



**Commission of  
Correction**

**THOMAS A. BEILEIN**  
Chairman

**PHYLLIS HARRISON-ROSS, M.D.**  
Commissioner

**THOMAS J. LOUGHREN**  
Commissioner

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

**TO:** COMMISSION MEMBERS  
**FROM:** Brian Callahan, General Counsel *Buc*  
**RE:** AGENDA FOR COMMISSION MEETING  
**DATE:** April 19, 2016 at 11:00AM

**I. MINUTES**

**SCOC**

March 22, 2016

**CPCRC**

April 14, 2016

**MRB**

Administrative Closures

**II. VARIANCES**

**A. Dutchess County Jail**

15-V-01

(Section 7040.3 Facility Population Limitation)

**B. Onondaga County Penitentiary**

99-V-16

(Section 7040.3 Facility Population Limitation)

**C. Putnam County Sheriff's Office**

03-V-01

(Section 7040.3 Facility Population Limitation)

**D. Saratoga County Jail**

13-V-06

(Section 7040.3 Facility Population Limitation)

**E. Saratoga County Jail**

08-V-05

(Section 7040.3 Facility Population Limitation)

**II. MFC**

**F. Greene County Jail**

**G. NYC Department of Correction**

**Anna M. Kross Center**

**H. NYC Department of Correction**

**Vernon C. Bain Center**

**I. Suffolk County Yaphank Correctional Facility**

**III. REGULATORY AGENDA**

**J. Five Year Review**



# Commission of Correction

**THOMAS A. BEILEIN**  
Chairman

**PHYLLIS HARRISON-ROSS, M.D.**  
Commissioner

**THOMAS J. LOUGHREN**  
Commissioner

## MINUTES

### LOCATIONS:

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

**STATE COMMISSION OF CORRECTION**  
Adam Clayton Powell State Office Building  
163 W 125<sup>th</sup> Street  
(5<sup>th</sup> Floor) Suite 506  
New York, New York 10027

**DATE OF MEETING: March 22, 2016**

Chairman Beilein called the meeting to order at 11am.

### **PRESENT:**

Thomas Beilein, Chairman  
Thomas Loughren, Commissioner  
Phyllis Harrison-Ross, M.D., Commissioner (**Participated from NYC Office Above**)  
Tricia Amati, Assistant to Chairman/Commissioners  
Richard Kinney, Director of Operations  
Brian Callahan, General Counsel  
Debbie Slack-Bean, Senior Attorney  
Bill Benjamin, South Central, Supervisor  
Terry Moran, Supervisor, Capital West  
Keith Zobel, Supervisor, Metro/LI  
Deborah Clark-Bisgrove, Supervisor, Hudson Lakes  
Justin Mason, Deputy Director of Public Information  
Michael Walters, Correctional Facility Specialist 1  
Elisha Hamilton, Correctional Facility Specialist 1  
Luis Alvarez, Sullivan County Co-Chairman  
Joshua Potosek, Sullivan County Manager  
Christopher Downs, LaBella Associates  
Mark Kukuvka, LaBella Associates  
Hal Smith, Chief, Sullivan County Sheriff's Office  
Jim Ginty, Captain, Sullivan County Sheriff's Office

**DATE:** March 22, 2016 at 11:00AM

**I. MINUTES**

**SCOC** Approved Unanimous  
February 17, 2016 Loughren/Ross

**CPCRC** Approved Unanimous  
March 10, 2016 Loughren/Ross

**MRB** Administrative Closures Approved Unanimous  
Ross/Loughren

March 3, 2016 Meeting Approved Unanimous  
Ross/Loughren

**II. VARIANCES**

**A. Suffolk County Jail (Riverhead)** Approved Unanimous  
15-V-08 Six (6) Months  
(Section 7040.3 Facility Population Loughren/Ross  
Limitation)

**III. MFC**

**B. Tompkins County Jail** Approved Unanimous  
Ross/Loughren

**IV. CONSTRUCTION**

**C. New York State Department of** Approved Unanimous  
**Corrections and Community** Ross/Loughren  
**Supervision**  
**Coxsackie Correctional Facility**  
Provide Cell Block & Quartermaster/Records  
Storage Addition

**D. New York State Department of** Approved Unanimous  
**Corrections and Community** Loughren/Ross  
**Supervision**  
**Coxsackie Correctional Facility**  
Provide Cell Locking Devices,  
Building #2 A & C Blocks

**E. New York State Department of** Approved Unanimous  
**Corrections and Community** Ross/Loughren  
**Supervision**  
**Eastern Correctional Facility**  
Provide Perimeter Fences/Systems Project

**F. New York State Department of** Approved Unanimous  
**Corrections and Community** Ross/Loughren  
**Supervision**

**Great Meadow Correctional Facility**  
Upgrading Locking System Building No. 4  
"F" Block Shu Project

- |  |   |                  |
|--|---|------------------|
| <b>G. Sullivan County Jail</b><br>New Facility Construction Project                              | <b>Approved</b><br><b>Loughren/Ross</b> | <b>Unanimous</b> |
| <b>H. Sullivan County Sheriff's Office</b><br>New Pre-Arraigned Booking Area Project             | <b>Approved</b><br><b>Loughren/Ross</b> | <b>Unanimous</b> |
| <b>I. Warren County Court</b><br>Phase 1 and Phase 2 Construction<br>Court Holding Areas Project | <b>Approved</b><br><b>Loughren/Ross</b> | <b>Unanimous</b> |

V. Directive

- |   |   |                  |
|---|---|------------------|
| <b>J. New York City Department of Correction</b><br><b>Anna M. Kross Center</b> | <b>Approved</b><br><b>Ross/Loughren</b> | <b>Unanimous</b> |
|---|---|------------------|

Commissioner Loughren made a motion to go into executive session at 11:12am to discuss Construction and MRB items, which was seconded by Commissioner Harrison-Ross, M.D.

Commissioner Harrison-Ross, M.D. Commissioner made a motion to exit Executive Session and return to general session at 12:30pm, which was seconded by Commissioner Loughren.

The meeting resumed at 12:31pm. Motion was made by Commissioner Harrison-Ross, M.D. to ratify actions taken in Executive Session regarding MRB and Construction items, seconded by Commissioner Loughren.

Commissioner Loughren made a motion to adjourn at 12:31pm which was seconded by Commissioner Harrison-Ross, M.D.

Respectfully submitted,

Tricia Amati  
Assistant to Chairman/Commissioners



# Commission of Correction

**THOMAS A. BEILEIN**  
Chairman

**PHYLLIS HARRISON-ROSS, M.D.**  
Commissioner

**THOMAS J. LOUGHREN**  
Commissioner

## EXECUTIVE SESSION

### MINUTES

#### LOCATIONS:

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

**STATE COMMISSION OF CORRECTION**  
Adam Clayton Powell State Office Building  
163 W 125<sup>th</sup> Street  
(5<sup>th</sup> Floor) Suite 506  
New York, New York 10027

**DATE OF MEETING: March 22, 2016**

#### PRESENT:

Thomas Beilein, Chairman  
Thomas Loughren, Commissioner  
Phyllis Harrison-Ross, M.D., Commissioner (**Participated from NYC Office Above**)  
Tricia Amati, Assistant to Chairman/Commissioners  
Richard Kinney, Director of Operations  
Brian Callahan, General Counsel  
Debbie Slack-Bean, Senior Attorney  
Bill Benjamin, South Central, Supervisor  
Terry Moran, Supervisor, Capital West  
Keith Zobel, Supervisor, Metro/LI  
Deborah Clark-Bisgrove, Supervisor, Hudson Lakes  
Justin Mason, Deputy Director of Public Information  
Michael Walters, Correctional Facility Specialist 1  
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Luis Alvarez, Sullivan County Co-Chairman  
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Commissioner Loughren made a motion to adjourn at 12:31pm which was seconded by Commissioner Harrison-Ross, M.D.

Respectfully submitted,

Tricia Amati  
Assistant to Chairman/Commissioners

Name of Facility: Dutchess County Jail

Variance # 15-V-01

New: Renewal: X

Relief from Standard: 7040

Application by: Sheriff Anderson

Date Request Rec: 3/10/16

Last Approved: 2/17/16

Length of Approval: 60 Days Expiration: 5/1/16

Write-up Prepared by: Cynthia Diaz

Recommendation by Field Staff: Approve

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:

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 (60) 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, July 2014 amendment, and February 2016.
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.

**OTHER VARIANCES IN EFFECT – None****STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):**

Commission staff have toured the modular housing areas and found them to be in compliance with all applicable standards.

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:** 10/15

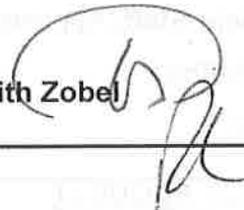
**ANY OPEN MINIMUM STANDARD VIOLATIONS:** NONE

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

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

Dutchess County has voted to approve bonding for an expansion project that will increase the capacity of the facility to 569 beds. This project should address the overcrowding issues at the Dutchess County Jail.

