



Commission of Correction

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS J. LOUGHREN
Commissioner

MEMORANDUM

TO: COMMISSION MEMBERS
FROM: Brian Callahan, General Counsel *Buc*
RE: AGENDA FOR COMMISSION MEETING
DATE: September 15, 2015 at 11:00AM

I. MINUTES

SCOC

August 25, 2015

CPCRC

September 10, 2015

MRB

September 3, 2015

Administrative Closures

II. VARIANCES

A. Cortland County Jail

96-V-26

(Section 7040.3 Facility Population Limitation)

B. Erie County Penitentiary

15-V-04 (NEW)

(Section 7040.3 Facility Population Limitation)

C. Niagara County Jail

97-V-18

(Section 7040.3 Facility Population Limitation)

D. Tompkins County Jail

15-V-02

(Section 7028.4(b) Exercise Area and Equipment)

III. MFC

E. Orange County Jail

IV. CONSTRUCTION

F. Greece Police Department

New Police Headquarters and Courthouse Addition Project
Courthouse Addition

G. New York City Department of Correction

Eric M. Taylor Center (EMTC)
Entrance Renovation and Redesign

H. New York City Department of Correction

George R. Vierno Center (GRVC)
Entrance Renovation and Redesign

I. NYS Department of Correctional Services & Community Supervision

Auburn Correctional Facility
Rehabilitate Non-Contact Visit Space Project

J. NYS Department of Correctional Services & Community Supervision

Edgecombe Correctional Facility
Repair/Replace Security Fencing Project

K. Orange County Correctional Facility

Medical Unit Exercise Yard Construction Project



Commission of Correction

THOMAS A. BEILEIN
Chairman

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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

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

BUFFALO STATE OFFICE BUILDING
Walter J. Mahoney State Office Building
65 Court Street
Buffalo, New York 14202

DATE OF MEETING: August 25, 2015

Chairman Beilein called the meeting to order at 11:05am.

PRESENT:

Thomas Beilein, Chairman (Participated from Buffalo, NY Office Above)
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
Christopher Ost, Forensic Unit, Supervisor
Steve Savoy, Hudson Lakes, Supervisor
Justin Mason, Deputy Director of Public Information

DATE: August 25, 2015 at 11:00AM

I. MINUTES

SCOC
July 21, 2015

Approved Unanimous
Ross/Loughren

CPCRC
August 13, 2015

Approved Unanimous
Loughren/Ross

MRB
Administrative Closures

Approved Unanimous
Ross/Loughren

II. VARIANCES

A. **Erie County Penitentiary**
13-V-04
(Section 7040.3 Facility Population
Limitation)

Approved Unanimous
Thirty (30) Days
Ross/Loughren

B. **Onondaga Justice Center**
13-V-03
(Section 7040.3 Facility Population
Limitation)

Approved Unanimous
Six (6) Months
Loughren/Ross

III. CONSTRUCTION

C. **New York City Department of Correction
George Motchan Detention Center**
New School Annex Renovation

Approved Unanimous
Ross/Loughren

D. **Orange County Court Detention**
Construction Project

Approved Unanimous
Ross/Loughren

E. **Rockland County Jail**
Cell Window Modification Project

Approved Unanimous
Ross/Loughren

F. **Warren County Interim Court**
Construction Project

Approved Unanimous
Ross/Loughren

G. **Dutchess County Jail**
Request for Approval of Site Selection
for New County Jail Expansion

Approved Unanimous
Ross/Loughren

Commissioner Harrison-Ross, M.D. made a motion to go into executive session at 11:10am 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 11:26am, which was seconded by Commissioner Harrison-Ross, M.D.

The meeting resumed at 11:27am. 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 Harrison-Ross, M.D. made a motion to adjourn at 11:27am which was seconded by Commissioner Loughren.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners



Commission of Correction

THOMAS A. BEILEIN
Chairman

PHYLLIS HARRISON-ROSS, M.D.
Commissioner

THOMAS J. LOUGHREN
Commissioner

MINUTES

LOCATIONS:

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BUFFALO STATE OFFICE BUILDING
Walter J. Mahoney State Office Building
65 Court Street
Buffalo, New York 14202

DATE OF MEETING: August 25, 2015

PRESENT:

Thomas Beilein, Chairman (**Participated from Buffalo, NY Office Above**)
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
Christopher Ost, Forensic Unit, Supervisor
Steve Savoy, Hudson Lakes, Supervisor
Justin Mason, Deputy Director of Public Information

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Commissioner Harrison-Ross, M.D. made a motion to adjourn at 11:27am which was seconded by Commissioner Loughren.

