



**Commission of  
Correction**

**ALLEN RILEY**  
Chairman

**THOMAS J. LOUGHREN**  
Commissioner

**YOLANDA CANTY**  
Commissioner

**M E M O R A N D U M**

**TO:** COMMISSION MEMBERS  
**FROM:** Brian Callahan, General Counsel *BC*  
**RE:** AGENDA FOR COMMISSION MEETING  
**DATE:** September 27, 2022 at **10:00AM**

**LOCATION:** Alfred E. Smith Building, 80 So. Swan Street, 12<sup>th</sup> Floor,  
Albany, New York. *\*Please be advised that proper identification is  
required at front desk.*

**I. MINUTES**

**SCOC**

August 16, 2022 Commission Meeting

August 30, 2022 Supplemental Commission Meeting

**CPCRC**

September 8, 2022

**MRB**

Administrative Closures

September 1, 2022

**II. VARIANCES**

**A. Suffolk County Sheriff's Office  
Suffolk County Jail Riverhead  
20-V-07  
Visitation  
7008.2(b) and 7008.3(c)**

**B. Suffolk County Sheriff's Office  
Suffolk County Jail Yaphank  
20-V-08  
Visitation  
7008.2(b) and 7008.3(c)**

**C. Westchester County Department of Correction**

**Westchester County Jail**

**20-V-23**

Visitation

7008.2(b) and 7008.3(c)

**D. Lewis County Sheriff's Office**

**Lewis County Jail**

**22-V-12**

Correspondence

7004.1 and 7004.3

**E. Chemung County Sheriff's Office**

**Chemung County Jail**

**22-V-13**

Correspondence

7004.1 and 7004.3

**III. MFC**

**F. Industry Secure Center**

Part 7442

Maximum Facility Capacity

**IV. CONSTRUCTION**

**G. Montgomery County Sheriff's Office**

**Montgomery County Jail**

SCOC 22-C-062

Rooftop HVAC

**H. Industry Secure Center**

SCOC 22-C-068

Construction

**I. Ulster County Sheriff's Office**

**Ulster County Jail**

SCOC 22-C-058

Impound Yard

**J. Pelham Police Department**

SCOC 22-C-065

New Lock-up

**K. New York City Department of Correction**

**George R. Vierno Center**

SCOC 22-C-071

Roof Security

**L. New York City Department of Correction**  
**Anna M. Kross Center**  
SCOC 22-C-072  
X-Ray Room Expansion

**M. Onondaga County Sheriff's Office**  
**Onondaga Custody Department**  
SCOC 22-C-058  
Cell Window Security Modifications

**N. New York City Police Department**  
**Manhattan Court Room**  
SCOC 22-C-074  
Court Room Cell Front Modifications

**V. RECERTIFICATION**

**O. Capital District Youth Center**  
**Capital District Juvenile Secure Detention Facility**  
Recertification

**P. Erie County Department of Social Services**  
**Erie County Secure Detention Center**  
Recertification

**Q. Monroe County Department of Social Services**  
**Monroe County Children's Center**  
Recertification

**R. New York City Administration for Children's Services**  
**Crossroads Juvenile Center**  
Recertification

**S. New York City Administration for Children's Services**  
**Horizon Juvenile Detention Center**  
Recertification

**T. Onondaga County Department of Probation**  
**Hillbrook Juvenile Detention Center**  
Recertification

**U. Westchester County Department of Probation**  
**Woodfield Detention Center**  
Recertification



# Commission of Correction

ALLEN RILEY  
Chairman

THOMAS J. LOUGHREN  
Commissioner

YOLANDA CANTY  
Commissioner

## MINUTES Commission Meeting

### STATE COMMISSION OF CORRECTION

#### LOCATION:

Albany Location  
80 S. Swan Street, 12<sup>th</sup> Floor  
Albany, New York 12210

**DATE OF MEETING: August 16, 2022**

Chairman Riley called the meeting to order at 11:00 a.m.

#### **PRESENT:**

- Allen Riley, Chairman
- Thomas Loughren, Commissioner
- Yolanda Canty, Commissioner
- Tricia Amati, Assistant to Chairman/Commissioner
- Brian Callahan, Counsel
- Terry Moran, Director of Operations
- Keith Zobel, Deputy Director of Operations
- Cynthia Allen, Correctional Specialist 3 (*via WebEx*)
- Chris Ost, Correctional Specialist 3 (*via WebEx*)
- Larry Roe, Correctional Specialist 3
- Ellen Tryon, Correctional Specialist 3 (*via WebEx*)
- Adam Tilbe, Correctional Facility Specialist 2
- Lloyd Robistow, Correctional Facility Specialist 2
- Sean Desch, Correctional Facility Specialist 1
- Jordan Smoczynski, Correctional Facility Specialist 1

#### **I. MINUTES**

##### **SCOC**

July 26, 2022 Commission Meeting

**Approved Unanimous  
Canty/Loughren**

August 8, 2022 Supplemental  
Commission Meeting

**Approved Unanimous  
Canty/Loughren**

**CPCRC**  
August 11, 2022

**Approved Unanimous  
Canty/Loughren**

**MRB**  
Administrative Closures

**Approved Unanimous  
Loughren/Canty**

**II. VARIANCES**

**A. Suffolk County Sheriff's Office  
Suffolk County Jail Riverhead  
20-V-07**  
Visitation  
7008.2(b) and 7008.3(c)

**Approved Unanimous  
October 1, 2022  
Loughren/Canty**

**B. Suffolk County Sheriff's Office  
Suffolk County Jail Yaphank  
20-V-08**  
Visitation  
7008.2(b) and 7008.3(c)

**Approved Unanimous  
October 1, 2022  
Loughren/Canty**

**II. MFC**

**C. Monroe County Sheriff's Office  
Monroe County Jail**  
Revised MFC

**Approved Unanimous  
Loughren/Canty**

**III. CONSTRUCTION**

**D. New York City Department of Correction  
West Facility  
22-C-064**  
Fencing

**Approved Unanimous  
Canty/Loughren**

Commissioner Canty made a motion to go into executive session at 11:02 a.m. to discuss Construction and Medical Review Board items which was seconded by Commissioner Loughren. Commissioner Canty made a motion to exit Executive Session and return to general session at 11:05 a.m., which was seconded by Commissioner Loughren.

The meeting resumed at 11:05 a.m. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding Construction and Medical Review Board items, seconded by Commissioner Canty. Commissioner Canty made a motion to adjourn at 11:06 a.m. which was seconded by Commissioner Loughren.

Respectfully submitted,

Tricia Amati  
Assistant to Chairman/Commissioners



# Commission of Correction

ALLEN RILEY  
Chairman

THOMAS J. LOUGHREN  
Commissioner

YOLANDA CANTY  
Commissioner

## EXECUTIVE SESSION

### MINUTES

#### STATE COMMISSION OF CORRECTION

##### LOCATION:

Albany Location  
80 S. Swan Street, 12<sup>th</sup> Floor  
Albany, New York 12210

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Keith Zobel, Deputy Director of Operations  
Cynthia Allen, Correctional Specialist 3 (*via WebEx*)  
Chris Ost, Correctional Specialist 3 (*via WebEx*)  
Larry Roe, Correctional Specialist 3  
Ellen Tryon, Correctional Specialist 3 (*via WebEx*)  
Adam Tilbe, Correctional Facility Specialist 2  
Lloyd Robistow, Correctional Facility Specialist 2  
Sean Desch, Correctional Facility Specialist 1  
Jordan Smoczynski, Correctional Facility Specialist 1

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Board items, seconded by Commissioner Canty. Commissioner Canty made a motion to adjourn at 11:06 a.m. which was seconded by Commissioner Loughren.

Respectfully submitted,

Tricia Amati  
Assistant to Chairman/Commissioners



# Commission of Correction

ALLEN RILEY  
Chairman

THOMAS J. LOUGHREN  
Commissioner

YOLANDA CANTY  
Commissioner

## MINUTES Supplemental Commission Meeting

### STATE COMMISSION OF CORRECTION

#### LOCATIONS:

Albany Location  
80 S. Swan Street, 12<sup>th</sup> Floor  
Albany, New York 12210  
and  
McDonough, NY 13830  
Cedarhurst, NY 11516

**DATE OF MEETING: August 30, 2022**

Commissioner Loughren called the meeting to order at 9:33am

#### **PRESENT:**

- Thomas Loughren, Commissioner **(via WebEx)**
- Yolanda Canty, Commissioner **(via WebEx)**
- Tricia Amati, Assistant to Chairman/Commissioner
- Brian Callahan, Counsel
- Terry Moran, Director of Operations
- Keith Zobel, Deputy Director of Operations **(via WebEx)**
- Christopher Ost, Correctional Specialist 3 **(via WebEx)**
- Larry Roe, Correctional Specialist 3
- Ellen Tryon, Correctional Specialist 3 **(via WebEx)**
- Adam Tilbe, Correctional Specialist 2 **(via WebEx)**
- Lloyd Robistow, Correctional Specialist 2 **(via WebEx)**

**Note:** In the interest of public health and as authorized by Chapter 1 of the Laws of 2022, members of the public are currently prohibited from attending in person. The meeting will be live streamed at: <https://scoc.ny.gov/commissionmeetings.htm>

#### **I. CONSTRUCTION**

- A. Westchester County Department of Probation  
Woodfield Juvenile Detention Center  
22-C-069  
Asbestos Abatement**

**Approved Unanimous  
Canty/Loughren**



Commissioner Loughren made a motion to go into executive session at 9:34 a.m. to discuss Construction items which was seconded by Commissioner Canty.  
Commissioner Loughren made a motion to exit Executive Session and return to general session at 9:39 a.m., which was seconded by Commissioner Canty.

