Segregated Confinement

Facility Name: Broome County Jail

Facility Staff: Lt. Daniel Snyder

Date: 11/1/26

NEW YORK STATE | Commission of Correction

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
TOTAL	Individuals in Seg. Conf.	0	0	0	0	0	0	0	0	0	0			0
	Days in Seg. Conf.	0	0	0	0	0	0	0	0	0	0			0
AGE	18-21	0	0	0	0	0	0	0	0	0	0			0
	22-54	0	0	0	0	0	0	0	0	0	0			0
	55+	0	0	0	0	0	0	0	0	0	0			0
RACE	Asian	0	0	0	0	0	0	0	0	0	0			0
	Black	0	0	0	0	0	0	0	0	0	0			0
	White	0	0	0	0	0	0	0	0	0	0			0
	Other/Unknown	0	0	0	0	0	0	0	0	0	0			0
GENDER	Male	0	0	0	0	0	0	0	0	0	0			0
	Female	0	0	0	0	0	0	0	0	0	0			0
	Other/Unknown	0	0	0	0	0	0	0	0	0	0			0
OTHER	Special Health Accommodations/Needs	0	0	0	0	0	0	0	0	0	0			0
	Substance Abuse Program Participants	0	0	0	0	0	0	0	0	0	0			0
	Pregnant or within 8 weeks of giving birth	0	0	0	0	0	0	0	0	0	0			0

Residential Rehabilitation Units (Capacity over 500 ONLY)

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Date: 11/1/26

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		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
TOTAL	Individuals in RRU's	0	0	0	0	0	0	0	0	0	0			0
AGE	18-21	0	0	0	0	0	0	0	0	0	0			0
	22-54	0	0	0	0	0	0	0	0	0	0			0
	55+	0	0	0	0	0	0	0	0	0	0			0
RACE	Asian	0	0	0	0	0	0	0	0	0	0			0
	Black	0	0	0	0	0	0	0	0	0	0			0
	White	0	0	0	0	0	0	0	0	0	0			0
	Other/Unknown	0	0	0	0	0	0	0	0	0	0			0
GENDER	Male	0	0	0	0	0	0	0	0	0	0			0
	Female	0	0	0	0	0	0	0	0	0	0			0
	Other/Unknown	0	0	0	0	0	0	0	0	0	0			0
OTHER	Special Health Accommodations/Needs	0	0	0	0	0	0	0	0	0	0			0
	Substance Abuse Program Participants	0	0	0	0	0	0	0	0	0	0			0
	Pregnant or within 8 weeks of giving birth	0	0	0	0	0	0	0	0	0	0			0

Please, save this form to your computer and complete the information contained within. If the submit button does not work with your facility's individual technology settings, send the file (not a scan or copy) to liberty@scoc.ny.gov, with the subject: HALT Reporting 2023 Submission.

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