7003.5 and 7003.6 of Title 9 NYCRR.

Analysis of the need for the rule: The rule is needed to remove the requirement of overlapping officer shifts in conducting prisoner population counts.

Legal basis for the rule: Correction Law section 45(6) and 45(15)