MN Rules, 9502.0335 Subpart8

REQUEST FOR VARIANCE - FAMILY DAY CARE St. Louis County Social Services

Licensor: Telephone:

Provider:_____Telephone:_____

Address:_____

Class of License:_____

1. Briefly, why are you requesting this variance?

2. For what section of the rule do you want a variance? _____

Briefly, describe how you will be out of compliance with the Rule.

3. For what time period are you requesting the variance - beginning and ending dates. Include days of week & hours of the day if appropriate.

4. If the variance is approved, what specific alternative measures will you provide so the health, safety and protection of the children in your care is ensured?_____

5. Providers: Have you received variance approvals in the past 12 months? Yes___ No___

If yes, what is the total number of days in the past 12 months you have operated under variances? _____

An enrollment list is attached? Yes___ No___. Required only if you are requesting a variance for licensed capacity, age distribution or adult/child ratios.

Provider Signature:_____ Date_____

Family/Group Family Day Care - Enrollment List

Provider Name:_____

License Class: ☐ **A** ☐ **B1** ☐ **B2** ☐ **C1** ☐ **C2** ☐ **C3** ☐ **D**

Total number of children enrolled in your program:_____

Maximum number of children <u>at one time:</u>

_____Infants _____Toddlers _____Preschooler _____School Age

Please list all children, including your own, along with their age group (I, T, P or S), 10 years of age or younger who will be in care if the variance is granted. Please include each child's birthdate and days of week and hours per day the child will be in care. Note example listed. Attach additional sheets if necessary.

Sally Smith, P 01/01/2000 Monday, Wednesday and Thursday 8:00 AM to 3:00 PM

VARIANCE REQUEST - FAMILY DAY CARE
ST LOUIS COUNTY SOCIAL SERVICE DEPARTMENT

Provider Name_______________________________________ License Class__________________

Licensor's Summary of the request:

Licensor Signature_____________________________________Date_________________________

Staffed by Variance Committee:_________________________Yes____ No______________

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This variance request is:_____approved_____denied_____not required.

Reasons:____

Conditions: **1. This variance is only for children currently enrolled in this program.**
2. Anticipated changes in enrollment must be discussed with the Licensor.
3. A copy of this page (pg.3) of this variance must be posted near the license and visible to parents using the program.
4. Unannounced visits by the licensor may be made while this variance is in effect.

This variance is effective from_______________________ to______________________________

____

Signature____ Date________________________