



STATE OF NEW YORK • EXECUTIVE DEPARTMENT  
**STATE COMMISSION OF CORRECTION**  
Alfred E. Smith State Office Building  
80 S. Swan Street, 12th Floor  
Albany, New York 12210-8001  
(518) 485-2346  
FAX (518) 485-2467

CHAIRMAN  
Thomas A. Beilein

COMMISSIONERS  
Phyllis Harrison-Ross, M.D.  
Thomas J. Loughren

**MEMORANDUM**

**TO:** COMMISSION MEMBERS  
**FROM:** Brian Callahan, Counsel *Brian Callahan*  
**RE:** AGENDA FOR COMMISSION MEETING  
**DATE:** December 17, 2013 at 11:00AM

**I. MINUTES**

**SCOC**

November 19, 2013

**CPCRC**

December 12, 2013

**MRB**

Administrative Closures

Medical Review Board Meeting  
December 5, 2013

**II. VARIANCES**

**A. Onondaga County Justice Center**

13-V-03  
(Section 7040.3 Facility Population Limitation)

**B. Nassau County Jail**

00-V-04  
(Section 7040.3 Facility Population Limitation)

**C. Otsego County Jail**

99-V-24  
(Section 7040.3 Facility Population Limitation)

**D. Rockland County Jail**

95-V-17

(Section 7040.3 Facility Population Limitation)

**III. MFC**

**E. Washington County Sheriff's Office**

Reformulation

**IV. Construction**

**F. Erie County Holding Center**

Gulf East Inmate Holding Cell Door  
And Frame Replacement

**G. NYS DOCCS-Coxsackie CF**

Rehabilitate Plumbing System Cell Blocks C and D

**H. Tompkins County Courthouse**

Basement Renovations



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**MINUTES**

**LOCATION:**

**STATE COMMISSION OF CORRECTION**  
**Alfred E. Smith State Office Building**  
**80 So. Swan Street, 12<sup>th</sup> Floor**  
**Albany, New York 12210-8001**

**DATE OF MEETING: November 19, 2013**

Chairman Beilein called the meeting to order at 11am.

**PRESENT:**

Thomas A. Beilein, Chairman  
 Phyllis Harrison-Ross M.D., Commissioner  
 Thomas J. Loughren, Commissioner  
 Brian Callahan, Acting Counsel  
 Jim Lawrence, Director of Operations  
 Tricia Amati, Assistant to Chairman/Commissioners  
 Terry Moran, Capital West, Supervisor  
 Bill Benjamin, Hudson Lakes, Supervisor  
 Steve Savoy, South Central, Supervisor  
 Bob Cuttita, CFS II  
 Walter McClure, Deputy Director of Public Information  
 New York State Division of Criminal Justice Services

**I. MINUTES**

<b>SCOC</b> October 16, 2013	<b>Approved Unanimous Ross/Loughren</b>
<b>CPCRC</b> November 14, 2013	<b>Approved Unanimous Loughren/Ross</b>
<b>MRB</b> Administrative Closures	<b>Approved Unanimous Ross/Loughren</b>

## II. VARIANCES

- |   |   |           |
|---|---|-----------|
| A. <b>Erie County Correctional Facility</b><br>13-V-04<br>(Section 7028.4 Exercise)   | Approved<br>Six (6) Months<br>Ross/Loughren   | Unanimous |
| B. <b>Herkimer County Jail</b><br>06-V-05<br>(Section 7040.3 Facility Population Limitation)                                | Approved<br>Six (6) Months<br>Loughren/Ross   | Unanimous |
| C. <b>Onondaga County Justice Center</b><br>13-V-03<br>(Section 7040.3 Facility Population Limitation)                      | Approved<br>Thirty (30) Days<br>Loughren/Ross | Unanimous |
| D. <b>Onondaga County Department of Correction</b><br>13-V-10 (New)<br>(Section 7040.5 Multiple Occupancy Housing<br>Units) | Approved<br>One (1) Year<br>Loughren/Ross     | Unanimous |
| E. <b>Orleans County Jail</b><br>96-V-19<br>(Section 7040.3 Facility Population Limitation)                                 | Approved<br>Sixty (60) Days<br>Ross/Loughren  | Unanimous |
| F. <b>Oswego County Jail</b><br>96-V-24<br>(Section 7040.3 Facility Population Limitation)                                  | Deny<br>Ross/Loughren                         | Unanimous |
| G. <b>Oswego County Jail</b><br>01-V-14<br>(Section 7040.3 Facility Population Limitation)                                  | Deny<br>Loughren/Ross                         | Unanimous |
| H. <b>Tompkins County Jail</b><br>09-V-04<br>(Section 7040.3 Facility Population Limitation)                                | Approved<br>Six (6) Months<br>Loughren/Ross   | Unanimous |

## III. MFC

- |  |                           |           |
|--|---------------------------|-----------|
| I. <b>Suffolk County Yaphank Facility</b><br>Reformulation | Approved<br>Loughren/Ross | Unanimous |
|--|---------------------------|-----------|

## IV. Construction

- |   |                           |           |
|---|---------------------------|-----------|
| J. <b>Cortland County Sheriff's Office</b><br>Gym Dorm Conversion | Approved<br>Ross/Loughren | Unanimous |
|---|---------------------------|-----------|

- |  |  |
|--|--|
| <b>K. Niagara County Sheriff's Office</b><br>Elevator Modernization (Building #1)<br>and Alarm Panel Replacement | <b>Approved Unanimous</b><br><b>Ross/Loughren</b>  |
| <b>L. Pelham Manor Police Department</b><br>Police Lockup Renovation   | <b>Approved Unanimous</b><br><b>Ross/Loughren</b>  |
| <b>M. Putnam County Jail</b><br>Subdivision of Housing Units Renovation  | <b>Approved Unanimous</b><br><b>Loughren/Ross</b>  |
| <b>N. Rockland County Jail</b><br>Removal and Replacement of both of the<br>Jails existing 23 Year Old Elevators | <b>Approved Unanimous</b><br><b>Loughren/Ross</b>  |
| <b>O. Wappingers Falls Police Department</b><br>Police Lockup Renovation   | <b>Approved Unanimous</b><br><b>Ross/ Loughren</b> |

Commissioner Loughren made a motion to go into executive session at 11:20am to discuss Construction and MRB items, which was seconded by Commissioner Ross.

