

## REQUEST FOR VARIANCE

From MN Rules 9502.0315 to 9502.0445 for Family and Group Family Day Care (see 9502.0335 of your Rule for Variance Procedures).

Name		
Address		
City	State	Zip
Phone		

1. Class of License:  A  B-1  B-2  C-1  C-2  C-3  D

2. For what section and page of MN rule 9502.0315 to 9502.0445 do you want a variance?

\_\_\_\_\_

3. Why do you want a variance from this section of the Rule? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. For 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 hour of those days is the variance needed?

\_\_\_\_\_

5. In order for the variance request to be considered, the child care rule requires that specific alternative measures be taken to ensure the health, safety, and protection of the children in your care. *The variance request cannot be considered unless this section is completed.* The following should be addressed in this section: additional fire safety precautions, additional planning in order to address the needs of varied age groups, and/or a larger number of children, heightened level of supervision both indoors and out, further child-proofing (e.g. additional gates, smaller toys or objects removed, padding on sharp table edges or fireplace hearths, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. 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

7. For request for a variance of Section 9502.0425, Subparts 4, 5, 6, 7, 12, 15, 16, 17 or 18, you MUST attach the WRITTEN approval of a fire marshal.  Attached  Not Required
8. For request of a variance of Section 9502.0435 relating to sanitation and health, and Part 9502.0445 on water, food and nutrition, you MUST attach the WRITTEN approval of a health officer.  Attached  Not Required
9. For request of any variance in Part 9502.0425 relating to Subpart 10, 11 and 13, you MUST attach the WRITTEN approval of a building official.  Attached  Not Required
10. Have you received a 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: \_\_\_\_\_

**PLEASE NOTE**

**Variations are approved for specific circumstances and conditions. Enrollment variations are granted with the stipulation that there will be no new enrollments during the term of the variance. If you anticipate any changes in the terms of the variance, please contact your licensor.**

**ANY CHANGES IN THIS VARIANCE MUST BE SUBMITTED FOR REVIEW BY THE CHILD CARE UNIT PRIOR TO THOSE CHANGES TAKING EFFECT.**

\_\_\_\_\_  
 PROVIDER'S SIGNATURE

\_\_\_\_\_  
 DATE

**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

Licensing staff recommends approval of the variance:  YES  NO \_\_\_\_\_ TO: \_\_\_\_\_  
 DATE

Reason or basis on which recommendation is made: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF LICENSING WORKER

\_\_\_\_\_  
 DATE



## Variance Request Parent Signatures

As a parent of a child enrolled in the licensed Daycare home of \_\_\_\_\_,  
I am aware that my provider is requesting a variance and I approve of this request.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

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Parent Signature

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