**REVIEWED BY REGIONAL SUPERVISOR:** Keith Zobel



**DATE:**

4/7/16

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**OFFICIAL USE ONLY:**

**NOTES OF MEETING:** \_\_\_\_\_



**Commission of  
Correction**

**FROM:** Chairman Thomas A. Beilein      **DATE:** March 10, 2016

**SENDER:** George V. Krom, Jr.

**AGENCY:** Dutchess County Sheriff's Office

**DATE OF ORIGINAL RECEIVED:** March 8, 2016

**REF:** Request to Extend Variance 15V01

**DOCUMENT DESCRIPTION:** Letter/Variance Application

**CHAIRMAN'S COMMENTS:**

-----Routing Information-----

**REGIONAL SUPERVISOR:** Moran

**CC:** Keith Zobel



# Dutchess County Sheriff's Office

150 North Hamilton Street, Poughkeepsie, NY 12601

Adrian H. Anderson  
Sheriff

Kirk A. Imperati  
Undersheriff

George V. Krom Jr.  
Corrections  
Administrator

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



March 8, 2016

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

Subject: Dutchess County Jail – Request to extend variance 15-V-01

Dear Chairman Beilein:

The Dutchess County Sheriff's Office is requesting to continue its variance to our current Maximum Facility Capacity. 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 variance 15-V-01 to our current MFC at the Dutchess County Jail. On February 18th 2015 the Commission approved this variance in compliance with the provisions of 9NYCRR, Part 7040.3.

- 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 to renew variance 15-V-01 to our current MFC at the Dutchess County Jail. Without this variance the Dutchess County Jail would have to house out more than 150 inmates a day in other jail institutions.

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

\_\_\_\_\_ Days      \_\_\_\_\_ Weeks      48 Months

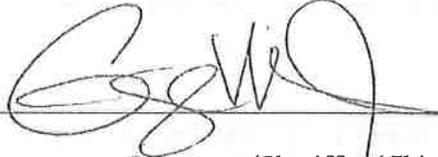
- E. If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary).

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.



G. Has this variance been previously approved?

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



1/5/2016

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](http://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 #	99-V-16
New:		Renewal:	X
Relief from Standard # 7040.3	Application by: Commissioner Cowin Commissioner Hanna	Date rec.:	02/19/16
Beds at standard:	512	Beds Requested This Variance:	16
Total Variance Beds This Facility: 58 minus 2 cells vacated for access to toilet equals 56			
Current Population: 520 (04/08/16) 91.2%			
Last Approved: 04/15		Length of Approval:	1 year
		Expiration:	05/16
Recommendation: Approval with modified conditions			
Length Recommended: 1 year		By: Deborah Clark	

**SUMMARY OF VARIANCE REQUEST**

Commissioner Cowin and currently Commissioner Hanna are 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 19, 2016 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 minus the 2 vacated cells is a net of 14 variance beds.
- (2) That one (1) cell be left vacant on the lower housing area in Unit #1 A section and one (1) cell be left vacant on the lower housing area in Unit #1 C Section in order for inmates housed in the day space areas to have direct access to a toilet and sink. Inmates cannot be housed in the cells that have been vacated for this purpose.
- (3) That inmates housed in the day space areas **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. In accordance with the facility's March 4, 2014 staffing analysis the facility must maintain the same staffing pattern on all three (3) shifts to ensure that active supervision is being maintained.
- (5) That inmates housed in the above-noted areas shall receive the same services and programs as the general population.

- (6) That the facility maintain compliance with the requirements of Part 7013, Classification.
- (7) That the county shall not exceed the rated MFC or violate the requirements of Part 7013, Classification for the purpose of boarding inmates. The Commission does not approve variances for the purpose of generating revenue.

**HISTORY**

2015	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 4/15 Meeting 1 year
2014	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 4/14 Meeting 1 year
2013	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 4/13 Meeting 1 year
2012	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 4/12 Meeting 1 year
2011	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 8/11 Meeting 9 months
2010	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 8/10 Meeting 1 year
2009	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 8/09 Meeting 1 year
2008	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 8/08 Meeting 1 year
2007	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 8/07 Meeting 1 year

**FACILITY SITE VISIT**

**Last reviewed for this variance on:** 04/16 **By:** Deborah Clark

**Outstanding issues:** None.

**Open violations that relate to the variance request:** Please note that during the variance review Commission staff found that [REDACTED]

[REDACTED] Upon review and determination of the Commission members, Commission staff will contact the facility and notify them of the staffing requirements for active supervision on the midnight shift.

**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.

13-V-10 - This variance authorizes the penitentiary to house 6 inmates in Unit 5 program room. Please note that the approved MFC of unit dorm is 60.

**MISCELLANEOUS**

None

Regional Supervisor:  Date: 4-13-16



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)

One cell is left vacant in A and C sections, so that inmates have access to a toilet and sink. All inmates are provided a bunk. Active Supervision is preformed 24 hours per day. Inmates receive the same services as all others in General Population. 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 variance will continue to allow the flexibility in effectively managing our inmate population. The bunks are used primarily for intake inmates while being oriented, and subsequently classified.

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).

Current operations in this area continue to provide excellent fiscal sense. Due to frequent fluctuations in our maximum facility capacity, this area continues to prove valuable. We report no problems or complaints while utilizing these bunks. Inmates are here for a minimum amount of time. At this present time, the facility wishes to maintain usage of this area.



G. Has this variance been previously approved?

Yes X If yes, include the variance number 99-V-16 No         



02/19/16

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](http://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 # 03-V-01

New:  Renewal: 

Relief from Standard: 7040.3

Application by: Sheriff Donald Smith

Date Request Rec: 4/1/16

Last Approved: 4/21/15      Length of Approval: 12 Months      Expiration: 5/1/16

Write-up Prepared by: Terrence Moran

Recommendation by Field Staff: Deny

Recommendation at Briefing:

Final Recommendation:

**SUMMARY OF VARIANCE REQUEST**

Sheriff Smith is requesting an extension of this variance which authorizes the county to house an additional four (4) inmates in the day space of the South Housing Unit, which is primarily used for female inmates. The variance provides flexibility in properly separating inmates of various classification categories.

**VARIANCE HISTORY**

2015	Recommendation: Action Taken: Length of Variance: Conditions, if changed:	Approval Approved at 4/21/15 meeting 12 months
2014	Recommendation: Action Taken Length of variance Conditions, if changed	Approval Approved at 02/14 meeting 12 Months
2013	Recommendation: Action Taken Length of variance Conditions, if changed	Approval Approved at 10/13 meeting 4 Months
2013	Recommendation: Action Taken Length of variance Conditions, if changed	Approval Approved at 6/13 meeting 4 Months
2012	Recommendation: Action Taken Length of variance Conditions, if changed	Approval Approved at 11/12 meeting 6 Months
2011	Recommendation: Action Taken Length of variance	Approval Approved at 11/11 meeting 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:	Approval
	Action Taken	Approved at 11/08 meeting
	Length of Variance	1 year
	Conditions, if changed	

**CONSTRUCTION/RENOVATION PLANS**

See comments in Justification section below.

**OTHER VARIANCES IN EFFECT**

None

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

April 14, 2016 – Terrence Moran

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

February 2016

**ANY OPEN MINIMUM STANDARD VIOLATIONS:**

Violations from previous evaluations have been closed out. Report for the February 2016 evaluation is pending.

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

None

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

In October 2013, the Putnam County Sheriff's Office requested authorization to construct sub-day rooms within certain housing areas in order to realize greater efficiencies in housing of inmates of various classifications. The Commission approved the project at its November 2013 meeting. To date, the facility has not proceeded with construction. It was anticipated that the creation of sub-day rooms would provide the facility with additional bed space for the female population, thus eliminating reliance on variance beds. Further, since 2014, the facility has averaged over 10 federal boarders daily. Accordingly, this variance request should be denied.

**RECOMMENDED CONDITIONS IF APPROVED**

Recommend Deny

REVIEWED BY REGIONAL SUPERVISOR: *TM*      DATE: *4-13-16*

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**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)

Form with fields: 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:

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 8.48 during 2015. However, during the past, the average daily population has fluctuated between 12 and 25. This increase continues to significantly impact the operation 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, 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 of Corrections have been approved. We will continue our dialogue with our Highway and Facilities Department in an effort to begin the project.



G. Has this variance been previously approved?

Yes  If yes, include the variance number \_\_\_\_\_ No  03-V-01

  
\_\_\_\_\_  
Signature (Sheriff) (Chief Administrative Officer)

Date  
04/01/16

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

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 15, 2016

Last Approved: April 21, 2015

Length of Approval: 1 Year Expiration: May 1, 2016

Write-up Prepared by: Terrence Moran

**Recommendation by Field Staff:** Approve for a period of six months, with the previous conditions set forth. Another condition should added that with any future extension request, the county shall submit a plan that begins to address long-term capacity enhancement of the jail.

**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**

May 2013 – Approved 12 months  
 May 2014 – Approved 12 months  
 April 2015 – Approved 12 months

**CONSTRUCTION/RENOVATION PLANS**

No Applicable

**OTHER VARIANCES IN EFFECT**

08-V-05

**STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):** 4/5/16

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

10/2014

**ANY OPEN MINIMUM STANDARD VIOLATIONS:**

None

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

N/A

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

This variance provides much needed flexibility in properly housing inmates in accordance with their classification levels. The Commission has received no inmate complaints or grievance appeals concerning double celling.