Commissioner Ross made a motion to exit Executive Session and return to general session at 12:10pm, which was seconded by Commissioner Loughren.

The meeting resumed at 12:10pm. Motion was made by Commissioner Ross to ratify actions taken in Executive Session regarding MRB and Construction items, seconded by Commissioner Loughren and approved.

Commissioner Loughren made a motion to adjourn at 12:11pm, which was seconded by Commissioner Ross.

Respectfully submitted,

Tricia Amati  
Assistant to Chairman/Commissioners





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**EXECUTIVE SESSION**

**CHAIRMAN**  
Thomas A. Beilein

**COMMISSIONERS**  
Phyllis Harrison-Ross, M.D.  
Thomas J. Loughren

**LOCATION:**  
**STATE COMMISSION OF CORRECTION**  
Alfred E. Smith State Office Building  
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Albany, New York 12210-8001

**DATE OF MEETING: November 19, 2013**

**PRESENT:**

Thomas A. Beilein, Chairman  
Phyllis Harrison-Ross M.D., Commissioner  
Thomas J. Loughren, Commissioner  
Brian Callahan, Acting Counsel  
Jim Lawrence, Director of Operations  
Tricia Amati, Assistant to Chairman/Commissioners  
Terry Moran, Capital West, Supervisor  
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Bob Cuttita, CFS II  
Walter McClure, Deputy Director of Public Information  
New York State Division of Criminal Justice Services

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Respectfully submitted,

Tricia Amati  
Assistant to Chairman/Commissioners



<b>Name of Facility: Onondaga County Justice Center</b>		<b>Variance # 13-V-03</b>
New:	Renewal: X	Number of renewals: 13
Relief from Standard #7040.3 Application by: Chief Esteban Gonzalez		Date rec.: 10/16/13
Beds at standard: 677	Current Population: 603 (12/4/13) 85.2%	
Beds Requested This Variance: 36	Variance Beds This Facility: 36	
Last Approved: 11/19/13	Length of Variance: 1 months	
Recommendation: Approval	Length Recommended: 1 Months	By: Todd D'Alessandro

**SUMMARY OF VARIANCE REQUEST**

Chief Esteban Gonzalez is requesting to renew this variance which authorizes the facility to double-cell inmates in each of the 100 sq. ft. cells on the upper level of the following areas: Pods 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B and 4C. This would allow the justice center to house an additional 36 inmates.

**RECOMMENDED CONDITIONS**

At the November 19, 2013 Commission Meeting this variance will be presented before the Commission. The following conditions were included in the previous approval letter regarding this variance.

- 1) The county is authorized to double-cell in each of the 100 sq. ft. cells on the upper level of the following areas:

<u>Pods</u>	<u>MFC</u>	<u>Increase</u>	<u>Total</u>
2A	60	4	64
2B	60	4	64
2C	60	4	64
3A	60	4	64
3B	60	4	64
3C	60	4	64
4A	60	4	64
4B	60	4	64
4C	60	4	64

**TOTAL = 36**

- 2) Inmates housed in the above-noted areas **must** be provided with a bunk to be used as a bed.
- 3) Active supervision must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2(c) when inmates are housed in any of the above-noted areas.

- 4) Inmates housed in these areas receive the same services and programs as the general population.
- 5) Commission staff must monitor the effects of the double-celling program on staff and inmates as well as the general operation of the facility.
- 6) The facility must maintain information on all double-celled inmates which shall include, but is not limited to: (a) name and location of the inmate; (b) date of entrance into and release from double-celling; and (c) reason for release. These records shall be made available to Commission staff upon request.
- 7) The facility will monitor its double-celling plan by tracking rates of incidents, grievances, and complaints directly related to double-celling. This summary documentation will be made available to Commission staff upon request.
- 8) The county shall continue its double-celling according to the double-celling plan submitted and approved by the Commission. The county shall advise the Commission of any substantive changes to the double-celling plan.
- 9) The county *must* comply with the temporary rated capacity of 713 for the Onondaga County Justice Center. When the county experiences an overflow, inmates *must* be boarded-out to other counties.
- 10) One (1) additional officer shall be assigned to any housing area which exceeds 60 inmates on the following shifts: 7:00 am to 3:00 pm shift and the 3:00 pm to 11:00 p.m. shift. An additional officer is not required on the 11:00 pm to 7:00 am tour.
- 11) When the total population of any housing unit exceeds 60 inmates, the department shall submit to the Commission on a weekly basis, a report which states the population of the housing area and the names of the officers assigned to supervise those areas.
- 12) When an inmate requires the use of a handicapped cell based on a physical handicap, the inmate shall be provided a 100 sq. ft. cell and this cell will *not* be double-celled.
- 13) All inmate assigned to a double-cell should be the same security classification.
- 14) Commission staff will make periodic *unannounced* site visits to the Onondaga County Justice Center in order to ascertain compliance with the above noted conditions.

