

REQUEST FOR VARIANCE

**From MN Rules 9502.0315 – 9502.0445
for Family and Group Family Day Care
(See 9502.0335 of your Rule for Variance Procedures)**

Name

Phone

Street Address

License Classification

City

State

Zip

1. Rule Citation: (Can vary in one part only – check one)

9502.0365 Subpart 1 – Capacity Limits _____

9502.0365 Subpart 5 – Substitutes _____

9502.0367 Age Distribution _____

Other (Cite Rule) _____

2. Why do you want a variance from this section of the Rule? (Be very specific about the situation for which you are asking the variance.) _____

3. This variance is for: I T P S category (circle one) permitting provider to be over by ONE child.

Name of Child: _____

Date of Birth: _____

4. Length of variance requested: (Check appropriate criteria.)

0 – 10 hrs/week _____ Maximum 9 months

11 – 26 hrs/week _____ Maximum 6 months

27 – 50 hrs/week _____ Maximum 3 months

Short-term Variance _____ Maximum 30 days

5. What period of time is the variance requested?

From: _____
Month Day Year

Through: _____
Month Day Year

6. Check the time period the variance will be in use:

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
Noon					
P.M.					

7. As you are requesting to vary from the Minnesota Rules governing Family Child Care, what specific measures will you take to provide the health, safety and protection of the children in your care?

8. Have you used a variance in the past 12 months?

Yes _____ Effective Date: _____ No _____

NOTE: VALID ONLY FOR CHILDREN LISTED ON ATTACHED ENROLLMENT FORM. THERE CAN BE NO CHANGES OR SUBSTITUTIONS.

I understand that if this document is incomplete or if the effective date requested is prior to the date the variance form is received by the agency, the variance form will be returned to me. I also understand the agency will consider one variance request per 12 months for a maximum of one child, excluding playpen variances. **I understand that there can be no enrollment changes during the variance period.**

Provider Signature

Date

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

I recommend approval of the Variance Request _____

_____ through _____
Effective Ends

I recommend denial of the Variance Request _____

Reason or basis on which recommendation is made:

Signature of Licensing Worker

Date

Signature of Supervisor

Date