

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

# Variance Request: Family Child Care

**\*IMPORTANT:** If you are not able to complete this form online, click [Print Blank Form](#) to print the form and complete it by hand.

[Print Blank Form](#)

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

## 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
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IS THE REQUEST CHILD(REN) SPECIFIC? <input type="radio"/> Yes <input type="radio"/> No
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IS THE REQUEST FOR SPECIFIC DAYS / HOURS OF THE WEEK? <input type="radio"/> Yes <input type="radio"/> No
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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 licensor, please complete the [Child Care Weekly Attendance Schedule](#).  
If directed by your licensor, 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 licensor 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
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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
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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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# Family Child Care Weekly Attendance Schedule

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LICENSE HOLDER NAME	LICENSE NUMBER	VARIANCE START DATE	VARIANCE END DATE
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## Attendance schedule

Please list the children in care during the variance request period, date of birth, and whether they are in the infant, toddler, preschool or school-age age group. Be sure to document their days and hours of care.

Child name	Date of birth	Age group	Days of care	Hours of care
			<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su	x
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[Add row](#)

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# Variance Request Notice for Parents

LICENSE HOLDERNAME	LICENSE NUMBER
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Brief description of variance request (Please cite the rule to be varied and provide details about how you will ensure children's health and safety).

Parents please print your child's name and sign below to indicate you have been informed of this variance request. If you have more than one child in care, you may list all of your children and sign at the last child's name.

Child's Name (please print)	Parent Signature	Phone Number