

Parents:

Your child care provider is requesting a variance that will affect her day care license. In order for the variance request to be considered, you need to fill out this form and return it directly to Swift County Human Services. This information will help the screening team make a decision as to the approval of the variance. We will be considering such things as: safety factors, amount of attention the children receive, discipline, play space and the attitude of the provider toward children. The information on this form will not be shown to your provider.

1. Does your child appear happy to be in the provider's home?
2. Do you feel your child is given enough individual attention?
Give an example:
3. Are there safety issues in the provider's home or yard?
4. Explain how your provider handles limit-setting and consequences?
5. How many children have you seen in your provider's care at one time? Please comment:
6. Do you feel your child has adequate play and learning activities? **Please explain:**
7. Do you feel your child watches too much television while in your provider's care? Why do you feel this way?

8. Are there any current problems with the care your provider is providing or with communication between you and your provider?

9. What are your concerns with your provider requesting a variance to change the day care regulations concerning the age distribution and/or total number of children in her care?

Names of your children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 _____ Age: _____

Please mark the days and hours your child(ren) are in care:

M T W Th F from: _____ to _____

We are aware that our child care provider, _____ is requesting a variance to exceed the license capacity ratio in the _____ category. We understand this could mean our provider would have _____ children in care at one time.

We approve of our provider's request: Yes / No

 Parent Signature(s) Date

 Phone Number

Please Note: As the licensor, I appreciate parent feedback. If you have concerns regarding anything, I would like to know. This is your opportunity to let us know how and what you feel. Please know that I do review these and address concerns as needed and in a confidential manner.