The meeting resumed at 9:39 a.m. Motion was made by Commissioner Loughren to ratify actions taken in Executive Session regarding Construction items, seconded by Commissioner Canty. Commissioner Loughren made a motion to adjourn at 9:39 a.m. which was seconded by Commissioner Canty.

Respectfully submitted,

Tricia Amati  
Assistant to Chairman/Commissioners



# Commission of Correction

ALLEN RILEY  
Chairman

THOMAS J. LOUGHREN  
Commissioner

YOLANDA CANTY  
Commissioner

## EXECUTIVE SESSION

### MINUTES

#### Supplemental Commission Meeting

#### STATE COMMISSION OF CORRECTION

##### LOCATIONS:

Albany Location  
80 S. Swan Street, 12<sup>th</sup> Floor  
Albany, New York 12210  
and  
McDonough, NY 13830  
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Brian Callahan, Counsel  
Terry Moran, Director of Operations  
Keith Zobel, Deputy Director of Operations **(via WebEx)**  
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Larry Roe, Correctional Specialist 3  
Ellen Tryon, Correctional Specialist 3 **(via WebEx)**  
Adam Tilbe, Correctional Specialist 2 **(via WebEx)**  
Lloyd Robistow, Correctional Specialist 2 **(via WebEx)**

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Commissioner Canty. Commissioner Loughren made a motion to adjourn at 9:39 a.m. which was seconded by Commissioner Canty.

Respectfully submitted,

Tricia Amati  
Assistant to Chairman/Commissioners

CITIZENS' POLICY AND COMPLAINT REVIEW COUNCIL

September 8, 2022

NYS Commission of Correction  
at  
Alfred E. Smith Office Building  
80 South Swan Street, 12<sup>th</sup> Floor  
Albany, NY 12210  
**WEBEX Meeting**

PRESENT:

Commissioner Canty

Council Members:

Albany:

Martin Stanton

Also Present:

Commissioner Loughren

Terry Moran

Deborah Slack-Bean

Cynthia Allen

Vicky Connors

Commissioner Canty opened the meeting at 11:00 A.M.

Commissioner Canty asked for a motion to ratify all actions taken at the August 11, 2022 meeting. Martin Stanton made a motion to ratify all actions taken on August 11, 2022. Commissioner Canty seconded. Carried. Commissioner Canty asked for a motion to approve the minutes of the August 11, 2022 meeting. Martin Stanton made a motion to approve the minutes of the August 11, 2022 meeting. Commissioner Canty seconded. Carried.

Martin Stanton, Commissioner Canty, and Commissioner Loughren reviewed the Denied with Comment grievances for the month of September 2022. Martin Stanton and Commissioner Canty made motions to Deny with the appropriate comment the grievances that they reviewed. These motions were seconded by Commissioner Canty and Martin Stanton respectively, and unanimously passed. Upon the recommendation of Commissioner Loughren, Martin Stanton made a motion to Deny with the appropriate comment the grievances that Commissioner Loughren reviewed. This motion was seconded by Commissioner Canty, and unanimously passed.

Martin Stanton, Commissioner Canty, and Commissioner Loughren reviewed the Expedited grievances for the month September 2022. Martin Stanton and Commissioner Canty made motions to Deny the grievances that they reviewed. These motions were seconded by Commissioner Canty and Martin Stanton respectively, and unanimously passed. Upon the recommendation of Commissioner Loughren, Martin Stanton made a motion to Deny the grievances that Commissioner Loughren reviewed. This motion was seconded by Commissioner Canty, and unanimously passed.

Martin Stanton and Commissioner Canty reviewed seven (7) Facility Responses. Martin Stanton made a motion to refer Monroe County Facility Response to Grievance #158121 and Sullivan County Facility Response to Grievance #147617 to the Commission for follow up. This motion was seconded by Commissioner Canty, and unanimously passed

The Council reviewed the remaining grievances.

**ACCEPT IN PART**

166035 166034 166032 166030 166027 Cayuga CJ	Unanimous
166056 Chemung CJ	Unanimous
165183 Erie CF	Unanimous
165597 Putnam CJ	Unanimous

**ADMINISTRATIVE CLOSURES**

**DENY**

165494 165234 Cattaraugus CJ	Unanimous
166029 165685 164705 164703 Cayuga CJ	Unanimous
166203 165994 165874 165374 165274 Chautauqua CJ	Unanimous
165978 165977 165775 165774 165154	

165116  
164707  
164223  
Chenango CJ Unanimous

165714  
165683  
Columbia CJ Unanimous

165879  
165834  
165637  
Cortland CJ Unanimous

166226  
165058  
164982  
164754  
Delaware CJ Unanimous

165635  
165634  
165595  
165594  
Dutchess CJ Unanimous

166067  
166066  
166065  
166064  
165674  
165517  
165420  
165419  
165341  
165197  
164202  
164201  
164200  
164139  
Erie CF Unanimous

165222  
165175  
Erie CJ Unanimous

166094  
166015  
165599  
165537  
165054

165035  
Fulton CJ

Unanimous

165900  
165893  
165891  
165692  
165691  
165690  
165689  
165688  
165455  
165454  
165438  
165437  
165436  
165435  
165434  
165320  
165119  
165118  
165117  
165052  
165051  
165050  
165049  
164818  
164817  
164816  
164766  
164763  
164762  
164220

Genesee CJ

Unanimous

165883  
Greene CJ

Unanimous

166084  
166083  
165887  
165886  
165885  
164755  
Herkimer CJ

Unanimous

165695  
165474  
165398  
Livingston CJ

Unanimous

165686	
165538	
165294	
165220	
165219	
164921	
164834	
164794	
164674	
164235	
164234	
164117	
Monroe CJ	Unanimous
165356	
165267	
165515	
165114	
165094	
164495	
164494	
Montgomery CJ	Unanimous
165608	
164897	
164896	
164125	
Nassau CJ	Unanimous
165343	
Oneida CJ	Unanimous
165257	
Onondaga COR	Unanimous
165675	
165598	
165268	
Onondaga CUS	Unanimous
165215	
165214	
164798	
164214	
164197	
Ontario CJ	Unanimous
166023	
Orange CJ	Unanimous



165612 164204 Orleans CJ	Unanimous
164915 Oswego CJ	Unanimous
165613 Putnam CJ	Unanimous
164138 Saratoga CJ	Unanimous
165957 165954 165254 165218 165217 165216 165200 165199 St. Lawrence CJ	Unanimous
165693 164791 Steuben CJ	Unanimous
165796 165795 165794 Sullivan CJ	Unanimous
165439 Tompkins CJ	Unanimous
165417 165416 165415 Ulster CJ	Unanimous
166140 166137 164135 Warren CJ	Unanimous
165275 Washington CJ	Unanimous
163800 Wayne CJ	Unanimous

166217  
165996  
165995  
165606  
165514  
165399  
165077  
Westchester DOC Unanimous

**DENIED WITH COMMENT**

166033  
165698  
165225  
165201  
Cayuga CJ Unanimous

165776  
Chenango CJ Unanimous

166021  
166019  
165614  
Delaware CJ Unanimous

166022  
Dutchess CJ Unanimous

165600  
Erie CJ Unanimous

165687  
Genesee CJ Unanimous

165122  
164238  
Greene CJ Unanimous

165654  
165639  
165638  
Lewis CJ Unanimous

165103  
Madison CJ Unanimous

166120  
166119  
165357  
165095  
164985

164636 Monroe CJ	Unanimous
165355 165354 165076 Montgomery CJ	Unanimous
166082 166057 Niagara CJ	Unanimous
166017 165041 Oneida CJ	Unanimous
164638 Orange CJ	Unanimous
166141 165800 165421 Oswego CJ	Unanimous
166074 165074 Rensselaer CJ	Unanimous
165223 Saratoga CJ	Unanimous
165888 165053 Schenectady CJ	Unanimous
165955 St. Lawrence CJ	Unanimous
166154 165799 165797 Sullivan CJ	Unanimous
165803 165777 Ulster CJ	Unanimous
166174 165876 165875 165061	

165060  
165059  
Warren CJ Unanimous

165696  
165676  
Washington CJ Unanimous

165958  
Wayne CJ Unanimous

166220  
166219  
165418  
164932  
Westchester DOC Unanimous

**FACILITY RESPONSES REFERRED TO THE COMMISSION**

158121  
Monroe CJ Unanimous

147614  
Sullivan CJ Unanimous

The next CPCRC meeting will be held on Thursday October 13, 2022 at 11:00 A.M. via WebEx.

Commissioner Canty requested a motion to adjourn the meeting, which was made by Martin Stanton, seconded by Commissioner Canty, and carried. The meeting adjourned at 11:16 A.M.

