



Olmsted County Variance Request

MN Rule 9502.0367 Capacity For Family Child Care

- * DHS has delegated authority to consider requests for a maximum of 1 child over total numbers or ratios.
- * We will not backdate a request. Variance must be approved prior to the time that it is needed. Failure to do so may result in a correction order or other negative action.
- * Maximum length of time for a full-time request (more than 25 hours per week) is 3 months. Maximum length of time for a part-time request is 5 months.
- * Multiple variances will be allowed for a maximum of 6 months per year. The year begins at the start of the first variance.
- * A variance request will not be approved after recommendation for a negative action, while a negative action is in effect OR for six months after a negative action has been completed. A variance request will not be approved if there has been a correction order issued for a violation of supervision or behavior guidance rules in the past 6 months.
- * A variance request for a total capacity over 14 children will not be approved.
- * **VARIANCE REQUESTS WILL NOT BE APPROVED MORE THAN 3 MONTHS PRIOR TO THE START DATE OF THE VARIANCE.** The variance request enrollment form must include the name, date of birth (NOT due date), and specific start date for all children who will be enrolled during the variance period.

Name _____ Address _____ City & Zip _____

Telephone: _____ Licensor: _____

1. Class of License: A B-1 B-2 C-1 C-2 C-3 D

2. Why do you need a variance?

a. _____ Accommodate siblings in care

b. _____ Accommodate an overlap in part-time placement

c. _____ Temporary emergency care

d. _____ Child has special needs, which are uniquely met by the provider

e. _____ Allow provider to start a new child before another child leaves the home or enters a new category

3. Period of time the variance is requested? From _____ to _____

4. Days of the weeks and hours of the day is a variance needed? _____



- 5. Full-time request (More than 25 hours per week)? ___Yes ___No
- 6. Part-time request (25 hours or less per week)? ___Yes ___No
- 7. * If you are operating as a class A or C1:
 Will you have 3 infants & more than 4 children under 3 years old in care? ___Yes ___No
 Will you have more than 5 children under 3 years old in care? ___Yes ___No
- * If you are operating as a class C2:
 Will you have 2 infants and more than 3 children under 3 years old in care? ___Yes ___No
 Will you have more than 4 children under 3 years old? ___Yes ___No
- * Will you have more than 12 children in care? ___Yes ___No

*** If you answered "Yes" to any question in #7, the agency will require that a second caregiver be present.**

8. What specific measures will you take to ensure the health, safety and protection of the children in your care? _____

Agreement: I understand that the variance being considered is only for the specific enrollment form attached to this variance request. Changes in the enrollment will invalidate the variance. I agree that all of the information provided on this form is true and accurate. I agree to contact my licensor if there are any changes in enrollment and/or schedules.

 Provider signature

 Date

*****THIS SPACE FOR AGENCY USE*****

Licensors' Summary of Request: _____

___ Approved as requested

___ Approved with the following conditions _____

Maximum number of children in care at one time:

___ Inf ___ Tod ___ Pre ___ Sch ___ TOTAL from _____ to _____
 ___ Inf ___ Tod ___ Pre ___ Sch ___ TOTAL from _____ to _____

Denied for the following reasons(s): _____

 Licensor

 FCC Supervisor

 Date



Enrollment List

Provider Name: _____ License Class: A B1 B2 C1 C2 C3 D

Please list all children (**from youngest to oldest**) 10 years of age and younger who will be in care, **including your own children and the children you are requesting a variance for** and the time each day they are in attendance (ex: 8:00-1:00):

CHILD'S NAME	AGE GROUP (I,T,P,S)	BIRTHDATE	DATE ENROLLED	M (time attended)	T (time attended)	W (time attended)	Th (time attended)	F (time attended)

Maximum children at one time:

Infants _____ Toddlers _____ Preschool _____ School Age _____

TOTAL _____



OLMSTED COUNTY – REQUEST FOR VARIANCE – ATTACHMENT A
Licensing Rule 9502.0335 subp. 8

Notification of Variance
Parent Statement

I am requesting a variance from Olmsted County Social Services on my allowable capacity so that I may care for an additional child/children. I will be over my license capacity for the following time period if the variance is approved: _____

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

1. _____
Signature Date
2. _____
Signature Date
3. _____
Signature Date
4. _____
Signature Date
5. _____
Signature Date
6. _____
Signature Date
7. _____
Signature Date
8. _____
Signature Date
9. _____
Signature Date
10. _____
Signature Date
11. _____
Signature Date