



**APPLICATION FOR VOLUNTARY
CERTIFICATION PROGRAM (VCP)
VARIANCE OR WAIVER**

State Form 53087 (6-22)

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

County:	Unlicensed Registered Ministry number:
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Name of child care program

Address (*number and street, city, state, and ZIP code*)

Variance / Waiver number:	Check one: <input type="checkbox"/> New Request <input type="checkbox"/> Renewal
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<input type="checkbox"/> I am applying for a variance of Child Care VCP Standard:	Please identify the exact standard / number:
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OR

<input type="checkbox"/> I am applying for a waiver of Child Care VCP Standard:	Please identify the exact standard/number:
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VARIANCE REQUEST

I am unable to comply with the above VCP Standard. I am requesting approval of the following alternative method of compliance which will not be averse 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 VCP Standard. 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 VCP Standard 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 Director:	Print Name:	Date (<i>month, day, year</i>)
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OFFICE USE ONLY

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