



FCL 058  
Rev.11/19

**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**

Foster Care Licensing and Background Checks Division  
PO Box 1424 Topeka, Kansas 66601-1424  
500 SW Van Buren Street 2<sup>nd</sup> Floor Topeka, Kansas 66603  
Website: <http://www.dcf.ks.gov>

**REQUEST FOR EXCEPTION**

*An exception to a regulation may be allowed by DCF if:*

- (1) The licensee requests an exception from DCF; and*
  - (2) The exception is determined to be in the best interest of the child(ren).*
- Complete and return by email to: [DCF.FCLExceptions@ks.gov](mailto:DCF.FCLExceptions@ks.gov)**

Licensed Facility Name:

Licensed Program Type:

Facility Address:

License Number:

I/we request an exception to KAR #

The exception is needed from: \_\_\_\_\_ until \_\_\_\_\_

Reason for request (check all that apply):

<input type="checkbox"/> Over Capacity <i>(must submit a floor plan with dimensions of all bedrooms)</i>	<input type="checkbox"/> Age Range
How many over Capacity	Child(ren) Name and Age:
Child(ren) Name:	1)
1)	2)
2)	3)
3)	4)
4)	5)
5)	
Staffing to maintain ratio is available	Facility verifies compliance with regulations outside of licensed age range
Transportation to accommodate additional child(ren)	

<input type="checkbox"/> Square Footage: <i>(must submit a floor plan with dimensions of all bedrooms)</i>	<input type="checkbox"/> Extension of stay
How many square feet less than required:	Child(ren) Name:
	1)
	2)
	3)
Beds to accommodate additional child(ren)	4)
If NO, please explain below	5)
<input type="checkbox"/> Staff Qualifications: <i>(must submit documents to support request)</i>	<input type="checkbox"/> Other Environmental

Explain how this exception request is in the best interest of each child, any additional information related to the request regarding the specific circumstances of the child(ren) and any additional services/supports the facility will provide to ensure the health, safety and well-being of child(ren) in care.

This request has been completed and submitted on

Signature and title of Facility Administrator

The request has been reviewed by DCF on

The exception request has been

The exception request is valid from \_\_\_\_\_ until \_\_\_\_\_

Signature of DCF Administrator