Respectfully submitted,

Victoria Connors  
Administrative Assistant

Name of Facility: Suffolk County Jail (Riverhead)

Variance #20-V-07

**New:**           **Renewal:** x                           **Relief from Standard:** 7008.2(b) and 7008.3(c)

**Application by:** Warden M. Franchi                           **Date Request Rec:** 09/1/2022

**Last Approved:** 8/16/2022   **Length of Approval:** 1 month   **Expiration:** 11/1/2022

**Write-up Prepared by:** Susana Gonzalez

**Recommendation by Field Staff:** Recommending approval until November 1,2022.

**Recommendation at Briefing:** Approve until 11/1/2022.

**Final Recommendation:**

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**SUMMARY OF VARIANCE REQUEST**

The facility is requesting to continue limitation of physical contact during visitation and to limit inmates to one visitor per visit to continue to follow safety protocols that have been put in place for everyone’s safety and to stop the spread of COVID-19. The facility is reapplying for the Variance as their Community COVID Level is at medium High based on the CDC’s most recent report.

**VARIANCE HISTORY**

Approval until 10/1/20

Renewed until 1/1/21

Renewal until 4/1/21

Renewal until 7/1/21

Renewal until 10/1/21

Renewal until 1/1/22

Renewal until 5/1/22

Denied           4/29/22 - Extension request denied, as the community transmission rate was low at that time for the County, according to the Centers for Disease Control data.

Renewed until 7/1/22

Renewed until 8/1/22

Renewed until 9/1/22

Renewed until 10/1/22

**CONSTRUCTION/RENOVATION PLANS**

None at this time

**OTHER VARIANCES IN EFFECT**

20-v-08 applies the same conditions of this variance to the Department’s Yaphank facility.

21-V-19 applies to Correspondence.

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

3/1/2022

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

3/1/2022 - MSE

**ANY OPEN MINIMUM STANDARD VIOLATIONS:**

7002.4 (Property Confiscation)  
7003 (Security and Supervision)  
7009 (Food Service policy)  
7015.2(Sanitation General)  
7075.3 Policy  
7075.4 (d & f) Reviews of determinations  
7075.5(b) Determinations by CAO  
7075.5(c) Reviews of determinations

**OTHER INFORMATION**

A review of grievances and complaint letters revealed that there were none submitted from this facility that were associated to the topic related to this variance.

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

None

**JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:**

As of September 20, 2022, the CDC's website is documenting Suffolk County's Community Level to be High for COVID-19 transmission rate. Additionally, to allow visitation while protecting the health and safety of the facility and visitors.

**RECOMMENDED CONDITIONS IF APPROVED**

This variance is approved with the following conditions:

1. Any and all visitation limitations requires the ongoing review and determination of the chief administrative officer pursuant to 9 NYCRR §7008.8;
2. Upon expiration of this variance, renovations made will be removed and the visiting area will be restored to its previous design within seven (7) days;
3. The facility shall maintain a sufficient supply of Personal Protective Equipment (PPE) for staff and incarcerated individuals as part as part of the visitation program;
4. The screening of all prospective visitors shall include search, taking of temperature, symptomology observations and questionnaire;
5. The exception to any one visitor limitation is for any person accompanying a visitor under eighteen (18);
6. Incarcerated individuals and visitors shall wear face coverings;

7. Social distancing (at least six feet apart) between visitors shall be maintained;
8. The visitation schedule and scheduling procedures shall be implemented;
9. Incarcerated individuals shall have equal access to visitation;
10. Visitation areas shall be disinfected in between sessions; and

**REVIEWED BY REGIONAL SUPERVISOR: Larry Roe      DATE: 9/21/22**

**REVIEWED BY DIRECTOR:      T. Moran      DATE: 9/21/22**

**COMMENTS BY DIRECTOR:**

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**OFFICIAL USE ONLY:**

NOTES OF MEETING:

# COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

ERROL D. TOULON, Jr., Ed.D.  
SHERIFF

September 1, 2022

Allen Riley  
Chairman  
New York State Commission of Correction  
80 South Swan Street, 12<sup>th</sup> Floor  
Albany, NY 12210

Dear Chairman Riley,

The Suffolk County Sheriff's Office is requesting a continuance for existing variances, 20-V-07 and 20-V-08 for Part 7008.2 (b), permitting physical contact during visitation, and Part 7008.3 (c), allowing visitation with more than one person at a time, at our correctional facilities until the number of COVID-19 cases decrease.

The test positivity rate in Suffolk County is very high, suggesting that cases are being significantly undercounted, according to the most recent update from the C.D.C. An average of 380 cases per day and 25.7 cases per 100,000 were reported in Suffolk County. In order to keep moving safely through this pandemic, we need to continue to limit contact visits as well as reduce the number of visitors during each session. Also, due to enhanced cleaning and sanitizing measures of the visiting room after each session, each visit has been limited to thirty (30) minutes. I will monitor these restrictions regularly and notify our incarcerated individual population of these temporary visiting conditions. All previously required conditions will be continued during this public health emergency.

If there is any additional information that you need, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Franchi", with a long horizontal line extending to the right.

Michael J. Franchi  
Warden  
Suffolk County Sheriff's Office  
(631)-852-2282

cc: Sheriff Errol D. Toulon Jr.  
Undersheriff Steven J. Kuehhas  
Undersheriff Kevin T. Catalina  
Undersheriff Michael J. Catuosco

100 CENTER DRIVE  
RIVERHEAD, NY 11901-  
3390



ACCREDITED LAW  
ENFORCEMENT AGENCY  
(631) 852-2200



VISIT US ONLINE AT  
SUFFOLKSHERIFF.COM





**Commission of  
Correction**

# **VARIANCE APPLICATION FORM**

**Non-Capacity Variance**

**County Jail and NYCDOC**



**Commission of  
Correction**

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

**County Jail/NYCDOC Non-Capacity Variance Application Form**

**INSTRUCTIONS TO SHERIFF, COMMISSIONER OR CHIEF  
ADMINISTRATIVE OFFICER:**

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and e-mail to the attention of Chairman/Commissioner, using the above e-mail address.

Facility: Suffolk County Correctional Facility-Riverhead

Person requesting: Warden Michael J. Franchi

(Sheriff/Commissioner/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: *Example: 7008.2b states that, The visiting area shall be designed so as to allow physical contact between prisoners and their visitors. To request a variance to have physical barriers between inmates and visitors the citation should be listed as:*

Ex. Part: 7008      Section: 2      Subdivision: b

Standard for which the variance is requested:

Part: 7008      Section: 2(b) and 3(c)      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. The number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal. The Suffolk County Sheriff's Office is requesting a continuation of a variance permitting the use of non-contact visits only and limitations on the number of visitors for the duration of the COVID-19 pandemic. Our greatest concern continues to be the safety and well-being of our employees and those individuals within our care, custody and supervision. Modification to the existing visiting room provides for social distancing and proper cleaning between visits.

- 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.

Due to the ongoing COVID-19 pandemic, social distancing is required as we continue to utilize the visiting rooms at our correctional facilities. It is critical that we continue to follow safety protocols that have been put in place for everyone's safety to stop the spread of COVID-19.

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

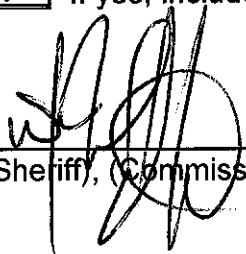
30 Days                      \_\_\_\_\_ Weeks                      \_\_\_\_\_ Months

- 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.

While we cannot be in compliance with Part 7008.2(b) and Part 7008.3(c) until the Governor lifts the personal social distance requirements, this will allow us to permit personal visitation while still maintaining safety and sanitation protocols. The space available will permit a maximum of 420 30-minute visits per week. The current population is 447 in the Riverhead Facility. YTD the Riverhead Facility is operating at 42 % capacity for visits.

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

Yes  If yes, include the variance number 20-V-07 No

  
\_\_\_\_\_  
Signature (Sheriff, (Commissioner), (Chief Administrative Officer)      01 SEP 2022  
Date

**Additional copies of this form can be obtained by contacting the Commission, or by visiting [www.scoc.ny.gov](http://www.scoc.ny.gov)**



**Commission of  
Correction**

# **VARIANCE APPLICATION FORM**

**Non-Capacity Variance**

**County Jail and NYCDOC**



**Commission of  
Correction**

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

**County Jail/NYCDOC Non-Capacity Variance Application Form**

**INSTRUCTIONS TO SHERIFF, COMMISSIONER OR CHIEF  
ADMINISTRATIVE OFFICER:**

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and e-mail to the attention of Chairman/Commissioner, using the above e-mail address.

Facility: Suffolk County Correctional Facility-Yaphank

Person requesting: Warden Michael J. Franchi

(Sheriff/Commissioner/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: *Example: 7008.2b states that, The visiting area shall be designed so as to allow physical contact between prisoners and their visitors. To request a variance to have physical barriers between inmates and visitors the citation should be listed as:*

Ex. Part: 7008      Section: 2      Subdivision: b

Standard for which the variance is requested:

Part: 7008      Section: 2(b) and 3(c)      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. The number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal. The Suffolk County Sheriff's Office is requesting a continuation of a variance permitting the use of non-contact visits only and limitations on the number of visitors for the duration of the COVID-19 pandemic. Our greatest concern continues to be the safety and well-being of our employees and those individuals within our care, custody and supervision. Modification to the existing visiting room provides for social distancing and proper cleaning between visits.

