



**Commission of
Correction**

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS J. LOUGHREN
Commissioner

MEMORANDUM

TO: COMMISSION MEMBERS
FROM: Brian Callahan, General Counsel *Buc*
RE: AGENDA FOR COMMISSION MEETING
DATE: June 16, 2015 at 11:00AM

I. MINUTES

SCOC

May 19, 2015

CPCRC

June 11, 2015

MRB

Administrative Closures

June 4, 2015

II. VARIANCES

A. Genesee County Sheriff's Office

04-V-02

(Section 7040.3 Facility Population Limitation)

B. NYC Department of Correction

10-V-02

(Section 7016.2(b) Commissary and Inmate Accounts)

C. Rockland County Jail

95-V-17

(Section 7040.3 Facility Population Limitation)

D. Suffolk County Sheriff's Office - Riverhead

95-V-08

(Section 7040.3 Facility Population Limitation)

- E. **Suffolk County Sheriff's Office - Riverhead**
00-V-07
(Section 7040.3 Facility Population Limitation)
- F. **Suffolk County Sheriff's Office - Riverhead**
98-V-16
(Section 7040.3 Facility Population Limitation)
- G. **Suffolk County Sheriff's Office - Yaphank**
13-V-02
(Section 7040.3 Facility Population Limitation)

III. **CONSTRUCTION**

- H. **Greene County Jail**
Request for Approval of Site Selection for New County Jail
- I. **NYS DOCCS—Mid-State Correctional Facility**
Window Replacement Project, Buildings 3 and 22
- J. **Nassau County Police Department**
New 8th Precinct Building Project
- K. **Schoharie County Jail**
Request for Approval of Site Selection for New County Jail



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, 12th Floor
Albany, New York 12210-8001

Adam Clayton Powell State Office Building
163 W 125th Street, 5th Floor, Room 506
New York, New York 10017

DATE OF MEETING: May 19, 2015

Chairman Beilein called the meeting to order at 11 am.

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, Deputy Director of Operations
Brian Callahan, General Counsel
Debbie Slack-Bean, Senior Counsel
Bill Benjamin, South Central, Supervisor
Terry Moran, Capital West, Supervisor
Christopher Ost, Forensic Unit, Supervisor
Steve Savoy, Hudson Lakes, Supervisor

DATE: May 19, 2015 at 11:00AM

I. MINUTES

SCOC April 21, 2015	Approved Unanimous Ross/Loughren
CPCRC May 14, 2015	Approved Unanimous Loughren/Ross
MRB Administrative Closures	Approved Unanimous Ross/Loughren

II. VARIANCES

- | | |
|--|--|
| A. Erie County Penitentiary
13-V-04
(Section 7040.3 Facility Population
Limitation) | Approved Unanimous
Three (3) Months
Loughren/Ross |
| B. Herkimer County Jail
06-V-05
(Section 7028) | Approved Unanimous
Six (6) Months
Ross/Loughren |
| C. Suffolk County Sheriff's Office
Riverhead
00-V-07
(Section 7040.3 Facility Population
Limitation) | Approved Unanimous
One (1) Month
Loughren/Ross |
| D. Suffolk County Sheriff's Office
Riverhead
98-V-16
(Section 7040.3 Facility Population Limitation) | Approved Unanimous
One (1) Month
Loughren/Ross |
| E. Suffolk County Sheriff's Office
Riverhead
95-V-08
(Section 7040.3 Facility Population Limitation) | Approved Unanimous
One (1) Month
Loughren/Ross |
| F. Suffolk County Sheriff's Office
Yaphank
13-V-02
(Section 7040.3 Facility Population
Limitation) | Approved Unanimous
One (1) Month
Loughren/Ross |
| G. Tompkins County Jail
09-V-04
(Section 7040.3 Facility Population
Limitation) | Approved Unanimous
Six (6) Months
Ross/Loughren |

III. MFC

- | | |
|---|---|
| H. Saratoga County Jail
Increase of MFC-New Dormitory | Approved Unanimous
Loughren/Ross |
|---|---|

IV. CONSTRUCTION

- | | |
|--|---|
| I. Franklin County Jail
Outdoor Exercise Staff Shelter Project | Approved Unanimous
Ross/Loughren |
| J. Montgomery County Jail
Shower Renovation Project | Approved Unanimous
Loughren/Ross |

- | | | | |
|-----------|--|-----------------|--|
| K. | Nassau County Police Department
New Fourth Precinct Building Project | Approved | Unanimous
Loughren/Ross |
| L. | Orange County Jail
Control Room Renovation Project | Approved | Unanimous
Ross/Loughren |
| M. | Seneca Falls Police Department
Municipal Building Project | Approved | Unanimous
Ross/Loughren |
| N. | Westchester County Jail
Perimeter Road and Fencing Renovation
Project | Approved | Unanimous
Loughren/Ross |

Commissioner Harrison-Ross, M.D. made a motion to go into executive session at 11:20am to discuss Construction and MRB items, which was seconded by Commissioner Loughren.

