



# MNMMN VARIANCE PACK

The Minnesota Montessori Network is deeply grateful for the partnership with our colleagues in the Department of Human Services to create an efficient and effective path to approved variances for programs using Montessori in MN. Together, we have created a very simple and easy process to support five variance requests.

The KEY to this process is our *collective commitment* to utilize these variances:

- only as they were intended
- in place of a crafting new unique variance request for the same item
- without editing the pre-written portions

## Instructions

### Review

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- Review the variance pack's five pre-agreed DHS variance request templates to determine which are applicable to your school.
- Ensure that you comply with *all* the measures described in your selected variances and that they are *documented in your policies*.

### Add Your School Info

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- Complete the editable school-specific fields in the Variance Request PDFs (School, License Number, Address/Phone/Fax/Email, Licensor, Requester Name/Title, Date).

**DO NOT EDIT THE PRE-WRITTEN PORTIONS**

*Removing or changing any content on the variance could result in a denial of your request and impacts efficacy of the MNMMN Variance Pack offering for all*

### Submit To DHS

3

- Save the edited pdf and email it to your licensor. It is effective once your licensor approves it.

Office of Inspector General / Licensing Division

PO Box 64242

St Paul, MN 55164-0242

# Variance Request

Please complete one form for each variance request.

Use Black ink or type to complete this request. Incomplete variance requests will be returned.

Program Name, Address, City, State, Zip		License Number:	
		Rule/Statute Number:	
Phone Number:		Email Address:	
Name of Licensor: (if known)		Program Fax Number:	

Pursuant to Minnesota Statutes, Section 245A.04, subdivision 9, (Human Services Licensing Act), the commissioner 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:

- The variance must be requested by an applicant or license holder on a form and in a manner prescribed by the commissioner.
- The request for variance must include the reasons that the applicant or the license holder cannot comply with a requirement as stated in the rule and the alternative equivalent measures that the applicant or license holder will follow to comply with the intent of the rule.
- The request must state the period of time for which the variance is requested.

The commissioner's decision to grant or deny a variance requested is final and not subject to appeal under provisions of Chapter 14.

### Type of Variance (New or Renewal)

New Variance Request	Renewal of Current Variance
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### Statute or rule to be varied (enter complete number)

Statute Section:	Subdivision:	or Rule Part:	Subpart:

### If the request is person specific, complete the following:

Name (First/Last):	Date of Birth (mm/dd/yyyy):

### Reason why the Variance is Requested:

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**Any additional alternate measures that will be taken to comply with the intent of the rule/statute:**

**Requested time period of variance. (Enter both effective and end dates or check continuous):**

Effective Date of Variance:	Expiration Date of Variance:	Continuous:
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**Changes or modifications in the conditions of a continuous variance:** Any applicant or license holder must inform the commissioner of any changes or modifications that have occurred in the conditions that warranted the permanent variance. Failure to advise the commissioner shall result in revocation of the permanent variance and may be cause for other sanctions under sections 245A.06 and 245A.07.

Print name of person requesting variance:	Title:	Date:
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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.

**Please attach all applicable supplemental documentation. For instance, if this request is for a person, please attach all required education and personnel information.**

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