

New York State Commission of Correction: Oversight of Local Jails and Lock-ups

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New York State Commission of Correction

- Art. XVII, Sec. 5 of the New York State Constitution:
- *The legislature may provide for the maintenance of institutions for the detention of persons charged with or convicted of crime and for systems of probation and parole of persons convicted of crime. There shall be a state commission of correction, which shall visit and inspect or cause to be visited and inspected by members of its staff, all institutions used for the detention of sane adults charged with or convicted of crime.*

N.Y. Const. art. XVII § 5

Attica Prison Uprising

- September 1971, more than 1,000 prisoners took control of the Attica Correctional Facility holding guards as hostages to protest inhumane living and social conditions.
- On September 13, 1971 state troopers and prison guards retook the prison by force.
- 10 hostages and 29 inmates were killed in the retaking of Attica.

New York State Comptroller Audit 2018

- In 2017 SCOC had oversight of 561 correctional facilities.
- State facilities—
 - 54 State Dept. of Corrections and Community Supervision
 - 4 Office of Children and Family Services
- Local facilities
 - 62 County jails
 - 12 New York City Dept. of Correction jails
 - 429 local police lockups

New York State Comptroller Audit 2018

- March 2017
- State Department of Correction & Community Supervision
 - 50,897 Inmates

County Jails and NYC Dept. of Correction

- 24,346 Inmates

N.Y. Correction Law– Art. 3 State Commission of Correction

- Citizen’s Policy & Complaint Review Council §42
 - Correction Medical Review Board §43
 - Functions, powers and duties of the commission §45
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- Elaborated upon in Title 9 NY Code of Rules and Regulations
 - Subtitle AA– SCOC
 - Ch. 1 County Jails & Penitentiaries

New York State Commission of Correction

- The basic functions of the SCOC (including but not limited to):
- **Promulgate Standards—**
 - Care
 - Custody
 - Correctional Treatment
 - Supervision
 - Discipline

New York State Commission of Correction

- The basic functions of the SCOC (including but not limited to):
- Aid in securing humane and economic administration and best sanitary conditions.

New York State Commission of Correction

- The basic functions of the SCOC (including but not limited to):
- **Approve or reject** plans for construction or renovation of prison facilities.

New York State Commission of Correction

- The basic functions of the SCOC (including but not limited to):
- **Close** any of the facilities subject to inspection which are unsafe, unsanitary or...which has not adhered to or complied with the rules and regulations promulgated by the commission.

New York State Commission of Correction

- Must be given access to facilities and books & Records.
- Empowered to question officers & employees.
- Has subpoena power.
- Witnesses have a Right to counsel.

N.Y. Correction Law

- Correction Medical Review Board §43
- 6 persons, appointed by Governor & confirmed by the Senate
 - A physician
 - A pathologist
 - A psychiatrist
 - An attorney
 - 2 at large

New York SCOC Medical Review Board

- Investigate and review the cause and circumstances surrounding the death of any incarcerated individual of a correctional facility.
- Deaths of inmates must be reported “immediately”.
- Investigation typically includes subpoenaing records and video and questioning witnesses.
- Can require examinations including autopsy.

Mission Statement:

- The New York State Commission of Correction has a mission to provide for a safe, stable and humane correctional system in New York State. To this end, the Commission:
 - Promulgates minimum standards for the management of correctional facilities;
 - Evaluates, investigates and oversees local and state correctional facilities and police lock-ups;
 - Assists in developing new correctional facilities; and
 - Provides technical assistance.

Review & Reporting Obligations

- Assault
- Sexual Offenses
- Arson
- Contraband
- Escape/Abscondence/Erroneous Release

Reporting Obligations

- Death
- Attempted suicide
- Physical Injury/Hospitalization
- Contagious Illness
- Fire
- Discharge of a firearm

Reporting Obligations

- Hostage Situation
- Group Action
- Segregated Confinement
- Disturbance
- Maintenance/Service Disruption
- Deprivation/Limitation of Essential Services

Selected Areas of Regulation 9 CRR-NY Subtitle AA– State Commission of Correction

- Chapter I – Minimum Stds. & Regs. For Management of County Jails and Penitentiaries.
- Chapter V – Minimum Stds. & Regs. For Management of City Jails – Town & Village Lockups.