**RECOMMENDED CONDITIONS IF APPROVED**

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

<u>Housing Area</u>	<u>Current Capacity</u>	<u>Revised</u>
A Pod Unit 3 (Cells 109-112, 121-124)	32	40
A Pod Unit 4 (Cells 105-108)	16	20
B Pod Unit 2 (Cells 133-143, 145)	48	60
<b>Total</b>	<b>96</b>	<b>120</b>

- 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 waiversThese 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 county will not exceed the rated MFC for the purpose of boarding inmates.
- 11) That with any future extension request, the county shall submit a plan that begins to address long-term capacity enhancement of the jail.

REVIEWED BY REGIONAL SUPERVISOR:



DATE:

4-6-16

REVIEWED BY DEPUTY DIRECTOR:

DATE:

4/7

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**OFFICIAL USE ONLY:**

NOTES OF MEETING: \_\_\_\_\_



# SARATOGA COUNTY SHERIFF'S OFFICE

Sheriff@SaratogaCountyNY.gov

MICHAEL H. ZURLO  
SHERIFF

Kevin P. Mullahev  
Undersheriff

Richard J. Emery  
Colonel

February 15, 2016

Chairman Thomas A. Beilein  
New York State Commission of Correction  
Alfred E. Smith State Office Building  
80 South Swan Street, 12<sup>th</sup> 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 may occur.

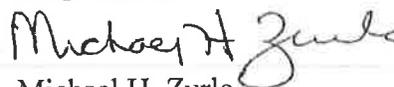
If the request for the variance extension is approved, The Saratoga County Sheriff's Office will continue to comply with the current terms and conditions, as listed in the variance, during the period of time covering the variance extension. This includes:

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

<u>Housing Unit</u>	<u>Rated Capacity</u>	<u>Continued Increase</u>	<u>Revised Capacity</u>
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
<b>Total</b>	<b>96</b>	<b>24</b>	<b>120</b>

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 # 08-V-05

New:  Renewal: 

Relief from Standard: 7040

Application by: Sheriff Michael Zurlo

Date Request Rec: February 15, 2016

Last Approved: April 21, 2015

Length of Approval: 1 Year Expiration: May 1, 2016

Write-up Prepared by: Terrence Moran

**Recommendation by Field Staff:** Approve for a period of six months, with the previous conditions set forth. Another condition should be added that with any future extension request, the county shall submit a plan that begins to address long-term capacity enhancement of the jail.

**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	Increase	Revised Capacity
A Pod Unit 1 (Cells 137-144)	32	8	40
A Pod Unit 2 (Cells 125-128)	16	4	20
B Pod Unit 1 (Cells 105-116)	48	12	60
Total	96	24	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  
 April 2015 - Approved 12 months

**CONSTRUCTION/RENOVATION PLANS**

No Applicable

**OTHER VARIANCES IN EFFECT**

13-V-06

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

4/5/16

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

10/2014

**ANY OPEN MINIMUM STANDARD VIOLATIONS:**

None

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

N/A

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

This variance provides much needed flexibility in properly housing inmates in accordance with their classification levels. The Commission has received no inmate complaints or grievance appeals concerning double celling.

**RECOMMENDED CONDITIONS IF APPROVED**

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

Housing Area	Current Capacity	Increase	Revised Capacity
A Pod Unit 1 (Cells 137-144)	32	8	40
A Pod Unit 2 (Cells 125-128)	16	4	20
B Pod Unit 1 (Cells 105-116)	48	12	60
Total	96	24	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.

11) That with any future extension request, the county shall submit a plan that begins to address long-term capacity enhancement of the jail.

REVIEWED BY REGIONAL SUPERVISOR:

*TM*

DATE:

*4/13/16*

REVIEWED BY DEPUTY DIRECTOR:

DATE:

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OFFICIAL USE ONLY:

NOTES OF MEETING: \_\_\_\_\_



# SARATOGA COUNTY SHERIFF'S OFFICE

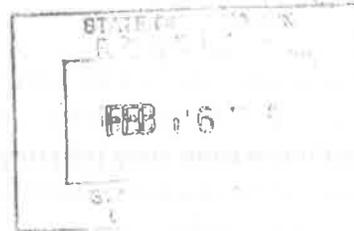
Sheriff@SaratogaCountyNY.gov

MICHAEL H. ZURLO  
SHERIFF

Kevin P. Mullahey  
Undersheriff

Richard J. Emery  
Colonel

February 15, 2016



Chairman Thomas A. Beilein  
New York State Commission of Correction  
Alfred E. Smith State Office Building  
80 South Swan Street, 12<sup>th</sup> 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 may 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:

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

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

# AMENDMENT TO FACILITY MFC

**Facility:** Greene County Jail

**Date of Site Visit:** April 11, 2016

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

Debbie Clark

**Date of Last MFC report**

April 15, 2014

**Update on Capital Construction Project:**

The county continues in its plans to construct a new county jail. Property has already been approved and procured. A needs assessment is ongoing.

**Summary of amendment(s) to current MFC**

Both D-Block housing areas now have a capacity rating of zero. Such reduction is based on the following:

1. The facility's security staffing levels are below that required by the Commission's Position and Staffing Analysis. Additionally, staff are reassigned to perform inmate transports without backfilling those positions. Both conditions are a violation of 9 NYCRR, Part 7041, Staffing. This capacity reduction is commensurate with the number of security staff maintained by the facility.
2. [REDACTED]
3. [REDACTED]
4. D Block 2<sup>nd</sup> Floor Left – The window in Cell #1 cannot open, as there is no hand crank mechanism, exposing inmates to potentially dangerously high temperatures.

**Recommendation/Comments:**

Recommend the Commission approves the revised MFC (53 beds) for the Greene County Jail.

Approve:     X    

Amended Capacity: 53

Deny: \_\_\_\_\_

No Recommendation:

(Check One)

Reviewed by Regional Supervisor: Debbie Clark CFS3

Date: 4/13/16

Reviewed by Facility Planning: [Signature] CFS 3

Date: 4/13/16

Reviewed by Deputy Director: [Signature]

Date: 4/13/16



**Commission of  
Correction**

**MAXIMUM FACILITY CAPACITY**

**For the**

**Greene County Jail**

**Catskill, New York**

**April 2016**

**Thomas A. Beilein**

*Chairman*

**Phyllis Harrison-Ross, M.D.**

*Commissioner*

**Thomas J. Loughren**

*Commissioner*

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

**INDIVIDUAL OCCUPANCY HOUSING UNITS:**

1. Each such unit shall only house 1 inmate and contain at least 60 square feet of floor space.
2. Each such unit shall contain:  
1 bed and mattress;  
1 functioning toilet; and  
1 functioning sink.
3. At least 1 functioning shower shall be available for each tier/section of such units.

**EXCEPTIONS:**

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy or rated for single occupancy by the Commission of Correction prior to the effective date Part 7040, September 13, 1989.
2. Each such unit used to house inmates apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.
3. Required equipment (bed, mattress, toilet, sink) may be modified or excluded for units used for short term medical/mental health observation of inmates when the presence of such equipment may pose a threat to such inmates or to the safety or security of the facility.

**MULTIPLE OCCUPANCY HOUSING UNITS:**

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

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

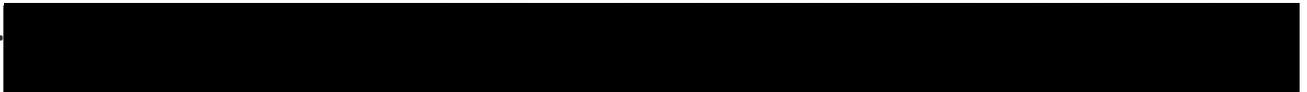
Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Maximum Inmate Capacity
A Block 1 <sup>st</sup> Floor Right	6	45 Sq. Ft	1	6
A Block 1 <sup>st</sup> Floor Left	6	45 Sq. Ft	1	6
D Block 2 <sup>nd</sup> Floor Right	8	45 Sq. Ft	1	0 **See Notes**
D Block 2 <sup>nd</sup> Floor Left	8	45 Sq. Ft	1	0 **See Notes**
B Block 2 <sup>nd</sup> Floor Right	6	45 Sq. Ft	1	6
B Block 2 <sup>nd</sup> Floor Left	6	45 Sq. Ft	1	6
C Block 3 <sup>rd</sup> Floor Right	3	45 Sq. Ft	1	3
C Block 3 <sup>rd</sup> Floor Left	3	45 Sq. Ft	1	3

**NOTES:**

Both D-Block housing areas now have a capacity rating of zero. Such reduction is based on the following:

1. The facility's security staffing levels are below that required by the Commission's Position and Staffing Analysis. Additionally, staff are reassigned to perform inmate transports without backfilling those positions. Both conditions are a violation of 9 NYCRR, Part 7041, Staffing. This capacity reduction is commensurate with the number of security staff maintained by the facility.

2.



3.



