



# ADAMS COUNTY HEALTH DEPARTMENT

Your Health. Our Mission.

Adams County Health Department  
Environmental Health  
7190 Colorado Blvd.  
Commerce City, CO 80022  
303.288.6816  
adamscountyhealthdepartment.org

For Internal Use: *Date Received:* \_\_\_\_\_ *Permit #* \_\_\_\_\_

## Childcare Variance Request Form

<b>Date:</b>		<b>Email:</b>	
<b>Name of Facility:</b>			
<b>Address of Facility:</b>			
<b>Applicant's Name, Title:</b>			
<b>Applicant's Phone:</b>			

1. What applicable section(s) are you seeking a variance from?

2. Reason for variance request? Provide as much detail as possible including any undue hardship on the person, facility, or the community:

3. Explain the measures you would take to ensure that minimum health and sanitation requirements are met:

4. Attach any supporting information, documents, photos, standard operating procedures, or diagrams to support your request (use additional pages if necessary).

Please submit this request to [EHChildCare@adcogov.org](mailto:EHChildCare@adcogov.org) or to Adams County Health Department, 7190 Colorado Blvd. Suite 200. Commerce City, CO 80022.

ACHD will contact you and may visit the childcare center to assess the request further. ACHD will then compile a letter of recommendation and send the variance request to CDPHE for evaluation. CDPHE will either grant or deny approval of the variance request. Please note, this process may take up to 4-6 weeks.

*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.*

*Applicant's Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_