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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-02857 (08/2021) | | | | |  | | | **STATE OF WISCONSIN** | | |
| **YCSF REQUEST FOR EXCEPTION-AGE** | | | | | | | | | | |
| Completion of this form is voluntary; however, failure to complete this form may result in a denial. This form is to be utilized when a placement of a child to a Youth Crises Stabilization Facility outside of the parameters of the certification is desired (for example, when wanting to place a 9 year-old in a facility that is only licensed to accept children ages 10-17.) **This exception is valid for the identified child and current stay only.** If you fail to comply with the conditions of this exception, the exception will be rescinded and you will be issued a Noncompliance Statement; enforcement action is possible.  **INSTRUCTIONS:** The YCSF program director shall complete the top section, including signature and date, and submit the form to the YCSF. Send this document via **secure email** to [DHSDCTSYCSF@dhs.wisconsin.gov](mailto:DHSDCTSYCSF@dhs.wisconsin.gov). DCTS staff will complete the “For Department Use Only” section, sign and date the form and send a completed copy to both the licensee and the licensing specialist. | | | | | | | | | | |
| **Facility Information** | | | | | | | | | | |
| Name of Person Requesting Exception | | | | | | Name and Certification Number of YCSF | | | | |
|  | | | | | |  | | | | |
| Email Address | | | | | | Phone Number | | | | |
|  | | | | | |  | | | | |
| Initials of Child | | Age of Child | | | | Date of Birth of Child | | | Age Range Stated on License | |
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| State existing situation that makes the exception necessary (Give a general summary of the child, their crisis needs and why YCSF is being looked at as a means of crisis stabilization) | | | | | | | | | | |
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| **The following information is needed prior to this exception being considered (consult with DCTS staff).** | | | | | | | | | | |
| Describe the crisis stabilization options that have been explored for this youth and why this placement is best for the child. | | | | | | | | | | |
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| Describe the current demographics of youth staying at the YCSF. (include ages, potential sexualized or violent behavior) | | | | | | | | | | |
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| Describe the treatment needs of the child to be placed and how the treatment needs of the child fits with the treatment needs of the other residents, given their age, maturity, and development. | | | | | | | | | | |
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| Provide information regarding sleeping arrangements in the YCSF and any accommodations that will be made as a result of this exception. | | | | | | | | | | |
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| Provide anticipated staffing needs in order to keep the child and other children safe in their environment and meet the child’s specific needs. | | | | | | | | | | |
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| **SIGNATURE** – Program Director | | | | | | | | | | Date Signed |
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| **FOR DEPARTMENTAL USE ONLY** | | | | | | | | | | |
| Approved | | | | | | | | | | |
| Dates of Approval: |  | | to |  | | |  | | | |
| Reason for Action | | | | | | | | | | |
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| Conditions of Approval | | | | | | | | | | |
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| Denied | | | | | | | | | | |
| Reason for Denial | | | | | | | | | | |
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| **SIGNATURE** – Program Director | | | | | | | | | | Date Signed |
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