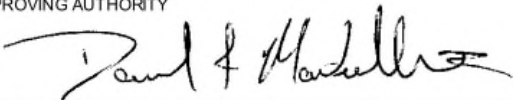
 DIRECTIVE	Corrections and Community Supervision Notification and Request to Associate with Inmates and Parolees		NO. 0702
			DATE 09/16/2020
SUPERSEDES	DISTRIBUTION A	PAGES PAGE 1 OF 6	DATE LAST REVISED
REFERENCES (Include but are not limited to) Penal Law, Directives 0700, 2110, 2111, and 2260; DOCCS Employees Manual Section 2.15		APPROVING AUTHORITY 	

- I. **PURPOSE:** This directive describes the process by which employees of the Department of Corrections and Community Supervision (DOCCS) must provide notification and request permission to associate with inmates, parolees, or other individuals as required by DOCCS Employees' Manual Section 2.15.
- II. **BACKGROUND:** Employees Manual Section 2.15 states, in pertinent part, that except as otherwise authorized by the appropriate Deputy Commissioner or designee for Central Office employees, or appropriate facility Superintendent for facility employees, or the appropriate Regional Director for community supervision employees, no employee shall knowingly:
- * * *
- b. Engage in any conversation, communication, dealing, transaction, association or relationship with any inmate, former inmate, parolee or former parolee, which is not necessary or proper for the discharge of the employees' duties; or*
- c. Engage in any communication, transaction, or fraternization with any person (i.e. visitor, friend or relative) who has an illegal or improper interest in the case of inmate, parolee or releasee where such communication, transaction, or fraternization may interfere with or give the appearance of interfering with the employees' duties or with the work of the Department.*
- A. Unauthorized associations or relationships with such persons violate Departmental policy (e.g., Employees Manual Section 2.15) and may lead to disciplinary action against the employee, including termination. This misconduct may also violate the Penal Law or other law, depending on the nature of the association and related conduct of the employee. Furthermore, unauthorized relationships or associations with inmates, parolees, and others as proscribed by Employees' Manual Section 2.15 may give rise to the appearance of impropriety which could reflect negatively upon the employee and the Department as a whole.
- B. There are various situations which may cause an employee to associate with persons defined in Employees Manual Section 2.15 Subsection b. Employees are required to provide notification of contact with an inmate or parolee as described in Employees Manual Section 2.15. Further, employees must seek prior approval before engaging in the conduct covered by Employees Manual Section 2.15. An employee may consider his or her request to associate approved only after having received written approval to do so in accordance with the below procedures.

- C. The Office of Special Investigations (OSI) shall review and/or investigate any possible, reported or suspected acts of misconduct related to Employees Manual Section 2.15 or the filing of requests for association or notifications.

III. PROCEDURES

A. Notification of Contact or Attempted Contact

1. Any employee who has been contacted or attempted to be contacted by an inmate or parolee as described in Employees' Manual Section 2.15 shall promptly report in writing (e.g., email, memo, or other written report) describing the date, time, place, and circumstances of the contact or attempted contact to OSI for Central Office employees, Board of Parole Chairperson for Board employees, the facility Superintendent for facility employees, or the Regional Director for Community Supervision employees.
2. The respective Chairperson, Superintendent or Regional Director shall further notify OSI should the nature of the contact or attempted contact warrant an investigation by OSI.

B. Requests for Association by Employees

1. Employee's Responsibilities: An employee requesting to associate with an inmate, parolee or other individual pursuant to Employees' Manual Section 2.15 must complete [Form #0702A](#), "Request for Approval to Associate with Inmate/Parolee or Other Restricted Individual." It is the responsibility of the employee to provide accurate and complete information as requested on the form.
 - a. If the form asks for information that is "not applicable," the employee shall write "not applicable" or "NA" in the space provided; do not leave any portion of the form blank.
 - b. If there is information relevant to the request that cannot be adequately described in [Form #0702A](#), the employee should supply the information in a written memorandum affixed to [Form #0702A](#).
 - c. The Department is not required to assist the employee in the collection of the requested information. If, due to some extenuating circumstance, certain information cannot be provided by the employee, the employee shall provide a written memorandum, explaining in detail why the information could not be furnished. Forms that are incomplete will not be considered and will be returned to the employee.
 - d. The employee shall submit the completed [Form #0702A](#) to the Board of Parole Chairperson, appropriate Deputy Commissioner or designee for Central Office employees, the facility Superintendent for employees assigned to that facility, or the respective Regional Director for Community Supervision employees. The employee should maintain a copy of the request to associate.

