Department of Children and Families

AUTHORIZATION FOR PRIVATE FACILITIES TO EXCEED DCF LICENSED BED CAPACITY OR LICENSED AGE RANGE

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DCF-2153 5/16 (Rev.)

Approval to exceed DCF licensed bed capacity or the licensed age range can only be granted by the Regional Administrator of cognizance (or designee) and the Agency Legal Director (or designee). Approval to exceed licensed bed capacity will only be given when the total number of beds approved **does not** exceed the maximum established by Health and Fire Code permits and when there are no outstanding clinical or safety issues that contraindicate a decision to exceed the licensed age range.

issues that contraindicate a decision to	exceed the licensed age range.	ie permits and when there are	no outstanding clinical of Salety		
Note: The Careline Director (or design	ee) may grant approval after hours, in lieu	of the Regional Administrator,	until the next business day.		
Waiver Requested For:					
Over Licensed Bed Capacity	Outside Licensed Age	Range	☐ Emergency Bed Request		
This S	ection to be completed by Area Office S	taff for DCF-Involved Youth			
Child's Last Name:	Child's First Name:	LINK #:	Person ID #:		
Child's DOB:	Child's Race (as noted in LINK):	Child's Ethnic	Child's Ethnicity (as noted in LINK):		
DCF Social Worker:	DCF Office:				
Please provide a de	tailed description of the need for the wa	•	for discharge		
	including projected discharge date and	discharge resource:			
Name of DCF Staff Completing This Form:	Title:	Signature:	Date Completed:		
Trains of Bot Stair completing this Forth.	TIUC.	Jigilature.	Date Completed.		
Name of DCF Manager Approving Request	Title:	Signature:	Date Completed:		

This Section to be completed by Staff from the Licensed Facility								
Facility Name:		Facility Representative:		Title				
Licensed Bed Capacity #:	Current Cen	Sus #:	Health Capacity #:	I	Fire Capacity #	<i>‡</i> :		
Type of Facility:		Fax #:		Licensed A	ge Range:			
•				From	T (٦٠		
Estimated number of days over-cen	ISUS OF OVER-AGE W	l vill he required:		110111		<i>5</i> .		
Reason(s) for Request:	isus of over age v	viii be required.						
Facility concerns, if any:								
Plan to return to licensed capacity of	or licensed age rar	Jue,						
Than to rotain to hoonsou supusity o	n noonsou ago rai	190.						
Name of Provider Designee Making Rec	quest Title):	Signature:			Date Completed:		
APPROVALS: ALL REGIONAL A	DMINISTRATORS	S WITH JURISDICTION O	VER THE CHILD OR PLAC	EMENT MUS	ST SIGN.			
Name of DCF Regional Administrator (o	r designee): Title):	Signature:			Date Completed:		
Name of DCF Agency Legal Director (or	Designee) Title):	Signature:			Date Completed:		
Name of DCF Careline Director (or Desi	ignee) Title):	Signature:			Date Completed:		
						•		
NOTE: IE EACII ITY ANTICIDATES	THAT CHILD W	III STAY REVOND DISCL	HARGE Waiver Expiration	n Date				
NOTE: IF FACILITY ANTICIPATES THAT CHILD WILL STAY BEYOND DISCHARGE DATE, FACILITY MUST SUBMIT UPDATED WAIVER REQUEST BEFORE THAT DATE. Waiver Expiration Date:								
Copies:			I					
•	Careline	☐ Facility	☐ Facility	Licensing Uni	t 🔲 Of	ice of Legal Affairs		

INSTRUCTIONS

1. A request for an over/under-age, over-census or emergency bed placement begins with the Area Office staff who is requesting the placement. Area Office staff complete the first section of the form providing detailed information regarding the need for the waiver and the plans for discharge disposition, including a discharge date. The DCF Area Office staff requesting the waiver must sign the form approving the waiver request submission and send it to the provider.

Note: Emergency beds are reserved solely for human trafficking victims or juvenile services clients. Use of these beds must be coordinated with the Director of Multicultural Affairs and the Juvenile Services staff, respectively.

- The licensed provider must complete the second section of the form providing a clear plan for returning to their licensed bed capacity or licensed age range and including any concerns that the facility has regarding the placement. The provider returns the form to the Area Office.
- 3. The form includes space for the provider to comment on whether they think placement is appropriate.

If the facility does not wish to accept or extend the placement, the DCF Facilities Program Lead shall facilitate communication and resolution (in person or on the phone) between the facility and AO staff who requested placement.

4. The facility shall fax the waiver request to the Area Office for Regional Administrator approval. The Regional Administrator, or designee, shall gather relevant information about the child and the facility if needed (special needs, discharge planning, etc.). If the placement is approved, the Regional Administrator shall sign the form and transmit it to the Licensing Program Manager.

If the Regional Administrator or designee does not approve the placement, he or she shall notify the Licensing Program Manager. The Licensing Program Manager shall notify the facility. The decision of the Regional Administrator is final.

5. The Regional Administrator or designee shall send the signed form to the Licensing Program Manager:

Jim McPherson Program Manager DCF Licensing Unit Office Phone: 860-550-6532 Cell Phone: 860-209-3192

Cell Phone: 860-209-3192
Fax Number: 860-550-6665, OR,

After business hours, contact the Careline at fax 860-560-7072.

- Careline approval is effective only until the next business day.
- Careline shall fax the waiver to the Licensing Program Manager on the next business day.
- 6. The Licensing Program Manager shall check for licensing concerns with the Licensing Regulatory Consultant and with DCF Risk Management. The Licensing Program Manager shall email comments on the status of the facility's license and any other concerns about the status of the facility identified by DCF Risk Management to the DCF Facilities Program Lead. The Licensing PM shall consult with a DCF Office of Legal Affairs Manager, as necessary.
- 7. The Licensing Program Manager shall also notify the DCF Program Evaluation and Development Unit when appropriate.
- 8. If the Licensing Program Manager approves the waiver, he or she shall sign the DCF-2153 and transmit it electronically to the Regional Administrator, or designee, the DCF Facilities Program Lead and the provider with any notations such as the expiration date of the waiver. **NOTE:** All Regional Administrators with jurisdiction over the child or the placement must be notified and sign the waiver, if approved. The Licensing Unit will keep copies of all signed waivers.
 - If the Licensing Program Manager does not approve the waiver, he or she shall inform the Regional Administrator, or designee, and the DCF Facilities Program Lead of the decision and the reasons.
 - If the Regional Administrator supports the waiver, and the Licensing Program Manager does not, both shall consult with a DCF Office of Legal Affairs Manager with the goal of arriving at a consensus opinion.
- 9. Waivers with expiration dates must be renewed prior to that date if the over/under-age child remains in the facility or the licensed bed capacity continues to be exceeded.
- 10. For cases not involved with DCF, *e.g.,* privately placed clients, the licensed provider must complete the second section of the form and fax it to the DCF Licensing Program Manager for review as indicated above.