## HISTORY

2013-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 11/19 Meeting 1 month
2013-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 3/19 Meeting 6 months
2009-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 12/15 Meeting 1 year
2008-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 12/16 Meeting 1 year
2008-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 11/18 Meeting 30 days
2008-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 10/22 Meeting 30 days
2008-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/16 Meeting 30 days
2007-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/07 Meeting 1 year
2006-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/06 Meeting 1 year
2005-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 9/05 Meeting
2005-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved a 6/21/05 Meeting 3 months from original variance
2004-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 07/13/04 Meeting 6 months from first variance      SAME
2003-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at October 28, 2003 6 months from first variance      SAME
2002-	Recommendation Action Taken	Deny Denied at the 12/17/02 Meeting

	Length of Variance	N/A	
	Conditions, if changed from first variance		SAME
2002-	Recommendation	Approval	
	Action Taken	Approved at 09/16/02 Meeting	
	Length of Variance	3 months	

### FACILITY SITE VISIT

*Last reviewed for this variance on:* October 28, 2013

*By:* Todd D'Alessandro  
Chester Martinez

*Outstanding issues:* Over-population

*Open violations that relate to the variance request:* Over-population

### CONSTRUCTION/RENOVATION PLANS

*Construction progress, if building additional capacity:* In planning stages to build an additional level/housing area on existing structure.

### OTHER VARIANCES IN EFFECT

Variance # 95-V-21 (Perm.): This variance allows the justice center to sell Rx in the commissary.

Variance # 96-V-31 (Perm.): This variance allows inmates at the justice center to possess Rx.

### MISCELLANEOUS

This variance should be extended for one (1) month in order to give the facility the opportunity to comply with the classification standard. (This was previously Variance # 02-V-06) Commission staff will be conducting a site visit to assess compliance with the holding of inmates in the booking area to assess compliance with time frames dictated in the facility Maximum Facility Capacity.

*HL* 12/4/13  
*HL* 12/9/13

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Name of Facility: Nassau County Jail      Variance # 00-V-04

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New:     Renewal:

Relief from Standard: 7040.3

Application by: Michael Golio

Date Request Rec: 11/12/13

Last Approved: 2012    Length of Approval: 1 Year

Expiration: January 1, 2014

Write-up Prepared by: Robert Cuttita, CFS II

Recommendation by Field Staff: Approve

Recommendation at Briefing:

Final Recommendation:

---

### SUMMARY OF VARIANCE REQUEST

Presently the facility is conducting DWI / DART programs in these areas. These areas were toured while the programs were in progress and found that the staff and inmates take great pride in these program areas. The areas were maintained by both inmates and staff and the housing units and areas were extremely clean. These program housing areas allow for a maximum amount of inmate involvement without jeopardizing the safety and security of the facility. Inmates rotate on out of double bunking as they progress in the program.

### HOUSING AREAS AFFECTED

<u>AREA</u>	<u>MFC</u>	<u>INCREASE</u>	<u>TYPE OF HOUSING</u>
E1K-Dorm	56	4	DWI/DART/HIPP Program

The county is authorized to double-cell and double bunk in each of the following areas listed below. The cells used for double-celling *must* be those cells which are closest to the officer's post.

<u>AREA</u>	<u>MFC</u>	<u>INCREASE</u>	<u>TYPE OF HOUSING</u>
E-2-G	52	8	DWI/DART (male)
E-2-H	52	8	DWI/DART (male)
D-3-D Pod	24	6	DWI/DART (female)

**TOTAL = 26**

### VARIANCE HISTORY

2013 - Recommendation - Approval  
Action Taken  
Length of Variance

2012 - Recommendation - Approval  
Action Taken  
Length of Variance

2011-	Recommendation Action Taken Length of Variance	Approval approved 1 year
2010-	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 1/10 Meeting 1 year
2009-	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 1/09 Meeting 1 year

**CONSTRUCTION/RENOVATION PLANS:**

N/A

**OTHER VARIANCES IN EFFECT**

**DATE OF LAST CYCLE VISIT:**

ONGOING IFP VISITS CONDUCTED IN 2013 VISIT TO BE CONDUCTED ON DECEMBER 11-13 2013.

**ANY OPEN MINIMUM STANDARD VIOLATIONS:** ALL ISSUES ARE NOW DEEMED CLOSED. COMMISSION STAFF CONTINUE TO MAKE FREQUENT ON SITE VISITS TO MONITOR RENOVATIONS BEING CONDUCTED AT THE FACILITY.

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

N/A

**JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE APPROVED:**

Nassau County Officials have over the past year improved greatly regarding previously open issues. Sanitation at the facility is very well maintained as observed during recent site visits. This program has and continues to benefit inmates.

**RECOMMENDED CONDITIONS IF APPROVED**

The county is authorized to double-cell and double bunk in each of the following areas listed below. The cells used for double-celling *must* be those cells which are closest to the officer's post.

Inmates who are housed in these areas *must* be provided with a bunk, cot, or at a minimum a "boat" to be used as a bed.

"Active supervision" must be provided on a 24-hour basis, pursuant to 9NYCRR

Section 7003.2(c).

The inmates housed in the above noted areas must be provided with the same services and programs as the general population at the facility.

Commission staff will monitor the effects of the double-celling and double bunking programs on staff and inmates as well as the general operation of the facility.

The facility must maintain information on all double-celled inmates which shall include, but is not limited to: (a) name and location of the inmate; (b) date of entrance into and release from double-celling; and (c) reason for release. These records shall be made available to Commission staff upon request.

The facility will monitor its double-celling and double bunking plans by tracking rates of incidents, grievances, and complaints directly related to same. These records shall be made available to Commission staff upon request.

The county shall continue it's double-celling according to the double-celling plan submitted and approved by the Commission. The county shall advise the Commission of any substantive changes to the double-celling plan.

The county shall not exceed the rated MFC for the purpose of boarding inmates. The Commission does not approve variances for the purposes of generating revenue.

