

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care

**VARIANCE REQUEST**

COMAR 13A.15.03.06, COMAR 13A.16.03.08, and COMAR 13A.17.03.08 state that the Office may grant a variance to a regulation:

1. If the safeguards to a child's health, safety, or well being are not diminished.
2. When the provider/operator presents clear and convincing evidence that a regulation is met by an alternative which complies with the intent of the regulation for which the variance is sought; and
3. For a limited period of time as specified by the Office, or for as long as the registration/license/letter remains in effect and the provider/operator continues to comply with the terms of the variance.

The Office of Child Care (OCC) will consider a request for a variance after reviewing the following:

1. Other variances approved for the facility.
2. All supporting documentation and information submitted to the Office.

**TO BE FILLED OUT BY THE FACILITY:**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

I am requesting a variance to Chapter/Regulation Number: \_\_\_\_\_ Title: \_\_\_\_\_

Regulatory Issue: (if staffing variance is requested, name of staff person) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Compensating Factors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proposed Solution: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Provider/Operator/Agent Signature

\_\_\_\_\_  
Date

Send completed form and **all** supporting documentation to your OCC Regional Office.

## VARIANCE REQUEST INSTRUCTIONS

### Type or Print Legibly:

1. **Facility Name** – The name of the family provider or center which is requesting the variance.
2. **Facility Address** – The complete address of the facility.
3. **Facility Phone Number** – The facility phone number, including area code.
4. **I am requesting a variance to Chapter/Regulation Number** – The number of the chapter and regulation for which the variance is requested (for example, Chapter 03.04).  
**Title** – The title of the regulation for which the variance is requested (e.g. – Child Records).
5. **Regulatory Issue – (if staffing variance is requested, name of staff person)** – The name of the staff person; complete this only when the variance is for a staff person.  
**AND** – The portion of the regulation which is not currently being met (e.g. – staff person, Mary Smith, has not completed the 90 hour course).
6. **Compensating Factors** – A statement of clear and convincing evidence that alternatives are present to meet the intent of the regulation until compliance is accomplished (e.g. – Mary Smith exceeds the age requirement, has 5 years of preschool experience and has completed the 64 hour course).
7. **Proposed Solution** – A statement of how compliance will be achieved (e.g. – Mary Smith has enrolled in the Bridge Course which will be completed in December).
8. Sign and date the form and send to the OCC Regional Office.

**NOTE:** Attach all pertinent documentation (i.e. – floor plans, staff information, proof of enrollment in a class, written statement of intent to take class, etc.).