



**Commission of
Correction**

VARIANCE APPLICATION FORM

Capacity Variance

Specialized Secure Detention Facility



New York State
Commission of Correction 80
S. Swan Street - 12th Floor
Albany, New York 12210
518-485-2346
correspondence@scoc.ny.gov

Specialized Secure Detention Facility Capacity Variance Application Form

INSTRUCTIONS TO DIRECTOR:

Pursuant to New York State Minimum Standards Part 7360,Variances, please complete all portions of this form and email to the attention of Chairman/Commissioner, using the above e-mail address.

Facility: _____

Person requesting: _____

(Director)

A. State the specific Part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7320.4(c) states that, at least one functioning toilet, sink and shower shall be available for every 6 youth contained within a living unit. To request a variance to allow for 1 tub/shower for every 8 youth:

Ex. Part: 7320 Section: 4 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**

Revised 9/2021