Construction & Renovation of Detention Facilities

- Correction Law §45(10)– Any plans and specs for construction or renovation of detention facilities that directly affect the health of incarcerated individuals must be submitted for review to the SCOC.
- Approval of the Commission is required before the project is advertised for bid.
- General requirements are available on request.

Discipline

- Administrative Segregation Pending a Disciplinary Hearing.
- Inmates who threatens the safety, security, and good order of the facility may be immediately confined in a cell or room pending a disciplinary hearing and may be retained in administrative segregation until the completion of the disciplinary process.

Health Services

- Policy

- In order to provide adequate medical care, each facility shall develop and implement written policies and procedures.
- Prompt screening is essential to identify serious or life-threatening medical conditions requiring immediate evaluation and treatment.
- Appropriate medical appraisal of inmates is necessary to reduce risk that a serious physical deficiency or medical emergency will be obscured by drug or alcohol ingestion.

Health Services

- County must appoint a properly registered physician for the local correctional facility.
- Each prisoner shall be examined by a licensed physician at the time of admission or as soon thereafter as possible.
- A medical screening questionnaire shall be administered at admission or prior to placement in a housing unit.

Health Services

- Definite arrangements shall be made to insure the prompt transportation of an inmate to a hospital in emergency situations.
- The chief administrative officer shall make “maximum” use of community mental health facilities, services and personnel.
- Adequate health service and medical records shall be maintained.

Health Services

- Emphasis on screening.
- For many incarcerated individuals, incarceration may afford them a better opportunity for management of chronic conditions and illnesses than they can or will obtain for themselves in the community.

Life Cycle of a Death in Custody Investigation

- Death is reported “immediately” to SCOC using the portal.
- SCOC makes a request for documents and video.
 - Reports
 - Logs
 - Medical Records including the medical chart, medication administration, etc.

Life Cycle of a Death in Custody Investigation

- Based on SCOC review of the material, there will likely be a demand to interview certain key witnesses and participants.

To Prepare for Medical & Mental Health Provider Interviews

- Go over the record and look not only for causative issues, but also for errors and lapses that were not necessarily related to the death.

- Assess the most likely issues to arise during interviews by comparing the notes of requested witnesses.

To Prepare for Medical & Mental Health Provider Interviews

- Meet with witnesses to review their notes and discuss their recollection of events.
- Help witnesses appreciate when to elaborate and when to answer the question narrowly.
- Help the witnesses feel comfortable with the process.

The Interview

- Is audio recorded by the investigator.
- There are no rules.
- Interviews are generally short and targeted.

- When interviews are complete, SCOC generally prepares a preliminary report and invites response and rebuttal.
- The final report is made to the Commission, Governor and the Legislature making recommendations to prevent recurrence.

- SCOC Medical Review Board looks closely at the quality of documentation in the medical records.
 - When was the inmate seen and by whom?
 - What was observed and what was prescribed or ordered?
 - Were orders, particularly stat orders, followed up on?

- Great concern with medication handling, particularly methadone.
- Great concern with referral issues of drug abuse, particularly infiltration of contraband.

- As such, the investigators are seeking information to support the recommendations they make to the Medical Review Board.
- Ensure inmates receive the best medical care possible; and
- Protect the care providers by ensuring the policies and practices in place encourage thorough documentation.

- Common themes in recommendations include:
 - Documenting times of patient encounters.
 - Documenting rationale for treatment.
 - Concern for policies regarding disclosure of illicit drug use.
 - Desire for consistent, continuous care.
 - Implementation of consistent policies for reoccurring circumstances.

