



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 *BC*
RE: AGENDA FOR COMMISSION MEETING
DATE: June 28, 2016 at 11:00AM

I. MINUTES

SCOC

May 17, 2016

CPCRC

June 9, 2016

MRB

June 2, 2016 Meeting

Administrative Closures

II. VARIANCES

A. Genesee County Jail

04-V-02

(Section 7040.3 Facility Population Limitation)

B. New York City Department of Correction

10-V-02

(Section 7016.2 Commissary and Inmate Accounts)

C. Rockland County Jail

95-V-17

(Section 7040.3 Facility Population Limitation)

D. Otsego County Jail

Reinstatement of 99-V-24

(Section 7040.3 Facility Population Limitation)

III. MFC

- E. New York City Department of Corrections
George R. Vierno Center (GRVC)
MFC Reformulation**
- F. Otsego County Jail
MFC Reformulation**
- G. Rensselaer County Jail
MFC Reformulation**

IV. CONSTRUCTION

- H. New York City Department of Correction
Eric M. Taylor Center
Construction of Recreation Yard
*(Previously Tabled at May 17, 2016 Commission Meeting)***
- I. New York City Department of Correction
Manhattan Detention Center
Construction of Holding Pens at North Tower**



Commission of Correction

THOMAS A. BEILEIN
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Commissioner

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Commissioner

MINUTES

LOCATIONS:

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

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

DATE OF MEETING: May 17, 2016

Chairman Beilein called the meeting to order at 11:00am.

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
Christopher Ost, Forensic Unit, Supervisor
Keith Zobel, Supervisor, Metro/LI
Justin Mason, Deputy Director of Public Information

DATE: May 17, 2016 at 11:00AM

I. MINUTES

Table with 2 columns: Item Name and Approval Status. Rows include SCOC (April 19, 2016), CPCRC (May 12, 2016), and MRB (Administrative Closures), all approved unanimously by Ross/Loughren.

II. VARIANCES

- A. **Tompkins County Jail**
09-V-04
(Section 7040.3 Facility
Population Limitation)
- Approved Unanimous
Two (2) Months
Loughren/Ross

III. CONSTRUCTION

- B. **NYC Department of Correction**
Eric M. Taylor Center
Removal of 2 Wood Modular Buildings
and Construction of Recreation Yard
- Approved Unanimous
Construction Project
Tabled
- Approved Unanimous
Demolition Approved
Loughren/Ross
- C. **NYC Department of Correction**
George R. Vierno Center
Construction of Outdoor Recreation Yard
Adjacent to Housing Wing 11-B
- Approved Unanimous
Ross/Loughren
- D. **NYS Department of Corrections and**
Community Supervision
Elmira Correctional Facility
Install CCTV System Project
- Approved Unanimous
Ross/Loughren
- E. **Wayne County Jail**
Security Systems Upgrade Project
- Approved Unanimous
Loughren/Ross
- F. **Wayne County Jail**
Modification to Pods "B" and "D" Project
- Approved Unanimous
Ross/Loughren

Commissioner Loughren made a motion to go into executive session at 11:14am to discuss Construction and MRB items, which was seconded by Commissioner Harrison-Ross, M.D.

Commissioner Harrison-Ross, M.D. made a motion to exit Executive Session and return to general session at 11:45am, which was seconded by Commissioner Loughren.

The meeting resumed at 12:15pm. 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 12:15pm 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, 12th Floor
Albany, New York 12210-8001

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

DATE OF MEETING: May 17, 2016

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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
Christopher Ost, Forensic Unit, Supervisor
Keith Zobel, Supervisor, Metro/LI
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Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners

CITIZENS' POLICY AND COMPLAINT REVIEW COUNCIL

June 9, 2016

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

PRESENT:

Commissioner Thomas J. Loughren

Council Members:

Albany:

Doug Landon
Nick LaBella, Jr.
Don Nadler

Williamsville

Julie Scalione

Also Present:

Terry Moran
Deborah Slack-Bean
Keith Zobel
Chris Ost

Commissioner Loughren opened the meeting at 11:00 a.m.

Commissioner Loughren asked for a motion to approve the minutes of the May 12, 2016. Don Nadler made a motion to approve the minutes and Nick Labella seconded. Carried.

Julie Scalione reviewed (19) Expedited with Comment grievances for the month of June 2016 and made a motion to deny the grievances with the appropriate comments. Seconded by Doug Landon and unanimously passed.

Don Nadler, Doug Landon, and Nick Labella, as Expedite sub-committee, reviewed the SharePoint expedited grievances. Don reviewed Broome CJ to Niagara CJ Grievances (55), Doug reviewed Onondaga DOC to Tompkins Grievances (51), and Nick reviewed Warren CJ to Wyoming CJ Grievances (55). Don Nadler made a motion to Deny with Comment Grievance # 71378 from Erie County Correctional Facility and Grievance # 71089 from Nassau County Jail. He also moved to deny the remaining grievances that he reviewed. These motions were

seconded by Doug Landon and unanimously passed. Dough Landon made a motion to Deny with Comment Grievance # 71429 from Seneca County Jail. He also made a motion to deny the remaining grievances that he reviewed. These motions were seconded by Don Nadler and unanimously passed. Nick Labella made a motion to deny the grievances that he reviewed. This motion was seconded by Doug Landon and unanimously passed.

The Council reviewed the remaining grievances.