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.

Due to the ongoing COVID-19 pandemic, social distancing is required as we continue to utilize the visiting rooms at our correctional facilities. It is critical that we continue to follow safety protocols that have been put in place for everyone's safety to stop the spread of COVID-19.

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

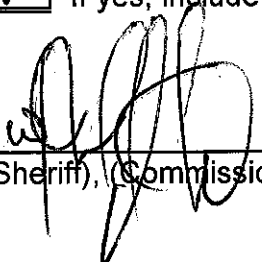
30 Days                      \_\_\_\_\_ Weeks                      \_\_\_\_\_ Months

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.

While we cannot be in compliance with Part 7008.2(b) and Part 7008.3(c) until the Governor lifts the personal social distance requirements, this will allow us to permit personal visitation while still maintaining safety and sanitation protocols. The space available will permit a maximum of 330 30-minute visits per week. The current population is 470 in the Yaphank Facility. YTD the Yaphank Facility is operating at 63 % capacity for visits.

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

Yes  If yes, include the variance number 20-V-08 No

  
\_\_\_\_\_  
Signature (Sheriff), (Commissioner), (Chief Administrative Officer)      01 SEP 2022  
Date

**Additional copies of this form can be obtained by contacting the Commission, or by visiting [www.scoc.ny.gov](http://www.scoc.ny.gov)**



Name of Facility: Suffolk County Jail (Yaphank)

Variance #20-V-08

**New:**                      **Renewal:** x                                      **Relief from Standard:** 7008.2(b) and 7008.3(c)

**Application by:** Warden M. Franchi                                      **Date Request Rec:** 09/1/2022

**Last Approved:** 8/16/2022      **Length of Approval:** 1 month      **Expiration:** 11/1/2022

**Write-up Prepared by:** Susana Gonzalez

**Recommendation by Field Staff:** Recommending approval until November 1,2022.

**Recommendation at Briefing:** Approve until 11/1/2022.

**Final Recommendation:**

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**SUMMARY OF VARIANCE REQUEST**

The facility is requesting to continue limitation of physical contact during visitation and to limit inmates to one visitor per visit to continue to follow safety protocols that have been put in place for everyone’s safety and to stop the spread of COVID-19. The facility is reapplying for the Variance as their Community COVID Level is at medium High based on the CDC’s most recent report.

**VARIANCE HISTORY**

Approval until 10/1/20

Renewed until 1/1/21

Renewal until 4/1/21

Renewal until 7/1/21

Renewal until 10/1/21

Renewal until 1/1/22

Renewal until 5/1/22

Denied                      4/29/22 - Extension request denied, as the community transmission rate was low at that time for the County, according to the Centers for Disease Control data.

Renewed until 7/1/22

Renewed until 8/1/22

Renewed until 9/1/22

Renewed until 10/1/22

**CONSTRUCTION/RENOVATION PLANS**

None at this time

**OTHER VARIANCES IN EFFECT**

20-v-08 applies the same conditions of this variance to the Department’s Yaphank facility.  
21-V-19 applies to Correspondence.

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

3/1/2022

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

3/1/2022 - MSE

**ANY OPEN MINIMUM STANDARD VIOLATIONS:**

7002.4 (Property Confiscation)  
7003 (Security and Supervision)  
7009 (Food Service policy)  
7015.2(Sanitation General)  
7075.3 Policy  
7075.4 (d & f) Reviews of determinations  
7075.5(b) Determinations by CAO  
7075.5(c) Reviews of determinations

**OTHER INFORMATION**

A review of grievances and complaint letters revealed that there were none submitted from this facility that were associated to the topic related to this variance.

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

None

**JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:**

As of September 20, 2022, the CDC's website is documenting Suffolk County's Community Level to be High for COVID-19 transmission rate. Additionally, to allow visitation while protecting the health and safety of the facility and visitors.

**RECOMMENDED CONDITIONS IF APPROVED**

This variance is approved with the following conditions:

1. Any and all visitation limitations requires the ongoing review and determination of the chief administrative officer pursuant to 9 NYCRR §7008.8;
2. Upon expiration of this variance, renovations made will be removed and the visiting area will be restored to its previous design within seven (7) days;
3. The facility shall maintain a sufficient supply of Personal Protective Equipment (PPE) for staff and incarcerated individuals as part as part of the visitation program;
4. The screening of all prospective visitors shall include search, taking of temperature, symptomology observations and questionnaire;
5. The exception to any one visitor limitation is for any person accompanying a visitor under eighteen (18);
6. Incarcerated individuals and visitors shall wear face coverings;

7. Social distancing (at least six feet apart) between visitors shall be maintained;
8. The visitation schedule and scheduling procedures shall be implemented;
9. Incarcerated individuals shall have equal access to visitation;
10. Visitation areas shall be disinfected in between sessions; and

**REVIEWED BY REGIONAL SUPERVISOR: Larry Roe      DATE: 9/21/22**

**REVIEWED BY DIRECTOR:                      T. Moran                      DATE: 9/21/22**

**COMMENTS BY DIRECTOR:**

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**OFFICIAL USE ONLY:**

NOTES OF MEETING:

# COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

ERROL D. TOULON, Jr., Ed.D.  
SHERIFF

September 1, 2022

Allen Riley  
Chairman  
New York State Commission of Correction  
80 South Swan Street, 12<sup>th</sup> Floor  
Albany, NY 12210

Dear Chairman Riley,

The Suffolk County Sheriff's Office is requesting a continuance for existing variances, 20-V-07 and 20-V-08 for Part 7008.2 (b), permitting physical contact during visitation, and Part 7008.3 (c), allowing visitation with more than one person at a time, at our correctional facilities until the number of COVID-19 cases decrease.

The test positivity rate in Suffolk County is very high, suggesting that cases are being significantly undercounted, according to the most recent update from the C.D.C. An average of 380 cases per day and 25.7 cases per 100,000 were reported in Suffolk County. In order to keep moving safely through this pandemic, we need to continue to limit contact visits as well as reduce the number of visitors during each session. Also, due to enhanced cleaning and sanitizing measures of the visiting room after each session, each visit has been limited to thirty (30) minutes. I will monitor these restrictions regularly and notify our incarcerated individual population of these temporary visiting conditions. All previously required conditions will be continued during this public health emergency.

If there is any additional information that you need, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael J. Franchi', with a long horizontal line extending to the right.

Michael J. Franchi  
Warden  
Suffolk County Sheriff's Office  
(631)-852-2282

cc: Sheriff Errol D. Toulon Jr.  
Undersheriff Steven J. Kuehhas  
Undersheriff Kevin T. Catalina  
Undersheriff Michael J. Catuosco

100 CENTER DRIVE  
RIVERHEAD, NY 11901-  
3390



ACCREDITED LAW  
ENFORCEMENT AGENCY  
(631) 852-2200



VISIT US ONLINE AT  
SUFFOLKSHERIFF.COM



**Commission of  
Correction**

# **VARIANCE APPLICATION FORM**

**Non-Capacity Variance**

**County Jail and NYCDOC**



**Commission of  
Correction**

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

**County Jail/NYCDOC Non-Capacity Variance Application Form**

**INSTRUCTIONS TO SHERIFF, COMMISSIONER OR CHIEF  
ADMINISTRATIVE OFFICER:**

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and e-mail to the attention of Chairman/Commissioner, using the above e-mail address.

Facility: Suffolk County Correctional Facility-Riverhead

Person requesting: Warden Michael J. Franchi

(Sheriff/Commissioner/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: *Example: 7008.2b states that, The visiting area shall be designed so as to allow physical contact between prisoners and their visitors. To request a variance to have physical barriers between inmates and visitors the citation should be listed as:*

Ex. Part: 7008      Section: 2      Subdivision: b

Standard for which the variance is requested:

Part: 7008      Section: 2(b) and 3(c)      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. The number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal. The Suffolk County Sheriff's Office is requesting a continuation of a variance permitting the use of non-contact visits only and limitations on the number of visitors for the duration of the COVID-19 pandemic. Our greatest concern continues to be the safety and well-being of our employees and those individuals within our care, custody and supervision. Modification to the existing visiting room provides for social distancing and proper cleaning between visits.

- 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.

Due to the ongoing COVID-19 pandemic, social distancing is required as we continue to utilize the visiting rooms at our correctional facilities. It is critical that we continue to follow safety protocols that have been put in place for everyone's safety to stop the spread of COVID-19.

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

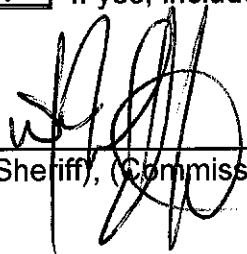
30 Days                      \_\_\_\_\_ Weeks                      \_\_\_\_\_ Months

- 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.

While we cannot be in compliance with Part 7008.2(b) and Part 7008.3(c) until the Governor lifts the personal social distance requirements, this will allow us to permit personal visitation while still maintaining safety and sanitation protocols. The space available will permit a maximum of 420 30-minute visits per week. The current population is 447 in the Riverhead Facility. YTD the Riverhead Facility is operating at 42 % capacity for visits.

