

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

DCF-2153

5/2023 (Rev.)



Approval to exceed DCF licensed bed capacity or the licensed age range can only be granted by the Office Director 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.

Note: The Careline Director (or designee) may grant approval after hours, in lieu of the Office Director, until the next business day.

Waiver Requested For:

Over Licensed Bed Capacity

Outside Licensed Age Range

Emergency Bed Request

This Section to be completed by Area Office Staff 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 Ethnicity (as noted in LINK):	
DCF Social Worker:	DCF Office:		

Please provide a detailed description of the need for the waiver and the specific plans for discharge including projected discharge date and discharge resource:

Name of DCF Staff Completing This Form:	Title:	Signature:	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 Census #:		Health Capacity #:		Fire Capacity #:								
Type of Facility:			Fax #:			Licensed Age Range:								
						From To:								
Estimated number of days over-census or over-age will be required:														
Reason(s) for Request:														
Facility concerns, if any:														
Plan to return to licensed capacity or licensed age range:														
Name of Provider Designee Making Request			Title:			Signature:			Date Completed:					
APPROVALS: ALL REGIONAL ADMINISTRATORS WITH JURISDICTION OVER THE CHILD OR PLACEMENT MUST SIGN.														
Name of DCF Office Director (or designee):			Title:			Signature:			Date Completed:					
Name of DCF Agency Legal Director (or Designee)			Title:			Signature:			Date Completed:					
Name of DCF Careline Director (or Designee)			Title:			Signature:			Date Completed:					
NOTE: IF FACILITY ANTICIPATES THAT CHILD WILL STAY BEYOND DISCHARGE DATE, FACILITY MUST SUBMIT UPDATED WAIVER REQUEST BEFORE THAT DATE.						Waiver Expiration Date:								
Copies:														
<input type="checkbox"/> Area Office			<input type="checkbox"/> Careline			<input type="checkbox"/> Facility			<input type="checkbox"/> Facility Licensing Unit			<input type="checkbox"/> Office 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.

2. 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 Office Director approval. The Office Director, 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 Office Director shall sign the form and transmit it to the Licensing Program Supervisor. If the Office Director or designee does not approve the placement, he or she shall notify the Licensing Program Supervisor. The Licensing Program Supervisor shall notify the facility. The decision of the Office Director is final.
5. The Office Director or designee shall send the signed form to the Licensing Program Supervisor:
 - Kathy Dituccio, Licensing Program Supervisor
 - DCF Transitional Supports & Success
 - Cell Phone: 860-398-1370
 - kathleen.dituccio@ct.gov

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 Supervisor on the next business day.
6. The Licensing Program Supervisor shall check for licensing concerns with the Licensing Regulatory Consultant and with DCF Risk Management. The Licensing Program Supervisor 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 Supervisor shall also notify the DCF Program Evaluation and Development Unit when appropriate.
 8. If the Licensing Program Supervisor approves the waiver, he or she shall sign the DCF-2153 and transmit it electronically to the Office Director, 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 Supervisor does not approve the waiver, he or she shall inform the Office Director, or designee, and the DCF Facilities Program Lead of the decision and the reasons.
 - If the Office Director supports the waiver, and the Licensing Program Supervisor 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 Supervisor for review as indicated above.