NEW YORK STATE | Commission of Correction

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS J. LOUGHREN
Commissioner

MEMORANDUM

TO: COMMISSION MEMBERS

FROM: Brian Callahan, General Counsel BMC

RE: AGENDA FOR COMMISSION MEETING

DATE: July 21, 2015 at 11:00AM

I. MINUTES

SCOC
June 16, 2015

CPCRC
July 9, 2015

MRB
Administrative Closures

II. VARIANCES

A. Erie County Sheriff's Office
(New) 15-V-02
(Section 7040.3 Facility Population Limitation)

B. Dutchess County Jail
15-V-01
(Section 7040.3 Facility Population Limitation)

C. Greene County Sheriff's Office
14-V-02
(Section 7028.4 Exercise Areas and Equipment)

D. Madison County Jail
14-V-04
(Section 7040.3 Facility Population Limitation)

III. **MFC**

E. **Ontario County Jail**
Reformulation

IV. **CONSTRUCTION**

F. **Erie County Holding Center and Erie County Correctional Facility**
Security and Video Upgrade and Other Various Renovation Projects

G. **NYS Department of Correctional Services & Community Supervision**
Groveland Correctional Facility
Window Replacement Project, Buildings 143, 144, and 145

NEW YORK STATE | Commission of Correction

THOMAS A. BEILEIN
Chairman

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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

NYS Empire State Development Corporation
633 Third Avenue,
(36th Floor) Conference Room A
New York, New York 10017

DATE OF MEETING: June 16, 2015

Chairman Beilein called the meeting to order at 11:09am.

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
Justin Mason, Deputy Director of Public Information

DATE: **June 16, 2015 at 11:00AM**

I. MINUTES

SCOC May 19, 2015	**Approved Unanimous** **Loughren/Ross**
CPCRC June 11, 2015	**Approved Unanimous** **Loughren/Ross**

MRB Administrative Closures	**Approved Unanimous** **Ross/Loughren**	
June 4, 2015	**Approved Unanimous** **Ross/Loughren**	

II. VARIANCES

A.	**Genesee County Sheriff's Office** 04-V-02 (Section 7040.3 Facility Population Limitation)	**Approved Unanimous** **One (1) Year** **Loughren/Ross**
B.	**NYC Department of Correction** 10-V-02 (Section 7016.2(b) Commissary and Inmate Accounts)	**Approved Unanimous** **One (1) Year** **Ross/Loughren**
C.	**Rockland County Jail** 95-V-17 (Section 7040.3 Facility Population Limitation)	**Approved Unanimous** **One (1) Year** **Loughren/Ross**
D.	**Suffolk County Sheriff's Office Riverhead** 95-V-08 (Section 7040.3 Facility Population Limitation)	**Deny Unanimous** **Loughren/Ross**
E.	**Suffolk County Sheriff's Office Riverhead** 00-V-07 (Section 7040.3 Facility Population Limitation)	**Deny Unanimous** **Loughren/Ross**
F.	**Suffolk County Sheriff's Office Riverhead** 98-V-16 (Section 7040.3 Facility Population Limitation)	**Deny Unanimous** **Loughren/Ross**
G.	**Suffolk County Sheriff's Office Yaphank** 13-V-02 (Section 7040.3 Facility Population Limitation)	**Deny Unanimous** **Loughren/Ross**

III. CONSTRUCTION

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

Commissioner Harrison-Ross, M.D. made a motion to go into executive session at 11:18am to discuss Construction and MRB items, which was seconded by Commissioner Loughren.

Commissioner Loughren made a motion to exit Executive Session and return to general session at 11:49am, which was seconded by Commissioner Harrison-Ross, M.D.

The meeting resumed at 11:50am. 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 and approved.