4. D Block 2<sup>nd</sup> Floor Left – The window in Cell #1 cannot open, as there is no hand crank mechanism, exposing inmates to potentially dangerously high temperatures.

**GENERAL HOUSING INDIVIDUAL OCCUPANCY UNIT TOTAL: 43**

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

Name of Housing Area/Section	Purpose/ Type of Special Housing	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Showers Available per Section	Maximum Inmate Capacity
N/A					

**SPECIAL HOUSING INDIVIDUAL OCCUPANCY UNIT TOTAL: 0**

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

Name of Housing Area/Section	Number of Toilets	Number of Sinks	# of Showers Available per Section	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
3 <sup>rd</sup> Floor – Right Dorm	1	1	1*	375 sq. Ft	5
3 <sup>rd</sup> Floor – Left Dorm	1	1	1*	375 sq. Ft.	5

**MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING TOTAL: 10**

**NOTE:**

There is one shower in the third floor dorm area that services the left side dorm and the right side dorm.

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

<b>Name of Housing Area/Section</b>	<b>Number of Toilets</b>	<b>Number of Sinks</b>	<b>Number of Showers Available per Section</b>	<b>Total Size of Unit (Sq. Ft. of Floor Space)</b>	<b>Maximum Inmate Capacity</b>
N/A					

**SPECIAL HOUSING MULTIPLE OCCUPANCY UNIT TOTAL: . 0**

III. A. NON-STANDARD HOUSING

<b>Name of Housing Area/Section</b>	<b>Number of Toilets</b>	<b>Number of Sinks</b>	<b>Total Size of Unit (Sq. Ft. of Floor Space)</b>	<b>Description of Use (limit as to use, time frame, etc.)</b>
N/A				

Greene County Jail

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	43
Subtotal Individual Housing Units Used for Special Housing:	
Subtotal Multiple Housing Units Used for General Housing:	10
Subtotal Multiple Housing Units Used for Special Housing:	
<b>MAXIMUM FACILITY CAPACITY:</b>	<b>53</b>

Other identified housing areas not on Max. Facility Capacity Yes ( ) No ( X )

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units;
2. The number of properly equipped multiple occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

X  Adjustments have not been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

     Adjustments have been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity. (Explain below.)

**COMMENTS:** *Removal of 6 beds from 1<sup>st</sup> Floor Right housing unit based upon several deficiencies that are directly related to the physical structure and deterioration of the facility.*

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

Submitted by:

*Debra Cole* CF83 4/13/16

(Preparer's Signature and Title, and Date)

Approved by:

*[Signature]* CF83 4-13-16

(Signature Title and Date)

Amendment to Facility MFC

Facility: NYC DOC's Anna M. Kross Center (AMKC)

Date of Site Visit: March 4, 2016

Name of Person Who Conducted the Last Site Visit to Facility: Larry Roe

Date of Last MFC report

November 5, 2009

Beds at Standard: 2988

Update on Capital Construction Project:

N/A

Summary of amendment(s) to current MFC

The facility's MFC has been reduced due to housing areas being closed and other housing areas square footage not justifying previous occupancy rating.

Recommendation/Comments:

Approve:  Amended Capacity: 2576

No Recommendation: \_\_\_\_\_

(Check One)

Reviewed by Regional Supervisor: [Signature]

Date: 4/7/16

Reviewed by Facility Planning: [Signature]

Date: 4/7/16

Reviewed by Deputy Director: [Signature]

Date: 4/7/16



**Commission of  
Correction**

**Maximum Facility Capacity  
for the**

**New York City Department of Correction  
Anna M. Kross Center**

**East Elmhurst, New York**

**April 2016**

**Thomas A. Beilein**  
*Chairman*

**Phyllis Harrison-Ross, M.D.**  
*Commissioner*

**Thomas J. Loughren**  
*Commissioner*

## Anna M. Kross Center (AMKC) – MFC 2016

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

### **INDIVIDUAL OCCUPANCY HOUSING UNITS:**

1. Each such unit shall only house 1 inmate and contain at least 60 square feet of floor space.
2. Each such unit shall contain:  
1 bed and mattress;  
1 functioning toilet; and  
1 functioning sink.
3. At least 1 functioning shower shall be available for each tier/section of such units.

### **EXCEPTIONS:**

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy or rated for single occupancy by the Commission of Correction prior to the effective date Part 7040, September 13, 1989.
2. Each such unit used to house inmates apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.
3. Required equipment (bed, mattress, toilet, sink) may be modified or excluded for units used for short term medical/mental health observation of inmates when the presence of such equipment may pose a threat to such inmates or to the safety or security of the facility.

### **MULTIPLE OCCUPANCY HOUSING UNITS:**

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

## Anna M. Kross Center (AMKC) – MFC 2016

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

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Maximum Inmate Capacity
***MOD 1 Lower B	CLOSED	80 Sq. Ft.	3	0
**Quad Lower 1	31	70 Sq. Ft.	4	31
**Quad Lower 2	31	70 Sq. Ft.	4	31
**Quad Lower 3	31	70 Sq. Ft.	4	31
**Quad Upper 3	31	70 Sq. Ft.	4	31
**Quad Lower 4	31	70 Sq. Ft.	4	31
**Quad Upper 4	31	70 Sq. Ft.	4	31
**Quad Lower 5	31	70 Sq. Ft.	4	31
**Quad Upper 5	31	70 Sq. Ft.	4	31
*Quad Lower 6	31	70 Sq. Ft.	4	31
**Quad Upper 6	31	70 Sq. Ft.	4	31
**Quad Lower 7	31	70 Sq. Ft.	4	31
**Quad Upper 7	31	70 Sq. Ft.	4	31
**Quad Lower 8	31	70 Sq. Ft.	4	31
*Quad Upper 8	31	70 Sq. Ft.	4	31
***Quad Lower 9	CLOSED	70 Sq. Ft.	4	0
***Quad Upper 9	CLOSED	70 Sq. Ft.	4	0
*Quad Lower 10	31	70 Sq. Ft.	4	31
*Quad Upper 10	31	70 Sq. Ft.	4	31
*Quad Lower 11	31	70 Sq. Ft.	4	31
*Quad Upper 11	31	70 Sq. Ft.	4	31
*Quad Lower 12	31	70 Sq. Ft.	4	31
*Quad Upper 12	31	70 Sq. Ft.	4	31
*Quad Lower 13	31	70 Sq. Ft.	4	31
*Quad Upper 13	31	70 Sq. Ft.	4	31

*Note:* \*Cell #16 on these units are 80 sq. Ft.

\*\*Cell #31 on these units are 80 sq. Ft.

\*\*\*Facility can request occupancy upon completion of construction/renovations



## Anna M. Kross Center (AMKC) – MFC 2016

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

Name of Housing Area/Section	Purpose/ Type of Special Housing	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Showers Available per Section	Maximum Inmate Capacity
MOD 1 Lower A	Mental Health	18	80 Sq. Ft.	3	18
MOD 1 Upper A	Mental Health	18	80 Sq. Ft.	3	18
MOD 1 Upper B	Mental Health	18	80 Sq. Ft.	3	18
**Quad Upper 1	Admissions	31	70 Sq. Ft.	4	31
**Quad Upper 2	Admissions	31	70 Sq. Ft.	4	31

Note: \*\*Cell #31 on these units are 80 sq.'

**Individual Special Housing Unit Total: 116**

## Anna M. Kross Center (AMKC) – MFC 2016

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

Name of Housing Area/Section	Number of Toilets	Number of Sinks	# of Showers Available per Section	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
DORM 1 Upper	6T-4U	7	7	4046 Sq. Ft.	53
DORM 1 Top	6T-4U	7	7	3973 Sq. Ft.	52
DORM 3 Main	6T-4U	7	7	3866 Sq. Ft.	51
DORM 3 Upper	6T-4U	7	7	3866 Sq. Ft.	51
DORM 3 Top	6T-4U	7	7	3817 Sq. Ft.	50
DORM 4 Main	6T-4U	7	7	4046 Sq. Ft.	53
DORM 4 Upper	6T-4U	7	7	4046 Sq. Ft.	53
DORM 4 Top	6T-4U	7	7	4046 Sq. Ft.	53
MOD 7	4T-3U	5	8	2885 Sq. Ft.	38
MOD 9A	8	8	8	3149 Sq. Ft.	41
MOD 9B	8	8	8	2958 Sq. Ft.	39
MOD 10	5T-3U	5	8	2450 Sq. Ft.	32
MOD 11A	7	7	8	2431 Sq. Ft.	32
MOD 11B	8	8	8	2760 Sq. Ft.	36
MOD 12A	8	8	8	1780 Sq. Ft.	23
MOD 12B	8	8	8	1857 Sq. Ft.	24
Quad Lower 17 (Front 6 Cells) (Back 6 Cells)	1 per cell	1 per cell	4	130 Sq. Ft. (2 per cell)	30
	1 per cell	1 per cell		195 Sq. Ft. (3 per cell)	
Quad Upper 17 (Front 6 Cells) (Back 6 Cells)	1 per cell	1 per cell	4	130 Sq. Ft. (2 per cell)	30
	1 per cell	1 per cell		195 Sq. Ft. (3 per cell)	
Quad Lower 18 (Front 6 Cells) (Back 6 Cells)	1 per cell	1 per cell	4	130 Sq. Ft. (2 per cell)	30
	1 per cell	1 per cell		195 Sq. Ft. (3 per cell)	

Note: T= Toilet      U=Urinal

Please be advised that Dorm 1 Main; Dorm 2 Main; Dorm 2 Upper; Dorm 2 Top; and MOD 8; are CLOSED pending construction/renovations/fire safety projects and therefore have no occupancy rating at this time. Upon completion of any Commission approved construction/renovations of the aforementioned housing areas, the NYC DOC must send a written notice to the Commission requesting occupancy of such housing areas. The written request for occupancy shall be submitted at least 60 days prior to the date of requested occupancy.