Respectfully submitted,

Tricia Amati
Assistant to Chairman/Commissioners

Name of Facility: Cortland County Jail

Variance # 96-V-26

New: Renewal:

Relief from Standard: Part 7040.3

Application by: Sheriff Lee Price

Date Request Rec: 9/01/145

Last Approved: 9/15/14 Length of Approval: 6 Months

Expiration: 10/1/15

Beds at standard: 90

Beds Requested This Variance: 3

Total Variance Beds This Facility: 3

Current Population:

Write-up Prepared by: Chester Martinez

Recommendation by Field Staff: 1 Year

Recommendation at Briefing: Approve

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Price is requesting an extension of this variance which authorizes the facility to house one (1) additional inmate in each of three (3) Multi-purpose rooms pursuant to Section 7040.3.

VARIANCE HISTORY

2014-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/15/14 Meeting 12 months
2014-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 3/18/14 Meeting 6 months
2013-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/17/13 Meeting 6 months
2012-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/18/12 Meeting 1 year
2011	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at (9/28/11) Meeting 1 year
2010	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at (9/22/10) Meeting 1 year
2009-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/09 Meeting 1 year
2008-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/08 Meeting 1 year
2007-	Recommendation Action Taken	Approval Approved at 9/07 Meeting

Length of Variance 1 year
Conditions, if changed

2006- Recommendation Approval
Action Taken Approved at 3/07 Meeting
Length of Variance 6 months
Conditions, if changed

CONSTRUCTION/RENOVATION PLANS

Gym dorm conversion renovation completed. MFC updated

OTHER VARIANCES IN EFFECT

None

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

Chester Martinez, August 2015– Nothing significant to report

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

April 2015

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:

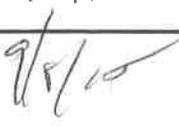
Commission staff recommends that this variance be approved based on the population levels at the facility and to provide flexibility for classification purposes.

RECOMMENDED CONDITIONS IF APPROVED

Commission staff recommends that the following conditions be included in the approval letter regarding this variance.

- (1) The county is authorized to house (1) additional general population inmate in each of the (3) Multi-Purpose Sections.
- (2) Inmates who are housed in the day space areas noted above **must** be provided with a bunk or a cot be used as a bed.
- (3) Active supervision must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2(c) and all supervisory visits must be documented.
- (4) Inmates housed in these areas must 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.

REVIEWED BY REGIONAL SUPERVISOR:  DATE: 9/8/15

OFFICIAL USE ONLY:  

NOTES OF MEETING: _____

2015-2016



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: Cortland County Jail

Person requesting: Sheriff Lee Price

(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 requesting a renewal of our variance 96-V26 to house an additional three (3) inmates in our sections 1,2 and 3.

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

We are requesting a renewal for our sections 1,2 and 3 to minimize boarding out cost.

- 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).

G. Has this variance been previously approved?

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

Lee C. Price

Signature (Sheriff) (Chief Administrative Officer)

9/1/2015
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: Erie County CF

Variance #15-V-04

New: Renewal:

Relief from Standard: 7040.3

Application by: Superintendent Thomas Diina

Date Request Rec: 8-21-15

Last Approved:

Length of Approval:

Expiration:

Write-up Prepared by: Terrence Moran

Recommendation by Field Staff: Approve for 4 months (to expire on February 1, 2016)

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

The facility is requesting authorization for 8 variance beds in the Joliet Dorm (female housing) at the Erie County Correctional Facility. Erie County has approved a capital project which will, in part, replace the existing electronic door control system at the Erie County Holding Center. During this project, the Holding Center administration plans to vacate housing areas in their entirety to all for installation of equipment. This variance will allow them to use the Joliet dormitory for overflow inmates from the Holding Center. It should be noted that these beds are currently authorized via variance 13-V-04, which expires on October 1, 2015. They anticipate this project to be completed by December 30, 2015.

RECOMMENDED CONDITIONS

Commission staff recommends that the following conditions be included in the approval letter regarding this variance, if the variance is approved.

1. The county is authorized to house eight (8) additional inmates in the Joliet Dormitory at the Erie County Correctional Facility, for a maximum of 56 inmates in that dormitory.
2. 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.
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 county shall report the number of unarraigned prisoners to the Commission on a daily basis via the daily download.
7. This variance shall become effective when the capital project commences, and will expire on February 1, 2015.

