



### REQUEST FOR EXCEPTION

Type of Facility:  Attendant Care Center  CPA  Detention Center  Group Boarding Home  Maternity Center  
 Residential Center  Secure Care Center  Secure Residential Treatment 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 of Health and Environment**, 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	_____ E-mail Address			_____ Date
_____ Operator	_____ Address	_____ City	_____ Zip	_____ County	

MUST BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT CHILD CARE FACILITY SURVEYOR FOR RESIDENTIAL FACILITIES WHEN REQUEST IS AN ENVIRONMENTAL OR HEALTH ISSUE OR IS TO EXCEED LICENSE CAPACITY

Child Care Facility Surveyor Recommendation: Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Reason(s):

\_\_\_\_\_  
Signature of CCLR Surveyor Date County

KDHE Administrator Response: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_  
Comments:

\_\_\_\_\_  
Signature of KDHE Administrator Date