# EXCEPTION REQUEST FOR FOSTER PARENTS CERTIFIED BY A PRIVATE LICENSED FOSTER CARE AGENCY TO PROVIDE FOSTER CARE TO A CHILD WHO IS NOT A CLIENT OF THE

# FOSTER CARE AGENCY PER OAR 419-440-0130 (2)

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| --- | --- |
| Name Child-Caring Agency: |  |
| Address of Agency: |  |
| Name of Referring Agency: |  |
| Email Address of Referring Agency Designee |  |
| Phone Number of Referring Agency |  |
| Address of Agency: |  |
| Child’s Full Name |  |
| Date Exception Requested: |  |
| Name of Person Completing This Form: |  |

Per OAR 419-400-0300 the Department may waive a requirement of a rule in OAR chapter 419, division 400 upon written request of a child-caring agency. The written request must identify the rule, give the reasons that justify the exception, describe the agency's assessment of the risk, state the length of time for which the exception is requested, and explain how the needs of children in care and families would be affected if the child-caring agency did not comply with the rule.

# Instructions: Agency to complete section 1 of this form and forward to Licensing Coordinator. If submitting any supporting documents, please attach any scanned documents as .pdf files. Licensing Coordinator to send copy of the completed form back to Agency notifying them of decision.

# SECTION 1: EXCEPTION REQUEST (To be completed by provider agency)

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| Reasons for the exception: |  |
| Length of time for the exception (cannot exceed the expiration date of the agency’s current license): |  |
| Briefly describe the composition of the home, including other foster children and other household members. |  |
| Will the home continue to accept children placed directly by the child-caring agency while the child who is the subject of this request is in the home. |  |
| Will approval of this exception request and the resulting impact on the identified foster home create any unique challenges or risks that don’t exist now, and if so, how will these be mitigated? |  |
| Will the home continue to be certified solely by the foster care agency, or will DHS or some other entity also certify the home? If the home will be dually certified, please provide details. |  |
| Who will be responsible for service planning for the identified child, and who, beyond the foster parents themselves, is responsible for ensuring the child’s needs are met throughout the child’s placement? |  |
| Who will be responsible for required face-to-face contact with the child at least monthly? |  |
| Does the affected child fit within the age limits and any other parameters of the home’s certification(s), and will the child continue to fit throughout the anticipated duration of the placement? |  |
| What other options are available to the meet the needs of the child in care? |  |

# SECTION 2: EXCEPTION CONSIDERATIONS (To be completed by Licensing Coordinator)

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| Does the agency have a history of compliance with licensing requirements and providing services that meet the best interests of children? |  |
| Would approval of this exception support the agency in being innovative? |  |
| What other options are available to the meet the needs of the child in care? |  |
| Would approval or denial of this exception impact the availability of similar services? |  |
| What would be the impact of the exception? |  |
| Does any state or federal law prohibit the Department from approving this exception? |  |
| Confirmed agreement between all responsible parties. |  |

# SECTION 3: EXCEPTION DETERMINATION, EFFECTIVE DATE, AND CONDITIONS (To be completed by Licensing Coordinator)

The request for exception is

The reason for this decision is:

The exception start date:

The exception end date:

**Additional Requirements**

**The Child Caring Agency is required to communicate and changes to certification or any other significant impact to any child(ren) in care or to the foster home environment.**

**All children placed in a certified foster home regardless of placing entity are protected by Oregon’s Mandatory Abuse Reporting laws. All Child Caring Agency employees and volunteers are mandatory abuse reporters.**

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Signature Licensing Coordinator Date

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Signature Licensing Coordinator Manager Date