ACCEPT

69937
Clinton CJ Unanimous

66928
Otsego CJ Unanimous

71477
Tompkins CJ Unanimous

70486
Wayne CJ Unanimous

ACCEPT IN PART

70451
Clinton CJ Unanimous

70632
71630
71332
70633
Nassau CJ Unanimous

71729
St. Lawrence CJ Unanimous

DENY

70851
Chautauqua CJ Unanimous

DENY WITH COMMENT

70770
Nassau CJ Unanimous

70813
Warren CJ Unanimous

70485
Wayne CJ Unanimous

ADMINISTRATIVE CLOSURES

DENY

71377
Broome CJ Unanimous

70889
70890
Cattaraugus CJ Unanimous

70351
70850
70969
70374
70352
70551
71669
70852
70353
70854
Chautauqua CJ Unanimous

70635
71204
Chemung CJ Unanimous

71469
71710
71730
Chenango CJ Unanimous

69921
71670
Clinton CJ Unanimous

71711
71249
71250
71530
71531
71532
71712
71713
71714
Delaware CJ Unanimous

71379
Franklin CJ Unanimous

71229
71230
72091
Montgomery CJ

Unanimous

71073
71331
70453
71074
71090
71631
71075
71231
Nassau CJ

Unanimous

71251
71252
71194
71771
71772
71773
70553
70789
71570
71310
71472
71611
Niagara CJ

Unanimous

71211
70909
71196
70910
70911
70912
71201
71214
71203
Onondaga DOC

Unanimous

71533
71656
71311
Ontario CJ

Unanimous

71716
71589
Orange CJ

Unanimous

71016 71671 Oswego	Unanimous
71473 Rensselaer CJ	Unanimous
71769 71389 Rockland CJ	Unanimous
71210 71195 Schuyler CJ	Unanimous
71411 71430 71572 Seneca CJ	Unanimous
70272 70273 71193 71091 71592 69912 71593 71076 Steuben CJ	Unanimous
71709 St. Lawrence CJ	Unanimous
71334 71335 71336 71337 71796 71338 71380 Suffolk CJ	Unanimous
70473 69774 69794 70478 70479 70480 70474 Sullivan CJ	Unanimous

71451
71475
71911
Tompkins CJ

Unanimous

71077
71654
71632
71170
71254
71340
71151
71595
71255
71256
71452
71092
71093
71672
71381
71453
71478
71454
71479
71078
71079
70681
71382
71233

Warren CJ

Unanimous

70489
71653
70487
Wayne CJ

Unanimous

71313
71017
71455
71412
69653
71192
70229
71235
71154
71095
71269
71413
72135
70916
70917

71493
71018
71032
70918
69671
71509
71431
70893
71019
71414
70386
71020
Westchester DOC Unanimous

71376
Wyoming CJ Unanimous

DENY WITH COMMENT

69549
Clinton Unanimous

71378
Erie CF Unanimous

70919
70920
70921
Franklin CJ Unanimous

71109
Greene Unanimous

71470
71089
Nassau CJ Unanimous

71253
71410
Niagara CJ Unanimous

69114
Onondaga DOC Unanimous

71749
Rockland CJ Unanimous

71429
Seneca CJ Unanimous

71339
Suffolk CJ

Unanimous

70475
70476
70477
Sullivan CJ

Unanimous

70677
70678
71476
Tompkins CJ

Unanimous

71594
Warren CJ

Unanimous

72134
Westchester DOC

Unanimous

The next CPCRC meeting will be held on Thursday, July 14, 2016 at 11:00 a.m. at SCOC, AESOB 80 S. Swan St. 12th Floor Albany, NY, Adam Clayton Powell State Office Building, 163 W 125th St., Suite 506, NY, New York, and at Williamsville, NY 14221.

Commissioner Loughren requested a motion to adjourn the meeting which was made by Nick Labella, seconded by Doug Landon and carried. The meeting adjourned at 12:20 P.M.

Respectfully submitted,

Victoria Walker
Secretary

Name of Facility: Genesee CJ

Variance # 04-V-02

New: Renewal:

Relief from Standard: 7040

Application by: Sheriff Gary T. Maha

Date Request Rec: 6/3/15

Last Approved: 6/16/15 Length of Approval: 12 Months Expiration: July 1, 2016

Write-up Prepared by: Terrence Moran

Recommendation by Field Staff: Approve for nine (9) months with an added condition that any future extension request include the county's plans for capacity enhancement. In addition to relying on this variance, the facility boards out an average of 17 female inmates per day.

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.

5. That any future extension request include the county's plans for capacity enhancement...

VARIANCE HISTORY

Approved 6/15 for one year
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):

June 23, 2016

- 1. Facility is observing the conditions of this variance;
- 2. The facility does not house female inmates due to lack of sufficient female Correction Officers.

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:

This variance has been in effect for over 12 years. Despite the facility's efforts to reduce the number of inmates serving weekend sentences, reliance on this variance still exists. Further, from January 1, 2016 to date, the facility has boarded out an average of 17 female inmates per day. The time has come for the facility to address the overcrowding issue.

REVIEWED BY REGIONAL SUPERVISOR:

TM

DATE:

6/27/16

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



Office of the Sheriff

Genesee County, New York

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

NEW YORK STATE
ACCREDITED AGENCY

June 3, 2016

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, 2016, 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 at 585-343-0838 or me at 585-345-3000 x3501.

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)

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 surrounding facilities in regard to bed space for intermittent inmates on weekends. Their response has been that they are experiencing the same influx of inmates on weekends and do not have available bed space. A variance to accommodate that influx in our facility is the only alternative.

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

This variance is needed to address an 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 dorms when additional space is needed.

- 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 been working with the local magistrates in our county to successfully have more inmates sentenced to intermittent sentences that are served during weekdays rather than weekends.
2. We have been working with our District Attorney's Office, Public Defender's Office and Parole to clear new charges on Parole Violators and have their Parole Hearings done quickly to move them from our facility and return them to the state system.