Example 1

- A patient with a known history of mental health disorders was not seen for a full mental health assessment and treatment plan
 - Not recommended upon intake due to patient presentation and denial of any mental health issues/symptoms.
 - No mental health review upon transfer between housing areas.
 - Administrative cancellations of appointments when a mental health referral was made based on behavior in the housing area.
 - Short mental health screening as opposed to full assessment when the patient was seen 25 days after the referral (policy is to see referrals within 3 days).
 - No documentation that chart review was done during this screening, despite past admissions to correctional facility.
 - No explanation documented for further cancelled mental health appointments.
 - No rescheduled visit for a referral to mental health due to suicidal ideation, which should have been addressed within 24 hours.

Example 1 Continued

- None of these failures to address the patient's mental health issues ultimately contributed to his death by suicide, which occurred after he was eventually given a full assessment and was determined not to be a danger to himself.
- SCOC felt this death could not have been prevented.
- However, a patient who is more actively contemplating self-harm may follow through on ideation if they are permitted to slip through the cracks in a manner similar to this patient – earlier intervention in someone else may prevent a future death, which is the goal.

Example 2

- Emergency response is requested for an instance of self-harm.
- Medical staff responds timely and undertakes CPR.
- EMS backup is requested – one version of the record indicates EMS was activated at 6:30; a different portion of the record reflects a 6:54 activation. The second time was found to be accurate during investigation.
- Witnesses could not describe a clear protocol for who should activate EMS.
- Only one provider present at the facility was trained in intubation, so no intubation could take place while awaiting that provider.

Example 2 Continued

- SCOC again felt that none of these factors contributed to the patient's death, which it viewed as not preventable.
- However, in the future, a delay in activating EMS due to a failure to establish a clear protocol could make a negative difference in patient outcome.
- Having only one provider able to intubate was not an issue here, but SCOC would like all staff to be trained in Advanced Life Support measures such as intubation so that should that provider be unavailable or delayed, a future patient doesn't suffer a bad outcome.

Other Issues in Example 2

- The patient in Example 2 had been placed on suicide watch during incarceration; the chart did not reflect:
 - Where the patient was located immediately following the appointment with the mental health provider who instituted the watch.
 - Who was responsible for one-on-one supervision of the patient between this visit and his next encounter with a mental health professional
 - How long the transfer between buildings at the facility took and what happened during that time
 - While the care during that time was determined ultimately to be proper, no documentation was present to support this
- Upcoming medical appointments were not clearly documented in the patient's chart, leaving open the possibility of disruptions to continuous care
- The patient was seen by numerous providers for a single condition, leaving open the possibility of disruptions to continuous care
- Notes did not reflect when the patient was seen, only when notes were closed or signed, making his course of treatment unclear

The New York State Commission of Correction: Oversight of Local Jails & Lockups

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The New York State Commission of Correction is an executive department correctional oversight and technical services agency. SCOC 2021 Annual Rept. at pg. 1. It has jurisdiction over and delivers services to all state and county correctional facilities, police department detention facilities and facilities operated by the New York City Department of Correction. *See, generally*, <https://scoc.ny.gov/>. A 2018 audit by the New York State Comptroller noted that the Commission had jurisdiction over 561 facilities, including 54 operated by the state Department of Correction and Community Supervision, 4 operated by the Office of Children and Family Services and 503 local facilities. The remaining 503 local facilities include 62 jails operated by counties, 12 operated by the New York City Department of Correction and 429 local lockups operated by cities, towns, villages and other municipalities across the state. Facility Oversight and Timeliness of Response to Complaints and Grievances State Commission of Correction, New York State Comptroller Report 2017-S-2 Jan. 2018.

I. The Authority of the SCOC

Article XVII § 5 of the New York State Constitution authorizes the legislature to create and maintain prisons and jails as well as systems of probation and parole. This section exists within Article XVII, which provides generally for Social Welfare within the State of New York.

The legislature may provide for the maintenance and support of institutions for the detention of persons charged with or convicted of crime and for systems of probation and parole of persons convicted of crime. There shall be a state commission of correction, which shall visit and inspect, or cause to be visited and inspected by members of its staff, all institutions used for the detention of sane adults charged with or convicted of crime.

