



VARIANCE OR WAIVER APPLICATION FOR CENTER

State Form 48269 (R4 / 1-25)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

OFFICE OF EARLY EDUCATION AND OUT-OF-SCHOOL LEARNING

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	
Name of program	
Address (number and street, city, state, and ZIP code)	
Variance / Waiver number	

<input type="checkbox"/> I am applying for a variance of Child Care Home Regulation 470 IAC 3-1.	Please identify the exact regulation cite:
OR	
<input type="checkbox"/> I am applying for a waiver of Child Care Home Regulation 470 IAC 3-1.	Please identify the exact regulation cite:

VARIANCE REQUEST

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

WAIVER REQUEST

I am unable to comply with the above Child Care Home Regulation. Complying with the specified regulation would create an undue hardship for the following reason(s):

If the waiver is approved, I will be in substantial compliance with the Child Care Home Regulation because:

Approval of this waiver will not be adverse to the health, safety or welfare of any child receiving services in my child care home because:

Signature of licensee	Date (month, day, year)
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OFFICE USE ONLY

Check one (1): <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Please check one only: <input type="checkbox"/> New Request <input type="checkbox"/> Renewal
Signature of Consultant	Date (month, day, year)
Signature of Regional Manager	Date (month, day, year)