  
REVIEWED BY REGIONAL SUPERVISOR:  DATE: 12/5/13  
REVIEWED BY DEPUTY DIRECTOR:  DATE: 12/9/13

---

**OFFICIAL USE ONLY:**

NOTES OF MEETING: \_\_\_\_\_

EDWARD P. MANGANO  
COUNTY EXECUTIVE



MICHAEL J. SPOSATO  
SHERIFF

SHERIFF'S DEPARTMENT  
NASSAU COUNTY CORRECTIONAL CENTER  
100 CARMAN AVENUE  
EAST MEADOW, NY 11384

November 12, 2013

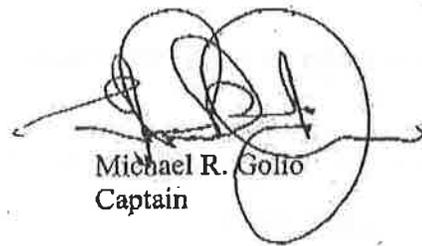
Hon. Thomas A. Beilein (Chairman)  
NYS Commission of Correction  
Alfred E. Smith State Office Building  
80 S. Swan Street, 12<sup>th</sup> Floor  
Albany, NY 12210

Re: Variance #2000-V-04 Renewal

Dear Chairman Beilein,

In accordance with Part 7050 of the Minimum Standards and Regulations for Management of County Jails and Penitentiaries, enclosed you will find the renewal application (variance #00-V-04) for housing areas E1K, E2G, E2H, and D3D at the Nassau County Correctional Center.

I thank you in advance for your consideration of this request. Should you require any additional information and/or documentation relative to this matter, please contact me at (516) 572-3865 at your earliest convenience.



Michael R. Gollo  
Captain



New York State  
Commission of Correction  
80 Wolf Road  
Albany, New York 12205  
518-485-2465  
518-485-2467 (Fax)

New	_____
Renewal	_____
Variance #	_____
(SCOC USE ONLY)	

**Thomas A. Beilein**  
Chairman

**Variance Application Form**

**INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:**

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/Commissioner to the address or fax number listed above.

Facility: NASSAU COUNTY CORRECTION CENTER

Person requesting: CAPT/MICHAEL R. GOLIO

(Sheriff/Chief Administrative Officer)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as:

Ex. Part: 7040 Section: 3 Subdivision: n/a

Standard for which the variance is requested:

Part: 7040 Section: 3 Subdivision:

B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

THERE ARE NO REQUESTS FOR MODIFICATIONS, AS THIS IS A RENEWAL.

**New York State Commission of Correction  
Chairman Thomas A. Beilein**

**Memorandum**

**From:** Chairman Thomas A. Beilein  
13, 2013

*TAB*

**Date:** November

**Access Number:**

**To:** Jim Lawrence  
Brian Callahan  
Richard Kinney

**Sender:** Captain Michael Golio

**Agency:** Nassau County Sheriff's Office

**Date Original Received:** 11/12/13

**Re:** Variance 2000-V-04

**Document Description:** Letter/Variance Application

**Chairman's Comments:**

**Routing Information**

Regional Supervisor: Savoy

CC:



**NASSAU COUNTY SHERIFF'S DEPARTMENT  
DIVISION OF CORRECTIONS  
COMPLIANCE UNIT**

100 CARMEN AVENUE EAST MEADOW, NEW YORK, 11554  
(516) 572-4187  
(516) 572-4338-Fax

**FAX COVER SHEET**

Cover Sheet Plus: 5 Pages to Follow.

Date: **November 12, 2013**

**PLEASE DELIVER TO:**

Name: **HON. THOMAS A. BEILEIN (CHAIRMAN)**

Location: **NEW YORK STATE COMMISSION OF CORRECTION**

Telephone: (518) 485-2465

Fax: (518) 485-2467

**SENDER:**

Name: **CORPORAL CHRISTOPHER CONTRERAS**

Location: **NASSAU COUNTY CORRECTIONAL CENTER**

Unit: **COMPLIANCE**

Telephone: **(516) 572-4187**

Fax: **(516) 572-4338**

**COMMENTS/REMARKS:**

**Attached, please see the attached renewal application form for variance number 2000-V-04**

**CONFIDENTIALITY NOTICE:** *This facsimile is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential or otherwise protected from disclosure. Dissemination, distribution or copying of this facsimile or the information contained herein by anyone other than the intended recipient is strictly prohibited. If you have received this facsimile in error, please contact the sender immediately by telephone and return the document(s) by mail.*



**Name of Facility:** Otsego**Variance #** 99-V-24**New:**  **Renewal:** X**Relief from Standard:** Section 7040.3**Application by:** Sheriff Richard Devlin, Jr.**Date Request Rec:** September 30, 2013**Last Approved:** December 2012 **Length of Approval:** One year **Expiration:** January 1, 2014**MFC:** 100 **Total Variance Beds This Facility:** 6 **Current Population:** 81 (12/4/11) 76%**Write-up Prepared by:** Todd D'Alessandro**Recommendation by Field Staff:** One (1) Year**Recommendation at Briefing:****Final Recommendation:****SUMMARY OF VARIANCE REQUEST**

Sheriff Devlin is requesting a one year extension of this variance which currently authorizes the county to house four (4) females in the day space of Block-117 and two (2) females in the day space of Block-119 for a total of six (6) variance beds.