**Anna M. Kross Center (AMKC) – MFC 2016**

<b>Quad Upper 18 (Front 6 Cells) (Back 6 Cells)</b>	1 per cell	1 per cell	<b>4</b>	130 Sq. Ft. (2 per cell)	<b>30</b>
	1 per cell	1 per cell		195 Sq. Ft. (3 per cell)	
<b>Quad Lower 19 (Front 6 Cells) (Back 6 Cells)</b>	1 per cell	1 per cell	<b>4</b>	130 Sq. Ft. (2 per cell)	<b>30</b>
	1 per cell	1 per cell		195 Sq. Ft. (3 per cell)	
<b>Quad Upper 19 (Front 6 Cells) (Back 6 Cells)</b>	1 per cell	1 per cell	<b>4</b>	130 Sq. Ft. (2 per cell)	<b>30</b>
	1 per cell	1 per cell		195 Sq. Ft. (3 per cell)	
<b>Quad Lower 20 (Front 6 Cells) (Back 6 Cells)</b>	1 per cell	1 per cell	<b>4</b>	130 Sq. Ft. (2 per cell)	<b>30</b>
	1 per cell	1 per cell		195 Sq. Ft. (3 per cell)	
<b>Quad Upper 20 (Front 6 Cells) (Back 6 Cells)</b>	1 per cell	1 per cell	<b>4</b>	130 Sq. Ft. (2 per cell)	<b>30</b>
	1 per cell	1 per cell		195 Sq. Ft. (3 per cell)	
<b>WEST 17 Lower A</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4258 Sq. Ft.</b>	<b>56</b>
<b>WEST 17 Lower B</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4258 Sq. Ft.</b>	<b>56</b>
<b>WEST 17 Upper A</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4258 Sq. Ft.</b>	<b>56</b>
<b>WEST 17 Upper B</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4258 Sq. Ft.</b>	<b>56</b>
<b>WEST 18 Upper A</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4254 Sq. Ft.</b>	<b>56</b>
<b>WEST 18 Upper B</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4254 Sq. Ft.</b>	<b>56</b>
<b>WEST 18 Lower A</b>	<b>4T-6U</b>	<b>8</b>	<b>7</b>	<b>4236 Sq. Ft.</b>	<b>56</b>
<b>WEST 18 Lower B</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4251 Sq. Ft.</b>	<b>56</b>
<b>WEST 19 Lower A</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4243 Sq. Ft.</b>	<b>56</b>
<b>WEST 19 Lower B</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4243 Sq. Ft.</b>	<b>56</b>
<b>WEST 19 Upper A</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4200 Sq. Ft.</b>	<b>56</b>
<b>WEST 19 Upper B</b>	<b>5T-6U</b>	<b>8</b>	<b>7</b>	<b>4254 Sq. Ft.</b>	<b>56</b>

*Note:*      T= Toilet  
                  U= Urinal

**Multiple General Housing Unit Total: 1592**



## Anna M. Kross Center (AMKC) – MFC 2016

### III. A. NON-STANDARD HOUSING

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Total Size of Unit (Sq. Ft. of Floor Space)	Description of Use (Limit as to use, time frame, etc.)
Main Intake Holding Pen 1	1	1	207 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to thirteen (13) inmates in this cell.
Main Intake Holding Pen 2	1	1	202 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to thirteen (13) inmates in this cell.
Main Intake Holding Pen 3	1	1	205 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to thirteen (13) inmates in this cell.
Main Intake Holding Pen 4	1	1	550 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to Thirty-six (36) inmates in this cell.
Main Intake Holding pen 5	1	1	316 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to twenty-one (21) inmates in this cell.
Main Intake Holding pen 6	1	1	252 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to sixteen (16) inmates in this cell.

Anna M. Kross Center (AMKC) – MFC 2016

Main Intake Holding Pen 7	1	1	369 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to twenty-four (24) inmates in this cell.
Main Intake Holding pen 8	1	1	280 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eighteen (18) inmates in this cell.
Main Intake Holding pen 9	0	0	292 Sq. Ft.	The facility shall not hold anyone within this area. This area is equipped with three showers that the facility uses to afford new admission inmates with showers; and for decontamination purposes. This area has no benches.
<b>C-71- B- Intake</b>				
B-Intake Pen 1	1	1	159 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.
B-Intake Pen 2	1	1	171 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eleven (11) inmates in this cell.
B-Intake Pen 3	1	1	162 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.
B-Intake Pen 4	1	1	162 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.

## Anna M. Kross Center (AMKC) – MFC 2016

B-Intake Pen 5	1	1	144 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
B-Intake Pen 6	1	1	159 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.
B-Intake Pen 7	1	1	126 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.
Medical Area CL-07 (New Admission)	1	1	140 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
Medical Area CL-08 (New Admission)	1	1	140 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
Medical Area CL-09 (General Population)	1	1	99 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to Six (6) inmates in this cell.
Medical Area CL-12 (General Population)	1	1	50 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to three (3) inmates in this cell.
Medical Area CL-17 (General Population)	0	0	120 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.

## Anna M. Kross Center (AMKC) – MFC 2016

Sick Call Pen A	0	0	78 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to five (5) inmates in this cell.
Sick Call Pen B	0	0	99 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to six (6) inmates in this cell.
<b>Hearts Island Clinic</b>				
Mental Health Pen 1	0	0	50 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to three (3) inmates in this cell.
Mental Health Pen 2	0	0	50 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to three (3) inmates in this cell.
Mental Health Pen 3	0	0	46 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to three (3) inmates in this cell.
Mental Health Pen 4	0	0	64 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to four (4) inmates in this cell.
Mental Health Pen 5	0	0	64 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to four (4) inmates in this cell.
Sick Call Pen 6	0	0	72 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to four (4) inmates in this cell.
Sick Call Pen 7	0	0	80 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to five (5) inmates in this cell.

Anna M. Kross Center (AMKC) – MFC 2016

Mental Health Discharge Planning				
CL-72	0	0	136 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
CL-75	0	0	175 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eleven (11) inmates in this cell.
CL-76	0	0	119 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to seven (7) inmates in this cell.

*The above documented Holding Pens may be used only for temporary holding, and only for the periods of time listed in the right hand column above. Any other use is prohibited. The Holding Pens are considered Non-Standard Housing and will not be added to the Maximum Facility Capacity for this facility.*

## Anna M. Kross Center (AMKC) – MFC 2016

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	868
Subtotal Individual Housing Units Used for Special Housing:	116
Subtotal Multiple Housing Units Used for General Housing:	1592
Subtotal Multiple Housing Units Used for Special Housing:	000
<b>MAXIMUM FACILITY CAPACITY:</b>	<b>2576</b>

Other identified housing areas not on Max. Facility Capacity                      Yes ( X ) No ( )

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units;
2. The number of properly equipped multiple occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

X  Adjustments have not been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

     Adjustments have been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity. (Explain below.)

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

Submitted by:

*Joseph P. The CSES 04/07/16*

(Preparer's Signature, Title and Date)

Approved by:

*R. B. CSES III Apr 7, 2016*

(Signature, Title and Date)

Amendment to Facility MFC

Facility: NYC DOC's Vernon C. Bain Center (VCBC)

Date of Site Visit: March 30, 2016

Name of Person Who Conducted the Last Site Visit to Facility: Larry Roe

Date of Last MFC report

May 21, 2008

Beds at Standard: 870

Update on Capital Construction Project:

N/A

Summary of amendment(s) to current MFC

The facility's MFC has been increased to reflect the maximum number of inmates able to be housed within the VCBC facility based upon the square footage of the housing areas listed within such MFC, and in accordance with Title 9 NYCRR Part 7040, Maximum Facility Capacity.

Recommendation/Comments:

Approve:  Amended Capacity: 940

No Recommendation: \_\_\_\_\_  
(Check One)

Reviewed by Regional Supervisor: \_\_\_\_\_

Date: 4/8/16

Reviewed by Facility Planning: \_\_\_\_\_

Date: 4/8/16

Reviewed by Deputy Director: \_\_\_\_\_

Date: 4/10/16



**Commission of  
Correction**

**Maximum Facility Capacity  
for the**

**New York City Department of Correction  
Vernon C. Bain Center**

**East Elmhurst, New York**

**April 2016**

**Thomas A. Beilein**  
*Chairman*

**Phyllis Harrison-Ross, M.D.**  
*Commissioner*

**Thomas J. Loughren**  
*Commissioner*

## Vernon C. Bain Center (VCBC) – MFC 2016

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

### **INDIVIDUAL OCCUPANCY HOUSING UNITS:**

1. Each such unit shall only house 1 inmate and contain at least 60 square feet of floor space.
2. Each such unit shall contain:  
1 bed and mattress;  
1 functioning toilet; and  
1 functioning sink.
3. At least 1 functioning shower shall be available for each tier/section of such units.

