

REQUEST FOR VARIANCE
From Minnesota Rules 9502.0315 – 9502.0445
For Family and Group Family Child Care

Name	Mailing Address
City State Zip	Program Address (if different than mailing address)

Class of License (circle one): A B-1 B-2 C-1 C-2 C-3 D

1. For what section of Minnesota Rules 9502.0315 – 9502.0445 do you want a variance?

2. Why do you want a variance from this section of the Rule?

3. What period of time is the variance requested:

From:

Month	Day	Year

 To:

Month	Day	Year

4. The name and date of birth of the child who the variance is requested for during this period. Please also specify the days of the week and hours of those days the variance is needed for.

5. If the variance is approved, what specific alternative measures will you take to ensure the health, safety, proper supervision, and protection of all children in your care?

Return variance request to:
Winona County Community Services, 202 W. Third Street, Winona MN 55987
Attn: Jenny Losinski or Fax: 507-454-9381

Please do not email unless you have requested a secure email from the licensing agency

ENROLLMENT LIST

List all children under age 11 years who will be in attendance if your request for variance is approved. (This includes full time, part time, drop in, and your own children)

CHILD'S FIRST/LAST NAME	BIRTHDATE	DAYS AND HOURS IN ATTENDANCE			
		M _____	AM/PM	To _____	AM/PM
		T _____	AM/PM	To _____	AM/PM
		W _____	AM/PM	To _____	AM/PM
		TH _____	AM/PM	To _____	AM/PM
		F _____	AM/PM	To _____	AM/PM
		M _____	AM/PM	To _____	AM/PM
		T _____	AM/PM	To _____	AM/PM
		W _____	AM/PM	To _____	AM/PM
		TH _____	AM/PM	To _____	AM/PM
		F _____	AM/PM	To _____	AM/PM
		M _____	AM/PM	To _____	AM/PM
		T _____	AM/PM	To _____	AM/PM
		W _____	AM/PM	To _____	AM/PM
		TH _____	AM/PM	To _____	AM/PM
		F _____	AM/PM	To _____	AM/PM
		M _____	AM/PM	To _____	AM/PM
		T _____	AM/PM	To _____	AM/PM
		W _____	AM/PM	To _____	AM/PM
		TH _____	AM/PM	To _____	AM/PM
		F _____	AM/PM	To _____	AM/PM
		M _____	AM/PM	To _____	AM/PM
		T _____	AM/PM	To _____	AM/PM
		W _____	AM/PM	To _____	AM/PM
		TH _____	AM/PM	to _____	AM/PM
		F _____	AM/PM	to _____	AM/PM

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CHILD'S FIRST/LAST NAME	BIRTHDATE	DAYS AND HOURS IN ATTENDANCE					
		M	_____	AM/PM	To	_____	AM/PM
		T	_____	AM/PM	To	_____	AM/PM
		W	_____	AM/PM	To	_____	AM/PM
		TH	_____	AM/PM	To	_____	AM/PM
		F	_____	AM/PM	To	_____	AM/PM
		M	_____	AM/PM	To	_____	AM/PM
		T	_____	AM/PM	To	_____	AM/PM
		W	_____	AM/PM	To	_____	AM/PM
		TH	_____	AM/PM	To	_____	AM/PM
		F	_____	AM/PM	To	_____	AM/PM
		M	_____	AM/PM	To	_____	AM/PM
		T	_____	AM/PM	To	_____	AM/PM
		W	_____	AM/PM	To	_____	AM/PM
		TH	_____	AM/PM	To	_____	AM/PM
		F	_____	AM/PM	To	_____	AM/PM
		M	_____	AM/PM	To	_____	AM/PM
		T	_____	AM/PM	To	_____	AM/PM
		W	_____	AM/PM	To	_____	AM/PM
		TH	_____	AM/PM	To	_____	AM/PM
		F	_____	AM/PM	To	_____	AM/PM
		M	_____	AM/PM	To	_____	AM/PM
		T	_____	AM/PM	To	_____	AM/PM
		W	_____	AM/PM	To	_____	AM/PM
		TH	_____	AM/PM	to	_____	AM/PM
		F	_____	AM/PM	to	_____	AM/PM

Ages of Infants	Ages of Toddlers	Ages of Preschoolers	Ages of School Ageds	Total #:	
				Under SA:	
				Under 2:	
				Under 12 mths:	

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