G. Has this variance been previously approved?

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



6/3/2016

Signature (Sheriff) (Chief Administrative Officer)

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: New York City DOC's

Variance # 10-V-02

New: Renewal:

Relief from Standard: 7016.2 (b)

Application by: NYC Commissioner Joseph Ponte

Date Request Rec: 05/11/16

Last Approved: June 2015 Length of Approval: 1 year Expiration: July 1, 2016

Write-up Prepared by: Larry Roe

Recommendation by Field Staff: For Commission discussion and consideration

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 Corrections 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

June 2015 – 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:

May 20, 2016

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:

6/10/16

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



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 11, 2016

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 16, 2015. 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

for
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

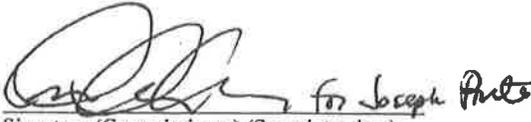
E. If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary).

Not Applicable

G. Has this variance been previously approved?

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

No


Signature (Commissioner) (Superintendent)

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 16, 2015. The variance expires on July 1, 2016.

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. 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 at the borough facility cashiers.)

Two vendors provide services to those seeking to make deposits in DOC's inmate institutional fund accounts: J-Pay and Western Union. 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 92,774 internet deposits by credit card from April 2015 through March 2016, 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. During the same period, vendors also processed 127,188 walk-in deposits, 74,659 telephone deposits and 26,244 kiosk deposits, substantial increases

from last year when there were 120,169 walk-in deposits, 59,393 telephone deposits and 12,053 kiosk deposits.

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 26,739 deposits per month through the third party agents – a monthly increase of 6,739 from January 2010 when DOC submitted the original variance request.

The latest utilization figures remain strong compared to last year. From February 1 to April 30, 2015 there were 70,709 deposits through vendors, representing 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 was \$3,494,449. From February 1 to April 25, 2016, there were 72,483 deposits through vendors, which represent 79 percent of all deposits to institutional fund accounts for an average daily inmate population of 9926. The total amount deposited in this manner during this period in 2016 was \$3,682,879.

As noted above, the utilization of third party vendors accounts for 79 percent of all deposits to inmate accounts for the period February 1 to April 25, 2016 – an increase from 76 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 CJ

Variance # 95-V-17

New: Renewal:

Relief from Standard: 7040

Application by: Sheriff L. Falco

Date Request Rec: 5/2/16

Last Approved: 6/16/15 Length of Approval: 12 Months Expiration: July 1, 2016

Write-up Prepared by: Terrence Moran

Recommendation by Field Staff:

Approve for **90 days**, at which time the variance should be revoked. This variance has been in existence for over 20 years and the facility is operating at 60% of its capacity. A 90 day extension will provide the facility sufficient time to plan and implement the relocation of various inmate populations to different housing areas to eliminate reliance on capacity variances. A new condition should be added – that during this 90-day period the county shall make the necessary housing area assignment adjustments that will eliminate the need for capacity relief.

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Falco is requesting an extension of this variance which authorizes the facility the following in the F-Wing housing area:

1. House up to eight (8) inmates in the program room
2. Double cell up to seven (7) inmates

The facility will utilize either the program room or double celling, but never both.

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	21	7	28

* One (1) cell off line to use as a toilet cell for the program room dorm.

2. The county is authorized to house inmates in the following area:

Housing Area	Beds @ Standard	Variance Beds	Total Capacity
F-Wing Program Room	0	8	8

3. Inmates who are housed in the Program Room Dorm **must** be provided with a bunk or a plastic cot (boat) bed frame and mattress. Also inmates shall have unrestricted access to the toilet cell as needed.
4. When F-Wing variance is being implemented the local control room must be staffed during all tours of duty. All security operations within the wing will be operated with keys, and all sally port entrances, outdoor recreation yard doors, and interview room doors shall be operated remotely via Central Control.
5. 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.
6. That inmates housed in these areas receive the same services and programs as the general population.
7. 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.
8. 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.
9. That the facility will monitor its double-celling plan by tracking rates of incidents, grievance, and complaints directly related to double-celling.
10. 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.

11. 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.
12. That during this 90-day period the county make the necessary housing area assignment adjustments that will eliminate reliance on capacity variances.

VARIANCE HISTORY

Approved 6/15 for one year
1995 to 2014. Approved for one year

CONSTRUCTION/RENOVATION PLANS

None

OTHER VARIANCES IN EFFECT

None

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

May 17, 2016 – conditions of variance have been observed

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

May 17, 2016

ANY OPEN MINIMUM STANDARD VIOLATIONS:

Part 7003 – documentation of key issuance

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

None

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

The facility's population is approximately 60% of capacity. Accordingly, sufficient space exists for the facility to relocate its female population to other housing areas to eliminate the need for capacity relief.

REVIEWED BY REGIONAL SUPERVISOR:



DATE: 6-16-16

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



**Commission of
Correction**

EAB

FROM: Chairman Thomas A. Beilein **DATE:** May 12, 2016

SENDER: Chief Anthony Volpe

AGENCY: Rockland County Correctional Facility

DATE OF ORIGINAL RECEIVED: May 5, 2016

REF: Variance Application

DOCUMENT DESCRIPTION: Letter

CHAIRMAN'S COMMENTS:

Routing Information

REGIONAL SUPERVISOR: Moran

CC: Richard Kinney, Brian Callahan



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)

5/2/16
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: OTSEGO CJ

Variance # 99-V-24

New: Renewal: X

Relief from Standard: 7040.3

Application by: Lt. Adam Tilbe

Date Request Rec: 5/9/16

Last Approved: 12/14 Length of Approval: n/a

Expiration: n/a

Write-up Prepared by: Todd D'Alessandro/William Benjamin

Recommendation by Field Staff: Recommend that 99-V-24, be denied as submitted.

Recommendation at Briefing: Denied

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Otsego CJ is requesting an increase for a total of six (6) beds; Four (4) for Block 117 and two (2) for Block 119. Current MFC is four (4) beds and three (3) beds respectively.

