

# MILLE LACS COUNTY CHILD CARE CAPACITY VARIANCE POLICY

Updated 10/2015

Minnesota Statute, Section 245A.16, Subdivision 1, authorizes the commissioner to delegate licensing functions to counties and private agencies. It is the goal of Mille Lacs County's variance policy to attempt to meet the needs of parents and providers, while keeping the safety of children as the first priority. This policy becomes effective on the above date or after any existing variance expires.

The following apply to variances granted for family and group childcare age distribution and capacity (MN Rule 9502.0361):

- Specific, alternative measures must be identified by the provider to ensure the health, safety and protection of the children in their care. If this area is left blank on the variance request, an automatic denial of the variance request will be issued.
- Due to the priority Mille Lacs County places on the health and safety of all children in care, a variance **WILL NOT** be granted for the infant age restriction for any class license.
- If a variance can be avoided by changing your class of license, a variance will not be considered.
- Variances are for a specific child or children of an *existing* family currently receiving services in the home. Should this family unit leave the variance will be terminated.
- Multiple variances may not be granted in a 12-month period. The time frame under a variance cannot exceed 90 days or 3 months.
- No additional children can be added during the variance period without written authorization from Mille Lacs County Community and Veterans Services.
- All parents using the child care must be notified of the request for variance and a signature page must be submitted with the variance request. If a parent does not agree that a variance should be granted they may submit their disagreement to the licensing worker. This information will be taken into consideration during the determination process. A variance may still be granted with parental disagreement. Providers should be aware that changing the amount of children they are caring for is changing the terms of their contract. Parents who disagree with the variance may choose to terminate the contract without notice and without penalty.
- A variance will not be granted to providers if any of the following apply:
  - During a pending negative licensing recommendation or investigation
  - During an existing negative licensing action or investigation
  - Following rule violations of supervision; corporal punishment, maltreatment or relevant health or safety factors
- Variance requests will be reviewed by the licensing social worker and their supervisor. The county may take up to 30 days to act on a request unless there are extenuating circumstances.
- When a granted variance is not used, or partly used, the provider must notify the licensor, in writing, to the extent the variance was used, since it may impact future requests.
- Mille Lacs County Community and Veterans Services have the discretion to make exceptions/additions to this policy.

**To request a variance please complete the following:**

**Request for Variance Form; Self-evaluation Form; Enrollment Form; Parent Signature Page**

**Mille Lacs County Community and Veterans Services  
Child Care Licensing  
Request for Variance on Capacity  
MN Rule 9520.0367**

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Class of License (circle one): A C1 C2 C3 How long have you been licensed? \_\_\_\_\_

Family/Child for whom you are requesting the variance: \_\_\_\_\_

Briefly describe how you will be out of compliance: \_\_\_\_\_

What alternative measures will you provide so the health, safety and protection of the children in your care are ensured: \_\_\_\_\_

Date variance will start \_\_\_\_\_ Date variance will end \_\_\_\_\_

Days Variance is	Variance Hours From .....	Maximum # in care during variance hrs under age 11 (include own children	How many under Kindergarten age	How many under 2 years of age
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Have you had a variance approved in the last 12 months?  No  Yes Dates: \_\_\_\_\_

What was the total number of days the variance was in effect? \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Recommended action:  Approval  Denial

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licenser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy sent to Provider:  Yes  No Reason: \_\_\_\_\_

**Mille Lacs County Day Care Variance  
Self- Evaluation Checklist**

NAME: \_\_\_\_\_

LICENSOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_

PHONE: \_\_\_\_\_

TO HELP YOU DECIDE IF A VARIANCE WILL BE ALLOWED, PLEASE COMPLETE THE FOLLOWING CHECKLIST:

	CONDITION MET	CONDITION NOT MET
1. I have been licensed for at least one year.	_____	_____
2. The variance is for 3 months or less.	_____	_____
3. The request is for a current day care family.	_____	_____
4. I have not had a variance within the last 12 months.	_____	_____
5. I will not be over in my infant category.	_____	_____
6. I do not have a pending or existing negative licensing action at this time.	_____	_____
7. I am not currently under investigation for (or within the last 12- months have I had any rule violation of) supervision, corporal punishment, maltreatment or other relevant health or safety factors.	_____	_____
8. I have developed alternative measures to help ensure safety of all children.	_____	_____
9. A variance cannot be avoided by changing my class of license.	_____	_____
10. I have the appropriate equipment to accommodate the numbers of children I will have in care. (i.e., cribs, high chairs, or portable cribs)	_____	_____

If one or more of these conditions is not met, it is most likely that a variance would not be granted.

Name of Provider: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Mille Lacs County Community and Veterans Services  
 Child Care Licensing  
 Enrollment Form for Capacity Variance**

<b>Child's Name</b>	<b>Date of birth</b>	<b>Age Group</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
ex: Justice Winter	1-1-04	Infant	7:30 to 5:00	7:30 to 12:30	to	7:30 to 12:30	7:30 to 5:00
			to	to	to	to	to
			to	to	to	to	to
			to	to	to	to	to
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**\*Attach additional sheets if necessary**  
**\*\* Please indicate if the child is on a weekly rotating schedule (i.e. Kindergarten e/o day)**  
**\*\*\* You may attach additional documents (i.e. monthly calendar) to help explain your variance request**

### Parent Notification/Agreement Statement

I am requesting a variance from Mille Lacs County Community and Veterans Services for

- my capacity so that I may care for additional child/children. I will be over my license capacity for (check one):
  - toddlers (children from 1 to 2 years old)
  - preschoolers (children from 2 to 5 years old)
  - schoolagers (children from 5 to 11 years old)
  - total capacity (over the total children allowed)
- other safety/licensing issue. Please describe:

I am requesting the variance from \_\_\_\_\_ to \_\_\_\_\_ if the request is approved.  
date date

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
11.	_____	_____
	Signature	Date
12.	_____	_____
	Signature	Date
13.	_____	_____
	Signature	Date
14.	_____	_____
	Signature	Date
15.	_____	_____
	Signature	Date
16.	_____	_____
	Signature	Date