Commissioner Harrison-Ross, M.D. made a motion to exit Executive Session and return to general session at 12:00pm, which was seconded by Commissioner Loughren.

The meeting resumed at 12:01pm. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding MRB and Construction items, seconded by Commissioner Harrison-Ross, M.D. and approved.

Commissioner Harrison-Ross, M.D. made a motion to adjourn at 12:01pm which was seconded by Commissioner Loughren.

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

MINUTES

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Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners

Name of Facility: Genesee CJ

Variance # 04-V-02

New: Renewal:

Relief from Standard: 7040

Application by: Sheriff Gary T. Maha

Date Request Rec: 6/5/15

Last Approved: 6/18/14

Length of Approval: 12 Months

Expiration: July 1, 2015

Write-up Prepared by: Elisha Hamilton

Recommendation by Field Staff: Approve for 1 year

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Maha is requesting a variance to house two (2) inmates in each of the following dorms: 1st Floor North West, 1st Floor South West, 2nd Floor North West, 2nd Floor South West and 2nd Floor North for a total of ten (10) additional inmates. This variance is being requested due to the influx of intermittent inmates on weekends.

RECOMMENDED CONDITIONS IF APPROVED

<u>LOCATION</u>	<u>MFC</u>	<u>INCREASE</u>
1 st Floor North West Dorm	7	2
1 st Floor South West Dorm	7	2
2 nd Floor North West Dorm	7	2
2 nd Floor South West Dorm	7	2
2 nd Floor North Dorm	6	2
TOTAL:		10

1. Those inmates who are housed in the above-noted areas *must* be provided with a bunk to be used as a bed.
2. That "active supervision" must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2(c) when inmates are housed in any of the above-noted areas.
3. That inmates housed in these areas receive the same services and programs as the general population.
4. The county shall not exceed the rated MFC for the purpose of boarding inmates. The Commission does not approve variances for the purpose of generation revenue.

VARIANCE HISTORY

Approved 6/14 for one year
Approved 6/13 for one year
Approved 6/12 for one year
Approved 6/11 for one year
Approved 6/10 for one year

CONSTRUCTION/RENOVATION PLANS

None

OTHER VARIANCES IN EFFECT

None

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

July 25, 2014

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

July 25, 2014

ANY OPEN MINIMUM STANDARD VIOLATIONS:

No open issues

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

The facility houses a significant number of inmates serving intermittent sentences. This variance allows the facility to properly classify and house them.

REVIEWED BY REGIONAL SUPERVISOR:

TM

DATE:

6/8/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



Office of the Sheriff

Genesee County, New York

NEW YORK STATE
ACCREDITED AGENCY

Gary T. Maha, Sheriff
William A. Sheron, Jr., Undersheriff

June 5, 2015

ORIGINALS BEING SENT VIA U.S. MAIL

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

Re: Variance #04-V-02

Dear Chairman Beilein:

The above-listed variance has been approved for the Genesee County Jail to address an overcrowding that sometimes occurs on weekends due to an influx of intermittent inmates.

Our current variance will expire July 1, 2015, and we are requesting an extension.

Enclosed is a Variance Application Form requesting an extension of our variance be granted for one year beyond the expiration date. Included in the Variance Application Form is our plan for achieving full compliance with this issue.

If you have any questions in reference to this matter, please feel free to contact Jail Superintendent Bill Zipfel or me.

Sincerely,

Gary T. Maha
Sheriff

GTM/cdp

Enc.

cc: Bill Zipfel, Jail SuperIntendent

Sheriff's Office
165 Park Road
Batavia, New York 14020
(585) 345-3000

Genesee County Jail
P.O. Box 151
Batavia, New York 14021-0151
(585) 343-0838



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: Genesee County Jail

Person requesting: Sheriff Gary T. Maha

(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)

We have been in contact with adjoining correctional facilities in regard to available bed space on weekends. They have indicated that they either have no space or very limited bed space on weekends due to their own intermittent incarcerations. A variance to increase the MFC on weekends is the only viable alternative.

