

**WADENA COUNTY LICENSED FAMILY CHILD CARE  
VARIANCE POLICIES**

Effective January 1, 2003, the following policies apply to variances requested for child/adult ratios and age-distribution restrictions:

1. When the agency receives a written request for a variance that the agency has the power to grant, the agency shall grant or deny the request and mail the written decision to the applicant or provider within 30 days after the request is received. If the agency denies the request for variance, the applicant or provider may request a variance directly from the commissioner within ten days.
2. No variance will be approved retroactive to receiving the written request.
3. The total of all variances to the standards cannot exceed 90 days in any 12-month period of licensure.
4. A variance for any part of the day shall constitute a variance for the entire day.
5. No variance will be approved for more than two infants without a second caregiver present.
6. No capacity variances will be approved until the provider has been licensed for one year.
7. No variances will be approved if a provider has an uncompleted correction order, a conditional license, or is under investigation.
8. Wadena County Social Services reserves the right to make exceptions and additions to these policies.

**Wadena County**  
**Family Day Care Variance Request**

Please type or print.

Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

License #: \_\_\_\_\_ Class (if applicable): \_\_\_\_\_

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

Briefly, describe how you will be out of compliance:

2. Briefly, describe why you are requesting the variance:

3. Indicate for what time period you are requesting the variance, beginning and ending dates (include days of week and hours of the day if appropriate):

4. If the variance is approved, indicate what specific alternative measures you will provide for the health, safety, and protection of the children in your care (attach written approval from the Fire Marshall or others, if appropriate):

5. 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? \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SPACE FOR AGENCY USE:**

Licensors's summary of the request:

I recommend that this variance request be: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Comments:

The variance is effective from \_\_\_\_\_ to \_\_\_\_\_.

Licensor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: 218/631-7605

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DAY 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 6 months or less.	_____	_____
3. The request is for a current day care family.	_____	_____
4. I have not had a variance within the last 12 months.	_____	_____
5. I will not have more than 10 children under school age. (Class C only)	_____	_____
6. I will not have three infants.	_____	_____
7. I do not have a pending or existing negative 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. A variance cannot be avoided by changing my class of license.	_____	_____
11. I have the appropriate equipment to accommodate the number of children I will have in care. (i.e. cribs, high chairs, infant seats or portacribs)	_____	_____

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

## PARENT NOTIFICATION STATEMENT

I am requesting a variance from Wadena County Human 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

12. \_\_\_\_\_  
Signature Date