

Variance Application Instructions

A variance request is a written request made by a licensed provider to be out of compliance with a specific part of the day care rule. Variance requests are reviewed and approved or denied based on DHS guidelines and whether granting the request will jeopardize the health and safety of children in care. Requests must be made in advance of the non-compliance and must, in most circumstances, have a specific start and end date. Therefore, we will not back-date a variance.

The following information may be helpful in completing the variance form. It will also assist us in responding to your request more quickly and accurately.

- Include your complete mailing address.
- Check your day care license for your class of license.
- Consult your day care rule to locate the section of the rule for which you are asking for a variance.
- Be specific about why you need a variance. If your variance pertains to age distribution/capacity restrictions, please include the age categories for which you will exceed limits and whether you will exceed your total capacity limits.
- Give a start and end date. For capacity variances, the variance will end when your ages and numbers of children are once again in compliance with the day care rule requirements.
- Make sure to sign the form.
- If you need to complete the enrollment form, list all children with their birthdates. Also make sure to include any new children you are requesting to enroll.

McLEOD COUNTY
REQUEST FOR VARIANCE

From MN Rules 9502.0315 – 9502.0445
for Family and Group Family Day Care

Name Address Zip

Class of License (Circle One) A B1 B2 C1 C2 C3 D

1. For what section of MN 9502.0315 – 9502.0445 do you want a variance?

2. Why do you want a variance from this section of the Rule?

3. What period of time is the variance requested?

From _____ to _____
Month Day Year Month Day Year

During this period, which days of the week and what hours of those days is the variance needed?

4. If the variance is approved, what specific measures will you take to ensure the health, safety, and protection of the children in your care?

5. For request for a variance of Section 9502.0367, complete the attached Enrollment Form for all children who would be in your care.

ATTACHED _____ NOT REQUIRED _____

6. For request of a variance of Section 9502.0425, subparts 4, 5, 6, 7, 12, 15, 16, 17, or 18, you MUST attach the WRITTEN approval of a fire marshal.

ATTACHED _____ NOT REQUIRED _____

Provider's Signature

Date

DO NOT WRITE BELOW THIS LINE - - OFFICE USE ONLY

I recommend approval of the Variance Request. From _____ To _____

I recommend denial of the Variance Request. Reason: _____

Stipulations of variance: _____

Signature of Licensing Worker: _____ Date: _____

Variance Request Approved

Variance Request Denied Reason: _____

Signature of Licensing Supervisor: _____ Date: _____

Child Care Licensing
Parent Notification of Variance Request

Date: _____

I, _____, am requesting a variance from McLeod County Child Care Licensing regarding my license capacity so that I may care for an additional child/ren. I will be over my license capacity by:

_____.

If the request is approved, the variance will be from _____ to _____.

A variance can only be approved up to a maximum of 60 days. Number of days requested: _____.

McLeod County Child Care Licensing requires that parents using Licensed Family Child Care be notified of their providers request for a variance. (*Attach this form to variance request.*)

Parents: Please sign below to indicate that you have been informed of this variance request.

	<u>Name</u>	<u>Date</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