Commissioner Loughren made a motion to adjourn at 11:50am which was seconded by Commissioner Harrison-Ross, M.D.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners

NEW YORK STATE | Commission of Correction

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS J. LOUGHREN
Commissioner

MINUTES

LOCATIONS:

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

NYS Empire State Development Corporation
633 Third Avenue,
(36th Floor) Conference Room A
New York, New York 10017

DATE OF MEETING: June 16, 2015

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
Justin Mason, Deputy Director of Public Information

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Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners

NEW YORK STATE | Commission of Correction

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS J. LOUGHREN
Commissioner

CITIZENS' POLICY AND COMPLAINT REVIEW COUNCIL

July 9, 2015

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

PRESENT:
Commissioner Thomas J. Loughren

Council Members:
Albany:
Tom Cross
Doug Landon
Martin Stanton
Charles Burkes
Nick LaBella, Jr.
Don Nadler

Williamsville
Julie Scalione

Also Present:
Rich Kinney
Deborah Slack-Bean
Terry Moran
Chris Ost
Tricia Amati
Christine Mozone

Commissioner Loughren opened the meeting at 11:05 a.m.

Commissioner Loughren asked for a motion to approve the minutes of the June 11, 2015 meeting. Tom Cross made a motion to approve the minutes and Martin Stanton seconded. Carried.

Tom Cross reviewed 20 hard copy expedited grievances and made a motion to deny all. Seconded by Martin Stanton.

Charles Burkes reviewed 8 hard copy Deny with Comment grievances and 14 Sharepoint Deny with Comment grievances and made a motion to deny all. Seconded by Doug Landon.

Nick Labella and Doug Landon reviewed the Sharepoint expedited grievances. Doug reviewed Broome – Ontario (30), and Nick reviewed Ontario – Westchester (30). Motions to deny were set by Nick Labella and Doug Landon and seconded by Tom Cross respectively.

The Council reviewed the remaining grievances.

ACCEPT IN PART

61481
61483
Chenango CJ — Unanimous

61188
Madison CJ — Unanimous

61391
Onondaga DOC — Unanimous

61393
Ontario CJ — Unanimous

61414
61441
Westchester DOC — Unanimous

ACCEPTED

61433
Ulster CJ — Unanimous

Deny with Comment

61194
Franklin CJ — Unanimous

61186
Lewis CJ — Unanimous

61388
Nassau CJ — Unanimous

ADMINISTRATIVE CLOSURES

DENY

61475 Broome CJ	Unanimous
58516 Chautauqua CJ	Unanimous
61140 61145 61146 61156 Chemung CJ	Unanimous
61147 61157 61158 61482 61159 61148 61160 61161 61499 Chenango CJ	Unanimous
61170 61171 61172 61173 61174 61954 Delaware CJ	Unanimous
61503 Franklin CJ	Unanimous
61175 61185 Fulton CJ	Unanimous
61490 Lewis CJ	Unanimous
61223 61224 Madison CJ	Unanimous

62035 62067 62068 Oneida CJ	Unanimous
60396 60436 Onondaga JC	Unanimous
61368 61392 61369 61370 61371 61372 59986 59987 61497 61394 61395 61399 59452 Ontario CJ	Unanimous
61400 61401 Orange CJ	Unanimous
61396 Oswego CJ	Unanimous
61412 Schenectady CJ	Unanimous
59237 59239 59236 Schuyler CJ	Unanimous
62176 Wayne CJ	Unanimous
61434 61435 61437 61438 61415 61417 61439 61459 61460	

61440
61442
59961
58122
Westchester DOC — Unanimous

51049
62033
62052
62061
62062
62063
62064
62065
62066
62173
62185
62186
Yates CJ — Unanimous

DENY WITH COMMENT ADMINISTRATIVE CLOSURES

61155
Allegany CJ — Unanimous

57536
Cayuga — Unanimous

14-52094
Chautauqua CJ — Unanimous

61162
61163
Chenango CJ — Unanimous

57535
57554
Clinton CJ — Unanimous

61189
61221
Madison CJ — Unanimous

14-55556
15-61365
Nassau CJ — Unanimous

61541
Otsego CJ — Unanimous

59467
59217
59235
Rockland CJ — Unanimous

14-48989
14-9006
Steuben CJ — Unanimous

59999
Sullivan CJ — Unanimous

51436
61416
61418
Westchester DOC — Unanimous

57558
Yates CJ — Unanimous

TABLED

59501
Sullivan CJ — Unanimous

RETURNED TO THE FACILITY

61222
Madison CJ — Unanimous

The next CPCRC meeting will be held on Thursday, August 13, 2015 at 11:00 a.m. at SCOC, AESOB 80 S. Swan St. 12th Floor Albany, NY and at Williamsville, NY 14221

Commissioner Loughren requested a motion to adjourn the meeting which was made by Tom Cross, seconded by Martin Stanton and carried. The meeting adjourned at 12:35 pm.