### **EXCEPTIONS:**

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy or rated for single occupancy by the Commission of Correction prior to the effective date Part 7040, September 13, 1989.
2. Each such unit used to house inmates apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.
3. Required equipment (bed, mattress, toilet, sink) may be modified or excluded for units used for short term medical/mental health observation of inmates when the presence of such equipment may pose a threat to such inmates or to the safety or security of the facility.

### **MULTIPLE OCCUPANCY HOUSING UNITS:**

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





## Vernon C. Bain Center (VCBC) – MFC 2016

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

Name of Housing Area/Section	Number of Toilets	Number of Sinks	# of Showers Available per Section	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
1AA (Deck 1; A Side; A Housing)	5T-3U	5	7	4604 Sq. Ft.	60
1AB (Deck 1; A Side; B Housing)	5T-3U	5	7	4604 Sq. Ft.	60
1BA (Deck 1; B Side; A Housing)	5T-3U	5	7	4604 Sq. Ft.	60
1BB (Deck 1; B Side; B Housing)	5T-3U	5	7	4604 Sq. Ft.	60
2AA (Deck 2; A Side; A Housing)	5T-3U	5	7	4604 Sq. Ft.	60
2AB (Deck 2; A Side; B Housing)	5T-3U	5	7	4604 Sq. Ft.	60
2BA (Deck 2; B Side; A Housing)	5T-3U	5	7	4604 Sq. Ft.	60
2BB (Deck 2; B Side; B Housing)	5T-3U	5	7	4604 Sq. Ft.	60
2CA (Deck 2; C Side; A Housing)	5T-3U	5	7	4604 Sq. Ft.	60
2CB (Deck 2; C Side; B Housing)	5T-3U	5	7	4604 Sq. Ft.	60
3AA (Deck 3; A Side; A Housing)	5T-3U	5	7	4604 Sq. Ft.	60
3AB (Deck 3; A Side; B Housing)	5T-3U	5	7	4604 Sq. Ft.	60
3BA (Deck 3; B Side; A Housing)	5T-3U	5	7	4604 Sq. Ft.	60
3BB (Deck 3; B Side; B Housing)	5T-3U	5	7	4604 Sq. Ft.	60

Please be advised that the total combined sleeping area and dayroom space square footage within your multiple occupancy housing units equates to a higher capacity; however, pursuant to Section 7040.5 (b), each multiple occupancy housing unit shall house no more than 60 inmates. Therefore, the maximum inmate capacity for each above listed multiple occupancy housing unit shall not exceed 60.

Note: T= Toilet  
U= Urinal

**Multiple General Housing Unit Total: 840**



## Vernon C. Bain Center (VCBC) – MFC 2016

### III. A. NON-STANDARD HOUSING

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Total Size of Unit (Sq. Ft. of Floor Space)	Description of Use (Limit as to use, time frame, etc.)
Main Intake Holding Pen 1	1	1	81 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to five (5) inmates in this cell.
Main Intake Holding Pen 2	1	1	81 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to five (5) inmates in this cell.
Main Intake Holding Pen 3	1	1	123 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to eight (8) inmates in this cell.
Main Intake Holding Pen 4	1	1	112 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to seven (7) inmates in this cell.
Main Intake Holding pen 5	1	1	138 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.
Main Intake Holding pen 6	1	1	138 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to nine (9) inmates in this cell.

Vernon C. Bain Center (VCBC) – MFC 2016

Main Intake Holding Pen 7	1	1	40 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to two (2) hours. The facility may hold up to twenty-four (24) inmates in this cell.
Main Intake Holding pen 8	1	1	40 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to two (2) hours. The facility may hold up to eighteen (18) inmates in this cell.
Main Intake Holding pen 9	1	1	216 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to two (2) hours. The facility may hold up to fourteen (14) inmates in this cell.
Main Intake Holding pen 10	0	0	255 Sq. Ft.	The facility uses this area for the searching of inmates. The facility maintains searching equipment within this area. This area is not authorized to hold inmates other than the time needed to search an inmate.
Main Intake Holding pen 11	1	1	162 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.
Main Intake Holding pen 12	1	1	155 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to ten (10) inmates in this cell.
Main Intake Holding pen 13	1	1	253 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to sixteen (16) inmates in this cell.
Main Intake Holding pen 14	1	1	255 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. The facility may hold up to seventeen (17) inmates in this cell.

## Vernon C. Bain Center (VCBC) – MFC 2016

The above documented Holding Pens may be used only for temporary holding, and only for the periods of time listed in the right hand column above. Any other use is prohibited. The Holding Pens are considered Non-Standard Housing and will not be added to the Maximum Facility Capacity for this facility.

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	50
Subtotal Individual Housing Units Used for Special Housing:	50
Subtotal Multiple Housing Units Used for General Housing:	840
Subtotal Multiple Housing Units Used for Special Housing:	0
<b>MAXIMUM FACILITY CAPACITY:</b>	<b>940</b>

Other identified housing areas not on Max. Facility Capacity                      Yes ( X ) No ( )

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units;
2. The number of properly equipped multiple occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

X  Adjustments have not been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

     Adjustments have been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity. (Explain below.)

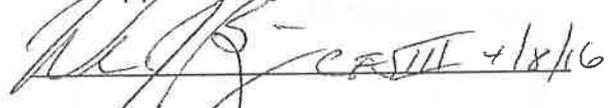
To the best of my knowledge all information contained in this formulation is correct.

Submitted by:



(Preparer's Signature, Title and Date)

Approved by:



(Signature, Title and Date)

Amendment to Facility MFC

Facility: Suffolk County Yaphank Correctional Facility

Date of Site Visit: March 24 & 31, 2016

Name of Person Who Conducted the Last Site Visit to Facility: Michael Walters, Cynthia Diaz, Keith Zobel and William Benjamin

Date of Last MFC report  
June 17, 2014

Beds at Standard: 804

Update on Capital Construction Project:  
Bid Package E currently in phase 2, rehab dorms North 1 and South 1.

Summary of amendment(s) to current MFC  
The facility's MFC has been increased for F1 North and F1 South Dorm housing areas being placed back on line after have been recently renovated and a reduction to other housing areas because square footage did not justifying previous occupancy rating.

Recommendation/Comments:

Approve:  Amended Capacity: 816

No Recommendation: \_\_\_\_\_  
(Check One)

Reviewed by Regional Supervisor: [Signature]

Date: 4/6/16

Reviewed by Facility Planning: [Signature]

Date: 4/6/16

Reviewed by Deputy Director: [Signature]

Date: 4/7/16



**Commission of  
Correction**

**Maximum Facility Capacity  
for the  
Suffolk County Yaphank Correctional Facility  
Yaphank, New York**

**April 2016**

**Thomas Beilein**  
*Chairman*

**Phyllis Harrison-Ross**  
*Commissioner*

**Thomas Loughren**  
*Commissioner*

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

**INDIVIDUAL OCCUPANCY HOUSING UNITS:**

1. Each such unit shall only house 1 inmate and contain at least 60 square feet of floor space.
2. Each such unit shall contain:  
1 bed and mattress;  
1 functioning toilet; and  
1 functioning sink.
3. At least 1 functioning shower shall be available for each tier/section of such units.

**EXCEPTIONS:**

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy or rated for single occupancy by the Commission of Correction prior to the effective date Part 7040, September 13, 1989.
2. Each such unit used to house inmates apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.
3. Required equipment (bed, mattress, toilet, sink) may be modified or excluded for units used for short term medical/mental health observation of inmates when the presence of such equipment may pose a threat to such inmates or to the safety or security of the facility.