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

Yes  If yes, include the variance number 20-V-07 No

  
\_\_\_\_\_  
Signature (Sheriff, (Commissioner), (Chief Administrative Officer)      01 SEP 2022  
Date

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**Commission of  
Correction**

# **VARIANCE APPLICATION FORM**

**Non-Capacity Variance**

**County Jail and NYCDOC**



**Commission of  
Correction**

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

**County Jail/NYCDOC Non-Capacity Variance Application Form**

**INSTRUCTIONS TO SHERIFF, COMMISSIONER OR CHIEF  
ADMINISTRATIVE OFFICER:**

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and e-mail to the attention of Chairman/Commissioner, using the above e-mail address.

Facility: Suffolk County Correctional Facility-Yaphank

Person requesting: Warden Michael J. Franchi

(Sheriff/Commissioner/Chief Administrative Officer)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: *Example: 7008.2b states that, The visiting area shall be designed so as to allow physical contact between prisoners and their visitors. To request a variance to have physical barriers between inmates and visitors the citation should be listed as:*

Ex. Part: 7008      Section: 2      Subdivision: b

Standard for which the variance is requested:

Part: 7008      Section: 2(b) and 3(c)      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. The number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal. The Suffolk County Sheriff's Office is requesting a continuation of a variance permitting the use of non-contact visits only and limitations on the number of visitors for the duration of the COVID-19 pandemic. Our greatest concern continues to be the safety and well-being of our employees and those individuals within our care, custody and supervision. Modification to the existing visiting room provides for social distancing and proper cleaning between visits.

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.

Due to the ongoing COVID-19 pandemic, social distancing is required as we continue to utilize the visiting rooms at our correctional facilities. It is critical that we continue to follow safety protocols that have been put in place for everyone's safety to stop the spread of COVID-19.

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

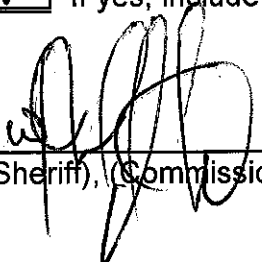
30 Days                      \_\_\_\_\_ Weeks                      \_\_\_\_\_ Months

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.

While we cannot be in compliance with Part 7008.2(b) and Part 7008.3(c) until the Governor lifts the personal social distance requirements, this will allow us to permit personal visitation while still maintaining safety and sanitation protocols. The space available will permit a maximum of 330 30-minute visits per week. The current population is 470 in the Yaphank Facility. YTD the Yaphank Facility is operating at 63 % capacity for visits.

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

Yes  If yes, include the variance number 20-V-08 No

  
\_\_\_\_\_  
Signature (Sheriff), (Commissioner), (Chief Administrative Officer)      01 SEP 2022  
Date

**Additional copies of this form can be obtained by contacting the Commission, or by visiting [www.scoc.ny.gov](http://www.scoc.ny.gov)**

Name of Facility: Westchester DOC

Variance #20-V-23

New:  Renewal: X

Relief from Standard: 7008.2 b and 7008.3 b

Application by: Commissioner Joseph Spano

Date Request Rec: 12/9/2022

Last Approved: 5/17/2022 Length of Approval: 1Months Expiration: 7/1/2022

Write-up Prepared by: Susana Gonzalez CFS II

Recommendation by Field Staff: Deny ( As per CDC tracker Westchester has a low transmissible level)

Recommendation at Briefing:

Final Recommendation:

**SUMMARY OF VARIANCE REQUEST**

Commissioner Spano is requesting an extension to this variance, which permits non-contact visiting for inmates in their main visiting room. The department claims that Westchester County has been in medium status since the end of June and requests that the variance be approved based on the current medium transmissibility level according to the CDC-COVID County Tracker.

**VARIANCE HISTORY**

11/15/20 – Approved  
 1/1/21-Approval  
 4/1/21-Approval  
 7/1/21 - Approval  
 6/29/21- Approved  
 9/28/21- Approved  
 12/21/21- Approved  
 3/29/22- Approved  
 4/26/22- Approved  
 5/17/22- Approved  
 6/28/22 - Denied

**CONSTRUCTION/RENOVATION PLANS**

N/A

**OTHER VARIANCES IN EFFECT**

20-V-27-Correspondence

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

SEPTEMBER 2022 MSE

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

SEPTEMBER 2022 MSE

**ANY OPEN MINIMUM STANDARD VIOLATIONS:**

[REDACTED]

**OTHER INFORMATION**

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

N/A

**JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:**

As per CDC tracker, Westchester has a low transmissible level

**RECOMMENDED CONDITIONS IF APPROVED**

REVIEWED BY REGIONAL SUPERVISOR: Larry Roe

DATE: 9/21/22

REVIEWED BY DIRECTOR:

T. Moran

DATE: 9/21/22

COMMENTS BY DIRECTOR:

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**OFFICIAL USE ONLY:**

NOTES OF MEETING:

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**Name of Facility:** Lewis County Jail**Variance #** 22-V-12 NEW

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**New:** XX **Renewal:** **Relief from Standard:** 7004.1 & 7004.3(a)**Application by:** Lt Timothy Thayer **Date Request Rec:** 8-17-22**Last Approved:** **Length of Approval:** **Expiration:****Write-up Prepared by:** Richard Cellini CFS I**Recommendation by Field Staff:** Recommend approval until July 1, 2023**Recommendation at Briefing:** Approve until 7/1/23**Final Recommendation:**

---

**SUMMARY OF VARIANCE REQUEST**

Lieutenant Thayer [REDACTED]

[REDACTED]. The facility is seeking to photocopy non-privileged correspondence, provide such to the intended incarcerated individual, and retain the originals within the individual incarcerated individuals secure property or forward to a third party upon request. The facility has submitted policy consistent with the requirements of this variance approval.

**RECOMMENDATION BY STAFF**

It is recommended this variance be approved until July 1, 2023

**RECOMMENDED CONDITIONS IF APPROVED**

Pursuant to this action, the following conditions shall apply:

1. Non-privileged correspondence and accompanying envelope may be photocopied and provided to the recipient prisoner. The original non-privileged incoming correspondence and accompanying envelope shall be placed in the recipient prisoner's personal property.
2. Incoming general and legal privileged correspondence may only be opened and inspected for contraband in the presence of the recipient prisoner.
3. Incoming general and legal privileged correspondence and accompanying envelope may only be photocopied in the presence of the recipient prisoner. The original incoming general and legal privileged correspondence and accompanying envelope shall, in the presence of the recipient prisoner, be placed in a sealed envelope in a manner that does not allow the correspondence to be read, and thereafter secured in the recipient prisoner's personal property.
4. The scanning of incoming general and legal privileged correspondence is strictly prohibited.

5. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan incoming general and legal privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope must occur only while in the presence of the recipient prisoner.
6. Approval of this variance does not relieve the facility from its duty to comply with United States Postal Services' regulations and statutes.
7. Except for incoming non-general and legal privileged correspondence forwarded to the chief administrative officer, the facility shall make available correspondence for incarcerated individual view within one business day of delivery by the United States Postal Service.
8. The facility shall ensure that incarcerated individuals are provided, **at no cost**, the opportunity to:
  - a. be provided with their original correspondence and enclosed contents (i.e., photos, cards, etc.), that are non-criminal in nature, immediately upon release/transfer from the facility; and
  - b. be permitted to designate a person(s) who may obtain such original correspondence from the facility.
9. The facility shall provide incarcerated individuals the opportunity to have their original correspondence forwarded to a third party.
10. All relevant protocols concerning the photocopying of correspondence shall be included in the facility's incarcerated individual rulebook. If the rulebook is not yet scheduled for reprinting, such information shall be posted conspicuously in all housing areas until such reprinting has been completed and issued.
11. Any costs associated with the correspondence photocopying program shall be borne by the facility and not through the use of commissary profits.
12. The facility shall ensure that all correspondence-related reportable incidents are submitted to the Commission in accordance with Part 7022, Reportable Incidents.

**CONSTRUCTION/RENOVATION PLANS**

N/A

**OTHER VARIANCES IN EFFECT**

N/A



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

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

December 13, 2021 Field Staff

**ANY OPEN MINIMUM STANDARD VIOLATIONS:**

[REDACTED]

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

N/A

**JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE APPROVED/ EXTENDED:**

This concern is consistent with a recent trend within NYS where local correctional facilities have identified a method of introducing illicit substances into correctional facilities [REDACTED]

**REVIEWED BY REGIONAL SUPERVISOR: Larry Roe**

**DATE: 8/22/22**

**REVIEWED BY DIRECTOR: T. Moran**

**DATE: 9/19/22**

**COMMENTS BY DIRECTOR:**

**OFFICIAL USE ONLY:**

**NOTES OF MEETING: \_\_\_\_\_**



**Commission of  
Correction**

# **VARIANCE APPLICATION FORM**

**Non-Capacity Variance**

**County Jail and NYCDOC**



**Commission of  
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**New York State  
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**County Jail/NYCDOC Non-Capacity Variance Application Form**

**INSTRUCTIONS TO SHERIFF, COMMISSIONER OR CHIEF  
ADMINISTRATIVE OFFICER:**

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and e-mail to the attention of Chairman/Commissioner, using the above e-mail address.

