



8. For request of a variance of Section 9502.0435 relating to sanitation and health, and Part 9502.0445 on water, food and nutrition, you MUST attach the WRITTEN approval of a health officer.  ATTACHED  NOT REQUIRED
9. For request of any variance in Part 9502.0425 relating to Subpart 10, 11 and 13, you MUST attach the WRITTEN approval of a building official.  ATTACHED  NOT REQUIRED
10. Have you received a variance approval(s) in the past 12 months?  YES  NO
- If yes, what is the total number of days in the past 12 months you have operated under variances? TOTAL NUMBER OF DAYS: \_\_\_\_\_

**PLEASE NOTE**

**Variances are approved for specific circumstances and conditions. If enrollment variances are granted, there is the stipulation that there will be no new enrollments during the term of the variance. If you anticipate any changes in the terms of the variance, please contact your licensor.**

**ANY CHANGES IN THIS VARIANCE MUST BE SUBMITTED FOR REVIEW BY THE CHILD CARE UNIT PRIOR TO THOSE CHANGES TAKING EFFECT.**

\_\_\_\_\_  
PROVIDER'S SIGNATURE \_\_\_\_\_  
DATE

**DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY**

Licensing staff recommends approval of the variance:  YES  NO \_\_\_\_\_ TO: \_\_\_\_\_  
(DATE)

Reason or basis on which recommendation is made. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/> Variance request approved <input type="checkbox"/> Variance request denied	<b>Reason or basis for decision:</b>   
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\_\_\_\_\_  
SIGNATURE OF LICENSING SUPERVISOR

## REQUEST FOR VARIANCE ENROLLMENT LIST

List all children under age 11 years, including your own children under age 11 years, who will be in attendance during the requested variance period.

Provider's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Child's Name (first/last)	Birthdate	Days and Hours in Attendance
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
<b>PROPOSED ENROLLMENTS:</b>		
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm
		M ____ am/pm to ____ am/pm Th ____ am/pm to ____ am/pm T ____ am/pm to ____ am/pm Fri ____ am/pm to ____ am/pm W ____ am/pm to ____ am/pm