



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: 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 Mo/Day/Year to Mo/Day/Year

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 outside of the good work you normally do will you take to provide the health, safety, and protection of the children in your care is ensured?

Ideas to consider: How will you manage meals, safe infant sleep, and supervision of all kids in care? Feel free to add additional page if necessary.

5. For request for a variance of Section 9502.0367 (capacity):
- Complete Parent Notification and Enrollment List for all children who would be in your care during variance period.
- Provide Develop record to verify all required training is up-to-date.

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?

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:

Special conditions for approval of variance:

Signature of Licensing Supervisor

Date