



Variance Request Form
Utah Department of Health, Child Care Licensing Program (11/14)

1. Identifying Information

Name of Facility/Provider _____

Address _____

(City) (Zip)

This request is for a: _____ New Variance _____ Repeat Variance

2. Rule

For which rule are you requesting a variance? _____

For what time period are you requesting this variance?

Start Date : ____/____/____ End Date: ____/____/____

(Variances can be granted for a maximum of one year.)

3. Relevant Information

Why do you feel you cannot comply with this rule as it is written? (Variances are granted if an applicant cannot comply with a rule, but can meet the intent of the rule in another way. Financial inconvenience cannot be considered when granting a variance.)

How do you propose to comply with the intent of this rule? Please attach any clarifying photos or diagrams you may have that show how you propose to comply with the intent of this rule.

How will you ensure the health and safety of the children?

(over)

4. Variance Review

Variance requests are reviewed by the Child Care Licensing Program's management team. After the review, the management team may request additional information.

Within 60 days of the receipt of a variance request and any requested additional information, the management team will approve the request with or without conditions, deny the request, or determine the request is not needed.

5. Applicant's Information

Director/Owner/Provider Name (please print) _____

Director/Owner/Provider Signature _____ Date ____/____/____

Please submit the completed form to the Salt Lake office or the Provo office.

Child Care Licensing, North Region
PO Box 142007
Salt Lake City, Utah 84114-2007
Fax Number (801) 273-4145

Child Care Licensing, South Region
150 East Center Street Suite 3200
Provo, Utah 84606
Fax Number (801) 371-1168