**VARIANCE HISTORY**

2013-	Recommendation Action Taken Length of Variance	Approval Approved at Nov 2012 Meeting (Increase from 4 to 6 beds) 1 month
2011-	Recommendation Action Taken Length of Variance	Approval Approved at 11/15 Meeting (Increase from 4 to 6 beds) 1 month
2010-	Recommendation Action Taken Length of Variance	Approval Approved at 10/11 Meeting (Increase from 4 to 6 beds) 1 year
2010-	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 5/10 Meeting 1 year
2009-	Recommendation Action Taken Length of Variance Conditions, if changed:	Approval Approved at 5/09 Meeting 1 year
2008-	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 6/08 Meeting 1 year
2007-	Recommendation	Approval

- |       |  |  |
|-------|--|--|
|       | Action Taken<br>Length of Variance<br>Conditions, if changed                   | Approved at 6/07 Meeting<br>1 year   |
| 2006- | Recommendation<br>Action Taken<br>Length of Variance<br>Conditions, if changed | Approval<br>Approved at 6/06 Meeting<br>1 year                                   |
| 2005- | Recommendation<br>Action Taken<br>Length of Variance<br>Conditions, if changed | Approval<br>Approved at 6/21/05 Meeting<br>1 year                                |
| 2004- | Recommendation<br>Action Taken<br>Length of Variance<br>Conditions, if changed | Approval<br>Approved at 12/21/04 Meeting<br>6 months                             |
| 2004- | Recommendation<br>Action Taken<br>Length of Variance<br>Conditions, if changed | Approval<br>Approved at 06/15/04 Meeting<br>6 months<br>from first variance SAME |

**CONSTRUCTION/RENOVATION PLANS**

Currently the facility is in the process of obtaining product and service quotes for converting program/classroom space into general housing.

**OTHER VARIANCES IN EFFECT**

Variance No. 02-V-01 authorizes the facility to utilize the county court library to supplement the required legal materials for the facility law library.

**STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):**

Cycle Evaluation completed 12/4/13-12/6/13

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

December, 2012

**ANY OPEN MINIMUM STANDARD VIOLATIONS:**

Minor issues of non-compliance

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

None

**JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:**

The variance **should be extended** to continue to allow the facility to deal with the fluctuating female population and maintain proper classification compliance with Part 7013, Inmate Classification, of the Minimum Standards.

**RECOMMENDED CONDITIONS IF APPROVED:**

Commission staff recommends that the following conditions be included in the approval letter regarding this variance.

- 1) The county is authorized to house four (4) females in the day space of Block-117 and two (2) females in the day space of Block-119 for a total of four (6) variance beds.
- 2) Inmates who are housed in the day space areas **must** be provided with a bunk, or a cot, at a minimum.
- 3) When inmates are housed in the day space of the above-noted areas, a cell must be vacated in order to allow inmates in the day space with direct access to a toilet and sink. The displaced inmate will be housed in the day space.
- 4) Active supervision must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2(c) when inmates are housed in these areas.
- 5) Inmates housed in these areas must receive the same services and programs as the general population.
- 6) The county shall not exceed the rated MFC for the purpose of boarding inmates. The Commission does not approve variances for the purpose of generating revenue.

REVIEWED BY REGIONAL SUPERVISOR: Steve Savoy

*SS* DATE: 12/4/13

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**OFFICIAL USE ONLY:**

*SS* 12/9/13

NOTES OF MEETING: \_\_\_\_\_



# OTSEGO COUNTY OFFICE OF THE SHERIFF

172 County Highway 33W  
Cooperstown, New York 13326

RICHARD J. DEVLIN, JR.  
SHERIFF



CAMERON S. ALLISON  
UNDERSHERIFF

September 26, 2013

Mr. Thomas A. Beilein- Chairman  
NYS Commission of Correction  
Alfred E. Smith State Office Building  
80 South Swan Street, 12<sup>th</sup> Floor  
Albany, NY 12210

RE: Request for Renewal of Variance 99-V-24 regarding Variance Beds

Dear Chairman Beilein;

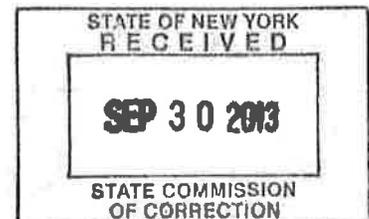
At this time I am requesting a 1 year renewal of our facility variance 99-V-24 regarding variance beds. Enclosed please find the variance application form for same.

Thank you for your time and consideration in this matter.

Sincerely;

Richard J. Devlin Jr.  
Sheriff

Copy for File





New York State  
Commission of Correction  
80 Wolf Road  
Albany, New York 12205  
518-485-2465  
518-485-2467 (Fax)

New	_____
Renewal	_____
Variance #	_____
(SCOC USE ONLY)	

**Thomas A. Beilein**  
**Chairman**

**Variance Application Form**

**INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:**

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/Commissioner to the address or fax number listed above.

Facility: OTSEGO COUNTY

Person requesting: RICHARD J. DEVLIN JR.

(Sheriff/Chief Administrative Officer)

- A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as:

Ex. Part: 7040 Section: 3 Subdivision: n/a

Standard for which the variance is requested:

Part: 7040 Section: 3 Subdivision:

- B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

REQUEST 1 YEAR RENEWAL OF CURRENT VARIANCE 99-V-24 WHICH CONTINUES TO ALLOW OUR FACILITY TO HOUSE OUR OWN FEMALE AND MALE PRISONERS.

- C. In the space provided below include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation)

INMATE POPULATION REMAINS AND ADDITIONAL BUNKS STILL REQUIRED

- D. Provide the amount of time for which the variance is requested, if applicable:

365 Days      \_\_\_\_\_ Weeks      \_\_\_\_\_ Months

- E. If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary).

WORKING WITH ASSIGNED FACILITY SPECIALIST, WE ARE OBTAINING PRODUCT AND SERVICE QUOTES FOR CONVERTING PROGRAM/CLASSROOM SPACE INTO GENERAL HOUSING.  
CONVERSION OF THESE AREAS STILL NOT LIKELY TO NEGATE NEED OF THIS VARIANCE.



G. Has this variance been previously approved?

Yes  If yes, include the variance number 99-V-24 No

RL J. J. J.

