# APPENDIX III: VARIANCE REQUEST

## Variance Request (one request per form)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Facility Name</th>
<th>License #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Facility Address</th>
<th>Email Address</th>
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</table>

### Variance requested for regulation/rule number: ____________

### Regulation Type (check one):
- [ ] Center
- [ ] Child Placing Agency
- [ ] Family
- [ ] Large Family
- [ ] Residential/Day Treatment

### Status of License (check one):
- [ ] Annual
- [ ] Initial- Provisional
- [ ] Provisional
- [ ] Applicant

### Current Enforcement Action (check one):
- [ ] Warning of Probation
- [ ] Probation
- [ ] None

### Ages and Number of Children Affected:

- **A.** Licensed capacity: ______________
- **B.** Current enrollment: ______________
- **C.** Ages of children served: ______________
- **D.** Days and hours of operation: ______________

### Time period requested for variance:

#### Provide detailed responses to items 1 through 4.

1. **Reason variance is being requested:**

   __________________________________________

   __________________________________________

   __________________________________________

2. **Describe alternative method proposed for meeting intent of the regulation:**

   __________________________________________

   __________________________________________

   __________________________________________

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Revised March 2019
3. Reason this variance should be granted:

________________________________________________________________________

________________________________________________________________________

4. Possible adverse effect on children in care if variance is approved:

________________________________________________________________________

________________________________________________________________________

Signature: ___________________________ Date: ___________________________

(My signature attests that the above information is true to the best of my knowledge.)

Recommendation(s)/Conditions:

**DETERMINATION:**

☐ Approved as submitted

☐ Approved with the conditions as described above

☐ Denied as described above

Administrator, Office of Child Care Licensing Date

(Permanent Variance) Director, Division of Family Services Date

Revised March 2019