8. If at any time during this approval period the electronic door control project concludes at the Erie County Holding Center, the variance approval shall be considered null and void.

VARIANCE HISTORY

New

CONSTRUCTION/RENOVATION PLANS

The electronic door control system at the Erie County Holding Center will soon commence.

OTHER VARIANCES IN EFFECT

15-V-03: This variance authorizes the facility to house additional inmates in:

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

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

Staff visited the facility on September 20, 2015.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

July 2014 – No violations noted

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:

The variance should be authorized to allow for the vacating of housing units at the Holding Center during this project. This will drastically increase the safety and security of the facility.

REVIEWED BY REGIONAL SUPERVISOR:

TM DATE: 9/3/15
RI 9/8/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____



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

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

Thomas A. Beilein
Chairman

Variance Application Form

INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

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

Facility: Erie County Correctional Facility

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 temporarily increase the capacity of the Joliet housing area from its current capacity of 48 inmates to 56. This is being requested to assist ECSO in facilitating a capital project which has commenced that involves the wholesale replacement of the Holding Center's Security and Door Control system. This project will improve the overall safety, security, and operational efficiency of the Holding Center.

*Please note that the extra beds have been utilized since 2013 under variance #13-V-04 without incident.

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

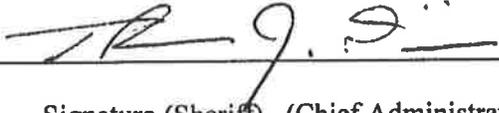
E. If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary).

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

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

G. Has this variance been previously approved?

Yes If yes, include the variance number 13-V-04 No

 8/21/15
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: Niagara County Jail

Variance # 97-V-18

New: Renewal:

Relief from Standard: 7040.3

Application by: Sheriff James Voutour

Date Request Rec: 9-2-14

Last Approved: September 16, 2014 Length of Approval: 1 Year Expiration: October 1, 2015

Write-up Prepared by: Terry Moran

Recommendation by Field Staff: Approve for 1 year

Recommendation at Briefing:

Final Recommendation:

SUMMARY OF VARIANCE REQUEST

Sheriff Voutour is requesting a one year extension of this variance which authorizes the jail to double-cell fourteen (14) cells in Pods 1, 2, 3 & 4 for a total of 56 additional beds.

RECOMMENDED CONDITIONS

Commission staff recommends that the following conditions be included in the approval letter regarding this variance.

- 1) That the county shall be authorized to double-cell in the following areas:

<u>AREA</u>	<u>MFC</u>	<u>INCREASE</u>	<u>TOTAL</u>
Pod #1	56	14	70
Pod #2	56	14	70
Pod #3	56	14	70
Pod #4	56	14	70
TOTALS:	224	56	280

- 2) That "active supervision" shall be maintained in all housing areas in accordance with the requirements of 9NYCRR Section 7003.2(c).
- 3) That one (1) additional staff person must be assigned in each of the above-noted pods on the 8:00 a.m. - 4:00 p.m. and 4:00 p.m. - 12:00 a.m. tours, for a total of two (2) staff on those tours when double-celling is being utilized and the population exceeds 60 (sixty) inmates. Further, the facility shall observe the current staffing requirement of one (1) officer assigned to each pod on the 12:00 a.m. - 8:00 a.m. tour.
- 4) That the facility maintains within the respective housing area logbooks/automated systems an ongoing total count of inmates and staff present within the area.

- 5) That inmates housed in these areas must receive the same services and programs as the general population.
- 6) That Commission staff will monitor the effects of the double-celling program on staff and inmates as well as the general operation of the facility.
- 7) That the facility shall 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
 - (c) reason for release

These records shall be made available to Commission staff for review upon request.

- 8) That the facility will monitor its double-celling plan by tracking rates of incidents, grievances, and complaints directly related to double-celling. This summary documentation shall be made available to Commission staff for review upon request.
- 9) That the county shall implement its double-celling plan according to the plan submitted and approved by the Commission. That the county shall advise the Commission of any substantive changes to the double-celling plan.
- 10) That the county shall not exceed the rated MFC for the purpose of boarding inmates. The Commission does not approve variances for the purpose of generating revenue.
- 11) That the county shall observe its policy and procedures for assigning single occupancy housing from the pool of double-celled inmates.

