



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

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

****Child Care Licensing Regulations are rules KDHE is responsible for creating and enforcing laws. By granting an exception to a regulation, KDHE has determined the licensee is in a special situation that requires a modification to normal enforcement of the regulation.**

If you wish to request an exception to a regulation, please submit this request, following the instructions carefully.

1. Return the complete request to your local child care facility surveyor.
2. Do NOT send this request directly to KDHE.
3. Incomplete requests or requests not reviewed by the local child care facility surveyor will be returned and will delay processing.
4. **ALLOW A MINIMUM OF 90 DAYS FOR PROCESSING.**

Please Print Clearly or Type.

I request an exception to the following regulation: <i>EX: K.A.R. 28-4-114(h) Overcapacity</i>	K.A.R. 28-4-	
Requested Effective Date (MM/DD/YYYY): <i>May not be prior to the date received by KDHE</i>		
Requested Ending Date (MM/DD/YYYY): <i>The date you will be in compliance.</i>		
I request an exception to (describe fully and include an explanation of why this exception is necessary), including how is the request in the best interest of the child(ren) or youth and the families?		
If this exception is granted, what additional measures of supervision will be used to assure the safety and well-being of children or youth in the facility?		

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

- a. CCL 205, and
- b. Supervision Plan (as required in K.A.R. 28-4-115a)

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:

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
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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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