

Kansas Department of Health and Environment
Bureau of Child Care and Health Facilities
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 Fax: 785-296-0803
Website: www.kdheks.gov/kidsnet



REQUEST FOR EXCEPTION

Name of Facility (exactly as stated on the license)		License #	
Street Address of Facility	City	Zip Code	County

An exception to a regulation (K.A.R.) may be authorized by the department if:

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

If you wish to request an exception to a regulation, please provide the following information and **return the request to your local child care facility surveyor**. Do **NOT** send this request directly to KDHE. Incomplete requests or requests not reviewed by the local child care facility surveyor will be returned and will delay processing.

Please Print Clearly or Type.

- 1. I request an exception to the following regulation: K.A.R. 28-4- _____.
NOTE: If request is to exceed license capacity, you must complete and attach KDHE form CCL 205.

- 2. I request an exception to (describe fully and include an explanation of why this exception is necessary):

- 3. Requested Effective Date (may not be prior to the date received by KDHE): (MM/DD/YYYY) _____
- 4. Requested Ending Date (the date you will be in compliance): (MM/DD/YYYY) _____

- 5. How is the request in the best interest of the child(ren) or youth and the families?

- 6. If this exception is granted, how will you assure the health, safety and well-being of children or youth in the facility?

I attest, under the penalty of perjury, that the information on this form is true and correct.

Signature of Authorized Person	Date Completed	Phone # ()	Email Address
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MUST BE COMPLETED BY THE LOCAL CHILD CARE FACILITY SURVEYOR:

Child Care Facility Surveyor Recommendation: Approve: _____

Disapprove: _____

Why?

If recommending approval to exceed license capacity, have you thoroughly reviewed the attached form of enrollment, CCL 205, and verified the child the exception is requested for is also included? Yes _____ No _____

Other Comments:

Signature of Surveyor	Date (MM/DD/YYYY)	County
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MUST BE COMPLETED BY KDHE ADMINISTRATIVE STAFF

Request Returned for the Following Reason:

- _____ Form was submitted to KDHE without local surveyor review
- _____ Incomplete request
- _____ Other (describe):

Request Granted: A review of this Request for Exception and the facility's compliance history has been completed. The request is in the best interest of children and families. Based on this review, the request is granted.

Effective Date: (MM/DD/YYYY) _____ Expiration Date: (MM/DD/YYYY) _____

Additional Conditions:

KDHE Authorized Signature	Date (MM/DD/YYYY)
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Request Denied for the Following Reason:

- _____ Granting the request is not in the best interest of children or youth
- _____ Granting the request violates Kansas statutes
- _____ Facility has a history of noncompliance
- _____ Prior exceptions have been granted
- _____ Other (describe):

KDHE Authorized Signature	Date (MM/DD/YYYY)
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