VARIANCE HISTORY

2014	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/14 Meeting 1 Year
2014	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/13 Meeting 1 Year
2012	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/12 Meeting 1 Year
2011	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/11 Meeting 1 Year

SCOC VARIANCE WRITE-UP FORM: EFFECTIVE JANUARY 2010

2010	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/10 Meeting 1 Year
2009	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/09 Meeting 1 Year
2008	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/08 Meeting 1 Year
2007	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/07 Meeting 1 Year

CONSTRUCTION/RENOVATION PLANS

None

OTHER VARIANCES IN EFFECT

None

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

Conditions of variance 97-V-18 was last reviewed on September 20, 2015. No noted complaints, grievances, discipline or incident reports filed regarding the double celling of inmates. All variance conditions were being observed.

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

2014 – Report Pending

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:

The Variance should be extended. The facility meets all conditions of the variance. The variance also provides facility classification staff with some flexibility regarding the appropriate placement of inmates per their classification determination.

REVIEWED BY REGIONAL SUPERVISOR:

TM

DATE:

9/3/15

[Handwritten signature]

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

RECEIVED
AUG 10 2015

BY:

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: Niagara County Correctional Facility

Person requesting: Chief Jail Administrator Kevin M. Payne

(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: 03 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)

See attached.

- 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:

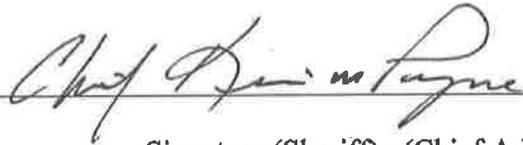
365 Days 52 Weeks 12 Months

- 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).

See attached.

G. Has this variance been previously approved?

Yes XXX If yes, include the variance number 97-V-18 No _____



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)

New York State Commission of Correction

VARIANCE APPLICATION

Facility: Niagara County Correctional Facility

Person Requesting: Chief Jail Administrator K. Payne

Date: August 6, 2015

SECTION A:

A variance is requested for 9NYCCR Part 7040, Section 3.

SECTION B:

If granted, the NCCF would have the ability to double-bunk inmates in the direct supervision housing areas (PODS) located in Building #2 of the facility. Each POD contains fifty-six (56) cells. Fourteen (14) cells in each POD were designed and equipped with two bunks. The capacity of each POD would be seventy (70) inmates. The following conditions shall apply:

1. Active Supervision shall be maintained in all housing areas in accordance with 9NYCRR Part 7003.2(c).
2. One (1) additional Corrections Officer shall be assigned during the 2nd and 3rd shift (8a-4p/4p-12a) when the population exceeds 60 inmates.
3. Services and access to programs/activities in double bunked PODS will be available in an identical manner to all other housing units within the facility.
4. The NCCF shall collect and maintain data on all double-bunked inmates which shall include but not be limited to a) name and location of the inmate; b) date of entrance into and release from double bunking; and c) reason for release. This data shall be readily available for review by SCOC staff upon request.
5. The NCCF shall monitor its double-bunking plan by tracking rates of incidents, grievances and complaints directly related to double-bunking. The records of the aforementioned shall be readily available for review by SCOC staff upon request.

SECTION C:

NCCF population this morning is 417 inmates, which is under the Maximum Facility Count (MFC) of 449 inmates. The inmate population has exceeded 449 ADP regularly over the past twelve (12) months. The facility requires the additional beds requested by this variance in order to accommodate the number of inmates remanded to the custody of the NCCF.

SECTION D: One Year

SECTION E: In the event that the inmate population exceeds our MFC, the NCCF will enact the following:

1. NCCF will not increase the "board in" population from current levels and will consistently monitor this population and decrease its' size when it becomes necessary to maintain the facility's MFC.
2. Soliciting consultants currently to determine the feasibility of the closure of the linear section of the NCCF and constructing/operating a direct supervision expansion building in order to accommodate a growing inmate population.

SECTION F:

N/A

SECTION G:

A previous variance for 9NYCRR Part 7040 Section 3 was approved on September 16, 2014 - #97-V-18

A handwritten signature in black ink, appearing to read "Kevin Payne", written over a horizontal line.