2. Supervisor's Review and Recommendation: The Chairperson or designee, Deputy Commissioner or designee, Superintendent or Regional Director shall ensure the request to associate is complete and provide a recommendation as to whether the request should be approved or denied by checking the appropriate box on the form. Any additional remarks, comments, or information relevant to the employee's request should be added to the form. The Chairperson or designee, Deputy Commissioner or designee, Superintendent or Regional Director must sign, date, and then forward the request to associate to OSI for a final review and determination. Submissions may be made to OSI via email at: SpecialInvestigations@doccs.ny.gov.
3. Office of Special Investigations Review and Determination: Upon receipt of a completed request for association by OSI, the Deputy Commissioner/Chief of Investigations or designee of the rank of Deputy Chief Investigator or above shall review the request to associate, conduct any necessary background check, and make a final determination as to whether the association is approved, approved with conditions/restrictions, or denied.
 - a. When approving a request for association, OSI may impose restrictions on that association, when it is deemed to be in the best interest of the department. Those restrictions shall be noted on the request for association form and shall be considered binding on the employee. Failure to abide by the restrictions may result in disciplinary action.
 - b. When it is determined that it is not in the best interest of the Department for the employee requesting an association to possess a firearm by virtue of their peace officer status, a weapons prohibition may be authorized by OSI's Deputy Commissioner/Chief of Investigations or designee, pursuant to Directive #2020.
4. Distribution of Reviewed Request to Associate Forms: Due to the potential sensitive and private nature of an association or relationship, only persons with an operational need shall have access to this information. Any request to associate shall be handled with discretion to avoid any inappropriate disclosure and to avoid any embarrassment to the requesting employee. Once a final determination has been made, the request for approval to associate ([Form #0702A](#)) shall be distributed by OSI as follows:
 - a. The original requests for approval to associate ([Form #0702A](#)) shall be forwarded to the Superintendent for facility employees and to the Director of Personnel for recruits and for all other employees. The original Form # 0702A shall be maintained in the employee's personal history folder.
 - b. A copy of all requests to associate ([Form #0702A](#)) shall be retained by OSI in the electronic case management system.
 - c. A copy of an approved request to associate with an inmate shall also be provided to the Director of Classification and Movement. The Director of Classification and Movement shall ensure that the appropriate staff separation is entered.

- d. A copy shall be provided to the requesting employee, who should maintain it in his or her records and present it whenever necessary to do so.
 - e. Other persons or entities which have a legitimate reason to obtain a copy of a [Form #0702A](#) may request a copy from OSI.
 - 5. Changes in Circumstances: An employee is required to complete a new [Form #0702A](#) and follow the above procedures, whenever the circumstances of a relationship or association change and whenever the individual with whom the employee wishes to associate becomes a New York State inmate or parolee. An employee may not be required to submit an updated form merely upon a transfer of the inmate or reassignment of the employee, unless it results in both being in the same facility. Any questions shall be directed to the respective Chairperson, Deputy Commissioner, Superintendent, Regional Director, or OSI. The below scenarios are provided for guidance but are not meant to be all inclusive:
 - a. *Scenario 1: An employee requested and received approval to associate with an inmate. The inmate or employee are later transferred to different facilities within the Department. In this instance, an employee does not need to submit a new [Form 0702A](#).*
 - b. *Scenario 2: An employee requested and received approval to associate with an inmate. That inmate is then released from custody (to either community supervision or maximum expiration date) and the employee wishes to continue to associate with the former inmate. In this instance, the employee would be required to submit a new request to associate.*
 - c. *Scenario 3: An employee requested and received approval to associate with a parolee or former parolee. The parolee or former parolee is then re-incarcerated for a new offense or violation. In this instance, the employee must submit a new request to association.*
 - 6. Revocation of Prior Approval: When it is determined that a previously approved request to associate is no longer in the best interest of the Department or where it is deemed detrimental to the well-being of the employee, inmate, former inmate, parolee or former parolee, OSI may revoke the authorization to associate. The employee shall be notified in writing that such prior approval is being revoked. The revocation notice will also be sent to the Superintendent for facility employees, relevant Regional Director for Community Supervision employees, Chairperson for Board of Parole employees, and to the Director of Personnel for recruits and for all other employees.
- C. Pre-Employment Request to Associate
- 1. Disclosure During the Hiring Process: Disclosure of an association or relationship with any inmate, former inmate, parolee, or former parolee during a pre-employment screening or background does not constitute approval to associate with the person. Employees wishing to associate with persons defined in Employees' Manual Section 2.15 must complete and submit a request for approval to associate [Form # 0702A](#), as described above.