**MULTIPLE OCCUPANCY HOUSING UNITS:**

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

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

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Maximum Inmate Capacity
<b>HOUSING UNIT A</b>	<b>60</b>	<b>7621sq/ft Day Space</b>	<b>8</b>	<b>60</b>
<b>Sub day room A1</b>	<b>16</b>	<b>1238 sq/ft Day space</b>		<b>16</b>
Cell 16	1	66sq/ft		1
Cell 15	1	66sq/ft		1
Cell 14	1	66sq/ft		1
Cell 16	1	66sq/ft		1
Cell 12	1	66sq/ft		1
Cell 11	1	66sq/ft		1
Cell 10	1	66sq/ft		1
Cell 9	1	66sq/ft		1
Cell 8	1	66sq/ft		1
Cell 7	1	66sq/ft		1
Cell 6	1	66sq/ft		1
Cell 5	1	66sq/ft		1
Cell 4	1	66sq/ft		1
Cell 3	1	66sq/ft		1
Cell 2	1	66sq/ft		1
Cell 1	1	66sq/ft		1
<b>Sub day room A2</b>	<b>14</b>	<b>1156 sq/ft Day space</b>		<b>14</b>
Cell 30	1	66sq/ft		1
Cell 29	1	66sq/ft		1
Cell 28	1	66sq/ft		1
Cell 27	1	66sq/ft		1
Cell 26	1	88sq/ft		1
Cell 25	1	88sq/ft		1
Cell 24	1	88sq/ft		1
Cell 23	1	88sq/ft		1
Cell 22	1	66sq/ft		1
Cell 21	1	66sq/ft		1
Cell 20	1	66sq/ft		1
Cell 19	1	66sq/ft		1
Cell 18	1	66sq/ft		1
Cell 17	1	66sq/ft		1
Mezzanine A1	16	Same as above no sub day room (mirror Image)		16
Mezzanine A2	14	Same as above no sub day room (mirror Image)		14

**INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING**

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Maximum Inmate Capacity
<b>HOUSING UNIT B</b>	<b>60</b>	<b>7621 sq/ft Day Space</b>	<b>8</b>	<b>60</b>
<b>Sub dayroom B1</b>	<b>16</b>	<b>1238 sq/ft Day space</b>		<b>16</b>
Cell 16	1	66sq/ft		1
Cell 15	1	66sq/ft		1
Cell 14	1	66sq/ft		1
Cell 13	1	66sq/ft		1
Cell 12	1	66sq/ft		1
Cell 11	1	66sq/ft		1
Cell 10	1	66sq/ft		1
Cell 9	1	66sq/ft		1
Cell 8	1	66sq/ft		1
Cell 7	1	66sq/ft		1
Cell 6	1	66sq/ft		1
Cell 5	1	66sq/ft		1
Cell 4	1	66sq/ft		1
Cell 3	1	66sq/ft		1
Cell 2	1	66sq/ft		1
Cell 1	1	66sq/ft		1
<b>Sub dayroom B2</b>	<b>14</b>	<b>1156</b>		<b>14</b>
Cell 30	1	66sq/ft		1
Cell 29	1	66sq/ft		1
Cell 28	1	66sq/ft		1
Cell 27	1	66sq/ft		1
Cell 26	1	88sq/ft		1
Cell 25	1	88sq/ft		1
Cell 24	1	88sq/ft		1
Cell 23	1	88sq/ft		1
Cell 22	1	66sq/ft		1
Cell 21	1	66sq/ft		1
Cell 20	1	66sq/ft		1
Cell 19	1	66sq/ft		1
Cell 18	1	66sq/ft		1
Cell 17	1	66sq/ft		1
<b>Mezzanine B1</b>	<b>16</b>	<b>Same as above no sub day room (mirror Image)</b>		<b>16</b>
<b>Mezzanine B2</b>	<b>14</b>	<b>Same as above no sub day room (mirror Image)</b>		<b>14</b>

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

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Maximum Inmate Capacity
<b>HOUSING UNIT C</b>	<b>60</b>	<b>7621sq/ft Day Space</b>	<b>8</b>	<b>60</b>
<b>Sub dayroom C1</b>	<b>16</b>	<b>1238 sq/ft Day space</b>		<b>16</b>
Cell 16	1	66sq/ft		1
Cell 15	1	66sq/ft		1
Cell 14	1	66sq/ft		1
Cell 13	1	66sq/ft		1
Cell 12	1	66sq/ft		1
Cell 11	1	66sq/ft		1
Cell 10	1	66sq/ft		1
Cell 9	1	66sq/ft		1
Cell 8	1	66sq/ft		1
Cell 7	1	66sq/ft		1
Cell 6	1	66sq/ft		1
Cell 5	1	66sq/ft		1
Cell 4	1	66sq/ft		1
Cell 3	1	66sq/ft		1
Cell 2	1	66sq/ft		1
Cell 1	1	66sq/ft		1
<b>Sub dayroom C2</b>	<b>14</b>	<b>1156 sq/ft Day space</b>		<b>14</b>
Cell 30	1	66sq/ft		1
Cell 29	1	66sq/ft		1
Cell 28	1	66sq/ft		1
Cell 27	1	66sq/ft		1
Cell 26	1	88sq/ft		1
Cell 25	1	88sq/ft		1
Cell 24	1	88sq/ft		1
Cell 23	1	88sq/ft		1
Cell 22	1	66sq/ft		1
Cell 21	1	66sq/ft		1
Cell 20	1	66sq/ft		1
Cell 19	1	66sq/ft		1
Cell 18	1	66sq/ft		1
Cell 17	1	66sq/ft		1
Cell				
Mezzanine C1	16	Same as above no sub day room (mirror Image)		16
Mezzanine C2	14	Same as above no sub day room (mirror Image)		14

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

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Maximum Inmate Capacity
<b>HOUSING UNIT D</b>	<b>60</b>	<b>7621sq/ft Day Space</b>	<b>8</b>	<b>60</b>
<b>Sub dayroom D1</b>	<b>16</b>	<b>1238 sq/ft Day space</b>		<b>16</b>
Cell 16	1	66sq/ft		1
Cell 15	1	66sq/ft		1
Cell 14	1	66sq/ft		1
Cell 13	1	66sq/ft		1
Cell 12	1	66sq/ft		1
Cell 11	1	66sq/ft		1
Cell 10	1	66sq/ft		1
Cell 9	1	66sq/ft		1
Cell 8	1	66sq/ft		1
Cell 7	1	66sq/ft		1
Cell 6	1	66sq/ft		1
Cell 5	1	66sq/ft		1
Cell 4	1	66sq/ft		1
Cell 3	1	66sq/ft		1
Cell 2	1	66sq/ft		1
Cell 1	1	66sq/ft		1
<b>Sub dayroom C2</b>	<b>14</b>	<b>1156 sq/ft Day space</b>		<b>14</b>
Cell 30	1	66sq/ft		1
Cell 29	1	66sq/ft		1
Cell 28	1	66sq/ft		1
Cell 27	1	66sq/ft		1
Cell 26	1	88sq/ft		1
Cell 25	1	88sq/ft		1
Cell 24	1	88sq/ft		1
Cell 23	1	88sq/ft		1
Cell 22	1	66sq/ft		1
Cell 21	1	66sq/ft		1
Cell 20	1	66sq/ft		1
Cell 19	1	66sq/ft		1
Cell 18	1	66sq/ft		1
Cell 17	1	66sq/ft		1
Mezzanine D1	16	Same as above no sub day room (mirror Image)		16
Mezzanine D2	14	Same as above no sub day room (mirror Image)		14

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

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Maximum Inmate Capacity
<b>HOUSING UNIT E</b>	<b>60</b>	<b>7621sq/ft Day Space</b>	<b>8</b>	<b>60</b>
<b>Sub dayroom E1</b>	<b>16</b>	<b>1238 sq/ft Day space</b>		<b>16</b>
Cell 16	1	66sq/ft		1
Cell 15	1	66sq/ft		1
Cell 14	1	66sq/ft		1
Cell 13	1	66sq/ft		1
Cell 12	1	66sq/ft		1
Cell 11	1	66sq/ft		1
Cell 10	1	66sq/ft		1
Cell 9	1	66sq/ft		1
Cell 8	1	66sq/ft		1
Cell 7	1	66sq/ft		1
Cell 6	1	66sq/ft		1
Cell 5	1	66sq/ft		1
Cell 4	1	66sq/ft		1
Cell 3	1	66sq/ft		1
Cell 2	1	66sq/ft		1
Cell 1	1	66sq/ft		1
<b>Sub dayroom E2</b>	<b>14</b>	<b>1156 sq/ft Day space</b>		<b>14</b>
Cell 30	1	66sq/ft		1
Cell 29	1	66sq/ft		1
Cell 28	1	66sq/ft		1
Cell 27	1	66sq/ft		1
Cell 26	1	88sq/ft		1
Cell 25	1	88sq/ft		1
Cell 24	1	88sq/ft		1
Cell 23	1	88sq/ft		1
Cell 22	1	66sq/ft		1
Cell 21	1	66sq/ft		1
Cell 20	1	66sq/ft		1
Cell 19	1	66sq/ft		1
Cell 18	1	66sq/ft		1
Cell 17	1	66sq/ft		1
Mezzanine E1	16	Same as above no sub day room (mirror Image)		16
Mezzanine E2	14	Same as above no sub day room (mirror Image)		14

