



State of Rhode Island  
**Rhode Island Department of Children, Youth and Families**

**DCYF Licensing Adjustment Request for  
 Congregate Care Facilities and Private Agency Foster Homes**  
*(please type or print)*

| Request information  |  |                                    |   |                                  |                                   |   |  |                              |                                |
|--|--|------------------------------------|---|----------------------------------|-----------------------------------|---|--|------------------------------|--------------------------------|
| Date request submitted?  |  |                                    |   |                                  |                                   |   |  |                              |                                |
| When is decision needed by?  |  |                                    |   |                                  |                                   |   |  |                              |                                |
| Who is the primary contact regarding this request?                                       |  |                                    |   |                                  |                                   |   |  |                              |                                |
| What adjustments is being requested?   | <input type="checkbox"/> <b>Waiver:</b> case-by-case exemptions from compliance with a non-safety related standard<br><input checked="" type="checkbox"/> <b>Variance:</b> decision that allows regulation to be met in a manner other than the specified regulation<br><input type="checkbox"/> <b>License Change:</b> adjustment to licensed details, but still meet within the regulatory requirements  |                                    |   |                                  |                                   |   |  |                              |                                |
| Request type (please check all that apply)   | <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Sleeping Arrangement</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Staffing</td> </tr> <tr> <td><input type="checkbox"/> Child-Specific</td> <td><input type="checkbox"/> Capacity Increase</td> </tr> <tr> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> Other</td> </tr> </table> | <input type="checkbox"/> Emergency | <input type="checkbox"/> Sleeping Arrangement | <input type="checkbox"/> General | <input type="checkbox"/> Staffing | <input type="checkbox"/> Child-Specific | <input type="checkbox"/> Capacity Increase | <input type="checkbox"/> Age | <input type="checkbox"/> Other |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Sleeping Arrangement  |                                    |   |                                  |                                   |   |  |                              |                                |
| <input type="checkbox"/> General   | <input type="checkbox"/> Staffing  |                                    |   |                                  |                                   |   |  |                              |                                |
| <input type="checkbox"/> Child-Specific  | <input type="checkbox"/> Capacity Increase   |                                    |   |                                  |                                   |   |  |                              |                                |
| <input type="checkbox"/> Age   | <input type="checkbox"/> Other   |                                    |   |                                  |                                   |   |  |                              |                                |
| Please identify the set of regulations for which you are requesting a waiver or variance | <input type="checkbox"/> Foster Care and Adoptive Regulations for Licensure<br><input type="checkbox"/> Residential Child Care Regulations for Licensure<br><input type="checkbox"/> Child Placing Regulations for Licensure   |                                    |   |                                  |                                   |   |  |                              |                                |

| Agency Information           |  |
|------------------------------|--|
| Agency Name                  |  |
| Agency Contact Person        |  |
| Contact Person Email Address |  |

| <input type="checkbox"/> Option 1 – Facility/Site |  |
|---|--|
| Facility Site                                     |  |
| Location (Street, City, State and Zip Code)       |  |

| <input type="checkbox"/> Option 2 – Foster Provider |  |
|---|--|
| Provider Name                                       |  |
| Location (Street, City, State and Zip Code)         |  |

| Child/Youth Information, if applicable |  |
|--|--|
| Child/Youth Full Name                  |  |

|  |  |
|--|--|
| Date of Birth  |  |
| Where does child/youth currently reside?   |  |
| <p><b>Outline the request:</b><br/>Please provide information as to the details of the request, why the request is needed, and the information that supports this request.</p> <p><i>For requests to increase the capacity of a Private Agency Foster Home this must include reference to sleeping arrangements, needs/LON for children in the home, etc.</i></p>  |  |
| <p><b>For Variance or Waiver Requests:</b><br/>Outline a detailed plan as to next steps to meet or reach compliance should waiver or variance be approved. This should include a timeline for the length of time the variance or waiver is being requested.</p> <p><i>For requests to maintain or place a child/youth out of the licensed age range of a congregate care facility this must include reference to sleeping arrangements, supervision, and needs/concerns of this child/youth, and others placed at the facility, etc.</i></p> |  |
| Present any additional information or concerns which you would like the Licensing Administrator or designee to consider when reviewing the request.  |  |

**Next Steps:** Completed **Word** document (not PDF) shall be emailed to the following individuals:

- [Lori DAlessio](#), Divisional Administrator, Family & Adult Services;
- [Melissa Aguiar-Rivard](#), Administrator, Family & Children’s Services (if applicable);
- [Deb Drury-Houghton](#), Assistant Administrator, Community & Planning Services;
- [Cheryl Lepre](#), Licensing Chief of Practice Standards (if applicable);
- [Darlene Chamberland](#), Senior Caseworker Supervisor (agencies/facilities); and
- Your Licensing Social Caseworker II: [Suzan Furtado](#) or [Sophia Moore](#) or [Gina Debartolo](#)

**Decision:** The DCYF Divisional Administrator or designee will review the Adjustment Request Form, request additional documentation as necessary, and will make a written determination within 30 days of receipt for non-emergency requests. For immediate requests, a verbal followed by a written determination will be made within 48 hours.

**DCYF Use Only:**

- Approved, date: \_\_\_\_\_ ; DCYF staff: \_\_\_\_\_ ; Notes: \_\_\_\_\_
- More information requested, date: \_\_\_\_\_ ; DCYF staff: \_\_\_\_\_ ; Notes: \_\_\_\_\_
- Denied, date: \_\_\_\_\_ ; DCYF staff: \_\_\_\_\_ ; Notes: \_\_\_\_\_