PARENT / LEGAL GUARDIAN NOTICE

NOTICE OF LIMITED NONCONSENT

Request for Written Child Welfare Information | RHODE ISLAND

Date: [Date] Parent / guardian: [Full legal name]

Address: [Mailing address] Email / phone (optional): [Contact details]

To: Rhode Island Department of Children, Youth and Families (DCYF), Child Protective Services — [Local office / assigned worker]

Re: [Child(ren) initials or case / assessment number]

To the assigned worker and supervisor:

I am the parent/legal guardian identified above. Please record my decisions about voluntary participation and distinguish a voluntary Family Assessment Response from a formal child-abuse/neglect investigation.

NOTICE CONCERNING VOLUNTARY CONSENT

I do not provide blanket advance consent to nonemergency home entry, voluntary interviews of me, optional testing/evaluations, access to my private records, or voluntary service and safety-plan agreements. I will review any specific request separately, including after consulting counsel. This notice does not override a court order, lawful investigative child interview or legally justified emergency authority.

IDENTIFY THE RESPONSE PATHWAY

- If this is a Family Assessment Response under 214-RICR-20-00-1.15, please identify it in writing. Family participation is voluntary and may be declined, but the caseworker and supervisor must reassess the concerns and may refer the matter to the Hotline for an investigation.
- Under § 1.15(A)(3)(a), direct contact with the child during a Family Assessment Response is subject to parent/guardian consent. A formal child-abuse investigation follows different rules: § 1.9(C) permits a qualifying interview of the child without parental consent, and DCYF may involve law enforcement or obtain a court order if access is denied.

PLEASE PROVIDE IN WRITING

- The response type, case number, worker and supervisor contacts, allegations lawfully disclosable, and current agency parent guidance.
- Any required alleged-perpetrator findings notice under § 1.14, normally mailed within three working days after the investigation concludes; any proposed testing, services or safety plan, with each mandatory and voluntary part identified.
- Written findings and records-request instructions. For a qualifying investigation disposition, § 1.14(B)(3)(d) generally requires a WRITTEN appeal to the Executive Office of Health and Human Services within 30 days after RECEIPT of the written disposition notice; this letter is not that appeal.

Please place this notice in the relevant agency record, confirm receipt in writing, and direct nonurgent correspondence to the contact information above. I reserve my rights while recognizing lawful child-protection authority.

Sincerely, _____ Date: _____

Printed name: _____

LEGAL REFERENCES: R.I. Gen. Laws § 40-11-7; 214-RICR-20-00-1.9, 1.14 and 1.15.

IMPORTANT: The Family Assessment option to decline participation is not a right to terminate a formal investigation. Court orders and emergency protective actions remain effective; seek individualized Rhode Island legal advice.

IMPORTANT - NO APPEAL FILED: This notice does not file an appeal, hearing request, grievance, or court petition; it does not pause any deadline. Follow the case-specific notice and filing instructions.