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 is needed to address occasional overcrowding problem due to the influx of intermittent inmates on weekends at the Genesee County Jail. This intermittent population often places us in violation of Part 7040 Section 3, Maximum Facility Capacity - of the Minimum Standards for Local Correctional Facilities. Portable cots will be moved into the

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).

1. We have and continue to work with Parole, with increased frequency of Parole Hearing, to successfully move Parole violations through the hearing process in a more timely manner. Parole inmates continue to represent between 10 and 15 percent of our population.

2. We have been working with the local magistrates in our county to successfully have more inmates sentenced to intermittent sentences and to have those sentences served during intermittent periods on weekdays rather than weekends.

G. Has this variance been previously approved?

Yes If yes, include the variance number 04-V-02 No



Signature (Sheriff) (Chief Administrative Officer)

Date 6-5-15

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

Name of Facility: New York City DOC's	Variance #	10-V-02
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New: Renewal:

Relief from Standard: 7016.2 (b)

Application by: NYC Commissioner Joseph Ponte

Date Request Rec: 05/20/15

Last Approved: June 2014 Length of Approval: 1 year Expiration: July 1, 2015

Write-up Prepared by: Larry Roe

Recommendation by Field Staff: For Commission discussion and consideration

12 months, etc

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

NYC DOC's is requesting relief from the recently revised regulation 7016.2 (b) which states "For the purpose of receiving prisoner funds, the sheriff or chief administrative officer may utilize, or cause to be utilized, electronic kiosks, automated teller machines, or other similar devices or systems capable of allowing members of the public to deposit funds into an inmate's institutional fund account. Members of the public depositing prisoner funds in such a manner may be charged a service fee not to exceed five (\$5.00) dollars per transaction."

The Department is requesting to be exempt from the \$5.00 fee cap or be allowed to significantly increase the maximum fee to be charged. See attached request and statistics from the Department regarding this issue.

RECOMMENDED CONDITIONS IF APPROVED

The New York City Department of Correctional Services will need to ensure that the fees charged for kiosk deposits into inmate commissary accounts do not exceed the amount that is contractually listed within the contract that NYC DOC has currently with the two listed remaining vendors.

Additionally, the Department shall ensure that visitors have an alternate means of depositing monies into an inmate's account that does not impose a service fee.

VARIANCE HISTORY

Jan 2010 – Approved 6 Months
 July 2010 – Approved 12 Months
 June 2011 – Approved 12 Months
 June 2012 – Approved 12 Months
 June 2013 – Approved 12 Months
 June 2014 – Approved 12 Months

CONSTRUCTION/RENOVATION PLANS

Not applicable

OTHER VARIANCES IN EFFECT

OTC – Permanent

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

On-going

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

February 26, 2015

ANY OPEN MINIMUM STANDARD VIOLATIONS:

See attached

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

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

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

Commission staff has no recommendation regarding this variance renewal request and are submitting it to the Commission for discussion and consideration.

REVIEWED BY REGIONAL SUPERVISOR:  DATE: *June 8, 2015*

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



**Commission of
Correction**

FROM: Chairman Thomas A. Beilein

DATE: 5/20/15

SENDER: Commissioner Joseph Ponte

AGENCY: NYC DOC

DATE OF ORIGINAL RECEIVED: May 18, 2015

REF: Variance Renewal Request on Maximum Five-Dollar Service
Fee/Variance 10V02

DOCUMENT DESCRIPTION: Letter/Variance Application

CHAIRMAN'S COMMENTS:

-----**Routing Information**-----

REGIONAL SUPERVISOR: Benjamin

CC:



NEW YORK CITY DEPARTMENT OF CORRECTION

Joseph Ponte, Commissioner
Office of the Commissioner

75-20 Astoria Blvd, Suite 305
East Elmhurst, NY 11370

718 • 546 • 0890

Fax 718 • 278 • 6022

MAY 20 2015

May 18, 2015

BY:

Thomas A. Beilein
Chairman
NYS Commission of Correction
Alfred E. Smith State Office Building
80 S. Swan Street, 12th Floor
Albany, NY 12210

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

Dear Chairman Beilein:

I am writing to request a renewal of the variance from Minimum Standard 7016.2 (b), which imposes a maximum service fee of five dollars on the use of “electronic kiosks, automated teller machines, or other similar devices or systems capable of allowing members of the public to deposit funds into an inmate’s institutional fund account.” The SCOC last approved this variance on June 17, 2014. The variance expires on July 1, 2015.

The Department’s completed SCOC Variance Application Form is attached.