N.Y. C.L.S. Const. Art. XVII, § 5. Add, 1938, eff. Jan 1, 1939, amd., 1973, eff. Jan 1, 1974.¹

In 1975, the legislature revised Article 3 of the Correction Law, which created and empowers the SCOC.² The Commission consists of three members, appointed by the Governor and confirmed

¹ The 1973 amendment removed language that stipulated that the state Commissioner of Correctional Services was to be the chair of the Commission of Correction. This modification suggests an intent to convert the SCOC into a more robust, external oversight agency.

² In a memo to the legislature advocating for passage of Senate Bill 4051-A, Governor Rockefeller explained the bill as transferring the SCOC from the Department of Correctional Services to the Executive Department and “expand its powers”. “This measure, based on a recommendation of the Select Committee on Correctional Institutions and Programs, will promote the independence of the Commission of Correction and strengthen the Commission’s ability to effectively perform its important duties”. Nelson A. Rockefeller. Public Papers of Nelson A. Rockefeller (1973), Governor’s Approval Memorandum 14, approving L. 1973, ch. 398, at 354.

by the Senate. Section 45 of the Correction Law defines the powers and duties of the Commission with respect to penitentiaries, prisons and lockups statewide.

The commission shall have the following functions, powers and duties:

- 1.** Advise and assist the governor in developing policies, plans and programs for improving the administration of correctional facilities and the delivery of services therein.
- 2.** Make recommendations to administrators of correctional facilities for improving the administration of such correctional facilities and the delivery of services therein.
- 3.** Except in circumstances involving health, safety or alleged violations of established standards of the commission, visit, and inspect correctional facilities consistent with a schedule determined by the chairman of the commission, taking into consideration available resources, workload and staffing, and appraise the management of such correctional facilities with specific attention to matters such as safety, security, health of incarcerated individuals, sanitary conditions, rehabilitative programs, disturbance and fire prevention and control preparedness, and adherence to laws and regulations governing the rights of incarcerated individuals.
- 4.** Establish procedures to assure effective investigation of grievances of, and conditions affecting, incarcerated individuals of local correctional facilities. Such procedures shall include but not be limited to receipt of written complaints, interviews of persons, and on-site monitoring of conditions. In addition, the commission shall establish procedures for the speedy and impartial review of grievances referred to it by the commissioner of the department of corrections and community supervision.
- 5.** Ascertain and recommend such system of employing incarcerated individuals of correctional facilities as may, in the opinion of said commission, be for the best interest of the public and of said incarcerated individuals and not in conflict with the provisions of the constitution or laws of the state relating to the employment of incarcerated individuals.
- 6.** Promulgate rules and regulations establishing minimum standards for the review of the construction or improvement of correctional facilities and the care, custody, correction, treatment, supervision, discipline, and other correctional programs for all persons confined in correctional facilities. Such rules and regulations shall be forwarded to the governor, the temporary president of the senate and the speaker of the assembly no later than January first, nineteen hundred seventy-six and annually thereafter.
- 6-a.** Promulgate rules and regulations to assure that persons in custody in local correctional facilities, including persons awaiting arraignment, are furnished or

have access to the type of food required by their religious dietary rules or medically prescribed diets, if any.

6-b. Promulgate rules and regulations, in consultation with the division for youth, establishing minimum standards for the care, custody, rehabilitation, treatment, supervision, discipline and other programs for correctional facilities operated by the division for youth.

7. Place such members of its staff as it deems appropriate as monitors in any local correctional facility which, in the judgment of the commission, presents an imminent danger to the health, safety or security of the incarcerated individuals or employees of such correctional facility or of the public.

8.

