



ASSEMBLY STANDING COMMITTEE ON CORRECTION

NOTICE OF PUBLIC HEARING

SUBJECT: Oversight and Investigations of the Department of Corrections and Community Supervision (DOCCS).

PURPOSE: To examine oversight of the Department of Corrections and Community Supervision.

ALBANY

Wednesday

December 2, 2015

11:00 A.M.

Legislative Office Building, 2nd Floor, Hearing Room C
Albany, New York

ORAL TESTIMONY BY INVITATION ONLY

In June 2015, two inmates escaped from Clinton Correctional Facility with the assistance of a civilian employee. In the aftermath of the escape, nine correction officers were suspended pending investigation. The Governor directed the State Inspector General to conduct a thorough investigation to determine all factors in the escape of the two inmates. Historically, although not expressly authorized in statute to maintain its own inspector general's office, DOCCS has conducted its own investigations internally. Additionally, the State Commission of Correction has the ability to inspect correctional facilities and make recommendations concerning the safety, security, health and sanitary conditions in those facilities, among other topics, and is responsible for investigating and reviewing inmate deaths. The Justice Center for the Protection of People with Special Needs is responsible for monitoring the quality of mental health care provided to inmates with serious mental illness and DOCCS' compliance with the law governing diversion of mentally ill inmates from segregated confinement.

This hearing will investigate oversight of the Department of Corrections and Community Supervision and examine both the internal and external options for independent investigations to ensure the safety of staff and inmates, and guarantee the integrity of the Department.

Persons wishing to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be accepted by invitation only and limited to **TEN (10)** minutes' duration. **Twenty (20)** copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Daniel O'Donnell

**Member of Assembly
Chairperson
Committee on Correction**

PUBLIC HEARING REPLY FORM

ORAL TESTIMONY BY INVITATION ONLY

Persons wishing to present testimony at the public hearing Oversight and Investigations of the Department of Corrections and Community Supervision are requested to complete this reply form as soon as possible and mail, email or fax it to:

**Tana Agostini
Legislative Analyst
Assembly Committee on Correction
NYS Capitol Building
Room 513
Albany, New York 12248
Email: agostinit@assembly.state.ny.us
Phone: (518) 455-4313
Fax: (518) 455-3669**

- I plan to attend the following public hearing on Oversight and Investigations of the Department of Corrections and Community Supervision be conducted by the Assembly Committee on Correction on December 2, 2015.
- I have been invited to make a public statement at the hearing. My statement will be limited to ten (10) minutes, and I will answer any questions which may arise. I will provide 20 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____