Chief Jail Administrator Kevin Payne

August 6, 2015

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

New: **Renewal:** **Relief from Standard:** Part 7028**Application by:** Sheriff Kenneth W. Lansing**Date Request Rec:** 09/01/15**Last Approved:** April 21, 2015**Length of Approval:** 5 months**Expiration:** 10/1/15**Write-up Prepared by:** Chester Martinez**Recommendation by Field Staff:** Approve**Recommendation at Briefing:** 30 days**Final Recommendation:**

SUMMARY OF VARIANCE REQUEST

Sheriff Lansing is requesting a temporary variance to conduct recreation in Program A (approx. 600 sq ft and currently their indoor recreation area) and leave the exterior door open to allow inmates unrestricted access to a 128 sq ft area that is secure with chain link on top and sides but provides inmates with fresh air and sun light. For this option, the facility will restrict the number of inmates allowed in the recreation area to 15 inmates per group. An Officer would be posted inside the area while any exercise period is going on. The facility will raise the minimum man power requirement for 3-11 shift from 7 to 8 until the recreation is complete for all inmates. To complete this, the facility will have up to 8 separate Exercise periods per day starting at 0715 and ending at 2100hrs.

An extension of 30 days has been requested by the county as the constuction on the outside recreation area will not be completed until mid October (see atached letter)

RECOMMENDED CONDITIONS IF APPROVED**VARIANCE HISTORY**

April 2015 – Approved for 5 months

CONSTRUCTION/RENOVATION PLANS

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

OTHER VARIANCES IN EFFECT

09-V-04

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

July 21 -23, 2015

DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:

July 21 -23, 2015

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:

The variance will provided inmates with fresh air and sun light as required by Part 7028.

REVIEWED BY REGIONAL SUPERVISOR:

[Signature] DATE: 9/9/15

OFFICIAL USE ONLY:

NOTES OF MEETING: _____

TOMPKINS COUNTY SHERIFF'S OFFICE

779 WARREN ROAD
ITHACA, NY 14850

KENNETH LANSING
SHERIFF



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

BRIAN ROBISON
UNDERSHERIFF

9/1/15

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

Dear Chairman Beilein,

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

On September 1, 2015, in a meeting with the construction supervisor, it was noted that "phase 2" (outside exercise area) would not be completed until mid October. The attached variance application is a request to extend the New Temporary Recreation Area Variance No. 15-V-02 by 30 days.

Thank you for your consideration during our construction project.

Sincerely,

A handwritten signature in black ink, appearing to read "Ray Bunce".

Ray Bunce
Captain – Corrections Division
Tompkins County Sheriff's Office

Cc: Ken Lansing, Sheriff
Brian Robison, Undersheriff



**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: Tompkins County

Person requesting: Ray Bunce

(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: 7028.4 Section: 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)

On April 21, 2015, a variance for outdoor exercise was approved for a period of 5 months. At a recent job meeting it was determined that the outdoor structure (phase 2) of our project would not be completed until October 15th. Our current Variance runs out on October 1, 2015. Phase two needs to be complete prior to us moving inmates in and out of the new exercise area. I would request that the current variance no. 15-V-02 be extended by 30 days to include October 2nd to November 2nd.

- 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 necessary in order to provide inmates opportunity to a fresh air exercise area.

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

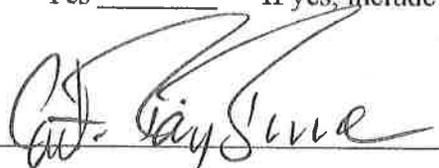
30 Days 0 Weeks 0 Months

- 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 is a part of adding to the Tompkins County Jail MFC. This current construction project will add 7 beds to the MFC.

G. Has this variance been previously approved?

Yes If yes, include the variance number 15-v-02 No

 9/1/15
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).

AMENDMENT TO FACILITY MFC

Facility: Orange County Jail

Date of Site Visit: September 8, 2015

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

Terry Moran

Date of Last MFC report

September 18, 2012

Update on Capital Construction Project:

Not Applicable

Summary of amendment(s) to current MFC

The MFC for the Orange County Jail is being revised to reflect the following:

1. The facility would like to utilize the dayspace of the current female infirmary housing unit (5 cells) for a 3-bed dormitory for inmates placed on *Constant Supervision*. This dormitory would only be used when all of the five cells are vacated.
2. Typographical errors were identified and corrected.
3. The Male Infirmary and Female Infirmary have been renamed Medical 1 Housing and Medical 2 Housing respectively. These designations are consistent with current operations.

Recommendation/Comments:

Recommend the Commission approve the revised MFC inclusion of a 3-bed Constant Supervision dormitory for the dayspace of the female infirmary. This will not result in any increase in the facility's capacity. The naming designation for this housing area is changed to 'Medical 2', and the naming designation for the Male Infirmary is changed to 'Medical 1'.

