



Website: <http://FosterLicensing.dcf.ks.gov>

**REQUEST FOR EXCEPTION**

**Type of Facility:**

- Attendant Care Center     CPA     Detention Center     Group Boarding Home
- Residential Center     Secure Care Center     Secure Residential Treatment Facility     Staff Secure Facility

License # \_\_\_\_\_ Capacity \_\_\_\_\_ Gender \_\_\_\_\_ Age Range \_\_\_\_\_.

Name of Facility	Address	City	Zip	County
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Telephone Number	Fax Number	Email Address	Date
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An exception to a Regulation may be allowed by the department if:

- 1) The applicant requests an exception from the department; and
- 2) The exception is determined to be in the best interests of the child(ren) or their families.

Please complete the following and return to **Kansas Department for Children and Families**, fax or e-mail if request is urgent.

I/we request an exception to KAR: \_\_\_\_\_

Exception is needed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Reason for request: **(Explain how this exception request is in the best interest of the child(ren). If this exception is granted, how will you assure the health, safety and well-being of children in care? Please answer fully. Use separate page if needed.)** Check all that apply:

- Over-Capacity (must submit a Floor plan with bedroom dimensions and a staffing plan to ensure ratio requirements are met)

Complete for each child you are requesting an exception for; include additional page if needed:

Name of Child: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of placement: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Reason placement is in best interest of child:  
 \_\_\_\_\_

Name of Child: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of placement: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Reason placement is in best interest of child:  
 \_\_\_\_\_

Is additional staffing required to maintain ratio? \_\_\_\_\_ Yes      \_\_\_\_\_ NO

Attach Staffing plan:

Attach floor plan documenting bedroom dimensions and number of children in each room:

Length of stay:

Complete for each child you are requesting an extension for placement:

Name of Child: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of placement: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for Extension: \_\_\_\_\_

Name of Child: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of placement: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for Extension: \_\_\_\_\_

- Square footage (must submit a Floor Plan with dimensions of bedrooms)
- Age Range (must submit statement facility is in compliance with regulations for age range requested)
- Other environmental: (must submit plan for assuring health, safety and welfare of children):
- Staff qualifications:

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature of Staff submitting request**

\_\_\_\_\_  
**Date of request**

DCF Administrator Response: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

\_\_\_\_\_  
Signature of DCF Administrator

\_\_\_\_\_  
Date

Post approval section of this form with license during the exception period.