DEPARTMENT OF HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Variance Request Notice for Parents

LICENSE HOLDER NAME

LICENSE NUMBER

Brief description of variance request (Please cite the rule to be varied and provide details about how you will ensure children's health and safety).

Parents please print your child's name and sign below to indicate you have been informed of this variance request. If you have more than one child in care, you may list all of your children and sign at the last child's name.

Child's Name (please print)	Parent Signature	Phone Number

