

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care

**VARIANCE REQUEST**

COMAR 13A.15.03.06, COMAR 13A.16.03.08, COMAR 13A.17.03.08, and COMAR 13A.18.03.08 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** – enter the portion of the regulation which is not currently being met. If a staffing variance is requested, enter the name of the staff person **AND** the portion of the regulation which is not currently being met (e.g. – staff person, Mary Smith, has not completed the approved 90 clock hour course).
6. **Compensating Factors** – enter 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 45 clock hours of approved early childhood development coursework.).
7. **Proposed Solution** – A statement of how compliance will be achieved (e.g. – Mary Smith has enrolled in 45 clock hours of approved early childhood curriculum coursework which will be completed in December. List the courses).
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.).