Facility: Lewis County Sheriff's Office

Person requesting: Lt Timothy Thayer

(Sheriff/Commissioner/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: *Example: 7008.2b states that, The visiting area shall be designed so as to allow physical contact between prisoners and their visitors. To request a variance to have physical barriers between inmates and visitors the citation should be listed as:*

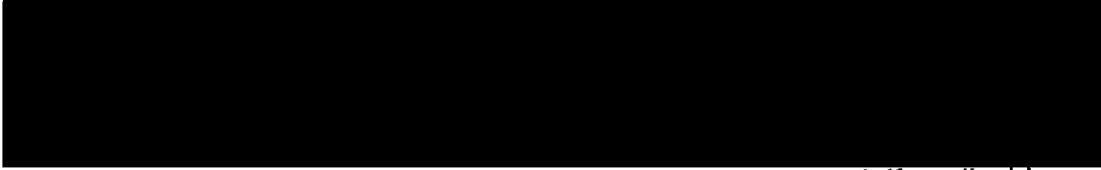
Ex. Part: 7008      Section: 2      Subdivision: b

Standard for which the variance is requested:

Part: 7004      Section: 1 & 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. The number of characters you can type in the below space is limited. If necessary, please attach any additional information with your submittal. Incoming Non-general and legal privileged correspondence are to be photo copied as a request of this variance. attached is a copy of the new policy and procedure.

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      12 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.  
If approved the new policy will go to all staff and postings will be placed in all housing units. All expenses will be paid for by Lewis county.

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

Yes  If yes, include the variance number \_\_\_\_\_ No

LD T. [Signature] 8/17/22  
Signature (Sheriff), (Commissioner), (Chief Administrative Officer) Date

**Additional copies of this form can be obtained by contacting the Commission, or by visiting [www.scoc.ny.gov](http://www.scoc.ny.gov)**

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Name of Facility: Chemung County Jail

Variance # 22-V-13 NEW

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**New:** XX **Renewal:** **Relief from Standard:** 7004.1 & 7004.3(a)

**Application by:** Sheriff William Schrom **Date Request Rec:** 9-12-22

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

**Write-up Prepared by:** Larry Roe

**Recommendation by Field Staff:** Recommend approval until July 1, 2023

**Recommendation at Briefing:** Approve until 7/1/23

**Final Recommendation:**

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**SUMMARY OF VARIANCE REQUEST**

Sheriff Schrom cites [REDACTED]  
[REDACTED] The facility is seeking to photocopy non-privileged correspondence, provide such to the intended incarcerated individual, and retain the originals within the individual incarcerated individuals secure property or forward to a third party upon request. The facility has submitted policy consistent with the requirements of this variance approval.

**RECOMMENDATION BY STAFF**

It is recommended this variance be approved until July 1, 2023

**RECOMMENDED CONDITIONS IF APPROVED**

Pursuant to this action, the following conditions shall apply:

1. Non-privileged correspondence and accompanying envelope may be photocopied and provided to the recipient prisoner. The original non-privileged incoming correspondence and accompanying envelope shall be placed in the recipient prisoner's personal property.
2. Incoming general and legal privileged correspondence may only be opened and inspected for contraband in the presence of the recipient prisoner.
3. Incoming general and legal privileged correspondence and accompanying envelope may only be photocopied in the presence of the recipient prisoner. The original incoming general and legal privileged correspondence and accompanying envelope shall, in the presence of the recipient prisoner, be placed in a sealed envelope in a manner that does not allow the correspondence to be read, and thereafter secured in the recipient prisoner's personal property.
4. The scanning of incoming general and legal privileged correspondence is strictly prohibited.

5. Outside the presence of recipient prisoner, the facility may use a drug detecting device to scan incoming general and legal privileged correspondence for illicit drugs without opening the envelope. In instances where the envelope must be opened in order to perform such scan, the opening and scanning of the envelope must occur only while in the presence of the recipient prisoner.
6. Approval of this variance does not relieve the facility from its duty to comply with United States Postal Services' regulations and statutes.
7. Except for incoming non-general and legal privileged correspondence forwarded to the chief administrative officer, the facility shall make available correspondence for incarcerated individual view within one business day of delivery by the United States Postal Service.
8. The facility shall ensure that incarcerated individuals are provided, **at no cost**, the opportunity to:
  - a. be provided with their original correspondence and enclosed contents (i.e., photos, cards, etc.), that are non-criminal in nature, immediately upon release/transfer from the facility; and
  - b. be permitted to designate a person(s) who may obtain such original correspondence from the facility.
9. The facility shall provide incarcerated individuals the opportunity to have their original correspondence forwarded to a third party.
10. All relevant protocols concerning the photocopying of correspondence shall be included in the facility's incarcerated individual rulebook. If the rulebook is not yet scheduled for reprinting, such information shall be posted conspicuously in all housing areas until such reprinting has been completed and issued.
11. Any costs associated with the correspondence photocopying program shall be borne by the facility and not through the use of commissary profits.
12. The facility shall ensure that all correspondence-related reportable incidents are submitted to the Commission in accordance with Part 7022, Reportable Incidents.

**CONSTRUCTION/RENOVATION PLANS**

N/A

**OTHER VARIANCES IN EFFECT**

N/A

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

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

December 13, 2021 Field Staff

**ANY OPEN MINIMUM STANDARD VIOLATIONS:**

[REDACTED]

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

N/A

**JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE APPROVED/ EXTENDED:**

This concern is consistent with a recent trend within NYS where local correctional facilities have identified a method of introducing illicit substances into correctional facilities [REDACTED]

**REVIEWED BY REGIONAL SUPERVISOR: Larry Roe**

**DATE: 9/23/22**

**REVIEWED BY DIRECTOR: T. Moran**

**DATE: 9/23/22**

**COMMENTS BY DIRECTOR:**

**OFFICIAL USE ONLY:**

**NOTES OF MEETING: \_\_\_\_\_**





**Commission of  
Correction**

# **VARIANCE APPLICATION FORM**

## **Non-Capacity Variance**

## **County Jail and NYCDOC**



Commission of Correction

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

County Jail/NYCDOC Non-Capacity Variance Application Form

INSTRUCTIONS TO SHERIFF, COMMISSIONER OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and e-mail to the attention of Chairman/Commissioner, using the above e-mail address.

Facility: Chemung County Jail

Person requesting: Sheriff William A. Schrom

(Sheriff/Commissioner/Chief Administrative Officer)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7008.2b states that, The visiting area shall be designed so as to allow physical contact between prisoners and their visitors. To request a variance to have physical barriers between inmates and visitors the citation should be listed as:

Ex. Part: 7008 Section: 2 Subdivision: b

Standard for which the variance is requested:

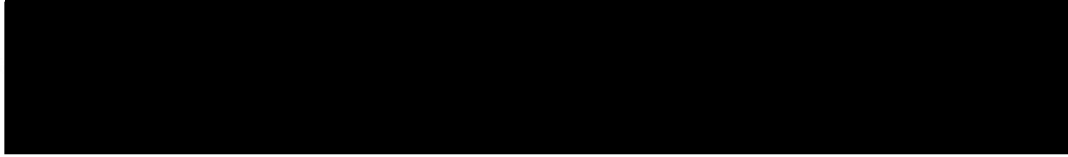
Part: 7004 Section: 1,3 Subdivision:

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

We are asking to photo copy any correspondence that is deemed suspicious in nature while inspecting in coming mail.

We will inspect it, if deemed suspicious, it will be turned over to the CAO at which time we are asking to photo copy the paper, letter or card in question and place the original in the II's personal property until their release. All documented of course.

- 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          12 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.**


I am not sure if anyone has a long term answer other than photo copying mail to fix this issue.



We will do everything in our power to come up with a plan to combat this issue. Until that time, we are requesting the variance to protect the safe and secure operation of the facility.

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

Yes  If yes, include the variance number \_\_\_\_\_ No

  
Signature ~~(Sheriff), (Commissioner), (Chief Administrative Officer)~~ 09/12/22  
Date

Additional copies of this form can be obtained by contacting the Commission, or by visiting [www.scoc.ny.gov](http://www.scoc.ny.gov)



**MAXIMUM FACILITY CAPACITY**

**For the**

**Industry Secure Center**

**Rush, New York**

September 27, 2022

**Allen Riley**  
*Chairman*

**Thomas J. Loughren**  
*Commissioner*

**Yolanda Canty**  
*Commissioner*

## **Industry Secure Center – MFC 2022**

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**NOTE: ONLY LIVING UNITS AND SPECIAL MANAGEMENT UNITS WHICH MEET THE FOLLOWING REQUIREMENTS PURSUANT TO 9 NYCRR PART 7442 ARE TO BE INCLUDED IN THIS CAPACITY FORMULATION.**

### **INDIVIDUAL OCCUPANCY ROOM:**

1. Each such room shall have an individually controlled locking device secured from youth access and be equipped to accommodate one youth.
2. Each such room shall contain at least 60 square feet of floor space.
3. Each such room shall contain:  
One (1) bed and mattress; mattresses shall be constructed of fire-retardant material.

### **LIVING UNIT:**

1. Sufficient showers shall be available to permit each youth to shower daily.
2. At least one functioning toilet, sink and shower for every twelve (12) youth confined within a living unit.
3. Each individual occupancy room constructed after the effective date of 9 NYCRR 7442 shall provide a minimum of 25 square feet of unencumbered living unit space per youth adjacent and accessible to such unit.