2. Correction Officer and Parole Officer Recruits: Any recruit prior to graduation shall complete a request for approval to associate ([Form # 0702A](#)) as described above and submit it to the Director of Training, in the same manner as the Superintendent of a facility or Regional Director for Community Supervision employees. The Director of Training shall provide the form to the Coordinator of the Employee Investigations Unit (EIU) to ensure that the recruit properly disclosed that relationship during the pre-employment background process.
 - a. If the review by EIU discloses nothing derogatory, the request for association shall be forwarded to OSI for a final review and determination.
 - b. If the review by EIU discloses that the recruit failed to properly disclose a relationship or association, the EIU Coordinator shall promptly notify the Director of Personnel who shall review and take appropriate action, which may include termination. The Director of Personnel may also refer the matter to OSI for investigation, particularly whenever there is other misconduct unrelated to a failure to disclose during a pre-employment background is suspected.
- D. Visitation of an Inmate in a Correctional Facility
1. Pursuant to Employees' Manual Section 7.10, any employee who has received prior approval to associate with an inmate, or is not required to obtain such approval pursuant to Employees' Manual Section 2.15 (e.g., the employee's spouse is an inmate), is still required to complete [Form #0702B](#), "Request to Visit a New York State Inmate" and obtain prior approval before visiting the inmate. Before visiting an inmate, written approval documented on [Form #0702B](#) shall be necessary from:
 - a. The employee's supervisor (the Chairperson or designee for Board of Parole employees, the appropriate Deputy Commissioner or designee for Central Office employees, the facility Superintendent for employees assigned to that facility, or the respective Regional Director for Community Supervision employees); and
 - b. The Superintendent of the facility to be visited.
 2. The Superintendent of the facility to be visited upon approval of [Form #0702B](#) shall direct that an entry be made in the visitor processing system (VPR) that an approved [Form #0702B](#) has been received and the visit is authorized.
 3. The original [Form #0702B](#) shall be maintained in the employee's personnel file and a copy provided to the employee. The employee should maintain the copy of the [Form #0702B](#) and have it available to present at a correctional facility, if necessary.
- E. Notifications of Previous Associations
1. When an employee determines that a family member was a previous acquaintance, co-worker, friend, associate, relative or had other interaction with an inmate or parolee housed in the correctional facility or assigned to a bureau where the employee is assigned, the employee shall make immediate verbal notification to the Chairperson, facility Superintendent or Regional Director, and promptly complete [Form #0702C](#), "Notification of Association With, Contact or Attempt to

Contact by an Inmate, Parolee or Other Restricted Individual Pursuant to Employees' Manual Section 2.15" and provide it to the Superintendent or Regional Director.

2. Upon receipt of [Form #0702C](#), the Superintendent shall forward such notification to OSI and the Director of Classification and Movement for review and appropriate action. The Regional Director shall forward such notification to OSI and the Deputy Commissioner for Community Supervision for review and appropriate action. The Chairperson shall forward such notification to OSI for review and appropriate action.
3. Department employees shall comport themselves in a manner which avoids a conflict of interest or the appearance of a conflict of interest. Whenever an employee is uncertain if a potential conflict of interest or appearance of a conflict of interest exists in relation to an inmate or parolee, the employee shall seek guidance from the employee's respective Superintendent, Regional Director, or Chairperson of the Board, or their designee, for direction on how to proceed.

F. Duty of an Employee

1. Employees of the Department have a duty to report association and relationships as described in Employees' Manual Section 2.15 and this directive. In doing so, employees shall be honest and accurate when supplying information. Providing false information to the Department as part of any of the above procedures may be a basis for disciplinary action, including termination, and may constitute a crime subjecting the individual to criminal prosecution.
2. Employees who become aware that another employee is associating with an inmate, former inmate, parolee or former parolee under circumstances which may violate Employees' Manual Section 2.15 shall notify OSI, which will research its records to ascertain whether previous approval to associate was sought and approved and if necessary, investigate the matter.
3. Employees who are permitted to associate with a former inmate (i.e., convicted felon), parolee, or person on probation should be aware that there may be certain restrictions imposed on the individual by law (e.g., inability to possess a weapon) or by the conditions of supervision (e.g., abstaining for certain drugs or alcoholic beverages, prohibitions on the use of the internet, curfew, etc.). Employees must not knowingly aid or facilitate the individual in violating any of such legal prohibitions or conditions.

