CCL 408
03/2010
Fillable PDF

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
CHILD CARE LICENSING AND REGISTRATION PROGRAM
1000 SW Jackson * CSOB * Suite 200 * Topeka, KS 66612-1274
Phone: (785) 296-1270 * Fax: (785) 296-0803
http://www.kdheks.gov/kidsnet/

REQUEST FOR FAMILY FOSTER HOME EXCEPTION

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 interest s of the child(ren) or their families.

Please complete the following and return to **Kansas Department of Health and Environment,** fax if request is urgent.

I/we request an exception to K.A.R. # _____ Exception is needed from _____ until _____

Current License Capacity _____ and age range _____

Reason for request: [**Explain how this exception request is in the best interest of each child. If this exception is granted, how will you assure the health, safety and well-being of children in care?** Use separate page if needed]

NOTE: If request is to exceed license capacity and/or care for children outside the licensed age range, please attach the completed Exception Worksheet.

Name of Family Foster Home [**as on license**]	License Number	Address	City	Zip	County

Telephone Number	Fax Number	E-mail Address	Date

This request has been completed by the Child Placing Agency social worker and is being submitted at the request of the foster parents.

Signature of CPA Social Worker	Telephone Number	Fax Number	E-mail Address

Sponsoring CPA	Address	City	Zip	County

KDHE Administrator Response: ☐ Approve ☐ Disapprove

Comments:

Signature of KDHE Administrator	Date

If the exception is for increase in capacity, it is valid through the approval date or until any child leaves care, whichever occurs sooner.

Note: Foster Home is to retain this form in their licensure file on the premises.

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) _____ License Number _____

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? _____ 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 ☐ No

If yes, explain the circumstances and attach a copy: _____

Was the PDP or CAP successfully completed? ☐ Yes ☐ No Date Completed: _____

3. Reason(s) this request is in the best interest of the children (Check all that apply and include full explanation in #13):

- ☐ 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: _____

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)				
BEDROOM # 2				
BEDROOM # 3				

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)				
BEDROOM # 5				

If applicable, anticipated date of departure for any child listed above: _____

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

If yes, which children? _____

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: _____

9. If the request is for the family to provide care outside of the licensed age range, has it been verified that the home is in compliance with the regulations applicable to that age group? (Refer to CCL 403 *Family Foster Home Survey 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:

_____

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

_____

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

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

13. Additional information related to the request regarding the specific circumstances of the child(ren) in foster care and/or the foster family:

_____

Print Form