

Des Moines Valley Health & Human Services Capacity Variance Procedures

The following guidelines will be utilized by Des Moines Valley Health and Human Services Child Care Licensing Division when determining the approval or denial of variance requests:

- The request for an age distribution variance must be for **ONE** child over distribution in any one category and no more.
- The request for a capacity variance must be for **ONE** child over capacity and no more.

Taking into consideration:

- the total number over/under licensed capacity
- ages of children in care
- age of child for whom variance is being requested
- emergencies
- possible shortage of day care in area
- part-time attendance schedules
- length of time of the request-during the day, and overall time frame does not exceed 90 working days in a calendar year
- over-lapping schedules
- sibling placements
- any previous licensing infractions
- physical environment of home
- ability of provider
- provider's plan to meet the physical, social and emotional needs of ALL children
- number of previous variance requests in last 24 months
- provider's training is current

AUTOMATIC VARIANCE DENIALS

- The provider has been licensed for less than one year with no previous licensed experience
- There is a variance for capacity or age distribution already in place
- The provider's license is currently under a conditional status
- The agency is in the process of recommending a conditional license or negative action
- The provider's license is currently under suspension, pending suspension, or in the appeals process
- The provider or any household member is currently under investigation for any situation that may be a potential licensing infraction
- There are outstanding correction orders
- There have been rule violations of supervision, corporal punishment, maltreatment or other relevant health or safety factors
- If a variance can be avoided by changing your license class, a variance would not be considered

The provider's request must be complete and accurate according to the Variance Instructions.

The parents of children currently enrolled in your daycare are aware of your variance request and a majority have signed and returned their approval/disapproval on the Variance Request Parent Form to our agency. If the variance request is approved, the variance must be posted in an area where it is visible to parents and others visiting the daycare.

Please note - variances are approved for specific circumstances and conditions at the agency's discretion.

A request for an age distribution variance may be considered for more than one child over distribution in any one category for C3 licenses only and only when two adults are present at ALL times. At NO time will a variance be granted for a capacity variance for C3 licenses.

Under special circumstances, DVHHS may grant extra variance time past the 90 days allowed in a calendar year. When reviewing a variance request that may require more than 90 days in a calendar year, DVHHS will consider the following: The total number of children in care, the ages of children in care, if the child has siblings in care, and the provider's violation history. Variance days approved beyond the 90 days in a calendar year will be reviewed and approved on a case by case basis.

Des Moines Valley Health and Human Services Variance team will discuss each variance request & after supervisor approval/disapproval, a variance approval or denial letter will be sent to the provider.

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
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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
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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
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OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Family Child Care Weekly Attendance Schedule

LICENSE HOLDER NAME	LICENSE NUMBER	VARIANCE START DATE	VARIANCE END DATE
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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
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