

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

REQUESTED START DATE	REQUESTED END DATE		
IS THE REQUEST CHILD(REN) SPECIFIC? <input type="radio"/> Yes <input type="radio"/> No			
Name	Age	Age Group	Birth Date

IS THE REQUEST FOR SPECIFIC DAYS / HOURS OF THE WEEK? <input type="radio"/> Yes <input type="radio"/> No							
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)

<input type="checkbox"/> I agree	LICENSE HOLDER ELECTRONIC SIGNATURE (type name)	DATE
<input type="checkbox"/> I 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 licenser, please complete the [Child Care Weekly Attendance Schedule](#).
If directed by your licenser, please complete the [Variance Request Notice for Parents](#).

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 licenser 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.

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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