11/2009

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
CHILD CARE LICENSING AND REGISTRATION PROGRAM
1000 SW Jackson * CSOB * Suite 200 * Topeka, KS 66612-1274
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http://www.kdheks.gov/bcclr/foster_care.html

EXCEPTION WORKSHEET

To facilitate timely review and consideration, submit this worksheet to the appropriate KDHE regional administrator with any Request for Exception (CCL 408) to exceed license capacity and/or care for children outside the licensed age range in a Family Foster Home. Complete all applicable information. Please type or print.

Licensee(s) Name(s) John & Joan Smith License Number 12345-002

1. Within the last year, have there been exceptions to license capacity and/or age range for this family foster home? ☒ Yes ☐ No

If yes, how many? 2 If yes, are any still in effect or still needed? ☐ Yes ☒ No Specify:

2. Has the family ever been under a Partnership Development Plan or a Corrective Action Plan? ☒ Yes ☐

If yes, explain the circumstances and attach a copy: Foster parents did not complete all required annual in-service in 20

Was the PDP or CAP successfully completed? ☒ Yes ☐ No Date Completed: February 1, 2007

3. Reason(s) this request is in the best interest of the children (Check all that apply and include full explanation in #15)

- ☐ To keep siblings together
- ☐ To keep a teen parent and his/her own child together
- ☒ Child(ren) and foster parent(s) have a prior relationship
- ☐ Foster home is in child(ren)'s home or contiguous county
- ☐ To preserve relative connections for the child(ren)
- ☒ To preserve school & community connections for the child(ren)
- ☐ To facilitate permanency goals, such as reunification
- ☐ Family is a cultural match for the child(ren) Explain:
- ☐ Child has special needs and the foster parent(s) have expertise in the needed area
- ☒ Other; specify: Foster mother is fluent in Spanish which is the children's primary language

4. For each bedroom, list ALL household members and child(ren) for whom placement is requested:

Name (First & Last)	Age	Gender	Relationship to foster parent(s)	If applicable, length of placement in this home
BEDROOM #1 (Corresponding to bedroom numbers on floor plan)				
John	45	Male	Self	NA
Joan	[illegible]	Female	Self	NA
James	[illegible] months	Male	Pre-adoptive placement	10 weeks
BEDROOM # 2				
Jennifer	16	Female	Own child	NA
Jackie	14	Female	Own child	NA
BEDROOM # 3				
Sam	8	Male	Current child in foster care	6 months
Drew	6	Male	Child to be placed	NA
Daniel	6	Male	Child to be placed	NA

Example

Name (First & Last)	Age	Gender	Relationship to foster parent(s)	Length of placement in this home (or NA)
BEDROOM #4 (Corresponding to bedroom numbers on floor plan)				
Max	30	Male	Other adult relative	NA
Maxine	28	Female	Friend	NA
BEDROOM # 5				

If applicable, anticipated date of departure for any child listed above: 11/20/2009, Sam

Are any of the above-listed children siblings? ☒ Yes ☐ No

If yes, which children? Drew and Daniel

5. Are there sufficient beds available? ☒ Yes ☐ No

   If no, explain:

6. Are there sufficient cribs available? ☒ Yes ☐ No ☐ NA

   If no, explain:

7. Is there sufficient seating with appropriate restraints in the available vehicles to provide for necessary transportation? ☒ Yes ☐ No

   If no, explain:

8. Are there sufficient child safety seats and/or booster seats available? ☐ Yes ☒ No ☐ NA

   If no, explain: Child-placing agency will provide booster seats for Drew and Daniel

9. If the request is for the family to provide care outside of the stated age range, has it been verified that the home in compliance with the regulations applicable to that age group? (Refer to CCL 403 *Family Foster Home Licensing Instrument* regarding regulations specific to age groups)

   ☐ Yes ☐ No ☒ NA Verified by (Name of staff):

   If no, explain:

10. Identify any special needs of any child currently in placement and/or any child for whom care is addressed by this Request for Exception:

    None known at this time

11. Identify any additional supports the sponsoring Child Placing Agency will provide to enable the family to care for these children:

    Purchase of 2 booster seats ($[illegible])

12. If the children are not known to the family, how many other local family foster homes were contacted within your agency? NA

    What other child-placing agencies were contacted? (List or attach a list) NA

13. Additional information related to the request regarding the specific circumstances of the child(ren) in foster care and/or the foster family:
Drew and Daniel were previously placed with the Smith family for approximately one year (6/2007 - 5/2008). The foster parents have a positive relationship with Drew and Daniel's parents. The boys live in the same town and attend school in this district. As noted above, Sam is scheduled to move from the home on November 20, 2009.

Example