

 Department of Corrections and Community Supervision DIRECTIVE	TITLE		NO. 4947
	Special Housing Reports		DATE 10/24/2025
SUPERSEDES DIR #4947 Dtd. 09/03/21	DISTRIBUTION A	PAGES PAGE 1 OF 1	DATE LAST REVISED
REFERENCES (Include but are not limited to) 7 NYCRR Chapter V, Section 261.4; ACA Expected Practice 5-ACI-4A-05; Directive #4932	APPROVING AUTHORITY 		

- I. **PURPOSE:** To identify those reports that must be submitted regularly to the Director of Special Housing/Incarcerated Individual Disciplinary Programs.
- II. **INCARCERATED INDIVIDUALS IN SPECIAL HOUSING:** Report on condition of incarcerated individuals in “Report on Special Housing Incarcerated Individuals and Availability of Health and Mental Health Care Services,” [Form #2182](#). Submit every Monday in accordance with instructions on the form.
- III. **HEARING DOCUMENTS:** Documents related to Involuntary Protective Custody determinations, Administrative Segregation determinations, and Superintendent’s Hearing determinations will be retained at the facility except as follows:
 - Hearing Appeals: When appeals of the above noted hearings are received by the Director of Special Housing/Incarcerated Individual Disciplinary Programs, staff from that office will contact the facility Disciplinary Office electronically with a listing of hearings requiring review. Hearing documents for the appealed hearings are to be copied and sent to the Director within seven days of the request. Each facility must develop a procedure to ensure compliance with this policy.
 - Loss of Good Time: After an incarcerated individual has had a final Time Allowance Committee Review, the hearing documents of any disposition recommending loss of good time must be sent to the Director of Special Housing/Incarcerated Individual Disciplinary Programs, under separate cover for immediate review, if the loss of good time will affect the incarcerated individual’s release date.
 - Electronic Recordings: Electronic recordings of hearings will be requested separately.
- IV. **REPORT OF TIME ALLOWANCE COMMITTEE REVIEW:** Submit copy of [Form #2189](#), “Report of Time Allowance Committee Review,” after the Superintendent completes their review.

When the Time Allowance Committee conducts a hearing pursuant to Section 261.4 of Chapter V of Title 7 of the New York Code, Rules, and Regulations (NYCRR) (Directive #4932, “Chapter V, Standards Behavior & Allowances”), copies of notice and assistance forms provided to the incarcerated individual and any other supporting material shall be sent to the Director of Special Housing/Incarcerated Individual Disciplinary Programs with [Form #2189](#).

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

_____ CORRECTIONAL FACILITY

REPORT ON SPECIAL HOUSING INCARCERATED INDIVIDUALS AND AVAILABILITY OF HEALTH CARE SERVICES

Report for the previous week, beginning Sunday, _____

HEALTH CARE SERVICES (to be completed by all facilities operating a special housing unit)

Except as indicated:

All incarcerated individuals confined in Special Housing for the maintenance of order or discipline at this facility have had the opportunity for daily access to ambulatory health care services.

The Facility Health Services Director or physician designee, an approved registered nurse or physician's assistant/nurse practitioner made daily visits to all appropriate housing units where such incarcerated individuals are confined for the purpose of providing ambulatory health care services and observing the conditions of confinement with respect to the maintenance of the health of all such incarcerated individuals.

All such incarcerated individuals were found in satisfactory condition or were otherwise referred for appropriate treatment.

_____ No Exceptions _____ Exceptions: See Attached

Facility Health Services Director/Designee Date

The recommendations of the Facility Health Services Director relative to health maintenance or delivery of health care to all incarcerated individuals confined in Special Housing during this reporting period have been endorsed or carried out with:

_____ No Exceptions _____ Exceptions: See Attached

Superintendent (or Acting Superintendent) Date

This report is submitted in accordance with Section 137(6-f) of the Correction Law. This report must be prepared and forwarded every Monday, or first business day of the week in case of holidays. This report notwithstanding, any unusual medical care problems or divergence from prescribed treatment concerning an incarcerated individual in a Special Housing situation should be communicated to the Commissioner immediately.

