



Request for Variance

From MN Rules 9502.0315-9502.0445
for Family and Group Family Child Care
(See 9502.0335 of your Rule for Variance Procedures)

Name

Address/Zip

Class of License (circle one)

- A B-1 B-2 C-1 C-2 C-3 D

1. For what section and page of MN 9502.0315-9502.0445 do you want a variance?

2. Why do you want a variance from this section of the Rule? _____

3. What period of time is the variance requested? From _____ to _____
Mo/Day/Yr Mo/Day/Yr

During this period, which days of the week and what hours of those days is the variance needed?

4. If the variance is approved, what specific alternative measures will you take to provide the health, safety, and protection of the children in your care is ensured?

5. For request for a variance of Section 9502.0367, complete the attached Enrollment List for all children who would be in your care. Attached ___ Not Required ___

6. Have you received variance approval(s) in the past 12 months? Yes [] No []
If yes, what is the total number of days in the past 12 months you have operated under variances?
TOTAL NUMBER OF DAYS _____

Provider's Signature

Date

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Has anyone at DHS been contacted about this request? Yes No

If yes, who? _____ Date: _____

Results: ___ Verbal approval ___ Verbal denial ___ Alternate recommendations

___ I recommend approval of the Variance Request to _____
Date

___ I recommend denial of the Variance Request. Reason or basis on which recommendation is made:

Signature of Licensing Worker Date

___ Variance Request Approved ___ Variance Request Denied

Reason or basis for decision: _____

Signature of Licensing Supervisor Date

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___ Variance Request Approved ___ Variance Request Denied

Reason or basis for decision: _____

Signature of Department of Human Services

Date