FCL 657

Rev. 06/24

**Section 4.1 Exception:** 

## 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 Exception for Child Placement Agency** 

Use this form to request an exception to provisions of a specific regulation and proceed in an alternative manner in accordance with KAR 30-47-904(e): Any applicant or licensee may request an exception from the secretary. Any request for exception may be granted if the secretary determines that the exception is in the best interest of a families and children served by the agency and does not violate statutory requirements.

An exception is evaluated for each separate request. Submit the FCL 657 Request for Exception to: DCF.FCLExceptions@ks.gov

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Section 1. Name of Child Placement Agency Submitting Exception Request		
Name of Child Placement Agency:	License Number:	
Lineared Decreese Times	Freell	
Licensed Program Type:	Email:	
Address:	Phone:	
a. I we request an exception to:		
a. I we request an exception to.		
b. Explain why the regulation is not currently or will not be met.		
c. If not economically feasible to comply with this regulation, explain why and include cost estimate to comply.		
d. Describe how the intent of the regulation will be met to meet the needs of families and children served.		
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e. List specific actions taken to support the request.		
f. Exception Request begin date.		
g. Exception Request end date.		
h. Supporting Documents attached:	· 	
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e. List specific actions taken to support the request.	
f. Exception Request begin date.	
g. Exception Request end date.	
h. Supporting Documents attached:	
Section 7. Date Submitted to DCF Foster Care Licensing	
Section 8. Signature of Child Placement Agency Worker	
Section 9. Signature of DCF Foster Care Licensing Worker	
	Approved
	Denied