Respectfully submitted,

Deborah Slack-Bean
Senior Attorney

Name of Facility: Erie County Holding Center Variance # 15-V-02

New: X **Renewal:** **Relief from Stand** 7040.3

Application by: Superintendent Diina **Date Request Rec:** 7/6/15

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

Write-up Prepared by: Terrence Moran

Recommendation by Field Staff: **Approve for 6 Months**

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Superintendent Diina is requesting authorization for variance beds (for 4 months) in five dormitory housing areas at the Erie County Correctional Facility. This will allow the Erie County Holding Center to relocate inmates during a capital project in which the facility's security electronic system will be replaced. The facility does not want inmates present when contractors are completing work in housing areas.

RECOMMENDED CONDITIONS

1. The county is authorized to house additional inmates in the areas listed below.

Location	Capacity	Increase	Total Housed
Lima Dorm	48	12	60
Nova Dorm	48	12	60
Oscar Dorm	48	12	60
Papa Dorm	48	12	60
Romeo Dorm	48	10	58

2. Additional inmates who are housed in the approved areas ***must*** be provided with a bunk, cot, or at a minimum a boat to be used as a bed.

3. Active supervision must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2(c).

4. Inmates housed in the above-noted areas receive the same services and programs as the general population.

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

6. The facility will ensure compliance with all elements of Correction Law 500-b and Part 7013, Classification.

7. This variance shall become effective when the capital project commences, and will expire on February 1, 2016.

8. This variance shall become null and void should the capital project at the Erie County Holding Center be completed prior to the expiration of this variance.

OTHER VARIANCES IN EFFECT – None

STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):
SCOC staff are familiar with the requested variance areas.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

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 request should be approved for 6 months to allow the facility to complete the capital project in a timely and safe manner. It will further allow the facility to relocate affected inmates and provide contractors the opportunity to complete work in housing areas. The requested variance beds have been used in the past with no operational problems.

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

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: Erie County Holding Center

Person requesting: Supt. Thomas J. Diina

(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 are seeking to temporatily increase the capacity of the Lima, Nova, Oscar, and Papa housing areas (located at Erie County Correctional Facility) from its current capacity of 48 inmates to 60. Additionally, we are seeking to temporarily increase Romeo Unit from 48 to 58 inmates. This is being requested to assist ECSO in facilitating a capital project which is about to commence [redacted] This project will improve the overall safety, security, and operational efficiency of the Holding Center.

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 sheet.

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

_____ Days _____ Weeks 4 _____ 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).

If approved, and barring any unforseen delays, ECSO would expect to be in full compliance with the standard upon completion of the aforementioned capital project, scheduled for 12/30/15. COC would be kept advised as to the progress of the project, as well as anything which could alter the projected completion date.

Please note that these variance beds would be used on an "as needed" basis, and that all classification mandates would be maintained at all times.

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

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Dorms and Cells Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds
Lima	3422	4	4	4	48	12
Nova	3422	4	4	4	48	12
Oscar	3422	4	4	4	48	12
Papa	3422	4	4	4	48	12
Romeo	3003	4	4	4	48	10

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

(Page _____ of _____)

G. Has this variance been previously approved?

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

7/6/15

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: Dutchess County Jail Variance # 15-V-01

New: **Renewal:** X **Relief from Standard:** 7040.3

Application by: Sheriff Anderson **Date Request Rec:** 7/13/15

Last Approved: 4/21/15 **Length of Approval:** 90 Days **Expiration:** 11/1/15

Write-up Prepared by: Terrence Moran

Recommendation by Field Staff: **Approve for:** **120 Days**

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Pursuant to the March 2014 Memorandum of Agreement between the Commission and Dutchess County, Sheriff Anderson is requesting the continuation of this variance which allows for beds in the following temporary modular housing areas:

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

RECOMMENDED CONDITIONS

It is recommended that this variance request be granted for a period of sixty (60) days with the stipulation that the following conditions are observed:

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

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

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

OTHER VARIANCES IN EFFECT – None

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

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:
October 2013

ANY OPEN MINIMUM STANDARD VIOLATIONS: NONE

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

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:

To date, Dutchess County has met all conditions of the March 2014 Memorandum of Agreement and July 2014 amendment. The needs assessment report was submitted in April 2015. The next key milestone is the submittal of design development drawings by November 1, 2015.