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

Sincerely,


Joseph Ponte



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

New
Renewal
Variance #
(SCOC Use Only)

Thomas A. Beilein
Chairman

Variance Application Form

INSTRUCTIONS TO COMMISSIONER OR SUPERINTENDENT:

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

Facility: NYC Department of Correction

Person requesting: Joseph Ponte, Commissioner
(COMMISSIONER/SUPERINTENDENT)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested; Example: 7621.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as:

Ex. Part: 7621 Section: 3 Subdivision: N/A

Standard for which the variance is requested:

Part: 7016 Section: 7016.2 Subdivision: (b)

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

Not Applicable

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

See Attached

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

Days 365 Weeks 0 Months 0

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).

Not Applicable

G. Has this variance been previously approved?

Yes If yes, include the variance number 10-V-02

No


Signature (Commissioner) (Superintendent)

5-19-15
Date

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

RESPONSE TO ITEM "C" OF THE SCOC VARIANCE APPLICATION FORM

The NYC Department of Correction (DOC) requests renewal of the variance from Minimum Standard 7016.2 (b), which imposes a maximum service fee of five dollars on the use of "electronic kiosks, automated teller machines, or other similar devices or systems capable of allowing members of the public to deposit funds into an inmate's institutional fund account." The SCOC last approved this variance on June 17, 2014. The variance expires on July 1, 2015.

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

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

Currently, two vendors provide services to those seeking to make deposits in DOC's inmate institutional fund accounts: J-Pay and Western Union – and the consumer selects the vendor. The rates for J-Pay and Western Union continue to range from \$3.95-11.95, depending on the type and size of the transaction (cash or credit, kiosk, internet, telephone agent, or walk-in). There were 96,453 internet deposits by credit card from April 2014 through March 2015, averaging \$50 each. Depending on the vendor and the nature of the transaction, the fee for a \$50 transaction continues to average below \$7.50. Vendors also processed 120,169 walk-in deposits, 59,393 telephone transactions and 12,053 kiosk transactions over the same period.

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

DOC's only goal in working with these third-party agents remains the provision of a valuable service to the inmates in custody and to their loved ones. DOC believes that this convenience is the reason that we are now accepting nearly 24,212 transactions per month through the third party agents – an increase of 4,212 from January 2010 when DOC submitted the original variance request.

The latest utilization figures remain strong and have not changed significantly compared to last year, especially considering a decrease that occurred in the average daily inmate population. From February 1 to April 30, 2014, there were 76,298 deposits through vendors, representing 75 percent of all deposits to institutional fund accounts for an average daily inmate population of 11,209. The total amount deposited in this manner was \$3,727,882. From February 1 to April 30, 2015, there were 70,709 deposits through vendors, which represent 76 percent of all deposits to institutional fund accounts for an average daily inmate population of 9,824. The total amount deposited in this manner during this period in 2015 was \$3,494,449.

As noted above, the utilization of third party vendors accounts for 76 percent of all deposits to inmate accounts for the period February 1 to April 30, 2015 – a slight increase from 75 percent compared to the same period last year. This is a clear indication that these vendors continue to provide a valued service that enables more inmates to have more funds deposited to their institutional fund accounts than would be the case otherwise.

It is apparent from this record that the availability of vendor services at market rates for electronic deposits to DOC inmate fund accounts continues to provide an effective and valued service not only to the family and friends who make these deposits but also to the inmates themselves.

Name of Facility: Rockland CF

Variance # 95-V-17

New: Renewal:

Relief from Standard: 7040

Application by: Chief Volpe

Date Request Rec: April 30, 2015

Last Approved: June 2014 Length of Approval: One Year Expiration: July 1, 2015

Write-up Prepared by: Larry Roe

Recommendation by Field Staff: Approval for one (1) year

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Falco is requesting an extension of this variance which authorizes the county place 8 beds in the F-Wing Program Room, and to double cell within 7 cells of the F-Wing housing area. The Rockland County Jail continues to require additional bed space for the occasional population spikes that occur throughout the year for their female prisoners.

