FCL 408
Rev. 09/26

Foster Care Licensing Division
500 SW VanBuren Street 2nd Floor
Topeka, Kansas 66603
http://www.dcf.ks.gov

Foster Family Home Exception Request

Use this form to request an exception to provisions of a specific regulation to proceed in an alternative manner in accordance with K.A.R. 30-47-804(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 child(ren) in foster care and the exception does not violate statutory requirements. An exception is evaluated for each separate request.

Over capacity exceptions are granted for specific children and are valid through the approval date or until the child leaves the home or another child leaves the home and the home is no longer over capacity. A floor plan is required to be submitted with each over capacity request. Submit FCL 408 and supporting documents to: DCF.FCLExceptions@ks.gov

Section 1. Name of the Child Placement Agency Submitting Exception Request

Name of Child Placement Agency:

Email:

CPA Staff Submitting Exception:

Phone Number:

Section 2. Foster Family Home Information

Licensee:

License Number:

Address:

Phone number:

Licensed Capacity:

Licensed Age Range:

Section 3. Exception Request for Exceeding Capacity KAR 30-47-804(a)(1)(3):

☐ Age Range ☐ Exceeding Capacity

Reason(select one)

☐ *Emergency Placement no other option* ☐ *Maintain siblings* ☐ *Respite Care*

☐ *Special Training* ☐ *Prior Relationship* ☐ *Teen Parent*

Complete sections a. through f. as needed to address all regulations that will require an exception

a. Narrative to support reason for over capacity:

b. Additional Supports the Child Placement Agency will provide to enable care for the child(ren).

c. Identify special needs of any child(ren) currently in placement and any child(ren) for whom placement is requested:

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Environmental Exception:

d. I/we request an exception to KAR 30-47-

e. Explain how the regulation is not met:

f. Describe how the intent of the regulation will be met to ensure the health and safety of the child(ren) in care

Exception Begin Date:

Exception End Date:

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Kansas Department for Children and Families

Section 4. Children for Whom Overcapacity is Requested

Name	DOB	Gender	Bedroom

Section 5. List all Residents of the Family Foster Home

Name	Relationship to Licensee	DOB	Gender	Bedroom

Signature of CPA Worker

Date