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

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

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

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

Thomas A. Beilein
Chairman

Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Dutchess County Jail

Person requesting: Adrian H. Anderson

(Sheriff/Chief Administrative Officer)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as:
   Ex. Part: 7040 Section: 3 Subdivision: n/a

   Standard for which the variance is requested:

   Part: 4040 Section: 3 Subdivision:

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

The Dutchess County Sheriff's Office is requesting to continue its variance to our current MFC at the Dutchess County Jail. On April 21st 2015 the Commission approved a variance in compliance with the provisions of 9NYCRR, Part 7040.3 for a period of 90 days.

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

The Dutchess County Sheriff's Office is requesting a variance to our current MFC at the Dutchess County Jail. We house more than 160 inmates in the temporary housing units and need to continue to do so until the new facility is built.

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

_____ Days _____ Weeks 48 Months

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

On March 18th, 2014 the SCOC, Dutchess County Executive, Dutchess County Sheriff and the County of Dutchess entered into a Memorandum of Agreement ("MOA") by which the SCOC agrees in principle with the use of a temporary facility for the purpose of housing up to 200 inmates subject to the terms and conditions set forth within. The MOA states a schedule which includes timetables and milestones leading to the completion of new permanent correctional space and beds to satisfy the requested variance.

G. Has this variance been previously approved?

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

7/13/05

Signature (Sheriff) (Chief Administrative Officer) Date

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

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

Name of Facility: Greene County Jail Variance # 14-V-02

New: **Renewal:** X **Relief from Standard:** 7028.4

Application by: Superintendent Spitz **Date Request Rec:** 12/12/2014

Last Approved: 1/21/2015 **Length of Approval:** 6 Months **Expiration:** August 1, 2015

Write-up Prepared by: Terrence Moran

Recommendation by Field Staff: **Approve for 6 Months**

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

The facility is requesting a six month extension for variance 14-V-02 which authorizes the county to use an exercise yard for the purpose of providing prisoners outdoor exercise that does not meet the requirements of 7028.4(b).

RECOMMENDED CONDITIONS

1. No more than 8 inmates will utilize the outdoor exercise yard at one time.
2. The facility will schedule sufficient exercise periods to ensure that all inmates receive the required exercise pursuant to Part 7028, Exercise.
3. The facility administration shall provide the Commission with updates and minutes of meetings from the Jail Task Force with any future extension requests.

OTHER VARIANCES IN EFFECT – None

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

On June 3, 2015, Commission staff members Terrence Moran and William Benjamin attended the Greene County legislative meeting, during which a resolution was passed to approve funding for a needs assessment study for a new county jail.

On June 4, 2015, Commission staff members Terrence Moran and William Benjamin met with county officials and toured the proposed construction site on the campus of the Coxsackie Correctional Facility.

On June 16, 2015, the Commission approved the Coxsackie site.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

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:

For several months, the county has held monthly Jail Task Force meetings to discuss available options in constructing a new correctional facility. SCOC staff have attended several of the meetings. Information to note:

1. **An architectural firm has been selected to complete a needs assessment study for a new jail. Funding for this study has been approved by the county. Funding for engineering studies has also been approved.**

2. **The Commission approved the Coxsackie site.**

3. **Members of the task force have toured several county jails to gather information on the planning, transition and construction process.**

REVIEWED BY REGIONAL SUPERVISOR: TM **DATE:** 7/13/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