- 1. FACILITY _____ CONSIDERATION DATE ____/____/____
- 2. INMATE _____ DIN _____
- 3. CR DATE ____/____/____ ME DATE ____/____/____
- 4. MOST RECENT CONSIDERATION DATE..... _____
- 5. TOTAL GOOD TIME AVAILABLE..... _____
- 6. PREVIOUSLY WITHHELD GOOD TIME..... _____
- 7. RESTORATION OF PREVIOUSLY WITHHELD TIME UPON RECONSIDERATION.... _____

REASONS _____

- 8. LOST GOOD TIME - TAC HEARING(IF APPLICABLE)
(DIRECTIVE 4932 SEC. 263.2B)..... _____
- 9. TOTAL GOOD TIME WITHHELD..... _____
- 10. ALLOWANCE RECOMMENDED..... _____

REASONS _____

- 11. RECONSIDERATION DATE, IF ESTABLISHED..... _____

SIGNATURE OF CHAIRMAN _____	TITLE _____	DATE _____
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- 12. SUPERINTENDENT'S ACTION
- CONFIRM RECOMMENDATION ____ OTHER DETERMINATION ____ SPECIFY _____

_____ SUPERINTENDENT	_____ DATE
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- 13. COMMISSIONER'S DECISION
- AFFIRMED _____ MODIFIED _____ DATE _____

COMMENTS _____

NOTICE TO INMATE: PURSUANT TO 7 NYCRR, CHAPTER V, PART 262 ALL TIME ALLOWANCE DECISIONS ARE REVIEWED AUTOMATICALLY BY THE COMMISSIONER OR HIS DESIGNEE. THE DECISION OF THE COMMISSIONER OR HIS DESIGNEE IS FINAL. YOU MAY REQUEST RECONSIDERATION OF ANY DECISION TO WITHHOLD GOOD TIME BY WRITING TO THE FACILITY TIME ALLOWANCE COMMITTEE CHAIRMAN.

DISTRIBUTION: CENTRAL OFFICE, GUIDANCE UNIT, INMATE, COMMUNITY SUPERVISION, FAC FILE

- 1. FACILITY _____ CONSIDERATION DATE ____/____/____
- 2. INMATE _____ DIN _____
- 3. CR DATE ____/____/____ ME DATE ____/____/____
- 4. TOTAL GOOD TIME AVAILABLE..... _____
- 5A. TIME TENTATIVELY LOST IN TIER III HEARINGS..... _____

(MORE THAN SIX SANCTIONS, SEE ATTACHED SHEET(S))

- 5B. TIME TENTATIVELY LOST IN TIER III HEARINGS
PRIOR TO COMPUTERIZATION..... _____
- 5C. TIME TENTATIVELY LOST AT OCF(S)(OFFICE CHILD/FAM SVCS)..... _____
- 5D. TOTAL TENTATIVELY LOST GOOD TIME..... _____
- 6. RESTORATION OF TENTATIVELY LOST GOOD TIME..... _____

REASONS _____

- 7. LOST GOOD TIME - TAC HEARING(IF APPLICABLE)
(DIRECTIVE 4932 SEC. 261.4)..... _____
- 8. TOTAL GOOD TIME WITHHELD(IF APPLICABLE)..... _____
- 9. ALLOWANCE RECOMMENDED(LINE 4 MINUS LINE 8)..... _____

REASONS _____

- 10. RECONSIDERATION DATE, IF ESTABLISHED..... _____

SIGNATURE OF CHAIRMAN _____	TITLE _____	DATE _____
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- 11. SUPERINTENDENT'S ACTION
- CONFIRM RECOMMENDATION ____ OTHER DETERMINATION ____ SPECIFY _____

SUPERINTENDENT _____	DATE _____
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- 12. COMMISSIONER'S DECISION
- AFFIRMED _____ MODIFIED _____ DATE _____

COMMENTS _____

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