(a) Close any correctional facility which is unsafe, unsanitary or inadequate to provide for the separation and classification of prisoners required by law or which has not adhered to or complied with the rules or regulations promulgated with respect to any such facility by the commission pursuant to the provisions of subdivision six of this section; provided, however, that before such facility may be closed due to conditions which are unsafe, unsanitary or inadequate to provide for the separation and classification of prisoners, the commission shall cause a citation to be mailed to the appropriate municipal or other official at least ten days before the return day thereof directing the responsible authorities designated to appear before such commission at the time and place set forth in the citation, and show cause why such correctional facility should not be closed. After a hearing thereon or upon the failure to appear, such commission is empowered to order such facility designated in the citation closed within twenty days, during which time the respondent authority may review such order in the manner provided in article seventy-eight of the civil practice law and rules, in the supreme court. Fifteen days after the order to close has been served by a registered letter upon the appropriate official if no court review has been taken, and fifteen days after the order of such commission has been confirmed by the court, in case of court review, such facility designated in the order shall be closed, and it shall be unlawful to confine or detain any person therein and any officer confining or detaining any person therein shall be guilty of a class A misdemeanor.

(b) Before a correctional facility as defined in subdivision four of [section two](#) of this chapter, may be closed for a reason other than those set forth in paragraph (a) of this subdivision, the provisions of [section seventy-nine-a](#) of this chapter shall be adhered to.

9, 9-a. [Repealed]

10. Approve or reject plans and specifications for the construction or improvement of correctional facilities that directly affect the health of incarcerated individuals and staff, safety, or security.

11. [Repealed]

12. Make an annual report to the governor and legislature concerning its work and the work of the board and the council during the preceding year, and such further interim reports to the governor, or to the governor and legislature, as it shall deem advisable, or as shall be required by the governor.

13. Accept, with the approval of the governor, as agent of the state any grant, including federal grants, or any gift for any of the purposes of this article. Any money so received may be expended by the commission to effectuate any purpose of this article, subject to the same limitations as to approval of expenditures and audit as are prescribed for state money appropriated for the purposes of this article.

14. Enter into contracts with any person, firm, corporation, municipality, or governmental agency.

15. Adopt, amend or rescind such rules and regulations as may be necessary or convenient to the performance of the functions, powers and duties of the commission.

16. Do all other things necessary or convenient to carry out its functions, powers and duties expressly set forth in this article.

17. [Expires and repealed Sept 1, 2026] Make an annual report to the governor, the chairman of the assembly committee on correction and the chairman of the senate committee on crime victims, crime and correction concerning incarcerated individuals confined in local correctional facilities pursuant to an agreement authorized by [section five hundred-o](#) of this chapter. Such report shall include but not be limited to the number of counties maintaining such agreements and the number of incarcerated individuals confined pursuant to such agreements.

18. Assess compliance of local correctional facilities with the terms of paragraphs (h), (i), (j), (k), (l), (m), (n) and (o) of subdivision six of [section one hundred thirty-seven](#) of this chapter. The commission shall issue a public report regarding all aspects of segregated confinement and residential rehabilitation units at least annually with recommendations to local correctional facilities, the governor, the legislature, including but not limited to policies and practices regarding: (a) placement of persons; (b) special populations; (c) length of time spent in segregated confinement and residential treatment units; (d) hearings and procedures; (e) conditions, programs, services, care, and treatment; and (f) assessments, rehabilitation plans, and discharge procedures.

19. Establish standards and guidelines for a program of medication assisted treatment for incarcerated individuals in county jails and/or county correctional facilities equivalent to the program established in state correctional facilities pursuant to section six hundred twenty-six of this chapter and submit an annual report consistent with the requirements of subdivision three of such section.

N.Y. C.L.S. Corr. § 45. Add. L. 1975, ch. 865, eff. Sept. 8 1975 with substance transferred from former § 48. Reduced to its foundation, the State Commission of Correction is empowered to promulgate standards, rules and regulations governing the management and treatment of incarcerated individuals pertaining to health, safety and welfare. The Commission is empowered to enforce its regulations by:

Conducting facility inspections, (3);

Assessing and reporting regarding facility compliance with provisions of the Correction Law pertaining to segregated confinement, (18);

Placing SCOC members or staff within facilities, (7);

Approving or rejecting plans for construction or improvement of facilities “that directly affect the health of incarcerated individuals and staff safety, or security”, (10);

Close any facility which is unsafe, unsanitary, or which has not adhered to the rules and regulations of the SCOC, (8).