Signature (Sheriff) ~~(Chief Administrative Officer)~~

Date 09/26/13

**Additional copies of this form can be obtained by contacting the Commission, or online at [www.scoc.state.ny.us](http://www.scoc.state.ny.us). Click on table of contents, Commission Forms, Request for a Variance (Formal application statement).**

(SCOC Form #V-1)  
(07/06)

Name of Facility: Rockland CF

Variance # 95-V-17

New:  Renewal:

Number of Renewals: 20

Relief from Standard: 7040

Application by: Chief Volpe

Date Request Rec: 10-23-13

Last Approved: 12/18/12 Length of Approval: One (1)Year Expiration: 1-1-14

Write-up Prepared by: Diaz

Recommendation by Field Staff: Approval for one year

Recommendation at Briefing:

Final Recommendation:

**SUMMARY OF VARIANCE REQUEST**

Sheriff Falco is requesting an extension of this variance which authorizes the county to double cell in the A-Wing, B-Wing, and F-Wing house areas. The Rockland County Jail continues to require additional bed space for the occassional population spikes that occur throughout the year.

**MOST RECENT VARIANCE HISTORY**

2013	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at Meeting 12/12 12 months
2012	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at Meeting 6/12 6 months
2012	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at Meeting 4/12 3 months
2012	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 1/12Meeting 3 months
2011	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 10/11Meeting 3 months
2010	Recommendation Action Taken Length of Variance Conditions, if changed	Approval Approved at 10/10Meeting 1 year

2009 Recommendation Approval  
 Action Taken Approved at 10/09 Meeting  
 Length of Variance 1 year  
 Conditions, if changed:

2008 Recommendation Approval  
 Action Taken Approved at 10/08 Meeting  
 Length of Variance 1 year  
 Conditions, if changed:

**CONSTRUCTION/RENOVATION PLANS**

N/A

**OTHER VARIANCES IN EFFECT**

03-V-14 – OTC Medications

**STAFF INFORMATION AFTER SITE VISIT (DATE OF LAST VISIT TO FACILITY):**

October 2013

**DATE OF LAST CYCLE VISIT THAT STANDARD VIOLATIONS WERE IDENTIFIED:**

March 2013

**ANY OPEN MINIMUM STANDARD VIOLATIONS:**

Part 7015.2(b) Sanitation Equipment

**ANY VIOLATIONS WHICH PERTAIN TO THE VARIANCE'S CONDITIONS:**

None

**JUSTIFICATION FOR WHY VARIANCE SHOULD OR SHOULD NOT BE EXTENDED:**

This variance permits the facility the necessary flexibility to appropriately classify inmates pursuant to Minimum Standard requirements

**RECOMMENDED CONDITIONS IF APPROVED**

- 1) The county is authorized to double-cell in the following areas:

Housing Area	Beds @ Standard	Double Celled Beds	Total Capacity
A-Wing	40	10	50
B-Wing	40	10	50
F-Wing	22	7	29

- 2) When F-Wing variance is being implemented the local control room must be staffed during all tours of duty. All security operations within the wing will be operated with

keys, and all sally port entrances, outdoor recreation yard doors, and interview room doors shall be operated remotely via Central Control.

- 3) Active supervision must be provided on a 24-hour basis, pursuant to 9NYCRR Section 7003.2(c) when inmates are housed in any of the above-noted areas.
- 4) That inmates housed in these areas receive the same services and programs as the general population.
- 5) That Commission staff will monitor the effects of the double-celling program on staff and inmates as well as the general operation of the facility.
- 6) The facility will maintain information on all double-celled inmates which shall include, but is not limited to: (a) name and location of the inmate; (b) date of entrance into and release from double-celling; and (c) reason for release. These records shall be made available to Commission staff for inspection.
- 7) That the facility will monitor its double-celling plan by tracking rates of incidents, grievance, and complaints directly related to double-celling.
- 8) The county will continue to implement its double-celling program according to the double-celling plan submitted and approved by the Commission. The county shall advise the Commission of any substantive changes to the double-celling plan.
- 9) That the county shall not exceed the rated MFC for the purpose of boarding inmates. The Commission does not approve variances for the purpose of generating revenue.

REVIEWED BY REGIONAL SUPERVISOR:

 DATE: 12/10/13  
12/10/13

OFFICIAL USE ONLY:

NOTES OF MEETING: \_\_\_\_\_



New York State  
Commission of Correction  
80 Wolf Road  
Albany, New York 12205  
518-485-2465  
518-485-2467 (Fax)

New \_\_\_\_\_  
Renewal \_\_\_\_\_  
Variance # \_\_\_\_\_  
(SCOC USE ONLY)

Thomas A. Beilein  
Chairman

Variance Application Form



INSTRUCTIONS TO SHERIFF OR CHIEF ADMINISTRATIVE OFFICER:

Pursuant to New York State Minimum Standards Part 7050, Variances, please complete all portions of this form and mail or fax this form Attn: Chairman/Commissioner to the address or fax number listed above.

Facility: Rockland County Correctional Center

Person requesting: Chief Anthony Volpe

(Sheriff/Chief Administrative Officer)

A. State the specific part, section and subdivision of New York State Minimum Standards for which the variance is requested: Example: 7040.3 states that, the total number of inmates confined within each correctional facility shall not exceed the maximum facility capacity of such facility. To request a variance to house additional inmates within the facility the citation should be listed as:

Ex. Part: 7040 Section: 3 Subdivision: n/a

Standard for which the variance is requested:

Part: 7040 Section: 3 Subdivision:

B. In the space provided below include specific plans fully explaining and supporting the alternative manner of compliance. If you are requesting a modification to an existing variance please include that information in the area below as well. (Include or attach any relevant supporting documentation)

Establish / Maintain ten (10) double cells in A-Wing  
Establish / Maintain ten (10) double cells in B-Wing  
Establish / Maintain seven (7) double cells in F-Wing  
Maintain conditions of Variance 95-v-17 (Revised) as issued on December 18, 2013.