VARIANCE HISTORY

December, 2015 – Denied (Copy of denial letter attached)

CONSTRUCTION/RENOVATION PLANS

The County hired LaBella Associates to conduct a needs assessment of the current jail. Report was finalized in March 2016 and recommends 25 year building renovations and the addition of a 40 bed housing pod.

OTHER VARIANCES IN EFFECT

n/a

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

June 16, 2016 site visit reveals that the variance was originally developed and used for relief of overcrowding in the Female housing units Block 117 and 119, resulting in a female capacity with variances of 13 beds and 7 beds without. In 2011, when the female average daily pop exceed that area and the county had to board out females, the female inmates were moved to Wing B (17 cells in four small MRB styled-housing units).

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

March 18-20, 2015

ANY OPEN MINIMUM STANDARD VIOLATIONS:

n/a

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

n/a

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

In December 2015 the variance was denied due to the low inmate population at the time. The population has shown a recent increase with a high of 94 on 5/17/16, but the facility was also accepting boarders. Currently they are housing a total of two (2) boarders.

The original variance for females only worked in that space because of the female only housing units. The day space in Block 117 is at minimum because the housing unit has an enclosed officer's walkway built into the day area. Block 119 is now used for high security inmates. In addition, these housing units are the farthest away from the officer's stations and to maintain active supervision consistently is marginal at best. Per SCOC staff, the facility has scheduled to remove the bolted down former variance bunks from the housing units on June 16, 2016.

Commission staff, with the facility administration, identified better areas for a housing variance; i.e. the block directly behind the officer's station for male inmates and the B Wing block closest to the officers station for female inmates. The facility would accept a denial of this variance and will be resubmitting a new application for consideration for next month.

Recommend that 99-V-24, be denied as submitted.

RECOMMENDED CONDITIONS IF APPROVED

n/a

REVIEWED BY REGIONAL SUPERVISOR: WB

DATE: 6/21/2016

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



**Commission of
Correction**

EAD

FROM: Chairman Thomas A. Beilein **DATE:** May 12, 2016

SENDER: Lt. Adam Tilbe

AGENCY: Otsego County Sheriff's Office

DATE OF ORIGINAL RECEIVED: May 9, 2016

REF: Variance Reneal 99-V-24 for Beds

DOCUMENT DESCRIPTION: Fax/letter

CHAIRMAN'S COMMENTS:

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

REGIONAL SUPERVISOR: Clark

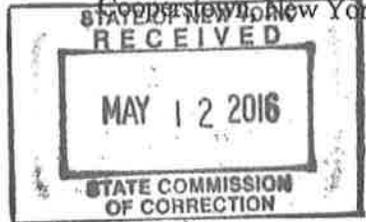
CC: Richard Kinney, Brian Callahan



OTSEGO COUNTY OFFICE OF THE SHERIFF

172 County Highway 33W

STATE OF NEW YORK New York 13326



Fax Cover Sheet

RICHARD J. DEVLIN, JR
SHERIFF



CAMERON S. ALLISON
UNDERSHERIFF

Date: May 6, 2016 _____

This is page 1 of 6 Page

To: Chairman/Commissioner _____

Fax # 1-518-485-2467 _____

Re: Renewal of Variance _____

From: Lt. Adam K. Tilbe _____

This facsimile transmission may contain confidential or privileged information, which is intended only for use by the individual or entity which the transmission is addressed. If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, copying or distribution of this transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately so that we can arrange for the return of the document to us at no cost to you.

THANK YOU

Administration 607-547-4270	Civil Division 607-547-4271	Pistol Permits 607-547-6451	Criminal Division 607-547-4273	Corrections Division 607-547-4252	Fax Number 607-547-6413
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OTSEGO COUNTY OFFICE OF THE SHERIFF

172 County Highway 33W
Cooperstown, New York 13326

RICHARD J. DEVLIN, JR.
SHERIFF



CAMERON S. ALLISON
UNDERSHERIFF

May 6th 2016

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

RE: Request for renewal of Variance 99-V-24 regarding Variance Beds

Dear Chairman Bellein:

At this time I am requesting a renewal of our facility variance 99-V-24 regarding variance beds. The Commission denied the request to renew on December 15th 2015 because the facility's population numbers had declined. However since that date the population numbers have increased greatly. Enclosed please find the variance application form.

Thank you for your time and consideration in this matter.

Sincerely,

Lt. Adam K. Tilbe
Jail Administrator



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: Otsego County Sheriff's Office

Person requesting: Lt. Adam Tilbe

(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)

Request that variance no.99-V-24 be renewed. Commission previously denied request on December 15th 2015 due to a decrease in our population. However since that time our population has increased greatly and extra bunks are needed.

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

Inmate population has increased since the commissions determination to deny the previous requested extension of variance no.99-V-24.

- 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).

A building assessment has been completed and recommendations for achieving full compliance have been forwarded to the County Board of Representatives for review.

G. Has this variance been previously approved?

Yes _____ If yes, include the variance number 99-V-24 No _____



5/6/2016

Signature (Sheriff) (Chief Administrative Officer)

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).



Commission of
Correction

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS J. LOUGHREN
Commissioner

December 15, 2015

Sheriff Richard J. Devlin, Jr.
Otsego County Sheriff's Office
172 County Highway 33W
Cooperstown, New York 13326

RE: Variance No. 99-V-24

Dear Sheriff Devlin:

The Commission of Correction has reviewed the Otsego County Sheriff's application for an extension of the above-referenced variance with respect to compliance with the provisions of 9NYCRR Section 7040.3 and has determined at the December 15, 2015 Commission Meeting that the request be denied.

This decision was made based on a review of the facility's population numbers which are consistently at or below the level necessitating variance beds. In the event conditions change that would justify the Commission's reconsideration for the Otsego County Jail's need for variance beds, county officials should file a new application describing that evidence.

Sincerely,

A handwritten signature in cursive script that reads "Thomas A. Beilein".

