

# VOLUNTARY CERTIFICATION PROGRAM (VCP) VARIANCE/WAIVER APPLICATION

Name of Child \_\_\_\_\_  
 Care Facility \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

I am applying for a variance of Child Care VCP Standard : \_\_\_\_\_  
 (please identify and complete the exact standard/number)  
 which states \_\_\_\_\_

**OR**

I am applying for a waiver of Child Care VCP Standard : \_\_\_\_\_  
 (please identify and complete the exact standard/number)  
 which states \_\_\_\_\_

### Variance Request

I am unable to comply with the above Child Care VCP Standard; therefore, 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 (attach additional pages as needed):

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

### Waiver Request

I am unable to comply with the above Child Care VCP standard and to comply with the specified rule will create an undue hardship for the following reason(s) (attach additional pages as needed):

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

If the waiver is approved, I will be in substantial compliance with the Child Care Standard because (attach additional pages as needed):

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

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

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

Facility Director or  
 Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of  
 Facility Director or Owner \_\_\_\_\_

Position with Child Care Facility \_\_\_\_\_

*Incomplete applications will be returned to sender and processing delayed until a complete application is submitted to the FSSA/DFC/BCD at 402 West Washington Street Room W386, Indianapolis, IN 46204.*

### FSSA/DFC USE ONLY

Registration # \_\_\_\_\_

Tracking Variance/Waiver # \_\_\_\_\_

Recommendation Child Care Health Manager: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature _____ Date _____	Recommendation Consultant: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature _____ Date _____
Recommendation SFM: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature _____ Date _____	Recommendation VCP Manager: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature _____ Date _____
(Comments may be on back page.)	