- C. In the space provided below include a detailed description regarding why this variance is necessary. (Include or attach any relevant supporting documentation)

Please see below.

- D. Provide the amount of time for which the variance is requested, if applicable:

365 Days      \_\_\_\_\_ Weeks      \_\_\_\_\_ Months

- E. If this variance request is approved, what plans, provisions and timetables are in place for achieving full compliance with the Minimum Standard at issue such as adding to the MFC, etc. (Use additional sheets to provide additional supporting documentation, if necessary).

This variance for double celling will only be used in the event that the housing requirements of the inmate population force us to put this variance into effect.

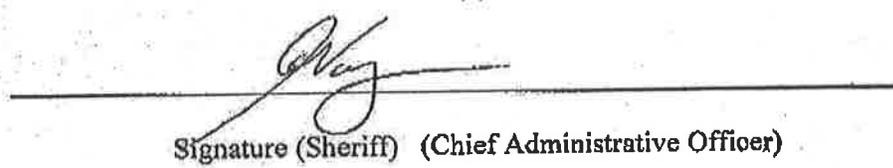
\*\*\* C - Above

- 1) The ten (10) double cells in A-Wing Housing area assists us in maintaining proper classification of minors and adults and their proper separation.
- 2) The ten (10) double cells in B-Wing allows us the ability to move inmates for various reasons in order to meet classifications.  
Ex: Administrative Segregation and/or Medical Lock.
- 3) The female population is such that it is important that we are able to maintain the seven (7) double cells in the event of overcrowding situations.



G. Has this variance been previously approved?

Yes XX If yes, include the variance number 95-v-17 No       

  
\_\_\_\_\_  
Signature (Sheriff) (Chief Administrative Officer)

Date 10/23/13

Chief Anthony Volpe

Additional copies of this form can be obtained by contacting the Commission, or online at [www.scoc.state.ny.us](http://www.scoc.state.ny.us). Click on table of contents, Commission Forms, Request for a Variance (Formal application statement).

(SCOC Form #V-1)  
(07/06)



Amendment to Facility MFC

Facility: Washington County

Date of Site Visit:

10/22/13-

Name of Person Who Conducted the Last Site Visit to Facility:

Robert Cuttita + Bill Benjamin

RB

Date of Last MFC report

2012

Update on Capital Construction Project:

N/A

Summary of amendment(s) to current MFC

Request change the designated name of the Female housing unit to A Pod

Recommendation/Comments:

I recommend approval of this request as the agency will have the ability to utilize the jail space to its optimum. When the female population gets high this will allow the agency to move the female population to another location without restraint.

Recommend Approval.

Approve:  X

Amended Capacity: \_\_\_\_\_

No Recommendation: \_\_\_\_\_  
(Check One)

Submitted by CFS Staff:

Robert Cuttita

Date: 12/5/2013

Reviewed by Regional Supervisor:

Steve Savoy

Date: \_\_\_\_\_

Reviewed by Facility Planning:

W Benjamin

Date: 12-5-12

Reviewed by Deputy Director:

R Cuttita

Date: 12/8/13



**OFFICE OF THE SHERIFF  
WASHINGTON COUNTY NEW YORK**

**Jeffrey J. Murphy**  
Sheriff

**John A. Winchell**  
Undersheriff

*"Community First"*

Administrative Office Division  
399 Broadway  
Fort Edward, NY 12828  
Voice (518) 746-2475  
Fax (518) 746-2483

Law Enforcement Division  
399 Broadway  
Fort Edward, NY 12828  
Voice (518) 746-2475  
Fax (518) 746-2483

Corrections  
399 Broadway  
Fort Edward, NY 12828  
Voice (518) 746-2476  
Fax (518) 746-2484

Civil Division  
399 Broadway  
Fort Edward, NY 12828  
Voice (518) 746-2477  
Fax (518) 746-2385

Salem Substation  
State Route 22  
Salem, New York 12865  
Voice (518) 854-7488  
Fax (518) 854-2303

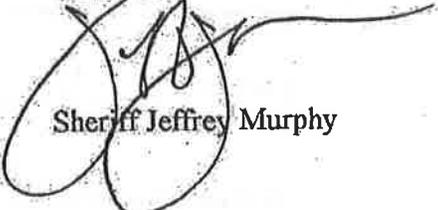
11/18/13

Chairman Thomas Beilen  
State Commission of Correction  
Alfred E. Smith Building  
80 South Swan Street, 12<sup>th</sup> Floor  
Albany, NY 12210

Chairman Beilen:

The intent of this letter is to request that our female unit (A-Unit) be removed as a female gender specific unit. As you are aware we have had an increase in the female population. Removing the gender specific classification would allow us to reorganize our facility housing if needed to accommodate the increased female population, removing the need to house out our female inmates. Thank you for the consideration in this matter.

Sincerely,



Sheriff Jeffrey Murphy



**NEW YORK STATE  
COMMISSION OF CORRECTION**



**December 2013**

**MAXIMUM FACILITY CAPACITY**

**for  
Washington County Jail  
in  
Fort Edward, New York**

**Thomas A. Beilein**

*Chairman*

**Phyllis Harrison-Ross, M.D.**

*Commissioner*

**Thomas Loughren**

*Commissioner*

**NOTE: ONLY INDIVIDUAL HOUSING UNITS AND MULTIPLE OCCUPANCY HOUSING UNITS WHICH MEET THE FOLLOWING REQUIREMENTS PURSUANT TO 9 NYCRR PART 7040 ARE TO BE INCLUDED IN THIS CAPACITY FORMULATION.**

**INDIVIDUAL OCCUPANCY HOUSING UNITS:**

1. Each such unit shall only house 1 inmate and contain at least 60 square feet of floor space.
2. Each such unit shall contain:  
1 bed and mattress;  
1 functioning toilet; and  
1 functioning sink.
3. At least 1 functioning shower shall be available for each tier/section of such units.

