



APPLICATION FOR CHILD CARE CENTER VARIANCE OR WAIVER

State Form 56284 (R2 / 4-22)

Return this application to:
**OFFICE OF EARLY CHILDHOOD AND
OUT-OF-SCHOOL LEARNING**
402 West Washington Street, Room W362 - MS02
Indianapolis, Indiana 46204

County		License number
Name of applicant		
Address (number and street, city, state, and ZIP code)		
Variance / Waiver number	Check one: <input type="checkbox"/> New Request <input type="checkbox"/> Renewal	

<input type="checkbox"/> I am applying for a variance of Child Licensing Rule 470 IAC 3-4-7.	Please identify the exact regulation cite:
OR	
<input type="checkbox"/> I am applying for a waiver of Child Care Licensing Rule 470 IAC 3-4.	Please identify the exact regulation cite:

VARIANCE REQUEST

I am unable to comply with the above Child Care Licensing Rule. I am requesting approval of the following alternative method of compliance which will not be adverse to the health, safety or welfare of any child receiving services. *(If additional space is needed, please attach additional sheet.)*

WAIVER REQUEST

I am unable to comply with the above Child Care Licensing Rule. Complying with the specified rule would create an undue hardship for the following reason(s): *(Attach additional pages, if needed.)*

If the waiver is approved, I will be in substantial compliance with the Child Care Rules because: *(Attach additional pages, if needed.)*

Approval of this waiver will not be adverse to the health, safety or welfare of any child receiving services because: *(Attach additional pages, if needed.)*

Signature of licensee / owner / director	Position	Date (month, day, year)
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OFFICE USE ONLY

Signature of Consultant	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date (month, day, year)
Signature of Regional Manager	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date (month, day, year)