NEW YORK STATE | Commission of Correction

FROM: Chairman Thomas A. Beilein **DATE: June 5, 2015**

SENDER: **Michael J. Spitz, Superintendent**

AGENCY: Greene County

DATE OF ORIGINAL RECEIVED: **June 3, 2015**

REF: Variance 14V02

DOCUMENT DESCRIPTION: **Variance Application**

CHAIRMAN'S COMMENTS:

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

REGIONAL SUPERVISOR: Moran

CC:

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

JUN 3

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: Greene County

Person requesting: Michael J. Spitz, Superintendent

(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: 7028 Section: 4 : B Subdivision:

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

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

The variance is necessary to comply with C.O.C. standard 7028.4 (b)

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

_____ Days _____ Weeks 6 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).

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

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

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

(Page _____ of _____)

G. Has this variance been previously approved?

Yes X If yes, include the variance number 14-V-02 No _____

6/1/2015

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: Madison County Jail Variance # 14-V-04

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

Application by: Captain Timothy Flynn **Date Request Rec:** June 10, 2015

Last Approved: 7/15/14 **Length of Approval:** 1 yr **Expiration:** 8/15/15

Write-up Prepared by: D McGeary

Recommendation by Field Staff: Approve One Year

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Facility is requesting to house up to 12 inmates in the indoor exercise area at the Madison County Jail. Facility is requesting variance to maintain housing flexibility of intermittent inmates and to conduct routine maintenance of housing areas such as painting and floor waxing.

VARIANCE HISTORY

7/15/14 - Approved

CONSTRUCTION/RENOVATION PLANS

The facility would like to add the indoor exercise room to the existing MFC. Such a request should not be approved due to the fact that showers are not contained within the unit.

OTHER VARIANCES IN EFFECT

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

6-29-15 to 7-2-15

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

6-29-15 to 7-2-15

ANY OPEN MINIMUM STANDARD VIOLATIONS:

7003.2c - Staff do not enter housing areas every 30 minutes
7003.3f - Watch tour record review is not documented
7003.3j5 - Additional supervision documentation is incomplete
7003.5a - Count procedures do not include physical counts of non-housing areas
7003.5c - Master count requires documentation of the time the count is cleared
7003.8 - Firearms log does not include reasons for firearm issuance
7003.9 - Housing control does not maintain a log for key issuance

7004.2 - Facility needs to provide additional paper to inmates on a weekly basis
7005.6 - Facility needs to replenish toothpaste, tooth brushes and bar soap as needed for all inmates.
7006.3 - Rulebook needs to be updated
7006.4 - Policy authorizes work details privilege loss and keeplock up to five days as a sanction
7006.8 - Hearing dispositions do not explain how evidence supports hearing officer findings
7009.5 - Facility needs to maintain documentation that inmate kitchen workers have been cleared for work
7016.1 - Commissary program is due for an audit
7030 - Facility needs a policy for non-discriminatory treatment
7031.2b - Facility needs to advise inmates as to how they can block attorney calls from being recorded
7031.4e - Facility law library does not have required materials and only has one terminal available to inmates
7039.4 - Facility needs to request for an inspection by DOS
7039.5 - Facility needs to conduct more in depth weekly inspections
7051.6 – Determinations to approve funeral and deathbed visits must address all requirements of this section
7063.6 - Chemical agent inspections are not documented in accordance with this section
7063.7 - Use of chemical agents is not documented in accordance with this section
7070.4 - Information enumerated in this section needs to be provided to eligible youth upon admission.
7070.6 - Facility needs to implement procedures that will ensure that when male and female eligible youth are in the facility, both populations receive three hours of classroom instruction.

ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:

JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:
Facility is prepared to embark on a large scale painting project. Housing in the indoor exercise area will permit such and allow facility to properly segregate inmates according to classification when the count exceeds 90% of MFC while simultaneously housing intermittent inmates.

RECOMMENDED CONDITIONS IF APPROVED

1. The county is authorized to house up to 12 inmates in the indoor exercise area at the Madison County Jail.

2. Classification of inmates shall be completed in accordance with Correction Law §500-b and 9 NYCRR, Part 7013, Classification.

3. Inmates who are housed in the above-noted area must be provided with a bunk, cot, or at a minimum a boat to be used as a bed.

