

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

# Variance Request: Family Child Care

Each county has established procedures and criteria that you should review prior to completing this request. Please complete one form for each variance request. Incomplete variance requests will be returned. Contact your licenser if you have any questions.

LICENSE HOLDER FIRST NAME	MIDDLE NAME	LAST NAME		LICENSE NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
LICENSE CLASS / CAPACITY	PHONE NUMBER	LICENSE HOLDER EMAIL ADDRESS		
CO-LICENSE HOLDER NAME		CO-LICENSE HOLDER EMAIL ADDRESS		

Counties **may** grant variances to rules that do not affect the health or safety of persons in a licensed program if the following conditions are met (Minnesota Statutes, Sections 245A.04, subdivision 9 & 245A.16, subdivision 1):

- The variance is requested on this form.
- The request must include the reasons why you need the variance and explain what measures you will take to ensure the health, safety, and protection of the children served by your program.
- The request must state the period of time for which the variance is needed.

**The county's decision to grant or deny a variance request is final and not subject to appeal. DHS is not involved in the granting/denying of these variances.**

**Variance type**

**New variance request**       **Renewal of current variance**

EXPIRATION DATE OF CURRENT VARIANCE

## Rule to be varied

MINNESOTA RULE	SUBPART
----------------	---------

REASON FOR THE VARIANCE

LIST SPECIFIC MEASURES THAT WILL BE TAKEN TO ENSURE THE HEALTH, SAFETY, AND PROTECTION OF THE CHILDREN IN CARE



CONDITIONS AND COMMENTS
-------------------------

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

<input type="checkbox"/> I agree	AGENCY / LICENSOR ELECTRONIC SIGNATURE (type name)	DATE
----------------------------------	--	------

**Variance request denied**

COMMENTS
----------

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

<input type="checkbox"/> I agree	AGENCY / LICENSOR ELECTRONIC SIGNATURE (type name)	DATE
----------------------------------	--	------

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

# Family Child Care Weekly Attendance Schedule

LICENSE HOLDER NAME	LICENSE NUMBER	VARIANCE START DATE	VARIANCE END DATE
---------------------	----------------	---------------------	-------------------

## Attendance schedule

Please list the children in care during the variance request period, date of birth, and whether they are in the infant, toddler, preschool or school-age age group. Be sure to document their days and hours of care.

Child name	Date of birth	Age group	Days of care	Hours of care
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	

**CHILD CARE VARIANCE REQUEST  
SELF-EVALUATION CHECKLIST**

NAME: \_\_\_\_\_ LICENSOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_  
LICENSE CLASS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**TO HELP YOU DECIDE IF A VARIANCE WILL BE ALLOWED, PLEASE COMPLETE THE FOLLOWING CHECKLIST:**

	CONDITION MET	CONDITION NOT MET
1. I have been licensed for at least one year.	_____	_____
2. The variance is for 65 care days or less.	_____	_____
3. The request is for a current day care family.	_____	_____
4. I will not have more than 10 children under school age.	_____	_____
5. I will not have three infants.	_____	_____
6. A variance cannot be avoided by changing my license class.	_____	_____
7. I do not have a pending or existing licensing action at this time.	_____	_____
8. I am not currently under investigation for (or within the last 12 months have I had any rule violations of) supervision, corporal punishment, maltreatment, or other relevant health or safety factors.	_____	_____
9. I have developed alternative measures to help ensure safety of all children.	_____	_____
10. I have the appropriate equipment to accommodate the numbers of children I will have in care.	_____	_____
11. I have emergency transportation plans for all children in care.	_____	_____
12. If I have special needs children in care, I have taken measures to ensure their needs are met during the variance period.	_____	_____

If one or more of these conditions is not met, it is most likely that a variance request would not be approved.

