

CLAY COUNTY SOCIAL SERVICES

REQUEST FOR VARIANCE

From Minnesota Rules 9502.0315-9502.0445
for Family and Group Day Care

Name Address & Zip Telephone #

Class of License (Circle One): A B1 B2 C1 C2 C3 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 equivalent alternative measures will you provide so the health, safety and protection of the children in your care are 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. 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 _____

7. For request of a variance of Section 9502.0435 and 9502.0445, you MUST attach the WRITTEN approval of a health officer.

ATTACHED _____ NOT REQUIRED _____

8. 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

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Variance Request Approved

Variance Request Denied

Comments: _____

Signature of Licensing Worker

Date

