MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

VARIANCE REQUEST

SAVE PRINT RESET

TO BE COMPLETED BY PROVIDER (PLEASE TYPE OR PRINT)

FACILITY NUMBER	CAPACITY ON LICENSE	AGES SERVED ON LICENSE

FACILITY TYPE

LICENSED: ☐ CENTER ☐ GROUP HOME ☐ FAMILY HOME

LICENSE-EXEMPT: ☐ RELIGIOUS ORGANIZATION ☐ NURSERY SCHOOL

FACILITY NAME		FACILITY TELEPHONE NUMBER
FACILITY ADDRESS (STREET, CITY)	ZIP CODE	COUNTY
OWNER(S) / BOARD CHAIRPERSON / DESIGNEE REQUESTING VARIANCE	TITLE/POSITION	DATE

I AM REQUESTING A VARIANCE FROM RULE

19 CSR 30- _____ (FILL IN RULE NUMBER)

PLEASE EXPLAIN WHY YOU ARE REQUESTING A VARIANCE. SUBMIT ANY DOCUMENTS, PHOTOGRAPHS OR OTHER INFORMATION WHICH VERIFIES THAT THE HEALTH AND SAFETY OF CHILDREN WILL NOT BE ENDANGERED BY APPROVAL OF THIS REQUEST. (ATTACH ADDITIONAL SHEETS AS NECESSARY.)

SIGNATURE OF OWNER(S) / BOARD CHAIRPERSON / DESIGNEE (CIRCLE APPROPRIATE TITLE)

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NOTE: PLEASE RETURN COMPLETED FORM TO YOUR CHILD CARE FACILITY SPECIALIST. THANK YOU!

DO NOT COMPLETE – FOR SCCR USE ONLY

CONDITIONS OF APPROVAL

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FAILURE TO MAINTAIN VARIANCE CONDITIONS MAY RESULT IN THIS VARIANCE BEING RESCINDED.

RULE NUMBER	PROVIDER DISTRICT
Rule 19 CSR 30-	☐NW ☐NE ☐CD ☐SW ☐CG ☐ED ☐COL

DECISION

☐ Approved ☐ Approved w/conditions ☐ Denied

DATE	SIGNATURE-CHILD CARE SUPERVISOR, CHILD CARE FACILITY SPECIALIST
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