4. (New condition) Inmates who are housed in the above noted area must be provided with sufficient tables and chairs so as to allow all inmates to sit at tables during mealtimes

5. Active Supervision must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2(c). Due to the physical plant's construction (i.e., solid windows), a staff post must be maintained within the indoor exercise area at all times.

6. Inmates housed in the above-noted areas receive the same services and programs as the general population.

7. 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: TM **DATE:** 7/17/15

REVIEWED BY DEPUTY DIRECTOR: **DATE:**

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: Madison County

Person requesting: Timothy Flynn - Captain

(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: 7621 Section: 3 Subdivision:

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

The facility indoor exercise room would be used as an overflow housing unit as an open dorm unit. It would also be used (when needed) to house inmates from other housing units due to routine maintenance such as painting and floor waxing. We would still like to have the flexibility of housing intermittent inmates if needed to reduce or eliminate contraband issues.

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

Maintain the flexibility of housing intermittent inmates if needed to reduce or eliminate contraband issues. It would also be used to house inmates from other housing units due to routine maintenance such as painting and floor waxing and at times exceeding MFC.

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).

Would like to add the indoor exercise room to the current MFC as a modification to be used as stated above to house inmates when needed.

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

Housing Area (Name and type, i.e. 1 North, dorm, linear)	Dorms and Cells Sq. Ft.	Number of Sinks	Number of Showers	Number of Toilets	Current MFC	Requested Number of Variance Beds
Indoor exercise room	1,540	1	2 In flex housing unit	1	0	12

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

(Page _____ of _____)

G. Has this variance been previously approved?

Yes X If yes, include the variance number 14-V-04 No _____

Timothy M Flynn 6-10-15

Signature (Sheriff) (Chief Administrative Officer) Date

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

Ontario County
Correctional Facility

www.co.ontario.ny.us
3045 County Complex Drive
Canandaigua, New York 14424

Philip C. Povero
Sheriff

David C. Tillman
Undersheriff

Alice C. Haskins
Chief Correction Officer

JUL 07 2015

BY: .....

Thomas Beilein, Chairman
NY State Commission of Correction
Alfred E. Smith Government Building
80 South Swan Street, 12 th Floor
Albany, NY 12210

Good Morning Chairman Beilein:

Would you please consider this request for a maximum facility capacity reformulation.

The Ontario County Jail renovation project that added a constant watch area is substantially complete. The county code officer plans to issue a temporary certificate of occupancy on or before July 17th. The 9 bed unit is primarily designated as a constant watch area. However, it was designed to be flexible so if the need arises to use it for small group populations such as minors or an overflow of female inmates, that option exists.

The jail administration has been in contact with Commission staff and staffing for this unit is included in the recent staffing analysis prepared for the Ontario County Jail.

Thank you for your consideration of this request and your continuing support for the safe operations of the Ontario County Jail.

Sincerely,

Philip C. Povero

Philip Povero, Sheriff

AMENDMENT TO FACILITY MFC

Facility: **Ontario County Jail**

Date of Site Visit: **July 6, 2015**

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

Date of Last MFC report
January 19, 2005

Update on Capital Construction Project:
The facility will soon undertake a project which extends the wall partition of a sub-day housing area in Pod 2 to encompass an additional 7 cells. Housing floor tiles will also be replaced. This project was previously approved by the Commission.

Summary of amendment(s) to current MFC
Chief Haskins is requesting approval of a Maximum Facility Capacity of nine (9) beds for its newly completed Multiple Use dormitory (former supervisors' office). The square footage of the dormitory is sufficient to for the nine (9) beds. The facility plans to use it for either general population inmates or inmates on *Constant Supervision* status. The facility is aware that they cannot commingle both. This will increase the facility's Beds-at-Standard from 282 to 291.

Recommendation/Comments:
Recommend the Commission approves the revised MFC (291 beds) for the Ontario County Jail.