Additionally, in any instance where the Commission becomes aware that its rules and regulations are or are about to be violated, it shall notify the person in charge of such violation, recommend remedial action and direct compliance with the underlying rule or regulation. Corr. §46(4). Upon a continued failure of compliance, the Commission may apply to Supreme Court for an order directing compliance, or such other, further or different relief as the Court deems appropriate. *Id.*

The Commission must be granted access to facilities and to its books and records upon demand. Corr. § 46(1). The Commission has subpoena power, and the ability to obtain documents and testimony by subpoena extends beyond facility officials and staff and includes incarcerated individuals as well. Corr. §46(2). Pointedly, this subsection provides “[n]otwithstanding any other provision of law, a subpoena may be issued and enforced...for the medical records of an incarcerated individual of a correctional facility, regardless of whether such medical records were made during the course of the incarcerated individual’s incarceration. *Id.* This subsection states that witnesses shall have a right to counsel, *Id.*, which presumably means that inmates have the theoretical ability to seek to quash a subpoena seeking their records.

Corr. § 45. The Commission also has a role in advising the Governor and the Legislature regarding conditions and making policy recommendations within the sphere of inmate health, safety and welfare.

Within the Commission, there shall be a Citizen’s Policy and Complaint Review Council, consisting of nine, uncompensated members appointed by the Governor and confirmed by the Senate. Corr. §42. As an arm of the Commission, the Council is empowered to investigate complaints or grievances that are submitted to it in writing. Corr. § 42(b). To these ends, the Council has the authority to visit facilities, “at any and all times” and demand office space within facilities. The Council has the authority to obtain “any information deemed necessary” to carry out its functions and duties and to report its findings to the Commission. *Id.*

II. SCOC Medical Review Board

The Correction Law mandates that there shall be within the commission a Medical Review Board, consisting of six people, appointed by the Governor with the advice and consent of the Senate. Three of the members of the medical review board are physicians including a board-certified pathologist and a forensic psychiatrist. There must also be an attorney and two members at large. Board members are not compensated but receive reimbursement of costs incurred. Corr. § 43.

The principal responsibility of the Medical Review Board is to investigate the cause and circumstances surrounding the death of any incarcerated individual of a correctional facility. Corr. § 47. Deaths in custody must be reported to the SCOC Medical Board “immediately”. Corr. § 47(2). The Board is required to visit the facility where a death occurred and cause the body to be examined, including an autopsy, if necessary, to ascertain the cause of death. *Id.*

The Board is required to submit a report of its investigation of each death in custody to the Commission, the Governor and the legislature. Corr. § 47(d). “Where appropriate”, such report should make recommendations to prevent the recurrence of such deaths to the Commission but also to the administrator of the facility. Redacted versions of final reports are published and are available on the SCOC website at <https://scoc.ny.gov/correction-medical-review-board>

III. SCOC Regulation specific to County Jails and Penitentiaries.

Consistent with the 1970s era determination that the SCOC should be an independent oversight agency, regulations pertaining to the SCOC are found not in Title 7 of the New York Codes, Rules and Regulations, but are instead found in Title 9, pertaining to the Executive Department. Within Title 9, Subtitle AA, (State Commission of Correction) is found Chapter I, Minimum Standards and Regulations for Management of County Jails and Penitentiaries. 9 N.Y.C.R.R. Title 9, Subtitle AA, Ch.I. A Survey of selected regulations follows:

§7001.1 Construction and renovation

Correction Law §45(10) dictates that plans and specifications for construction of renovation of detention facilities that directly affect the health of incarcerated individuals, staff, safety, or security must be submitted for review by the SCOC. The regulation stipulates that approval must be obtained before a project is advertised for bids or construction is undertaken.

§7002.4 Property Confiscation (on Admission)

A facility shall confiscate all contraband from prisoners admitted to the facility. Contraband is generally defined as anything the possession of which would constitute an offense under the Penal Law, anything prohibited by written facility regulations or pursuant to these regulations and anything which may present a substantial sanitation or health threat to the facility. Facilities must inventory all confiscated items. Confiscated items remain the property of inmates, except illegal items which must be turned over to appropriate law enforcement officials.

