MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

VARIANCE REQUEST

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 (FILL IN RULE NUMBER)

5 CSR 25-

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)	**NOTE: PLEASE RETURN COMPLETED FORM TO YOUR CHILD CARE COMPLIANCE INSPECTOR. THANK YOU!**

FOR DESE USE ONLY

CONDITIONS OF APPROVAL

FAILURE TO MAINTAIN VARIANCE CONDITIONS MAY RESULT IN THIS VARIANCE BEING RESCINDED.

RULE NUMBER	PROVIDER REGION
5 CSR 25-	☐ RAY ☐ MAC ☐ JC ☐ SPR ☐ CG ☐ STL ☐ COL

DECISION

☐ APPROVED ☐ APPROVED W/CONDITIONS ☐ DENIED

DATE	CHILD CARE COMPLIANCE STAFF

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