Approve: X **Amended Capacity: 291**
Deny:_____
No Recommendation:
(Check One)

Reviewed by Regional Supervisor: _____ **Date:** 7/9/15

Reviewed by Facility Planning: _____ **Date:**

Reviewed by Deputy Director: _____ **Date:** 7/9/15

NEW YORK STATE | Commission of Correction

Maximum Facility Capacity

For The

Ontario County Jail

In

Canandaigua, New York

July 2015

Thomas A. Beilein
Chairman

Phyllis Harrison-Ross, M.D.
Commissioner

Thomas Loughren
Commissioner
Commissioner

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

INDIVIDUAL OCCUPANCY HOUSING UNITS:

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

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

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

EXCEPTIONS:

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy or rated for single occupancy by the Commission of Correction prior to the effective date Part 7040, September 13, 1989.

2. Each such unit used to house inmates apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.

3. Required equipment (bed, mattress, toilet, sink) may be modified or excluded for units used for short term medical/mental health observation of inmates when the presence of such equipment may pose a threat to such inmates or to the safety or security of the facility.

MULTIPLE OCCUPANCY HOUSING UNITS:

1. Each such unit shall provide a minimum of 50 square feet of floor space per inmate in the sleeping area.

2. Each such unit shall house no more than 60 inmates.

3. Each such unit shall have a bed and mattress for each inmate.

4. Each such unit shall have at least:
   1 functioning toilet for every 12 inmates;
   1 functioning shower for every 15 inmates; and
   1 functioning sink for every 12 inmates.

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

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

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Proposed Inmate Capacity
POD 8	48	36 @ 60 sq. ft. 12 @ 100 sq. ft.	12 showers	60
POD 7	48	36 @ 60 sq. ft. 12 @ 100 sq. ft.	12 showers	60
Pod 4	24	24 @ 60 sq. ft.	3	24
Pod 3	24	24 @ 60 sq. ft.	3	24
Pod 2				
Subdayroom 1	4	4 @ 60 sq. ft.	1	4
Subdayroom 2	11	11 @ 60 sq. ft.	1	11
Main Unit	33	21 @ 60 sq. ft. 12 @ 100 sq. ft.	8	45

Individual Housing Unit Total: 228

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
Pod 6		24	60 sq. ft.	4	24
Pod 5		24	60 sq. ft.	3	24
Medical		6	4 @ 112 sq. ft. 2 @ 168 sq. ft.	The four 112 sq. ft cells share 2 showers The two 168 sq. ft. cells have 1 shower each	6

Individual Special Housing Unit Total: 54

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
Multiple Use Dorm See Note Below	1	1	1	1137 total sq. ft. 875 sq. ft. of sleeping and dayspace	9 for general housing 8 for Constant Supervision

Note:

1. **This dormitory will be used to house general population inmates <u>or</u> inmates placed on Constant Supervision status. The two populations cannot be commingled.**

2. **When used to house inmates on Constant Supervision, the facility shall employ a second housing officer when the number of inmates exceeds five.**

3. **According to Chief Alice Haskins, county code limits the number of individuals in this area to 10, including housing officers. Accordingly, this limits the maximum number of Constant Supervision inmates to eight (8), as the second housing officer would be counted towards the total.**

Multiple General Housing Unit Total: 9

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
See note in Section IIA on previous page					

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.)
BOOKING				These cells may be used for short-term individual and multiple occupancy holding of inmates during the intake process, provided supervision is maintained pursuant to Part 7003 of 9NYCRR.
Holding #1	1	1	70 sq. ft.	
Holding #2	1	1	70 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy shall be limited to four (4).hours.
Holding #3	1	1	70 sq. ft.	
Holding #4	1	1	214 sq. ft.	When utilized for holding multiple inmates, the facility may hold up to:
Holding #5	1	1	214 sq. ft.	Holding #1: 4 inmates
				Holding #2: 4 inmates
				Holding #3: 4 inmates
				Holding #4: 14 inmates
				Holding #5: 14 inmates
				Holding #6: 3 inmates

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.

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	228
Subtotal Individual Housing Units Used for Special Housing:	54
Subtotal Multiple Housing Units Used for General Housing:	9
Subtotal Multiple Housing Units Used for Special Housing:	N/A
MAXIMUM FACILITY CAPACITY:	**291**

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 prograr 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: 7/9/15

(Preparer's Signature and Title, and Date)

Approved by:

(Signature Title and Date)