Thomas A. Beilein
Chairman

cc: Lt. Roger Butler

New York State Commission of Correction
DAILY POPULATION COUNT REPORTING SYSTEM
AVERAGE DAILY COUNTS / HIGHS / LOWS

Facility: Otsego County Jail

DATE RANGE: 1/1/16 thru 6/21/16

	Unsentenced	Sentenced	Unarraigned	Civil	Federal	Totals
Adult Male	AVG: 51.35 HI: 62.00 LOW: 42.00 05/17/16 04/21/16	AVG: 15.08 HI: 24.00 LOW: 9.00 05/22/16 02/09/16	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 66.43 HI: 84.00 LOW: 52.00 05/17/16 01/28/16
Adult Female	AVG: 4.86 HI: 13.00 LOW: 1.00 06/09/16 05/07/16	AVG: 3.98 HI: 8.00 LOW: 2.00 05/01/16 03/04/16	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 8.84 HI: 19.00 LOW: 4.00 06/09/16 04/08/16
Minor Male	AVG: 0.91 HI: 2.00 LOW: 0.00 04/27/16 01/24/16	AVG: 0.20 HI: 1.00 LOW: 0.00 02/04/16 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 1.12 HI: 2.00 LOW: 1.00 04/27/16 00/00/00
Minor Female	AVG: 0.01 HI: 1.00 LOW: 0.00 04/12/16 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.01 HI: 1.00 LOW: 0.00 04/12/16 00/00/00
Total	AVG: 57.13 HI: 67.00 LOW: 48.00 05/13/16 04/21/16	AVG: 19.27 HI: 30.00 LOW: 11.00 05/22/16 02/09/16	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 0.00 HI: 0.00 LOW: 0.00 00/00/00 00/00/00	AVG: 76.40 HI: 94.00 LOW: 62.00 05/17/16 01/28/16

New York State Commission of Correction
DAILY POPULATION COUNT REPORTING SYSTEM
AVERAGE DAILY COUNTS / HIGHS / LOWS

Facility: Otsego County Jail

DATE RANGE: 1/1/16 thru 6/21/16

	Coram Nobis	D and E Felons	State Readies	Convicted Felons	Parole Violators	New Arrests w/Parole Warrant
Adult Male	AVG: 0.00 HI: 0.00 LOW: 0.00	AVG: 0.00 HI: 0.00 LOW: 0.00	AVG: 0.31 HI: 3.00 LOW: 0.00	AVG: 0.00 HI: 0.00 LOW: 0.00	AVG: 3.51 HI: 5.00 LOW: 0.00	AVG: 0.06 HI: 4.00 LOW: 0.00
Adult Female	AVG: 0.00 HI: 0.00 LOW: 0.00	AVG: 0.01 HI: 2.00 LOW: 0.00	AVG: 0.14 HI: 3.00 LOW: 0.00	AVG: 0.00 HI: 0.00 LOW: 0.00	AVG: 0.23 HI: 1.00 LOW: 0.00	AVG: 0.01 HI: 1.00 LOW: 0.00
Minor Male	AVG: 0.00 HI: 0.00 LOW: 0.00					
Minor Female	AVG: 0.00 HI: 0.00 LOW: 0.00					
Total	AVG: 0.00 HI: 0.00 LOW: 0.00	AVG: 0.01 HI: 2.00 LOW: 0.00	AVG: 0.45 HI: 5.00 LOW: 0.00	AVG: 0.00 HI: 0.00 LOW: 0.00	AVG: 3.75 HI: 5.00 LOW: 0.00	AVG: 0.06 HI: 4.00 LOW: 0.00

New York State Commission of Correction
DAILY POPULATION COUNT REPORTING SYSTEM
AVERAGE DAILY COUNTS / HIGHS / LOWS

Facility: Otsego County Jail

DATE RANGE: 1/1/16 thru 6/21/16

	Intermittents			Boarded In			Boarded Out			Out To Hospital			Out To Mental Hygiene			Out To Other		
Adult Male	AVG: 0.82			AVG: 6.30	05/03/16		AVG: 0.00	00/00/00		AVG: 0.01	05/31/16		AVG: 0.00	00/00/00		AVG: 0.00	00/00/00	
	HI: 4.00	05/29/16		HI: 12.00	05/03/16		HI: 0.00	00/00/00		HI: 1.00	05/31/16		HI: 0.00	00/00/00		HI: 0.00	00/00/00	
	LOW: 0.00	00/00/00		LOW: 0.00	03/19/16		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00	
Adult Female	AVG: 0.31			AVG: 0.00			AVG: 0.00			AVG: 0.00			AVG: 0.00			AVG: 0.00		
	HI: 2.00	05/01/16		HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00	
	LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00	
Minor Male	AVG: 0.00			AVG: 0.00			AVG: 0.00			AVG: 0.00			AVG: 0.00			AVG: 0.00		
	HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00	
	LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00	
Minor Female	AVG: 0.00			AVG: 0.00			AVG: 0.00			AVG: 0.00			AVG: 0.00			AVG: 0.00		
	HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00		HI: 0.00	00/00/00	
	LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00	
Total	AVG: 1.13			AVG: 6.30			AVG: 0.00			AVG: 0.01			AVG: 0.00			AVG: 0.00		
	HI: 5.00	05/29/16		HI: 12.00	05/03/16		HI: 0.00	00/00/00		HI: 1.00	05/31/16		HI: 0.00	00/00/00		HI: 0.00	00/00/00	
	LOW: 0.00	00/00/00		LOW: 0.00	03/19/16		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00		LOW: 0.00	00/00/00	

Justification to Amendment Facility's MFC

Facility: **NYC DOC's George R. Vierno Center (GRVC)**

Date of Last MFC report and Current MFC: **February 17, 2016 – MFC: 1161**

Name of Staff(s) Who Conducted the MFC Site Visit at the Facility: **Larry Roe**

Date(s) of MFC Site Visit: **May 9, 2016**

Update on Capital Construction Project: **N/A**

Summary of Amendment(s) to Current MFC:

The facility has completed repairs to housing areas and cells that were inoperable at the time of the February 2016 MFC review. The additional housing areas and beds are as follows:

- **Housing Area 1A – 16 individual cells;**
- **Housing Area 1B – 2 individual cells; and**
- **Housing Area 15B – 50 Individual cells.**

Recommendation/Comments:

Approve: **X**
Deny: _____
(Check One)

Recommended Capacity: **1229**

Prepared by: _____ Date: 6/15/16

Reviewed by Regional Supervisor: _____ Date: 6/15/16

Reviewed by Facilities Planning and Review Unit: _____ Date: 6/16/16

Reviewed by Director / Deputy Director of Operations: _____ Date: 6/21/16



**Commission of
Correction**

**Maximum Facility Capacity
for the**

**New York City Department of Correction
George R. Vierno Center**

East Elmhurst, New York

June 2016

Thomas A. Beilein
Chairman

Phyllis Harrison-Ross, M.D.
Commissioner

Thomas J. Loughren
Commissioner

George R. Vierno Center (GRVC) – MFC 2016

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.

George R. Vierno Center (GRVC) – 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
1A	16	79 Sq. Ft.	2	16
1B*	16	79 Sq. Ft.	1	15
3A**	48	79 Sq. Ft.	6	0
3B	48	79 Sq. Ft.	6	48
4A	48	79 Sq. Ft.	6	48
4B	48	79 Sq. Ft.	6	48
5A	48	79 Sq. Ft.	6	48
5B	48	79 Sq. Ft.	6	48
6A	48	79 Sq. Ft.	6	48
7A	48	79 Sq. Ft.	6	48
7B	48	79 Sq. Ft.	6	48
8A	48	79 Sq. Ft.	6	48
8B	48	79 Sq. Ft.	6	48
9A	48	79 Sq. Ft.	6	48
9B	48	79 Sq. Ft.	6	48
10A	48	79 Sq. Ft.	6	48
10B	48	79 Sq. Ft.	6	48
15A	50	79 Sq. Ft.	8	50
15B	50	79 Sq. Ft.	8	50
19B	50	79 Sq. Ft.	8	50

1B* Reduction of one cell: Cell 1- was converted into an Officers Post. This unit is used as the facility's "Back Intake" area.

3A** Facility can request occupancy upon completion of construction/renovations.

Individual General Housing Unit Total: 853

George R. Vierno Center (GRVC) – MFC 2016

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

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Showers Available per Section	Maximum Inmate Capacity
2A	16	79 Sq. Ft.	2	16
2B*	16	79 Sq. Ft.	1	15
11A	50	79 Sq. Ft.	8	50
11B	50	79 Sq. Ft.	8	50
13A	50	79 Sq. Ft.	8	50
13B	50	79 Sq. Ft.	8	50
17A	50	79 Sq. Ft.	8	50
17B	50	79 Sq. Ft.	8	50
19A**	50	79 Sq. Ft.	8	45

2B* Reduction of 1 cell: Has only 1 shower within the housing area.

19A** Reduction of five (5) cells: Cell 10- Storage; Cell 11- Mental Health Office; Cell 12- Mental Health Office; Cell 13- Medical Nurse Station; Cell 14- Nurse Office

Individual Special Housing Unit Total: 376

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
N/A					

Note:

Multiple General Housing Unit Total: 000

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

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

Note:

Multiple Special Housing Unit Total: 000

George R. Vierno Center (GRVC) – 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.)
Medical Clinic Holding Cell	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.
Main Intake - Medical Clinic Holding Pen 4	1	1	238 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 fifteen (15) inmates in this cell. The facility uses this area for the temporary holding of inmates being seen within the Clinic.
Admissions - Discharge				
Main Intake Holding Pen 1 "Incoming – Outgoing"	0	0	210 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 2 "Queens"	1	1	182 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 twelve (12) inmates in this cell.
Main Intake Holding Pen 3 "Bronx"	1	1	238 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 fifteen (15) inmates in this cell.

George R. Vierno Center (GRVC) – MFC 2016

Main Intake Holding Pen 5	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.
Main Intake Holding Pen 6	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.
Main Intake Holding Pen 7	1	1	70 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.
Main Intake Holding Pen 8	1	1	70 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.
Main Intake Holding Pen 9	1	1	70 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.
Main Intake Holding pen 10	1	1	238 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 fifteen (15) inmates in this cell.
Main Intake Holding pen 11	1	1	288 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 nineteen (19) inmates in this cell.
Main Intake Holding Pen 12	0	0	228 Sq. Ft.	The facility maintains searching equipment within this area (Magnetometer, x-ray line scan, Boss Chair, etc...) This area is not authorized to hold inmates other than the time needed to search an inmate.

George R. Vierno Center (GRVC) – MFC 2016

Main Intake Holding Pen 13	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.
“Pre-Search” “Ulster – Downstate”				
Main Intake Holding Pen 14	1	1	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.

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.

George R. Vierno Center (GRVC) – MFC 2016

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	853
Subtotal Individual Housing Units Used for Special Housing:	376
Subtotal Multiple Housing Units Used for General Housing:	000
Subtotal Multiple Housing Units Used for Special Housing:	000
MAXIMUM FACILITY CAPACITY:	1229

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.)

COMMENTS: MFC formulation based upon beds at standard review. Individual housing unit 12M has been converted into offices and 6B has been converted into program rooms and offices. Multiple Occupancy Housing Unit 6B – A Dorm; B Dorm; C Dorm; and D Dorm have been closed and no longer used by the facility.

