

To: Lisa Gharthey-Ogundimu, Deputy Commissioner
New York State Office of Children and Family Services
Division of Child Welfare and Community Services
52 Washington Street
Rensselaer, NY 12144

From (Voluntary Agency) _____:

The above-named 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. 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) 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) 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.

(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

Please state:

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 Executive Director/Chief Executive Officer: _____

Signature: _____

Date: _____

Complete this form and send to OCFS Deputy Commissioner Lisa Gharthey Ogundimu at Lisa.GhartheyOgundimu@ocfs.ny.gov with cc: to your OCFS Regional Office. Once you have submitted the request and received OCFS' approval, your program may immediately implement the requests set forth above.

OCFS USE ONLY

OCFS approval granted for Period _____ to _____
by _____ Date: _____

Approved by Deputy Commissioner