FCL 058
Rev. 03/16

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care and Residential Facility Licensing Division
555 South Kansas Ave. ● 2nd Floor ● Topeka, Kansas 66603
Fax (785) 296-5937
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

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 K.A.R. # _____ .* Exception is needed from _____
(Date)
until _____.
(Date)

Current License Capacity _____ and age range _____.

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.)

*If request is to exceed license capacity in a facility, please include the number, age and gender of all children to be placed. Include a floor plan and designate where the children will be placed. Please indicate if adequate beds are available. If the use of a type of bed other than what has already been approved is planned, please include the description.

If request is to exceed Length of Stay for ☐ Emergency (30 day limit) or ☐ Temporary/Detention Care (90 day limit): 1) identify the youth for whom the exception is requested; 2) provide the admission date; 3) give specific reason why the exception is needed; 4) indicate the length of time for which the exception is needed. **Please reference the following regulations when requesting an exception: K.A.R. 28-4-268(f),(g) and (u) and K.A.R. 28-4-269 for Residential Center or Group Boarding Home; K.A.R. 28-4-354(g) for Detention Center; K.A.R. 28-4-335(h) for Secure Residential Treatment Facility.**

Name of Facility	License Number	Address	City	Zip	County
Telephone Number	Fax Number	Email Address			Date
Operator		Address	City	Zip	County

DCF Administrator Response: ☐ Approve ☐ Disapprove Comments:

_____ _____
Signature of DCF Administrator Date

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