**EXCEPTIONS:**

1. A unit may contain less than 60 square feet of floor space if such unit was originally constructed for single occupancy or rated for single occupancy by the Commission of Correction prior to the effective date Part 7040, September 13, 1989.
2. Each such unit used to house inmates apart from general population for the purpose of medical observation or treatment shall have a minimum of 80 square feet of floor space.
3. Required equipment (bed, mattress, toilet, sink) may be modified or excluded for units used for short term medical/mental health observation of inmates when the presence of such equipment may pose a threat to such inmates or to the safety or security of the facility.

**MULTIPLE OCCUPANCY HOUSING UNITS:**

1. Each such unit shall provide a minimum of 50 square feet of floor space per inmate in the sleeping area.
2. Each such unit shall house no more than 60 inmates.
3. Each such unit shall have a bed and mattress for each inmate.
4. Each such unit shall have at least:  
1 functioning toilet for every 12 inmates;  
1 functioning shower for every 15 inmates; and  
1 functioning sink for every 12 inmates.
5. Each such unit shall provide a minimum of 25 square feet of dayroom space immediately adjacent and accessible to the sleeping area.

I. A. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Shower Available per Section	Proposed Inmate Capacity
A Pod	4	100Sq. Ft	1	3
B Pod -	40	100 Sq. Ft	6	30
D Pod	40	100 Sq. Ft	6	30

**GENERAL HOUSING INDIVIDUAL OCCUPANCY UNIT TOTAL: 63**

**I. B. INDIVIDUAL OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING**

Name of Housing Area/Section	Purpose/ Type of Special Housing	Number of Individual Housing Units	Total Size of Unit (Sq. Ft. of Floor Space)	# of Showers Available per Section	Maximum Inmate Capacity
C3	Punitive / Segregation	10	9 @ 100 Sq. Ft 1 @ 91 Sq. Ft	1	10
E 174 Booking cell	Constant Supervision	1	88 Sq. Ft.	1	1

**SPECIAL HOUSING INDIVIDUAL OCCUPANCY UNIT TOTAL: 11**

II. A. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING

Name of Housing Area/Section	Number of Toilets	Number of Sinks	# of Showers Available per Section	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
A Dorm	3	3	2	2004 Sq. Ft	24
C1 Dorm	1	1	1	695 Sq. Ft	9
C2 Dorm	1	1	1	785 Sq. Ft	10
C4 Dorm	2	2	2	2316 Sq. Ft	24
A Pod Cell's # 2 double cell	1	1	2	100 sq. Ft	2
B Pod Cell's 11-20	1	1	6	100 Sq. Ft. Per Cell	20
D Pod Cell's 11-20	1	1	6	100 Sq. Ft. Per Cell	20

**MULTIPLE OCCUPANCY HOUSING UNITS USED FOR GENERAL HOUSING TOTAL: 109**

II. B. MULTIPLE OCCUPANCY HOUSING UNITS USED FOR SPECIAL HOUSING

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Number of Showers Available per Section	Total Size of Unit (Sq. Ft. of Floor Space)	Maximum Inmate Capacity
N/A					

**GENERAL HOUSING MULTIPLE OCCUPANCY UNIT TOTAL: 0**

### III. A. NON-STANDARD HOUSING

NOTE: For all Non-Standard Housing cells/holding tanks, the facility shall limit individual occupancy holding to 12 hours, and multiple occupancy holding for 4 hours.

Name of Housing Area/Section	Number of Toilets	Number of Sinks	Total Size of Unit (Sq. Ft. of Floor Space)	Description of use (limit as to use, time frame, etc.)
E170	1	1	100 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. When utilized for holding the facility may hold up to six (7) inmates in this cell.
E169	1	1	100 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. When utilized for holding the facility may hold up to five (7) inmates in this cell.
E165	1	1	170 sq. ft.	The facility shall limit individual occupancy holding to 12 hours. Multiple occupancy holding shall be limited to four (4) hours. When utilized for holding the facility may hold up to four (11) inmates in this cell.

**This housing may be used only for the type of housing, or for the durations shown, as listed in the right hand column. Any other use is prohibited. This housing is non-standard and will not be added to the MFC.**

HOUSING TYPE	TOTALS
Subtotal Individual Housing Units Used for General Housing:	63
Subtotal Individual Housing Units Used for Special Housing:	11
Subtotal Multiple Housing Units Used for General Housing:	109
Subtotal Multiple Housing Units Used for Special Housing:	
<b>MAXIMUM FACILITY CAPACITY:</b>	<b>183</b>

Other identified housing areas not on Max. Facility Capacity      Yes ( X ) No ( )

The above-noted capacity is based upon the following:

1. The number of properly equipped individual occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units;
2. The number of properly equipped multiple occupancy housing units, including the number of properly equipped admissions, medical and mental health and any other special housing units; and
3. The facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

\_\_\_ Adjustments have not been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity.

\_\_\_ Adjustments have been made based on the facility's ability to provide required programs and services and to comply with other rules and regulations of 9 NYCRR Chapter IV which are related to facility capacity. (Explain below.)

**COMMENTS:**

To the best of my knowledge all information contained in this formulation is correct.

Submitted by:

[Signature] CSTA 12-5-13  
 (Preparer's Signature and Title, and Date)

Approved by:

[Signature] CSTA  
 12-5-13  
 (Signature Title and Date)