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

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Maximum Inmate Capacity
<b>HOUSING UNIT F</b>	<b>60</b>	<b>7621sq/ft Day Space</b>	<b>8</b>	<b>60</b>
<b>Sub dayroom F1</b>	<b>16</b>	<b>1238 sq/ft Day space</b>		<b>16</b>
Cell 16	1	66sq/ft		1
Cell 15	1	66sq/ft		1
Cell 14	1	66sq/ft		1
Cell 13	1	66sq/ft		1
Cell 12	1	66sq/ft		1
Cell 11	1	66sq/ft		1
Cell 10	1	66sq/ft		1
Cell 9	1	66sq/ft		1
Cell 8	1	66sq/ft		1
Cell 7	1	66sq/ft		1
Cell 6	1	66sq/ft		1
Cell 5	1	66sq/ft		1
Cell 4	1	66sq/ft		1
Cell 3	1	66sq/ft		1
Cell 2	1	66sq/ft		1
Cell 1	1	66sq/ft		1
<b>Sub dayroom F2</b>	<b>14</b>	<b>1156 sq/ft Day space</b>		<b>14</b>
Cell 30	1	66sq/ft		1
Cell 29	1	66sq/ft		1
Cell 28	1	66sq/ft		1
Cell 27	1	66sq/ft		1
Cell 26	1	88sq/ft		1
Cell 25	1	88sq/ft		1
Cell 24	1	88sq/ft		1
Cell 23	1	88sq/ft		1
Cell 22	1	66sq/ft		1
Cell 21	1	66sq/ft		1
Cell 20	1	66sq/ft		1
Cell 19	1	66sq/ft		1
Cell 18	1	66sq/ft		1
Cell 17	1	66sq/ft		1
Mezzanine F1	16	Same as above no sub day room (mirror Image)		16
Mezzanine F2	14	Same as above no sub day room (mirror Image)		14

**Individual Occupancy Housing Unit Total: 360**

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

Name of Housing Area/Section	Special Housing Type	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Showers Available per Section	Maxin. Inmate Capacity
<b>HEALTH SERVICES HOUSING</b>					
<b>Sub dayroom A 1899 sq/ft</b>		<b>10</b>			
Observation 1	Medical		95sq Ft.	1	1
Observation 2	Medical		95sq Ft.	1	1
Observation 3	Medical		95sq Ft.	1	1
Observation 4	Medical	Negative pressure	130 sq ft	1	1
Observation 5	Medical		130 sq ft.	1	1
Observation 6	Medical		95sq Ft.	1	1
Observation 7	Medical		95sq Ft.	1	1
Observation 8	Medical		95sq Ft.	1	1
Observation 9	Medical		95sq Ft.	1	1
Observation 10	Medical		95sq Ft.	1	1
Sub total					10
<b>Sub dayroom B 823 sq/ft</b>		<b>6</b>		1	
Observation 11	Medical		95sq Ft.	1	1
Observation 12	Medical		95sq Ft.	1	1
Observation 13	Medical		95sq Ft.	1	1
Observation 14	Medical		95sq Ft.	1	1
Observation 15	Medical		95sq Ft.	1	1
Observation 16	Medical		130 sq ft	1	1
Sub total					6
<b>Sub dayroom C 784 sq/ft</b>		<b>4</b>		1	
Observation 17	Medical		130-sq ft	1	1
Observation 18	Medical		95sq Ft.	1	1
Observation 19	Medical		95sq Ft.	1	1
Observation 20	Medical		95sq Ft.	1	1
Sub total					4

**Individual Special Housing Unit Total: 20**

NOTE: This area has retractable doors to allow for separation of Males and Females. The doors may be utilized to the best possible configuration to fit the department's needs. Until such time as an approved medical plan is submitted to the Commission this area **MAY NOT be used for medical housing**

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

Name of Housing Area/Section	Number of Toilets	Number of Sinks	# of Showers Available per Section	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
North 1 Dorm	6	5	5	3000 Sq. Ft.	0*
South 1 Dorm	6	5	5	3000 Sq. Ft.	0*
North 2 Dorm	8	8	5	4000 Sq. Ft.	53
South 2 Dorm	8	8	5	4000 Sq. Ft.	53
North 3 Dorm	8	8	5	4000 Sq. Ft.	53
South 3 Dorm	8	8	5	4000 Sq. Ft.	53
South 4 Dorm	6	9	6	8560 Sq. Ft.	60
F1 Dorm	4	5	3	1800 Sq. Ft.	24
F2 Dorm	4	5	3	1800 Sq. Ft.	24
Stressed Membrane West Dorm	5	6**	4	4210 Sq. Ft.	56
Stressed Membrane East Dorm	5	6**	4	4210 Sq. Ft.	56

**Multiple General Housing Unit Total: 432**

NOTE: \* These housing units are currently closed for renovation  
 \*\* This indicates a gang sink with multiple faucets

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

Name of Housing Area/Section	Special Housing Type	Number of Toilets	Number of Sinks	Number of Showers Available per Section	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
Nursery Dorm	Nursery	1	1	1	813 Sq. Ft.	4

**Multiple Special Housing Unit Total: 4**

III. A. NON-STANDARD HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Holding Area/Section	Number of Toilets	Number of Sinks	Total Size of Unit (Sq. Ft. of Floor Space)	Description of use (Limit as to use, time frame, etc.)
Admission and Discharge Holding Cell BK123-C3	1	1	53 sq/ft	<b>Single Cell</b> – The facility shall limit individual occupancy holding to 12 hours.
Admission and Discharge Holding Cell BK 122-C3	1	1	53 sq/ft	<b>Single Cell</b> – The facility shall limit individual occupancy holding to 12 hours.
Admission and Discharge Holding Cell BK 120 C-3	1	1	53 sq/ft	<b>Single Cell</b> – The facility shall limit individual occupancy holding to 12 hours.
Admission and Discharge Holding Cell BK 124	1	1	396 sq/ft	<b>Larger holding cell</b> - Multiple occupancy holding shall be limited to four (4) hours. <b>Total 24 inmates</b>
Admission and Discharge Holding Cell BK 128	1 Floor drain	0	48 sq/ft	<b>Dry Cell with center drain – Single Occupancy Cell</b> – The facility shall limit individual occupancy holding to 12 hours. <b>NOTE: May only be used if authorized by the Tour Commander</b>
Admission and Discharge Holding Cell BK 129	1	1	48 sq/ft	<b>Single Cell</b> – The facility shall limit individual occupancy holding to 12 hours.
Admission and Discharge Holding Cell BK 111	1		193 sq/ft	<b>Multiple Occupancy</b> -Multiple occupancy holding shall be limited to four (4) hours. <b>Total 12 inmates</b>
Admission and Discharge Holding Cell BK 113	1		217 sq/ft	<b>Multiple Occupancy</b> - Multiple occupancy holding shall be limited to four (4) hours. <b>Total 14 inmates</b>
Admission and Discharge Holding Cell BK 114	1		115 sq/ft	<b>Multiple Occupancy</b> - Multiple occupancy holding shall be limited to four (4) hours. <b>Total 7 inmates</b>

Admission and Discharge Holding Cell BK 130	1		288 sq/ft	<b>Multiple Occupancy-</b> Multiple occupancy holding shall be limited to four (4) hours. <b>Total 19 inmates</b>
<b>This housing may be used only for the type of housing, or for the durations shown, as listed in the right hand column. Any other use is prohibited. This housing is non-standard and will not be added to the MFC.</b>				
<b>Name of Holding Area/Section</b>	<b>Number of Toilets</b>	<b>Number of Sinks</b>	<b>Total Size of Unit (Sq. Ft. of Floor Space)</b>	<b>Description of use (Limit as to use, time frame, etc.)</b>
Admission and Discharge Holding Cell BK 131	1		300 sq/ft	<b>Multiple Occupancy-</b> Multiple occupancy holding shall be limited to four (4) hours. <b>Total 20 inmates</b>
Admission and Discharge Holding Cell BK 136	1		88 sq/ft	<b>Multiple Occupancy-</b> Multiple occupancy holding shall be limited to four (4) hours. <b>Total 5 inmates</b>
Admission and Discharge Holding Cell BK 137	1		89 sq/ft	<b>Multiple Occupancy-</b> Multiple occupancy holding shall be limited to four (4) hours. <b>Total 5 inmates</b>
Admission and Discharge Holding Cell BK 140	1		117 sq/ft	<b>Multiple Occupancy-</b> Multiple occupancy holding shall be limited to four (4) hours. <b>Total 7 inmates</b>
<b>Open waiting room</b>			921 sq/ft	<b>Total of 61 inmates</b>
<b>This housing may be used only for the type of housing, or for the durations shown, as listed in the right hand column. Any other use is prohibited. This housing is non-standard and will not be added to the MFC.</b>				

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	360
Subtotal Individual Housing Units Used for Special Housing:	20
Subtotal Multiple Housing Units Used for General Housing:	432
Subtotal Multiple Housing Units Used for Special Housing:	4
<b>MAXIMUM FACILITY CAPACITY:</b>	816

Other identified housing areas not on Max. Facility Capacity **Yes ( x ) No ( )**

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units;
2. The number of properly equipped multiple occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units; and
3. The facility ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

X  Adjustments have not been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

     Adjustments have been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity. (Explain below.)

**COMMENTS:** MFC reformulated to standard, F1 and F2 Dorms put back in service after rehab.

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

Submitted by:

Michael Walters CFS I  
(Preparer's Signature and Title)

April 6, 2016  
(Date)

Approved by:

[Signature] CFS III  
(Signature and Title)

April 5, 2016  
(Date)



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

CMC-06-11-00001-P Amendment of section 7003.10 of Title 9 NYCRR.

Analysis of the need for the rule: The rule is needed to extend the intervals within which locks and securing devices must be inspected.

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

CMC-06-11-00002-P Amendment of section 7063.6 of Title 9 NYCRR.

Analysis of the need for the rule: The rule is needed to extend the intervals within which certain chemical agents must be inspected.

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