

## **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-not to exceed 60 working days in a rolling 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.

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

REQUESTED START DATE	REQUESTED END DATE
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IS THE REQUEST CHILD(REN) SPECIFIC?  
 Yes  No

Name	Age	Age Group	Birth Date

IS THE REQUEST FOR SPECIFIC DAYS / HOURS OF THE WEEK?  
 Yes  No

**If the request is for specific days/hours of the week, indicate what they are**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							

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	LICENSE HOLDER ELECTRONIC SIGNATURE (type name)	DATE
<input type="checkbox"/> I agree	CO-LICENSE HOLDER ELECTRONIC SIGNATURE (type name)	DATE

This information is available in other forms to people with disabilities by contacting us at 651-431-6500 (voice). TTY/ TDD users can call the Minnesota Relay at 711 or 800-627-3529. For the Speech-to-Speech Relay, call 877-627-3848.

If directed by your licensor, please complete the [Child Care Weekly Attendance Schedule](#).  
If directed by your licensor, please complete the [Variance Request Notice for Parents](#).

**Please attach all applicable supplemental documentation. For instance, if this request is for a structure such as a fence, please attach required documents and/or photographs.**

## Agency use only

### Variance request approval

This variance approval cannot be transferred, including to any other license held by the license holder. A license holder must update their licensor of any changes or modifications that have occurred in the program. If the license holder fails to meet the conditions or alternative measures of this variance as approved, the variance is automatically and immediately rescinded and an additional licensing action may be taken.

CONDITIONS AND COMMENTS
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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
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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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OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

# Variance Request Notice for Parents

LICENSE HOLDER NAME	LICENSE NUMBER
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Brief description of variance request (Please cite the rule to be varied and provide details about how you will ensure children’s health and safety).

Parents please print your child’s name and sign below to indicate you have been informed of this variance request. If you have more than one child in care, you may list all of your children and sign at the last child’s name.

Child's Name (please print)	Parent Signature	Phone Number