MOST RECENT VARIANCE HISTORY

2014	Recommendation	Approval
	Action Taken	Approved at Meeting 06/14
	Length of Variance	12 months
	Conditions, if changed	
2013	Recommendation	Approval
	Action Taken	Approved at Meeting 12/13
	Length of Variance	6 months
	Conditions, if changed	
2012	Recommendation	Approval
	Action Taken	Approved at Meeting 12/12
	Length of Variance	12 months
	Conditions, if changed	
2012	Recommendation	Approval
	Action Taken	Approved at Meeting 6/12
	Length of Variance	6 months
	Conditions, if changed	
2012	Recommendation	Approval
	Action Taken	Approved at Meeting 4/12
	Length of Variance	3 months
	Conditions, if changed	
2012	Recommendation	Approval
	Action Taken	Approved at 1/12 Meeting
	Length of Variance	3 months
	Conditions, if changed	

- | | | |
|------|---|---|
| 2011 | Recommendation
Action Taken
Length of Variance
Conditions, if changed | Approval
Approved at 10/11 Meeting
3 months |
| 2010 | Recommendation
Action Taken
Length of Variance
Conditions, if changed | Approval
Approved at 10/10 Meeting
1 year |
| 2009 | Recommendation
Action Taken
Length of Variance
Conditions, if changed: | Approval
Approved at 10/09 Meeting
1 year |
| 2008 | Recommendation
Action Taken
Length of Variance
Conditions, if changed: | Approval
Approved at 10/08 Meeting
1 year |

CONSTRUCTION/RENOVATION PLANS

N/A

OTHER VARIANCES IN EFFECT

03-V-14 – OTC Medications

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

A review of facility records reveals that the facility has been consistently carrying a female population of 18 to 25 female inmates. The facility's female housing area has a standard rated capacity of 22. The facility has a documented need for this variance and appears to maintain compliance with the listed requirements of this variance when said variance is being used by the facility. Last date of visit was June 2015.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

March 2013

ANY OPEN MINIMUM STANDARD VIOLATIONS:

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

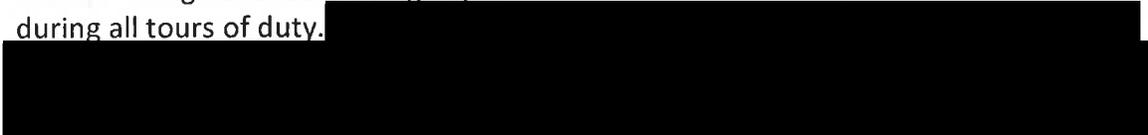
JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

This variance permits the facility the necessary flexibility to appropriately classify female inmates pursuant to Minimum Standard requirements

RECOMMENDED CONDITIONS IF APPROVED

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

Housing Area	Beds @ Standard	Double Celled Beds	Total Capacity
F-Wing	22	7	29
Housing Area	Beds @ Standard	Variance Beds	Total Capacity
F-Wing Program Room	0	8	8

- 2) When F-Wing variance is being implemented the local control room must be staffed during all tours of duty. 
- 3) Active supervision must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2(c) when inmates are housed in any of the above-noted areas.
- 4) That inmates housed in these areas receive the same services and programs as the general population.
- 5) 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.
- 6) The facility will maintain information on all double-celled inmates which shall include, but is not limited to: (a) name and location of the inmate; (b) date of entrance into and release from double-celling; and (c) reason for release. These records shall be made available to Commission staff for inspection.
- 7) That the facility will monitor its double-celling plan by tracking rates of incidents, grievance, and complaints directly related to double-celling.
- 8) The county will continue to implement its double-celling program according to the double-celling plan submitted and approved by the Commission. The county shall advise the Commission of any substantive changes to the double-celling plan.

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

REVIEWED BY REGIONAL SUPERVISOR:

[Handwritten signature]

DATE:

June 8, 2015
6/8/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



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

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



Thomas A. Beilein
Chairman

Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Rockland County Correctional Center

Person requesting: Chief Anthony Volpe

(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)

Establish / Maintain seven (7) double cells in F-Wing
 Establish / Maintain eight (8) inmates in the "Program Room" and use it as a Dorm Room for the purpose of sleeping only. The inmates in this area would remain in the day space area during the day time hours. One of the 22 cells in the housing area would be emptied and designated a bathroom for the inmates who are housed in the "Program Room".

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

Please see below.

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

365 _____ Days _____ Weeks _____ Months

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

This variance for double celling will only be used in the event that the housing requirements of the inmate population forced us to put this variance in effect.

***C - Above

1) The demographics of the female population is such that it is important that we be able to maintain the seven (7) double cells and the eight (8) beds in the "Program Room" for a dorm setting in the event of overcrowding. The County will not double cell and use the "Program Room" simultaneously. If we use the double cell option, we will not use the program area.