Approve: X

Amended Capacity: 803

Deny: _____

No Recommendation:
(Check One)

Reviewed by Regional Supervisor: Terry Moran **Date:** 9/8/15

Reviewed by Facility Planning: [Signature] **Date:** 9/8/15

Reviewed by Deputy Director: [Signature] **Date:**



**Commission of
Correction**

SEPTEMBER 2015

MAXIMUM FACILITY CAPACITY

**for
Orange County Jail
in
Goshen, New York**

Thomas A. Beilein
Chairman

Phyllis Harrison-Ross, M.D.
Commissioner

Thomas J. Loughren
Commissioner

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

INDIVIDUAL OCCUPANCY HOUSING UNITS:

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

EXCEPTIONS:

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

MULTIPLE OCCUPANCY HOUSING UNITS:

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

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

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Proposed Inmate Capacity
Alpha 2 Housing	56	80 Sq. Ft.	7	56
Alpha 3 Housing	56	80 Sq. Ft.	7	56
Bravo 1 Housing	56	80 Sq. Ft.	7	56
Bravo 2 Housing	56	80 Sq. Ft.	7	56
Bravo 3 Housing	28	80 Sq. Ft.	7	56
Charlie 1 Housing	56	80 Sq. Ft.	7	56
Charlie 2 Housing	56	80 Sq. Ft.	7	56
Charlie 3 Housing	56	80 Sq. Ft.	7	56
Delta 2 Housing	28	80 Sq. Ft.	7	56
Delta 3 Housing	28	80 Sq. Ft.	7	56
Delta 4 Housing	28	80 Sq. Ft.	7	56
Echo 1 Cell Section	11	60 Sq. Ft.	6	11

Individual General Housing Unit Total: 515

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
Alpha 1 Housing	Intake	56	80 Sq. Ft.	7	56
Bravo 4 Housing	Mental Health	28	80 Sq. Ft.	4	28
Delta 1 Housing	Discipline	28	80 Sq. Ft.	4	28
Medical 1 Housing	Medical/ Mental Health	22	100 Sq. Ft.	1	22
Medical 2 Housing See Note	Medical/ Mental Health	5	100 Sq. Ft.	1	5

Individual Special Housing Unit Total: 139

NOTE: When all cells in Medical 2 housing are vacated, the day space area can be used as a 3-bed dormitory for inmates placed on *Constant Supervision*.

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
Echo 1 Dorm	6	6	6	4444 Sq. Ft.	49
Echo 2 Dorm	7	6	7	3770 Sq. Ft.	50
Echo 3 Dorm	7	7	7	3770 Sq. Ft.	50

Multiple General Housing Unit Total: 149

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
Medical 2 Housing See Notes	1	1	1	1041 Sq. Ft.	3

Multiple Special Housing Unit Total: 3

NOTES:

1. Medical 2 housing unit can be utilized as a 3-bed dormitory for inmates who are placed on *Constant Supervision*. Such utilization can only occur when all of the unit's five cells are left vacated.
2. When used as a Constant Supervision dormitory, cell #3 shall remain open at all times to allow for use of the toilet and sink.
3. Because these dormitory beds can only be used in lieu of the five cells, they will not be added to the facility's total capacity.

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.)
Admission and Discharge				<p>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.</p> <p>The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy shall be limited to four (4) hours.</p> <p>When utilized for holding multiple inmates, the facility may hold up to:</p>
Holding Cell A	1	1	160 Sq. Ft.	10 inmates
Holding Cell B	1	1	200 Sq. Ft.	14 inmates
Holding Cell C	1	1	165 Sq. Ft.	11 inmates
Holding Cell D	1	1	200 Sq. Ft.	14 inmates
Holding Cell E	1	1	202 Sq. Ft.	14 inmates
Holding Cell F	1	1	420 Sq. Ft.	28 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:	515
Subtotal Individual Housing Units Used for Special Housing:	139
Subtotal Multiple Housing Units Used for General Housing:	149
Subtotal Multiple Housing Units Used for Special Housing:	3 (not counted towards capacity)
MAXIMUM FACILITY CAPACITY:	803

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.

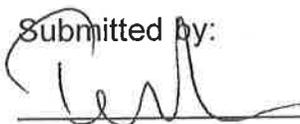
X Adjustments have not been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

_____ 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:

 9/8/15

(Preparer's Signature and Title, and Date)

Approved by:

 9/8/15
CPS/770
(Signature Title and Date)