

WRIGHT COUNTY - REQUEST FOR VARIANCE
Licensing Statute 9502.0335 subp 8

Please complete the form. We will not back-date a request. A variance must be approved prior to the time that it is needed(example: enrollment of the child). Failure to do so may result in a Correction Order or negative action.

A variance involving child enrollments will be considered on the following basis:

- Total number of children
- Infant/Toddler ratio
- Ages of children in care
- Emergency situations
- First year of licensure in Class A
- Possible shortage of day care in the area
- Part time attendance schedules
- Length of time of request
- Sibling Placements
- Violations/non-compliance issues

Licensors: _____ Phone: _____

Provider Name: (Print Clearly) _____

Address: _____ Phone: _____

License Class (Circle) **A** **B-1** **B-2** **C-1** **C-2** **C-3** **D**

1. How will you be out of compliance with the licensing rule?

2. For what time period are you requesting the variance? (include beginning and ending dates, days of the week and hours of the day, if appropriate)

3. If the variance is approved, what specific alternative measures will you provide to ensure the health, safety, and protection of the children in your care is maintained?

4. Complete the enrollment list on the back of this form. This is required if you are requesting a variance to exceed your licensed capacity, age distribution and/or adult/child ratios.

Return the signed and completed form to the address listed below:

Signature: _____

Date: _____

Mail to:
Wright County Human Services
1004 Commercial Drive
Buffalo, MN 55313-1736



Notification Of Variance

Parent Statement

I am requesting a variance from Wright County Social Services on my allowable capacity so that I may care for an additional child/children. I will be over my license capacity and/or age distribution 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

