



**Commission of
Correction**

VARIANCE APPLICATION FORM

Capacity Variance

OCFS Secure Facility



Commission of Correction

New York State
Commission of Correction
80 S. Swan Street, 12th Floor
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Office of Children and Family Services Secure Facility Capacity Variance Application Form

INSTRUCTIONS TO COMMISSIONER:

Pursuant to New York State Minimum Standards Part 7434, Policy, please complete all portions of this form and email to the attention of Chairman/Commissioner, using the above e-mail address

Facility: _____

Person requesting: _____

(Commissioner)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7442.5(c) states that, at least one functioning shower shall be available for every 15 residents contained within a living unit. To request a variance to allow for 1 shower for every 16 youth:

Ex. Part: 7442 Section: 5 Subdivision: c

Standard for which the variance is requested:

Part: _____ Section: _____ 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 number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal.

C. In the space provided below include a detailed description regarding why this variance is necessary. The number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal.

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

_____Days _____Weeks _____Months

E. Should this variance application be approved, please detail below any plans, provisions and timetables for achieving full compliance with the Minimum Standard regulation that is the subject of this application. **The number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal.**

G. Has this variance been previously approved by the Commission?

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

Signature (Director)

Date

**Additional copies of this form can be obtained by contacting the Commission,
or by visiting www.scoc.ny.gov**