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

REQUEST FOR APPROVAL TO ASSOCIATE WITH INMATE / PAROLEE OR OTHER RESTRICTED INDIVIDUAL

As an Employee of the Department of Corrections and Community Supervision, I am requesting an exemption to Section 2.15 of the Department's Employee Manual, pursuant to Directive 0702. Being aware of the restrictions in Section 2.15, an exemption is requested as outlined below:

Employee's Name: _____ Title: _____

Work Location: _____ Employee #: _____;

Name and DIN of inmate, parolee, former inmate/parolee, or other person involved in making this request necessary:
_____; Current or previous DIN: _____; DOB: _____

The Above Individual is an: ☐ Inmate ☐ Parolee ☐ Former Inmate ☐ Former Parolee ☐ On Probation

☐ Relative of an Inmate or Parolee: _____
(Explain the relationship to Inmate/Parolee, e.g., child of a current inmate John Doe)

☐ Other (Specify): _____

Current or Most Recent Correctional Facility: _____

Type of Most Recent Confinement: _____ (e.g., Federal, State, County or Local)

Date of Release from Custody: _____ Date End of Parole/Probation Supervision: _____

List current or most recent charges resulting in incarceration, parole or probation and the underlying facts: _____

Describe in Detail the Nature of Your Relationship with Above Individual and Why You are Requesting to Associate with the Person:

Nature of Requested Association: ☐ Correspondence ☐ Phone Calls ☐ Visitation (Form 0702B also required)

☐ Family / Social Gatherings ☐ Business / Employment

☐ Other and Explain: _____

Will the Individual Reside with You? ☐ Yes ☐ No

If Not Residing with You, List the Address of the Person: _____

Employee's Signature: _____

Date: _____

Supervisor's Recommendation

☐ Approve ☐ Deny ☐ Approve with the Following Conditions/Restrictions: _____

Comments: _____

Supervisor's Name and Title: _____

Supervisor's Signature: _____ Date: _____

Office Of Special Investigations' Determination

☐ Approved ☐ Disapproved ☐ Approved with the Following Restrictions/Conditions: _____

☐ Restriction on Possession of a Firearm Pursuant to Peace Office Status (Directive 2020)

Name and Title: _____

Signature: _____ Date: _____

NEW YORK STATE DEPARTMENT OF CORRECTIONSAND COMMUNITY SUPERVISION

REQUEST TO VISIT A NEW YORK STATE INMATE

As an Employee of the Department of Corrections and Community Supervision, I am aware of the restrictions in Sections 2.15 & 7.10 and Directive 0702, and I am requesting approval to visit an inmate as outlined below:

Employee’s Name: _____ Title: _____

Current Facility: _____ Employee Number: _____

Name and DIN of Inmate Requesting to Visit: _____

Current or previous DIN: _____; DOB: _____

Current New York State Correctional Facility: _____

Date of Approval to Associate with the Above Individual Pursuant to Employees’ Manual 2.15 & Directive 0702:

- Attached Approved 0702A Form

Requested Dates - Ongoing Visitation of the Inmate:

Employee’s Signature: _____ Date: _____

Employee’s Assigned Facility Superintendent Approval

☐ Approved ☐ Disapproved

Comments: _____

Superintendent Name - Printed: _____

Facility: _____

Signature: _____ Date: _____

Superintendent Approval for Facility to be Visited

☐ Approved ☐ Disapproved

Comments: _____

Name and Title: _____

Facility: _____

Signature: _____ Date: _____

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
NOTIFICATION OF ASSOCIATION WITH, CONTACT OR ATTEMPT TO CONTACT BY AN INMATE, PAROLEE
OR OTHER RESTRICTED INDIVIDUAL PURSUANT TO EMPLOYEES' MANUAL SECTION 2.15

As an Employee of the Department of Corrections and Community Supervision, I am aware of the restrictions in Section 2.15 and Directive 0702, I am providing the Department with the following Notification:

Employee's Name: _____ Title: _____

Work Location: _____ Employee Number: _____

Name and DIN of inmate, parolee, former inmate/parolee, or other person involved in making this request necessary:

_____; Current or previous DIN: _____; DOB: _____

Current New York State Correctional Facility:

Current Address:

Describe the Nature of the Association, Contact or Attempted Contact, including Dates, Times, Places, Etc.:

This Notification Does Not Authorize Any Association with the Above Individual; Any Request to Associate Requires Completion of a Form 0702A and Requisite Approval.

Employee's Signature: _____ **Date:** _____

Employee Provided Notice to:

Central Office Deputy Commissioner or Designee, or
Superintendent for Facility Employees, or
Regional Director for Community Supervision Employees

Above Supervisor Forwarded to: Office of Special Investigations (OSI)