§7002.6 Medical Screening (on Admission)

A medical screening questionnaire shall be administered by facility staff at the time of admission or prior to the placement of an individual in a facility housing unit. Any screening response indicating a history of alcohol or substance abuse shall result in an immediate referral for additional medical screening pursuant to section 7011.5 of this Title.

§7011.5 (Substance Use Disorder) Program screening, placement and participation

“Without unnecessary delay but no later than 72 hours following a referral”, an incarcerated individual shall receive a medical screening to determine if the individual suffers from a substance use disorder for which medication assisted treatment exists. If an individual is determined to suffer from substance use disorder for which medication assisted treatment exists, he or she shall be offered placement in such a program.

§7010.1 (Health Services) Policy

In order to provide adequate medical care for incarcerated persons, each local correctional facility shall develop and implement written policies and procedures consistent with this Part.

Prompt screening is essential to identify serious or life-threatening medical conditions requiring immediate evaluation and treatment. Appropriate medical appraisal of inmates is necessary to reduce the risk that a serious physical deficiency or medical emergency will be obscured by drug or alcohol ingestion.

§7010.2 Health Services

The county government shall appoint a physician for the local correctional facility. Each prisoner shall be examined by a licensed physician or authorized medical personnel at the time of admission and no later than 14 days after admission. Documented evidence of examination within six months prior to admission shall satisfy this requirement.

Every inmate who at the time of admission appears to be physically incapacitated due to drug or alcohol intoxication shall be examined immediately. Every inmate who appears to be intoxicated by alcohol or drugs shall be subject to increased supervision as specified in these regulations.

Definite arrangements shall be made to insure prompt transportation of an inmate to a hospital or other appropriate medical facility in emergency situations. Each facility is responsible for providing necessary security and supervision during such periods of hospitalization.

Each facility shall make “maximum use” of community medical and mental health facilities, services and personnel.

Adequate health service and medical records shall be maintained which shall include data such as date, name(s) of inmate(s) concerned, diagnosis of complaint, medication and/or treatment prescribed. A record shall also be maintained of medication prescribed by the physician and dispensed to a prisoner by a staff person.

§ 7010.3 Possession of medication by inmates

Possession by inmates of a supply of medication is prohibited, however, any jurisdiction can apply for a waiver from the SCOC. Notwithstanding the above, any inmate prescribed nitroglycerine or an asthma or other inhaler shall be allowed to keep on his or her person a sufficient quantity of these medications.

§ 7022.1 (Reportable Incidents) Policy

In order to provide a mechanism by which facility operations, policies and procedures can be monitored, evaluated and improved, each facility shall internally review and assess all incidents of a serious or potentially problematic nature and report incidents to the commission pursuant to the requirements of this Part.

IV. Reporting Requirements

The SCOC has published a Reportable Incident Manual on its website, <https://scoc.ny.gov/2023-reportable-incident-manual-county-jails-and-new-york-city-department-correction> . Reports are to be made utilizing SCOC's eJusticeNY Integrated Justice Portal. If the portal is inaccessible, a facility must contact the Commission at (518) 485-2466.

In general, SCOC requires reports of crimes, (assault, sexual offenses, arson, possession of contraband, escape/abscondence), perpetrated or facilitated by or against incarcerated individuals, facility staff or visitors.

SCOC also requires reports of incidents that affect health and safety of incarcerated individuals such as death, attempted suicide, physical injury or hospitalization, contagious illness, non-arson fire and discharge of a firearm.

Events and situations that affect facility security and operations must also be reported, such as placement of an inmate in segregated confinement, inmate disturbances or group action, hostage situation or disruption or deprivation of facility services.

The regulations and Reportable Incident Manual should be consulted for timing of mandatory reporting and submission of updates. Most serious incidents and events call for immediate reporting and lesser incidents within 24 hours. Death of an incarcerated individual must be reported within 6 hours.