

To: Nina Aledort, Deputy Commissioner
New York State Office of Children and Family Services
Division of Youth Development and Partnerships for Success
52 Washington Street
Rensselaer, NY 12144

From: Detention or Close to Home Agency _____

Close to Home Agencies:

The above-named CTH agency is requesting OCFS approval for the staffing plan, for a period of up-to two weeks as specified below (please check the applicable box(es) below and comply with the instructions on page 2):

- By checking this box, I am requesting an approval of an amended staffing ratio plan as required by 18 NYCRR section 442.18(d)(2)(ii) for institutions serving 10-20 children or 18 NYCRR 442.18(d)(2)(iii) for institutions serving 20+ children or 450.9 for Limited Secure Facilities. The amended plan is detailed in the attached staff to resident ratio policy document submitted by the above referenced agency. Approval of this plan by OCFS will not create any hazardous conditions within the facility for residents or staff.
- By checking this box, I am requesting an exception from the staffing ratios required by 18 NYCRR section 448.3(b)(1)(i) to allow for one staff person to care for up to 12 children in a group home in accordance with the regulatory exception requirements under 18 NYCRR section 448.4(a) or 450.9 for Limited Secure Facilities and stating that absent this requested exception, the facility is in substantial compliance with OCFS regulations and that granting the exception will not create any hazardous conditions within the group home.
- By checking this box, I am requesting an exception to the number of adults present in the home at all times and the proportionality to the total number of children in the home as required by 18 NYCRR section 447.2(a)(1)(i) to allow for one adult to be responsible for the care of the children in the agency operated boarding program, in accordance with the regulatory exception requirements under 18 NYCRR section 447.3(a) or 450.9 for Limited Secure Facilities and stating that absent this requested exception, the facility is in substantial compliance with OCFS regulations and that granting the exception will not create any hazardous conditions within the agency operated boarding home.

Detention Programs: _____

The above-named detention agency is requesting OCFS approval for a waiver of the regulatory staffing requirements as specified below for a period of up-to two weeks (please check the applicable box(es) below and comply with the instructions on page 2):

- By checking this box, I am requesting a waiver of the required ratio of one staff per eight youth as required by 9 NYCRR 180-1.9 to allow for an approved number of staff per youth as requested in the plan below, and stating that absent this requested waiver, the facility is in substantial compliance with OCFS regulations.
- By checking this box I am requesting a waiver of the required staff ratio of one staff per six youth, and/or no fewer than two staff in any area where youth are present per 9 NYCRR 180-3.11 and stating that absent this requested waiver, the facility is in substantial compliance with OCFS regulations and the waiver will not adversely affect the health, safety or welfare of the youth in the facility.

(Continued on page 2)

To promote the health and safety of youth and staff during this state of emergency related to COVID-19, we are requesting the following staffing ratios be approved:

Justification and plan

1. State requested staffing plan change:

2. State the time frame (up-to two weeks) for the requested change:

3. Explain why this change is necessary? (i.e., exigent circumstances and undue hardship upon the institution.)

4. Explain why granting the exception will not create any hazardous conditions within the facility.

Agency Commissioner/Executive Director/Chief Executive Officer: _____

Signature: _____

Date: _____

Complete this form and send to ocfs.sm.detention@ocfs.ny.gov and your detention specialist (detention programs) or Jewel.Brown-Gregory@ocfs.ny.gov (Close to Home). Once you have submitted the request and received OCFS' approval, your program may immediately implement the requests set forth above.

IMPORTANT NOTE: The waivers are allowable for up to 2 weeks – programs must resubmit the request after this time frame.

OCFS USE ONLY

SCOC approval granted (where necessary) by _____ Date: _____

OCFS approval granted by _____ Date: _____

- Approved by Deputy Commissioner or
- Director of Detention/Close to Home with Legal approval