

FCL 007  
01/21

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES  
Foster Care Licensing  
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 PROGRAM REVIEW OF SURVEY FINDINGS**

Use this form to request a Notice of Survey Findings program review and reconsideration of findings. Please complete and submit this form within 15 calendar days from the date listed on the bottom of the Notice of Survey Findings. Each review will be completed within 30 days of receipt of the request. *Any request for a review does not stay or delay the issuance of any administrative order and is separate and distinct from the process for appealing such an order. The Division may decline a request for a review if the finding is included in an administrative order subject to appeal.*

Section 1. Licensee Information		
Name:	Program Type:	License Number:
Address:	Phone:	Email:
Section 2. Program Review		
Date of Notice of Survey Finding:	Survey Number:	Complaint Number:
The findings have been discussed with the surveyor:      Yes                      No		
The findings have been discussed with the regional supervisor:      Yes                      No		
Reason for Program Review: <i>(identification of the finding(s) that are in question, an explanation of why the licensee believes the finding(s) are in error and should be corrected, any additional documentation that would assist in the review.)</i>		

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Signature of Licensee Requesting Review

Submit DCF FCL007 to: [DCF.FCL@ks.gov](mailto:DCF.FCL@ks.gov)

Date Submitted:

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<b>Section 3. DCF LICENSING USE ONLY: Program Review Results</b>		
Date Review Received	Signature of Reviewer	Response Date:
<b>Review Result:</b>		