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)

Justification to Amendment Facility's MFC

Facility: **Otsego County Jail**

Date of Last MFC report and Current MFC: **May 2006 - MFC 100**

Name of Staff(s) Who Conducted the MFC Site Visit at the Facility: **William Benjamin and Todd D'Alessandro**

Date(s) of MFC Site Visit: **June 16, 2016**

Update on Capital Construction Project: **The County hired LaBella Associates to conduct a needs assessment of the current jail. Report was finalized in March 2016 and recommends 25 year building renovations and the addition of a 40 bed housing pod.**

Summary of Amendment(s) to Current MFC:

Changes to the following area:

Removed the "Female" and "Male" housing unit labels.

Recommendation/Comments:

No change in the number beds at standard, this will give the facility flexibility to move females and male housing units based upon capacity needs.

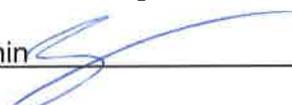
Approve: **X**
Deny: _____
(Check One)

Recommended Capacity: **100**

Prepared by: Todd D'Alessandro Date: 6/20/2016

Reviewed by Regional Supervisor: William Benjamin  Date: 6/20/2016

Reviewed by Facilities Planning and Review Unit:

 William Benjamin  Date: 6/20/2016

Reviewed by Director / Deputy Director of Operations:

_____ Date: _____



**Commission of
Correction**

Maximum Facility Capacity

For The

Otsego County Jail

In

Cooperstown, New York

June 2016

Thomas A. Beilein
Chairman

Phyllis Harrison-Ross, M.D.
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 Each Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Maximum Inmate Capacity
A WING				
Block 100	6	80 Sq. Ft.	1	6
Block 101	6	80 Sq. Ft.	1	6
Block 102	4	80 Sq. Ft.	1	4
Block 117	4	80 Sq. Ft.	1	4
Block 119	3	80 Sq. Ft.	1	3
B WING				
Block 106	5	80 Sq. Ft.	1	5
Block 107	4	80 Sq. Ft.	1	4
Block 110	5	80 Sq. Ft.	1	5
Block 111	3	80 Sq. Ft.	1	3

Individual Housing Unit Total: 40

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 Each Unit (Sq. Ft. of Floor Space)	# of Showers Available per Section	Maximum Inmate Capacity
N/A					

Individual Special Housing Unit Total: N/A

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

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Number of Showers Available per Section	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
Dorm A	1	1	1	1162 Sq. Ft.	15
Dorm B	1	1	1	1173 Sq. Ft.	15
Dorm C	1	1	1	1173 Sq. Ft.	15
Dorm D	1	1	1	1161 Sq. Ft.	15

Multiple General Housing Unit Total: 60

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

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

Multiple Special Housing Unit Total: N/A

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.)
HOLDING AREA				
Holding Cell #1	1	1	60 Sq. Ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy shall be limited to four (4) hours. When utilized for holding, the facility may hold up to four (4) inmates per holding cell.
Holding Cell #2	1	1	60 Sq. Ft	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy shall be limited to four (4) hours. When utilized for holding, the facility may hold up to four (4) inmates per holding cell.
Holding Cell #3	1	1	60 Sq. Ft	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy shall be limited to four (4) hours. When utilized for holding, the facility may hold up to four (4) inmates per holding cell.

This housing may be used only 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.

MAXIMUM FACILITY CAPACITY
 Otsego County Jail

Date: June 2016

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	40
Subtotal Individual Housing Units Used for Special Housing:	N/A
Subtotal Multiple Housing Units Used for General Housing:	60
Subtotal Multiple Housing Units Used for Special Housing:	N/A
MAXIMUM FACILITY CAPACITY:	100

Other non-standard housings area identified on the Maximum 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.)

COMMENTS:

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

Submitted by:

Todd J. Welch CTS II 6/20/16

(Preparer's Signature and Title, and Date)

Approved by:

[Signature] CTS II 6/20/16

(Signature Title and Date)

Justification to Amendment Facility's MFC

Facility: **Rensselaer County Correctional Facility**

Date of Last MFC report and Current MFC: **March 2010 - MFC 473**

Name of Staff(s) Who Conducted the MFC Site Visit at the Facility: **William Benjamin and Todd D'Alessandro**

Date(s) of MFC Site Visit: **May 18, 2016**

Update on Capital Construction Project: **N/A**

Summary of Amendment(s) to Current MFC:
Corrections to the following areas:

East 1	48 beds (changed from 47 beds)
East 2	47 beds (changed from 48 beds)
West 2	20 beds (changed from 24 beds)
West 3	24 beds (changed from 20 beds)
West 5	20 beds (changed from 30 beds)
C-1	30 beds (changed from 20 beds)

Recommendation/Comments:

No change to total capacity, adjustment make to correct errors in capacity ratings for the above housing units. Housing unit's names were inadvertently switched.

Approve: X

Deny: _____
(Check One)

Recommended Capacity: **473**

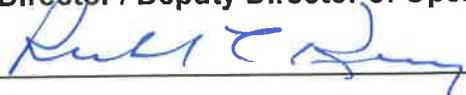
Prepared by: Todd D'Alessandro Date: 5/26/2016

Reviewed by Regional Supervisor: William Benjamin Date: 6/17/2016

Reviewed by Facilities Planning and Review Unit:

William Benjamin Date: 6/17/2016

Reviewed by Director / Deputy Director of Operations:

 Date: 4/27/16



**Commission of
Correction**

**Maximum Facility Capacity
for the**

Rensselaer County Correctional Facility

Troy, New York

June 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.

