

**CHILD CARE LICENSING
CAPACITY VARIANCE REQUEST
CHECKLIST FOR VARIANCE OF 9502.0367
LICENSED CAPACITY, CHILD/ADULT RATIOS, AGE DISTRIBUTION**

NAME: _____

PHONE: _____

ADDRESS: _____

DATE: _____

CITY/ZIP: _____

LICENSE CLASS: _____

YOU HAVE THE RIGHT TO REQUEST A VARIANCE OF CAPACITY OR AGE DISTRIBUTION. THE FOLLOWING GUIDELINES ARE TAKEN INTO CONSIDERATION WHEN REVIEWING THE INFORMATION USED TO APPROVE OR DENY A CAPACITY VARIANCE IN CARVER COUNTY.

- A variance will not be granted for children enrolled prior to a variance request. (*pre-existing condition*).
 - A variance will not be granted for the infant/toddler category unless you are within your licensed capacity in the under school-age category.
 - **A variance will not be granted for an infant or toddler as a new family wishing to enroll.**
 - A variance will not be granted for a 3rd infant to be cared for by 1 adult caregiver.
 - Variances will be limited to one child in any age category at any one time.
 - Variances on capacity or age distribution will not be approved for more than **30 days in a 12-month period of licensure**. A variance for any part of the day shall constitute a variance for the entire day.
 - Provider must have been licensed for at least one year. The exception to this is as follows:
 - *an applicant has been licensed under Minnesota Rule 9502 in the past 3 years; or*
 - *the provider has been licensed with Carver County for 6 months; and*
 - *the provider meets one of the qualifications stated in MN Rules 9502.0355, Subp.3, A, B & C; and*
 - *Verification that one of the requirements in MN Rules 9502.0355, Subp.3, A, B, or C has been met; and*
 - *Carver County Daycare Licensing feels that the safety and well-being of the children in care will not be jeopardized.*
 - Variances will not be allowed for an extra child unless the parents of the other children enrolled are notified.
- ** You must attach a copy of the notification statement to the parents of current families with their signatures on it.**
- A variance will not be granted during the investigation of or for 12 months after founded rule violations of the following categories: supervision, corporal punishment, maltreatment or other relevant health or safety factors.
 - Variances will not be granted to providers during a pending recommendation of or existing negative licensing action.

1. Why do you want a capacity variance?
2. Which day(s) of the week do you want the variance for?
3. What hours of the day do you want the variance for?
4. State the starting date and the ending date for the capacity variance request.

From _____ to _____ X _____ = Total # of Days _____
Month Day Year Month Day Year # days/week

5. If the variance is approved, how will you assure the health, safety and protection of the children in your care? (i.e. when outdoors, making meals, etc.)
-

****Variance child's information****

6. The variance being requested is for _____

The child's birth date is _____

Check one Sibling of a current family _____
(List other children in family currently enrolled)
 New family

Parent's name _____ Parent's address _____

Parent's phone # _____

Provider's Signature

Date

COMPLETE THE ATTACHED ENROLLMENT LIST FOR ALL CHILDREN WHO WOULD BE IN YOUR CARE.

NOTIFICATION STATEMENT

I am requesting a capacity variance from Carver County Day Care Licensing on my allowable capacity so that I may care for an additional child. I will be over my licensed capacity for the following time period if the variance is approved:

From _____ to _____ X _____ = Total # of Days _____
Month Day Year Month Day Year # days/week

**Please sign below to indicate that you have been informed of this capacity variance request.
ALL CURRENT FAMILIES ENROLLED & THE FAMILY OF THE VARIANCE CHILD MUST SIGN.**

Signature Printed Name Date

**Return variance to: Carver County Child Care Licensing
Health & Human Services Bldg.
602 East 4th Street
Chaska, MN 55318-2102**

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

I recommend approval of the Capacity Variance Request :

From _____ to _____ Total # of Days _____
Mo - Day - Yr Mo - Day - Yr

Restrictions for approved capacity variance:

I recommend denial of the Capacity Variance Request :

Reason for denial:

Signature of Licensing Worker

Date

Capacity Variance Request Approved:

Capacity Variance Request Denied:

Signature of Licensing Supervisor

Date