### **SPECIAL MANAGEMENT UNITS:**

1. Each such unit used to house youth separate and apart from general population for purposes including but not limited to:
  - a. Medical treatment unit;
  - b. A modified services program unit;
  - c. Classification and orientation unit; or
  - d. Mental health unit.

### **EXCEPTIONS:**

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy prior to the effective date of 9 NYCRR Part 7442.

## Industry Secure Center – MFC 2022

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### LIVING UNITS

<b>Name of Living Unit</b>	<b>Number of Individual Occupancy Rooms</b>	<b>Number of Toilets</b>	<b>Number of Sinks</b>	<b>Number of Showers</b>	<b>Size of Unit (Sq. Ft. of Floor Space)</b>	<b>Maximum Youth Capacity</b>
Building-77 A Track	10	1	1	1	84 Sq. Ft.	<b>10</b>
Building-77 B Track	12	1	1	1	84 Sq. Ft.	<b>12</b>
Building-78 A Track	10	1	1	1	84 Sq. Ft.	<b>10</b>
Building-78 B Track	12	1	1	1	84 Sq. Ft.	<b>12</b>
Building-81	18	4	4	6	17 @ 88 Sq. Ft. 1 @ 92 Sq. Ft.	<b>18</b>
Building-82	18	4	4	6	17 @ 88 Sq. Ft. 1 @ 92 Sq. Ft.	<b>18</b>

**Living Unit Total: 80**

### SPECIAL MANAGEMENT UNIT

<b>Name of Living Unit</b>	<b>Number of Individual Occupancy Rooms</b>	<b>Number of Toilets</b>	<b>Number of Sinks</b>	<b>Number of Showers</b>	<b>Size of Unit (Sq. Ft. of Floor Space)</b>	<b>Maximum Youth Capacity</b>
NA	NA	0	0	0	NA	<b>0</b>

**Special Management Unit Total: 0**

## Industry Secure Center – MFC 2022

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Unit Type	TOTALS
Subtotal Individual Occupancy Rooms Used as Living Unit	80
Subtotal Individual Occupancy Rooms Used for Special Management	0
<b>MAXIMUM FACILITY CAPACITY:</b>	<b>80</b>

Other identified areas not rated as part of Maximum Facility Capacity: Yes ( ) No (X)

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy rooms, including the number of properly equipped special management units;
2. The total number of youth housed within the facility shall not exceed the maximum facility capacity; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter III which are related to facility capacity.

### **JUSTIFICATION FOR CHANGE IN MFC**

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

Reviewed by: Keith Zobel



Deputy Director 9/19/22

Approved by: Terrence Moran



Director 9/19/22



## SSD Certification Checklist

Facility Name: Capital District Juvenile Secure Detention Facility

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/2/22

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes
- Program statement
- NA Update/Changes to Medical/Behavior Health Services Plan
- NA Update/Changes to Education/Vocation Plan
- NA Update/Changes to Behavioral Management Plan
- NA Update/Changes to Recreation Plan
- NA Update/Changes to Evacuation Plan
- NA Update/Changes to Rapid Response Team Plan
- NA Updated Policies and Procedures
- Current Fire Inspection
- Security Inspection completed by the County Sheriff/ NYC DOC
- Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy
- NA Changes to Interior and Exterior Physical Plant Description
- NA Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE  
COMMISSION OF CORRECTION

**APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY**

**FACILITY:** Capital District Juvenile Secure Detention Facility

Name

838 Albany-Shaker Rd. Albany, NY 12211

Address

Albany

(518) 456 - 9399

County

(Area Code) Telephone Number

**Capacity:** Male: 21 Female: 3 Total: 24

**Proposed Capacity:** Total 24

**OPERATING AGENCY:** Berkshire Farm Center and Services for Youth

Name

13640 State Rt. 22 Canaan, NY 12029

Address

Columbia

(518) 781 - 4567

County

(Area Code) Telephone Number

**PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):**

Capital District Youth Center, Inc.

(518) 453 - 0850

Name

(Area Code) Telephone Number

One Park Place, Suite 102, Albany, NY 12205

Address

**Contact Person:** Mark Castiglione, Executive Director

**VERIFICATION AND CERTIFICATION:** I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

**Completed By:**

Signature

Facility Director

Title

Date

6/21/22

**Approved By:**

Signature

VP Detention and

Title

Date

6/21/22

**Submit completed forms and supporting documentation to:**

New York State Office of Children and Family Services  
Bureau of Detention Services  
52 Washington Street  
Room 118 South  
Rensselaer, NY 12144  
Questions can be sent to [RTADetention@ocfs.ny.gov](mailto:RTADetention@ocfs.ny.gov)

AND

New York State Commission of Correction  
80 South Swan Street  
12th Floor  
Albany, NY 12210-8001  
Questions can be sent to [infoscoc@scoc.ny.gov](mailto:infoscoc@scoc.ny.gov)

## SSD Certification Checklist

Facility Name: Erie County Secure Detention Center

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/12/22

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes

Program statement

NA Update/Changes to Medical/Behavior Health Services Plan

NA Update/Changes to Education/Vocation Plan

NA Update/Changes to Behavioral Management Plan

NA Update/Changes to Recreation Plan

NA Update/Changes to Evacuation Plan

NA Update/Changes to Rapid Response Team Plan

NA Updated Policies and Procedures

Current Fire Inspection

Security Inspection completed by the County Sheriff/ NYC DOC

NA Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy

NA Changes to Interior and Exterior Physical Plant Description

NA Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE  
COMMISSION OF CORRECTION

**APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY**

**FACILITY:** ERIE COUNTY YOUTH DETENTION CENTER - SPECIALIZED SECURE

Name

810 EAST FERRY STREET, BUFFALO, NEW YORK 14211

Address

ERIE

(716) 923 - 4000

County

(Area Code) Telephone Number

**Capacity:**

Male:

Female:

Total:

40

**Proposed Capacity:** Total 40

**OPERATING AGENCY:** ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES

Name

95 FRANKLIN STREET, ROOM 800, RATH BUILDING, BUFFALO, NY 14204

Address

ERIE

716-858-8000

County

(Area Code) Telephone Number

**PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):**

Name

( ) (Area Code) Telephone Number

Address

**Contact Person:** MARIE CANNON, COMMISSIONER OF SOCIAL SERVICES

**VERIFICATION AND CERTIFICATION:** I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

**Completed By:**

Facility Supervisor

06/22/2022

**Approved By:**

DSS-COMMISSIONER

6/22/2022

**Submit completed forms and supporting documentation to:**

New York State Office of Children and Family Services  
Bureau of Detention Services  
52 Washington Street  
Room 118 South  
Rensselaer, NY 12144  
Questions can be sent to [RTADetention@ocfs.ny.gov](mailto:RTADetention@ocfs.ny.gov)

AND

New York State Commission of Correction  
80 South Swan Street  
12th Floor  
Albany, NY 12210-8001  
Questions can be sent to [infoscoc@scoc.ny.gov](mailto:infoscoc@scoc.ny.gov)

## SSD Certification Checklist

Facility Name: Monroe County Children's Center

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/12/22

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes

Program statement

NA Update/Changes to Medical/Behavior Health Services Plan

NA Update/Changes to Education/Vocation Plan

NA Update/Changes to Behavioral Management Plan

NA Update/Changes to Recreation Plan

NA Update/Changes to Evacuation Plan

NA Update/Changes to Rapid Response Team Plan

NA Updated Policies and Procedures

Current Fire Inspection

Security Inspection completed by the County Sheriff/ NYC DOC

NA Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy

NA Changes to Interior and Exterior Physical Plant Description

NA Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE  
COMMISSION OF CORRECTION

**APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY**

**FACILITY:** Monroe County Children's Detention Center

Name  
400 Rush Scottsville Rd

Address  
Rush New York ( 585)753-5953

County (Area Code) Telephone Number

**Capacity:** Male: 26 Female: 4(plus 1) Swing room Total: 31

**Proposed Capacity:** Total 31

**OPERATING AGENCY:** Monroe County Department of Human Services

Name  
111 Westfall Rd

Address  
Monroe ( 585)753 - 6900

County (Area Code) Telephone Number

**PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):**

Name ( ) (Area Code) Telephone Number

Address  
**Contact Person:** Catherine Thomas

**VERIFICATION AND CERTIFICATION:** I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

**Completed By:** Catherine Thomas Director 06/24/22

Signature Catherine Thomas Title Director Date 06/24/22  
Signature *Catherine Thomas* Title Director Date

**Submit completed forms and supporting documentation to:**  
New York State Office of Children and Family Services  
Bureau of Detention Services  
52 Washington Street  
Room 118 South  
Rensselaer, NY 12144  
Questions can be sent to [RTADetention@ocfs.ny.gov](mailto:RTADetention@ocfs.ny.gov)  
**AND**  
New York State Commission of Correction  
80 South Swan Street  
12th Floor  
Albany, NY 12210-8001  
Questions can be sent to [infoscoc@scoc.ny.gov](mailto:infoscoc@scoc.ny.gov)

