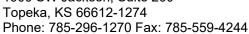
CCL. 031 Rev. 01/2022

Kansas Department of Health and Environment

Bureau of Family Health Child Care Licensing Program 1000 SW Jackson, Suite 200



Website: www.kdheks.gov/kidsnet



License #

Email Address

REQUEST FOR EXCEPTION

Pursuant to K.A.R. 28-4-119b and K.A.R. 28-4-422(f): An exception to a regulation (K.A.R.) may be authorized by the department if:

1. The applicant requests a complete exception from the department; and

Name of Facility (exactly as stated on the license)

2. The exception is determined to be in the best interest of the child or youth and the families.

If request is to exceed license capacity K.A.R. 28-4-114(h) in a LDCH/GDCH please attach:

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

Date Completed

Phone #

)

b. Supervision Plan (as required in K.A.R. 28-4-115a)

a. CCL 205, and

Signature of Authorized Person

	Zip Code	County
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4-		
	ception is necessa	ary), including how is the
iles?		
vision will be use	ed to assure the	safety and well-being of
a que con ici	a modification to no quest, following the eyor. care facility survey -4-	eating and enforcing laws. By granting a modification to normal enforcement of quest, following the instructions carefull eyor. care facility surveyor will be returned an enforcement of the control of

MUST BE COMPLETED BY THE LOCAL CHILD CARE FACILITY SURVEYOR:

1. Has the form thoroughly been reviewed? Yes / No 2. Is the regulation identified correct? Yes / No 3. Surveyor Approve? Yes / No A. If yes, provide a detailed summary of exception, provider history, and community need, if relevant. 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? B. If no, provide detailed information and justification. Signature of Surveyor Date (MM/DD/YYYY) County MUST BE COMPLETED BY KDHE ADMNISTRATIVE 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) **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)