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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.
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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
East 1	48	80 Sq. Ft.	6	48
East 2	47	80 Sq. Ft.	6	47
West 2	20	80 Sq. Ft.	6	20
West 3	24	80 Sq. Ft.	6	24
West 5	20			20
Sub Unit Cells 103, 201 - 203	4	80 Sq. Ft.	1	4
Cells 101-102, 104 - 110	9	80 Sq. Ft.		9
Cells 204 - 210	7	80 Sq. Ft.	4	7
North 2 *	36			36
Cells 101 - 108	4	70 Sq. Ft.		4
Sub Unit Cells 109 - 112	2	70 Sq. Ft.		2
Sub Unit Cells 113, 114	4	70 Sq. Ft.	8	4
Sub Unit Cells 115 - 118	8	70 Sq. Ft.		8
Cells 201 - 218	18	70 Sq. Ft.		18
North 3 *	36			36
Sub Unit Cells 107 - 110	4	70 Sq. Ft.		4
Sub Unit Cells 111, 112	2	70 Sq. Ft.		2
Sub Unit Cells 113 - 116	4	70 Sq. Ft.	6	4
Cells 117 - 124	8	70 Sq. Ft.		8
Cells 207 - 224	18	70 Sq. Ft.		18
North 4 *	36			36
Cells 101 - 118	18	70 Sq. Ft.	6	18
Cells 201 - 218	18	70 Sq. Ft.		18

* = TOTAL MFC OF PODS NORTH 2, 3, & 4 IS 60 BEDS WITH INDIVIDUAL CELLS AND DOUBLE CELLS INCLUDED.

Individual General Housing Unit Total: 265

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	
C1 (Reception)	Adm. Seg.	30		7	30	
<i>Sub Unit Cells 101 – 105</i>		<i>5</i>	<i>80 Sq. Ft.</i>			<i>5</i>
<i>Sub Unit Cells 201 – 205</i>		<i>5</i>	<i>80 Sq. Ft.</i>			<i>5</i>
<i>Cells 106 – 112, 115</i>		<i>8</i>	<i>80 Sq. Ft.</i>			<i>8</i>
<i>Cells 206 – 215</i>		<i>10</i>	<i>80 Sq. Ft.</i>			<i>10</i>
<i>Cells 113, 114</i>		<i>2</i>	<i>85 Sq. Ft.</i>			<i>2</i>
West 1 RHU	Pun. / Adm. Seg.	14	80 Sq. Ft.	4	14	
North 1	Med. Seg.	48		8	48	
<i>Cells 101 – 108</i>		<i>8</i>	<i>85 Sq. Ft.</i>			<i>8</i>
<i>Sub Unit Cells 109 – 112</i>		<i>4</i>	<i>85 Sq. Ft.</i>			<i>4</i>
<i>Sub Unit Cells 113 – 116</i>		<i>4</i>	<i>85 Sq. Ft.</i>			<i>4</i>
<i>Cells 117 – 124</i>		<i>8</i>	<i>85 Sq. Ft.</i>			<i>8</i>
<i>Cells 201 – 224</i>	<i>24</i>	<i>85 Sq. Ft.</i>	<i>24</i>			
Medical	Med. Isolation	2	135 Sq. Ft	1	2	

Individual Special Housing Unit Total: 94

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
West 4	6	6	4	3080 Sq. Ft.	40
North 2 *					24
<i>Double Cells 119 - 124</i>	6	6	8	104 Sq. Ft.	<i>12</i>
<i>Double Cells 219 - 224</i>	6	6		104 Sq. Ft.	<i>12</i>
North 3 *					24
<i>Double Cells 101 - 106</i>	6	6	6	104 Sq. Ft.	<i>12</i>
<i>Double Cells 201 - 206</i>	6	6		104 Sq. Ft.	<i>12</i>
North 4 *					24
<i>Double Cells 119 - 124</i>	6	6	6	104 Sq. Ft.	<i>12</i>
<i>Double Cells 219 - 224</i>	6	6		104 Sq. Ft.	<i>12</i>

* = TOTAL MFC OF PODS NORTH 2, 3, & 4 IS 60 BEDS WITH INDIVIDUAL CELLS AND DOUBLE CELLS INCLUDED.

Multiple General Housing Unit Total: 112

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

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

Multiple Special Housing Unit Total: 0

III. A. NON-STANDARD AREAS

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Total Size of Unit (Sq. Ft. of Floor Space)	Description of use (Limits as to use, time frame, etc.)
Holding Cells 1-6	6	6	45 Sq. Ft.	The facility shall limit individual occupancy <u>holding</u> to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. When utilized for holding, the facility may hold up to three (3) inmates in each holding cell.
Group Holding 1	0	0	210 Sq. Ft.	The facility shall limit individual and multiple occupancy holding shall be limited to four (4) hours. When utilized for holding, the facility may hold up to (14) inmates in this holding cell.
Group Holding 2	0	0	182 Sq. ft.	The facility shall limit individual and multiple occupancy holding shall be limited to four (4) hours. When utilized for holding, the facility may hold up to (12) inmates in this holding cell.
Group Holding 3	0	0	280 Sq. Ft.	The facility shall limit individual and multiple occupancy holding shall be limited to four (4) hours. When utilized for holding, the facility may hold up to (18) inmates in this holding cell.

These areas may be used only for the purposes and for the durations shown, as listed in the right hand column. Any other use is prohibited. These areas are non-standard and will not be added to the MFC.

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	267
Subtotal Individual Housing Units Used for Special Housing:	94
Subtotal Multiple Housing Units Used for General Housing:	112
Subtotal Multiple Housing Units Used for Special Housing:	0
MAXIMUM FACILITY CAPACITY:	473

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.

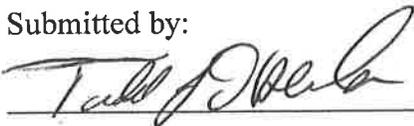
_____ Adjustments have not been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

X 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 updated of to adjust names of housing unit, no change in totals.

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

Submitted by:

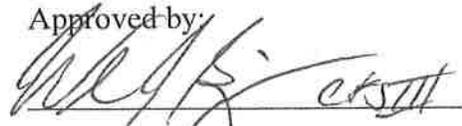


(Preparer's Signature and Title)

June 17, 2016

(Date)

Approved by:



(Signature and Title)

June 17, 2016

(Date)