### Variance Request (one request per form)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
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**Facility Name**

<table>
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<tr>
<th>License #</th>
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**Facility Address**

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<tr>
<th>Email Address</th>
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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