

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 licenser if you have any questions.

LICENSE HOLDER FIRST NAME	MIDDLE NAME	LAST NAME		LICENSE NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
LICENSE CLASS / CAPACITY	PHONE NUMBER	LICENSE HOLDER EMAIL ADDRESS		
CO-LICENSE HOLDER NAME		CO-LICENSE HOLDER EMAIL 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.

Variance type

New variance request **Renewal of current variance**

EXPIRATION DATE OF CURRENT VARIANCE

Rule to be varied

MINNESOTA RULE	SUBPART
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REASON FOR THE VARIANCE

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

CONDITIONS AND COMMENTS

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)

<input type="checkbox"/> I agree	AGENCY / LICENSOR ELECTRONIC SIGNATURE (type name)	DATE
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Variance request denied

COMMENTS

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)

<input type="checkbox"/> I agree	AGENCY / LICENSOR ELECTRONIC SIGNATURE (type name)	DATE
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