DEPARTMENT OF HUMAN SERVICES



OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Variance Request: Family Child Care

Each county has established procedures and criteria that you should review prior to completing this request. Please complete one form for each variance request. Incomplete variance requests will be returned. Contact your licensor if you have any questions.

LICENSE HOLDER FIRST NAME	MIDDLE NAME	LAST NAME	ME		LICENSE NUMBER
STREET ADDRESS	CITY		STATE	ZIP CODE	COUNTY
LICENSE CLASS / CAPACITY	PHONE NUMBER	LICENSE HO	LDER EMAI	L ADDRESS	
CO-LICENSE HOLDER NAME		CO-LICENSE	HOLDER EI	MAIL ADDRESS	

Counties **may** grant variances to rules that do not affect the health or safety of persons in a licensed program if the following conditions are met (Minnesota Statutes, Sections 245A.04, subdivision 9 & 245A.16, subdivision 1):

- The variance is requested on this form.
- The request must include the reasons why you need the variance and explain what measures you will take to ensure the health, safety, and protection of the children served by your program.
- The request must state the period of time for which the variance is needed.

The county's decision to grant or deny a variance request is final and not subject to appeal. DHS is not involved in the granting/denying of these variances.

○ Renewal of current variance
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Rule to be varied

MINNESOTA RULE	SUBPART

REASON FOR THE VARIANCE

LIST SPECIFIC MEASURES THAT WILL BE TAKEN TO ENSURE THE HEALTH, SAFETY, AND PROTECTION OF THE CHILDREN IN CARE

REQUESTED START DATE	REQUEST	ED END	DATE	
IS THE REQUEST CHILD(REN) SPECIFIC?				
⊖Yes ⊖No				
Name		Age	Age Group	Birth Date

IS THE REQUES	ST FOR SPECIFIC DAY	S / HOURS OF THE WE	EK?					
⊖Yes ⊖No								
If the reque	If the request is for specific days/hours of the week, indicate what they are							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
START TIME								
END TIME								

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

I agree	LICENSE HOLDER ELECTRONIC SIGNATURE (type name)	DATE
🗌 l agree	CO-LICENSE HOLDER ELECTRONIC SIGNATURE (type name)	DATE

This information is available in other forms to people with disabilities by contacting us at 651-431-6500 (voice). TTY/ TDD users can call the Minnesota Relay at 711 or 800-627-3529. For the Speech-to-Speech Relay, call 877-627-3848.

If directed by your licensor, please complete the <u>Child Care Weekly Attendance Schedule</u>. If directed by your licensor, please complete the <u>Variance Request Notice for Parents</u>.

Please attach all applicable supplemental documentation. For instance, if this request is for a structure such as a fence, please attach required documents and/or photographs.

Agency use only

Variance request approval

This variance approval cannot be transferred, including to any other license held by the license holder. A license holder must update their licensor of any changes or modifications that have occurred in the program. If the license holder fails to meet the conditions or alternative measures of this variance as approved, the variance is automatically and immediately rescinded and an additional licensing action may be taken.

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

[AGENCY / LICENSOR ELECTRONIC SIGNATURE (type name)	DATE
I agree		

Variance request denied

		OMMENTS
 I am electronically signing this form. In ac		

same way as a han	dwritten signature. (MN Stat. §325L.07)	,	5	5		
I agree	AGENCY / LICENSOR ELECTRONIC SIGNATURE (type name)				DATE	