G. Has this variance been previously approved?

Yes _____ If yes, include the variance number 95-V-17 No _____

 _____
Signature (Sheriff) (Chief Administrative Officer)

4-29-15

Date

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

(SCOC Form #V-1)
(01/15)

Name of Facility: **Suffolk County - Riverhead**

Variance # **95-V-08**

New: Renewal:

Relief from Standard: 7040

Application by: Suffolk County Correctional Facility

Date Request Rec: 6/1/15

Last Approved: May 2015 Length of Approval: 1 months Expiration: July 1, 2015

Write-up Prepared by: Steve Savoy

Recommendation by Field Staff: No Recommendation

SUMMARY OF VARIANCE REQUEST

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

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

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

Medical issues

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

Bid Package E

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

Phase II (Additional Housing – 360 Beds):

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

CONSTRUCTION/RENOVATION PLANS currently being preformed

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

OTHER VARIANCES IN EFFECT

98-V-16,
13-V-02

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

January 29, 2015

ANY OPEN MINIMUM STANDARD VIOLATIONS:

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

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

NO RECOMMENDATION

REVIEWED BY REGIONAL SUPERVISOR:

ss

DATE:

6/2/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

VINCENT F. DEMARCO
SHERIFF

May 29, 2015

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

Subject: Suffolk County Correctional Facilities
Variance #'s, 95-V-08, 98-V-16, 00-V-07 and 13-V-02

Dear Chairman Beilein:

The Suffolk County Sheriff's Office is requesting extensions of the above referenced facility variances. The variances currently in effect for the Maximum and Medium Security Facilities in Riverhead and the Minimum Security Facility in Yaphank are scheduled to expire July 1, 2015. Suffolk County has opened a new facility in Yaphank that will significantly increase the capacity of the Suffolk County Sheriff's Correctional Facilities, however we have also closed 5 dormitory style housing units in the old section of the facility for renovations. Due to continued population trends, however, we remain in exigent circumstances at this time.

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

Respectfully,

A handwritten signature in cursive script that reads "Charles Ewald".

Charles Ewald
Warden
Suffolk County Correctional Facility

cc: Sheriff Vincent F. DeMarco
Undersheriff John P. Meyerricks
Undersheriff Joseph T. Caracappa



New York State

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

Form with fields: New: _____, Renewal: XX, Var. #: 95-V-08

Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Riverhead Correctional Facility
Person requesting: Warden Charles Ewald
(Chief Administrative Officer)

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

Ex. Part: 7040 Section: 3 Subdivision: N/A

Standard for which the variance is requested:

Part: 7040 Section: 3 Subdivision: N/A

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

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

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

_____ Days _____ Weeks 12 Months

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

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

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

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

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

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

Charles Ewald
Signature (Chief Administrative Officer)

May 29, 2015
Date

Name of Facility: Suffolk County - Yaphank

Variance # 00-V-07

New: Renewal: X

Relief from Standard: 7040

Application by: Suffolk County Correctional Facility

Date Request Rec: 6//2015

Last Approved: May 2015

Length of Approval:

Expiration: July 1, 2015

Write-up Prepared by: Steve Savoy

Recommendation by Field Staff: No Recommendation

SUMMARY OF VARIANCE REQUEST

Requesting authorization to utilize the Riverhead gym for the displacement of inmates during construction and or renovation purposes **not to increase the facilities capacity.**

RECOMMENDED CONDITIONS IF APPROVED**VARIANCE HISTORY****Current Information:**

BID PACKAGE E: As requested, a timeline is provided as follows:

10/15/12 – Design Development Drawings will be delivered to NYSCOC for review

11/01/12 – Upon approval of these Documents by NYSCOC, preparation of Contract Documents will proceed. Date shown is assumed.

06/01/13 – Construction Documents (Plans and Specifications) will be complete.

07/01/13 – Project advertised and let for bidding

09/01/13 – Bids received and review begins.

11/01/13 – Contract awarded and Construction begins.

05/01/15 – Construction Completed and facility turned over to SCSO.

Your letter notes that previous versions of this schedule were unacceptable. The schedule above calls for completion of construction within a one and one-half year window from the completion of contract award. This is the shortest timeframe that the work can be completed in given the parameters and scope of work.

CONSTRUCTION/RENOVATION PLANS

Phase II (Additional Housing – 360 Beds):

- 03/01/13 – Architectural design of Phase II commences
- 09/01/13 – Design Development Drawings will be delivered to NYSCOC for review
- 10/01/13 – Upon approval of these Documents by NYSCOC, preparation of Contract Documents will proceed. Date shown is assumed.
- 06/01/14 – Construction Documents (Plans and Specifications) will be complete.
- 07/01/14 – Project advertised and let for bidding
- 09/01/14 – Bids received and review begins.
- 11/01/14 – Contract awarded and Construction begins.
- 05/01/17 – Construction Completed and facility turned over to SCSO.

