

Childcare Variance Request Form			
Date:		<i>For Internal Use: PR#</i>	
Name of Facility:			
Address of Facility:			
Applicant's Name, Title:			
Applicant's Phone:		Email:	
1. What applicable section(s) of the <i>Rules and Regulations Governing the Health and Sanitation of Childcare Facilities</i> are you seeking a variance from? Regulation is at: www.tchd.org/DocumentCenter/View/260			
2. Explain the reason why you are seeking a variance. Provide as much detail as possible so reviewers have a thorough understanding of the issue including any undue hardship on the person, facility, or the community. * If seeking a variance for an embryology units where chicks are hatched OR for a non-plumbed portable hand washing sink then also complete the applicable supplemental variance form at www.tchd.org/242/Child-Care.			
3. What measures would you take to ensure that minimum health and sanitation requirements are met?			
4. Do you have any photos, diagrams or other supporting documents to support your request? If yes, attach them to this variance request form. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<p><i>Please submit this request to EHChildcare@tchd.org or to Tri-County Health Department, 6162 S. Willow Drive, Suite 100, Greenwood Village, CO 80111. This will be reviewed by a Tri-County representative, who will contact you and may visit the childcare center to assess the situation further. Tri-County will then compile a letter of recommendation and send the variance request to the Colorado Department of Public Health and Environment (CDPHE) for evaluation to either grant or deny approval of the variance request. This process may take up to 4 – 6 weeks.</i></p> <p><i>I certify that this document and all attachments were prepared by myself or under my direction or supervision and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.</i></p> <p>Applicant's Signature: _____ Date: _____</p>			