



## Noon Hour for Preschool/Kindergarten Children Capacity Exception for August 2011 – June 2012

**INSTRUCTIONS:** Enter information on applicable blanks, sign and date the form. Submit to **Child Care Links**.

### Exception to Exceed the Licensed Capacity During the Noon Hour KDHE CCLR Policy, Early Care and Youth Programs Section, 2008–003

- Yes, I plan to have 1-2 extra children during the noon hour (according to KDHE CCLR Policy, Early Care and Youth Programs Section, 2008 – 003).
- I will only have 1-2 additional children, 3 years of age or older, who attend a part-day preschool or part-day kindergarten.
  - The name of the preschool/kindergarten will be listed below. The preschool must meet preschool as defined in the policy (does not include Head Start programs or unlicensed programs).
  - I understand that I can only claim additional children when **school is in session**. I understand that I am responsible for **submitting a school district calendar** to my sponsoring organization
  - I notified all parents of the children in care that I will have extra children in care at my day care home and have posted the KDHE Policy 2008-003 next to my license.
  - I will list the name of the second caregiver on each applicable claim if I have 3 infants in care (newborn through 18 months). The second caregiver, 16 years of age and older, will be in attendance during the time the licensed capacity is exceeded and sign the claim (cover sheet, meal attendance, or menus) for each applicable month.
  - My lunch hour (60 minutes) starts at \_\_\_\_\_ and ends at \_\_\_\_\_.

The name(s) of additional children who will fill the extra capacity slots are:

Preschool or Kindergarten (P/K) Information			
<b>Child's Name:</b>			
Circle P or K:	List name of P/K site:	Circle days at P/ K:	List begin & end times at P/K:
P or K		M T W Th F	
<b>Child's Name:</b>			
Circle P or K:	List name of P/K site:	Circle days at P/ K:	List begin & end times at P/K:
P or K		M T W Th F	
<b>Child's Name:</b>			
Circle P or K:	List name of P/K site:	Circle days at P/ K:	List begin & end times at P/K:
P or K		M T W Th F	
<b>Child's Name:</b>			
Circle P or K:	List name of P/K site:	Circle days at P/ K:	List begin & end times at P/K:
P or K		M T W Th F	

I, \_\_\_\_\_, intend to have children in care which will require me to use a policy exception related to my capacity. I understand that I am responsible for submitting the required documentation to my sponsoring organization. I understand that I must notify my sponsoring organization in writing should anything in this agreement change. I understand that I may lose my right to use the exception(s) if I am not following the policy guidelines which are defined in KDHE CCLR Policy, Early Care and Youth Programs Section, 2008 – 003.

\_\_\_\_\_  
 (Provider Signature)

\_\_\_\_\_  
 (Today's Date)

**Internal Use Only:**

\_\_\_\_\_  
 received date

\_\_\_\_\_  
 effective date

\_\_\_\_\_  
 approval initials

\_\_\_\_\_  
 date