- Currently working on Riverhead pods for direct supervision
- New Riverhead main control room
- Bid package E
- Phase II construction for the Yaphank Facility

OTHER VARIANCES IN EFFECT

98-V-16, 95-V-08, 99-V-11,
00-V-07

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

MARCH 6, 2014

ANY OPEN MINIMUM STANDARD VIOLATIONS:

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

REVIEWED BY REGIONAL SUPERVISOR:

DATE:

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

VINCENT F. DEMARCO
SHERIFF

May 29, 2015

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

Dear Chairman Beilein:

We are providing the following progress report regarding Variance #00-V-07 allowing temporary housing of up to 60 inmates in the Gymnasium of the Riverhead Correctional Facility for displacement purposes.

The Riverhead Gymnasium was utilized for overnight housing of inmates displaced for the purposes indicated.

Housing Unit Relocated	Date In	Date Out	Purpose
None			

If I may be of any further assistance in this matter or if additional information is required, please do not hesitate to contact me.

Respectfully yours,

A handwritten signature in cursive script that reads "Charles Ewald".

Charles Ewald
Warden
Suffolk County Sheriff's Office



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

New:	_____
Renewal:	XX
Var. #:	00-V-07

Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Riverhead Correctional Facility

Person requesting: Wardert Charles Ewald
(Chief Administrative Officer)

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

Ex. Part: 7040 Section: 3 Subdivision: N/A

Standard for which the variance is requested:

Part: 7040 Section: 3 Subdivision: N/A

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

The Suffolk County Sheriff's Office is continuing an extensive repair and renovation program within both the Maximum and Medium security facilities including, but not limited to, ceiling repair, toilet repair, shower areas, etc. This project can only be accomplished by maintaining an alternative housing arrangement which will allow our office to temporarily house inmates displaced by the program, into the facility gymnasium. Attached to this application, please find a letter detailing our progress and details of when the gymnasium was utilized as a result of repair and renovation work.

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

_____ Days _____ Weeks 12 Months

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

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

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

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

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

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

Charles Ewald
Signature (Chief Administrative Officer)

May 29, 2015
Date

Name of Facility: Suffolk County - Riverhead

Variance # 98-V-16

New: Renewal: X

Relief from Standard: 7040

Application by: Suffolk County Correctional Facility

Date Request Rec: 1/30/15

Last Approved: May 2015 Length of Approval: 1 month Expiration: July 1, 2015

Write-up Prepared by: Steve Savoy

Recommendation by Field Staff: No recommendation

SUMMARY OF VARIANCE REQUEST

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

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

RECOMMENDED CONDITIONS IF APPROVED

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

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

VARIANCE HISTORY

More information can be found in the commissions Electronic files

Current Information:

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

Medical issues

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

Bid Package E

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

Phase II (Additional Housing – 360 Beds):

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

CONSTRUCTION/RENOVATION PLANS currently being preformed

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

OTHER VARIANCES IN EFFECT

95-V-08

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

January 29, 2015

ANY OPEN MINIMUM STANDARD VIOLATIONS:

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

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

N/A

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

NO RECOMENADTION

REVIEWED BY REGIONAL SUPERVISOR:



DATE:

6/2/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

VINCENT F. DEMARCO
SHERIFF

May 29, 2015

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

Dear Chairman Beilein,

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

The following is a summary of this tracking, reflecting the period January 28, 2015 through May 29, 2015.

Incidents Reported	2
Complaints Received	0
Grievances Filed	0

On February 7, 2015, inmate [REDACTED] had a physical altercation with his cellmate [REDACTED]. Both inmates were rehoused.

On February 9, 2015, inmate [REDACTED] became loud and insisted he could not live with his cellmate [REDACTED]. Inmate [REDACTED] was rehoused.

Sincerely,

Charles Ewald
Warden
Suffolk County Sheriff's Office



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

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

Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Riverhead Correctional Facility
 Person requesting: Warden Charles Ewald
 (Chief Administrative Officer)

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

Ex. Part: 7040 Section: 3 Subdivision: N/A

Standard for which the variance is requested:

Part: 7040 Section: 3 Subdivision: N/A

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

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

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

_____ Days _____ Weeks 12 Months

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

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

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

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

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

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

Charles Ewald
Signature (Chief Administrative Officer)

May 29, 2015
Date

Name of Facility: Suffolk County - Yaphank**Variance #** 13-V-02

New: X **Renewal:****Relief from Standard:** 7040**Application by:** Suffolk County Correctional Facility**Date Request Rec:** 1/30/15**Last Approved:** May 2015**Length of Approval:** 1 month **Expiration:** July 1, 2015**Write-up Prepared by:** Steve Savoy**Recommendation by Field Staff:** No recommendation