## SSD Certification Checklist

Facility Name: Crossroads Specialized Secure Detention Facility

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/2/22

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes

Program statement

NA Update/Changes to Medical/Behavior Health Services Plan

NA Update/Changes to Education/Vocation Plan

NA Update/Changes to Behavioral Management Plan

NA Update/Changes to Recreation Plan

NA Update/Changes to Evacuation Plan

NA Update/Changes to Rapid Response Team Plan

NA Updated Policies and Procedures

Current Fire Inspection

Security Inspection completed by the County Sheriff/ NYC DOC

NA Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy

NA Changes to Interior and Exterior Physical Plant Description

NA Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE  
COMMISSION OF CORRECTION

**APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY**

**FACILITY:** Crossroads Specialized Secure Detention Facility

Name

17 Bristol St, Brooklyn, NY, 11212

Address

Kings

(718) 240 - 3800

County

(Area Code) Telephone Number

**Capacity:**

Male: \_\_\_\_\_

Female: \_\_\_\_\_

Total:

106

**Proposed Capacity:** Total 106

**OPERATING AGENCY:** New York City Administration for Children's Services

Name

150 William Street, New York, NY, 10038

Address

New York

(212) 341 - 0900

County

(Area Code) Telephone Number

**PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):**

( ) -

Name

(Area Code) Telephone Number

Address

**Contact Person:** Nancy Ginsburg (212) 341-0958

**VERIFICATION AND CERTIFICATION:** I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

**Completed By:** *Tim Roche*

Signature

Senior Policy Advisor

6/15/2022

Title

Date

**Approved By:** *Nancy Ginsburg*

Signature

Deputy Commissioner

6/21/2022

Title

Date

**Submit completed forms and supporting documentation to:**

**New York State Office of Children and Family Services**

Bureau of Detention Services

52 Washington Street

Room 118 South

Rensselaer, NY 12144

Questions can be sent to [RTADetention@ocfs.ny.gov](mailto:RTADetention@ocfs.ny.gov)

**AND**

**New York State Commission of Correction**

80 South Swan Street

12th Floor

Albany, NY 12210-8001

Questions can be sent to [infoscoc@scoc.ny.gov](mailto:infoscoc@scoc.ny.gov)



## SSD Certification Checklist

Facility Name: Horizon Specialized Juvenile Detention Facility

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/2/22

Application to Operate a Specialized Secure Detention Facility

NA Any plan to collocate the Facility with a juvenile secure detention facility to include any changes

Program statement

NA Update/Changes to Medical/Behavior Health Services Plan

NA Update/Changes to Education/Vocation Plan

NA Update/Changes to Behavioral Management Plan

NA Update/Changes to Recreation Plan

NA Update/Changes to Evacuation Plan

NA Update/Changes to Rapid Response Team Plan

NA Updated Policies and Procedures

Current Fire Inspection

Security Inspection completed by the County Sheriff/ NYC DOC

NA Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy

NA Changes to Interior and Exterior Physical Plant Description

NA Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE  
COMMISSION OF CORRECTION

**APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY**

**FACILITY:** Horizon Specialized Secure Detention Facility

Name  
560 Brook Ave, Bronx, NY 10455

Address  
Bronx (718) 533 - 4620

County (Area Code) Telephone Number

**Capacity:** Male: \_\_\_\_\_ Female: \_\_\_\_\_ Total: 106

**Proposed Capacity:** Total 106

**OPERATING AGENCY:** New York City Administration for Children's Services

Name  
150 William Street, New York, NY, 10038

Address  
New York (212) 341 - 0900

County (Area Code) Telephone Number

**PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):**

( ) -

Name (Area Code) Telephone Number

Address

**Contact Person:** Nancy Ginsburg (212) 341-0958

**VERIFICATION AND CERTIFICATION:** I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

**Completed By:** Tim Roche Senior Policy Advisor 6/15/2022  
Signature Title Date

**Approved By:** Nancy Ginsburg Deputy Commissioner 6/21/2022  
Signature Title Date

**Submit completed forms and supporting documentation to:**

**New York State Office of Children and Family Services**  
Bureau of Detention Services  
52 Washington Street  
Room 118 South  
Rensselaer, NY 12144  
Questions can be sent to [RTADetention@ocfs.ny.gov](mailto:RTADetention@ocfs.ny.gov)

**AND**

**New York State Commission of Correction**  
80 South Swan Street  
12th Floor  
Albany, NY 12210-8001  
Questions can be sent to [infoscoc@scoc.ny.gov](mailto:infoscoc@scoc.ny.gov)

## SSD Certification Checklist

Facility Name: Hillbrook Juvenile Detention Facility

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/12/22

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes

Program statement

NA Update/Changes to Medical/Behavior Health Services Plan

NA Update/Changes to Education/Vocation Plan

NA Update/Changes to Behavioral Management Plan

NA Update/Changes to Recreation Plan

NA Update/Changes to Evacuation Plan

NA Update/Changes to Rapid Response Team Plan

NA Updated Policies and Procedures

Current Fire Inspection

Security Inspection completed by the County Sheriff/ NYC DOC

NA Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy

NA Changes to Interior and Exterior Physical Plant Description

NA Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE  
COMMISSION OF CORRECTION

**APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY**

**FACILITY:** Hillbrook Detention Facility

Name  
4949 Velasko Road, Syracuse, NY 13215

Address  
Onondaga County

(315) 435 - 1421

(Area Code) Telephone Number

**Capacity:**

Male: 42 Female: 8

Total: 50

**Proposed Capacity:** Total 50

**OPERATING AGENCY:** Onondaga County Department of Children & Family Services

Name  
421 Montgomery Street, 7<sup>th</sup> Floor – Civic Center, Syracuse, NY 13202

Address  
Onondaga County

(315) 425 - 2884

(Area Code) Telephone Number

**PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):**

( )

Name

(Area Code) Telephone Number

Address

**Contact Person:** Damian Pratt, Director of Juvenile Justice & Detention Services

**VERIFICATION AND CERTIFICATION:** I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

**Completed By:**

*[Signature]*

Signature

Dir. Of Juvenile Justice & Detention Services

Title

7 / 5 / 2022

Date

**Approved By:**

*[Signature]*

Signature

Commissioner, DCFS

Title

7 / 5 / 2022

Date

**Submit completed forms and supporting documentation to:**

New York State Office of Children and Family Services  
Bureau of Detention Services  
52 Washington Street  
Room 118 South  
Rensselaer, NY 12144  
Questions can be sent to [RTADetention@ocfs.ny.gov](mailto:RTADetention@ocfs.ny.gov)

AND

New York State Commission of Correction  
80 South Swan Street  
12th Floor  
Albany, NY 12210-8001  
Questions can be sent to [infoscoc@scoc.ny.gov](mailto:infoscoc@scoc.ny.gov)

## SSD Certification Checklist

Facility Name: Woodfield Detention Center

Reviewer: Deborah Slack-Bean

Date Reviewed: 9/12/22

- Application to Operate a Specialized Secure Detention Facility
- Any plan to collocate the Facility with a juvenile secure detention facility to include any changes

Program statement

NA Update/Changes to Medical/Behavior Health Services Plan

NA Update/Changes to Education/Vocation Plan

NA Update/Changes to Behavioral Management Plan

NA Update/Changes to Recreation Plan

NA Update/Changes to Evacuation Plan

NA Update/Changes to Rapid Response Team Plan

NA Updated Policies and Procedures

Current Fire Inspection

Security Inspection completed by the County Sheriff/ NYC DOC

NA Changes to Agreement between Administrative Agency/Operating Agency and Certificate of occupancy

NA Changes to Interior and Exterior Physical Plant Description

NA Changes to Agency Organization Chart, Staff Positions (duties, qualifications, Schedule, ratio)

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

NEW YORK STATE  
COMMISSION OF CORRECTION

**APPLICATION TO OPERATE A SPECIALIZED SECURE DETENTION FACILITY**

**FACILITY:** WOODFIELD DETENTION CENTER

Name  
20 Hammond House Road, Valhalla, NY 10595

Address  
Westchester County

(914-) 231 - 1105

County

(Area Code) Telephone Number

**Capacity:** Male: 24 co-ed Female: 24 co-ed Total: 24

**Proposed Capacity:** Total 24

**OPERATING AGENCY:** Children's Village

Name  
1 Echo Hill, Dobbs Ferry, NY 10522

Address  
Westchester

(914) 693 - 0600

County

(Area Code) Telephone Number

**PUBLIC AGENCY ADMINISTERING DETENTION (if different from above):**

Westchester County Department of Probation

(914) 995 - 3529

Name

(Area Code) Telephone Number

111 Dr. Martin Luther King Jr. BLVD, White Plains, NY 10601

Address

**Contact Person:** Mary Frascello, Assistant Commissioner

**VERIFICATION AND CERTIFICATION:** I acknowledge and affirm this program will maintain current policies and practices in compliance with 9 NYCRR Part 180-3 and 9 NYCRR Part 7300. This program will notify the assigned Detention Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 180-3. This program will notify the assigned Correctional Facility Specialist prior to the implementation of any changes to approved program policies or practices that conflict with 9 NYCRR Part 7300.

**Completed By:** Dean DeKranis Director of Detention Services 6 / 14 / 2022

**Approved By:** Mary Frascello *Mary Frascello* Assistant Commissioner 07 / 08 / 2022

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