SUMMARY OF VARIANCE REQUEST

Requesting authorization to utilize the Yaphank gym for the displacement of inmates during construction and or renovation of Bid Package E **not to increase the facilities capacity.**

RECOMMENDED CONDITIONS IF APPROVED**VARIANCE HISTORY**

March 2013 Approved for 12 months

3/18/14 approved for 12 months

3/17/15 approved for 60 days

5/19/15 approved for 30 days

Current Information:**BID PACKAGE E:** As requested, a timeline is provided as follows:

10/15/12 – Design Development Drawings will be delivered to NYSCOC for review

11/01/12 – Upon approval of these Documents by NYSCOC, preparation of Contract Documents will proceed. Date shown is assumed.

06/01/13 – Construction Documents (Plans and Specifications) will be complete.

07/01/13 – Project advertised and let for bidding

09/01/13 – Bids received and review begins.

11/01/13 – Contract awarded and Construction begins.

05/01/15 – Construction Completed and facility turned over to SCSO.

Your letter notes that previous versions of this schedule were unacceptable. The schedule above calls for completion of construction within a one and one-half year window from the completion of contract award. This is the shortest timeframe that the work can be completed in given the parameters and scope of work.

CONSTRUCTION/RENOVATION PLANS

Phase II (Additional Housing – 360 Beds):

- 03/01/13 – Architectural design of Phase II commences
- 09/01/13 – Design Development Drawings will be delivered to NYSCOC for review
- 10/01/13 – Upon approval of these Documents by NYSCOC, preparation of Contract Documents will proceed. Date shown is assumed.
- 06/01/14 – Construction Documents (Plans and Specifications) will be complete.
- 07/01/14 – Project advertised and let for bidding
- 09/01/14 – Bids received and review begins.
- 11/01/14 – Contract awarded and Construction begins.
- 05/01/17 – Construction Completed and facility turned over to SCSO.

- Currently working on Riverhead pods for direct supervision
- New Riverhead main control room
- Bid package E
- Phase II construction for the Yaphank Facility

OTHER VARIANCES IN EFFECT

95-V-08

98-V-16

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

ANY OPEN MINIMUM STANDARD VIOLATIONS:

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

REVIEWED BY REGIONAL SUPERVISOR: *AS* DATE: 6/2/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

VINCENT F. DEMARCO
SHERIFF

May 29, 2015

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

Dear Chairman Beilein:

We are providing the following progress report regarding Variance #13-V-02 allowing temporary housing of up to 60 inmates in the Gymnasium of the Riverhead Correctional Facility for displacement purposes.

The Yaphank Gymnasium was utilized for overnight housing of inmates displaced for the purposes indicated.

Housing Unit Relocated	Date In	Date Out	Purpose
None			

If I may be of any further assistance in this matter or if additional information is required, please do not hesitate to contact me.

Respectfully yours,

A handwritten signature in cursive script that reads "Charles Ewald".

Charles Ewald
Warden
Suffolk County Sheriff's Office



New York State

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

Form with fields: New: XX, Renewal: , Var. #: 13-V-02

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: Yaphank Correctional Facility
Person requesting: Warden Charles Ewald
(Chief Administrative Officer)

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

Ex. Part: 7040 Section: 3 Subdivision: N/A

Standard for which the variance is requested:

Part: 7040 Section: 3 Subdivision: N/A

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

The Suffolk County Sheriff's Office will be beginning an extensive repair and renovation program within the existing Yaphank facility including, but not limited to, officer station relocation, ceiling repair, toilet repair, shower areas, etc. once the new facility opens. This project can only be accomplished by maintaining an alternative housing arrangement which will allow our office to temporarily house inmates displaced by the program into the facility gymnasium. As with variance 00-V-07, we will submit a letter detailing our progress and details when the gymnasium is utilized as a result of repair and renovation work.

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

_____ Days _____ Weeks 12 Months

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

The use of the gymnasium space will allow the Sheriff's Office to bring the older sections of the Yaphank Facility into full compliance with the Minimum Standards as they reference housing unit sanitization and structural strength. This space is not intended to increase our MFC, but will be utilized as swing space.

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

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Square Footage	Number of Sinks	Number of Showers	Number of Toilets
Yaphank Gymnasium	7,500	6	4	6

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

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

Charles Ewald
Signature (Chief Administrative Officer)

May 29, 2015
Date