Kanabec County Family Services
Family Child Care Request for Variance

Provider Name: _____ **Date:** _____

Address: _____ **City:** _____, **MN Zip:** _____

Class of License (circle one): A B1 B2 C1 C2 C3 D

Instructions: Complete this form and return to KCFS. Please allow up to 30 days for a decision. Variances will not be back-dated.

Which part of the rule are you requesting a variance for: _____

_____

_____

Briefly describe how you will be out of compliance: _____

_____

_____

What alternative measures will you provide so the health, safety, and protection of the children in your care are ensured? _____

_____

_____

Date variance from: _____/_____/_____ **to:** _____/_____/_____ **Total # of days:** _____

Have you had a variance approved in the last 12 months?

☐ **No** ☐ **Yes** **Dates:** _____

Total # of days variance used: _____

Provider Signature: _____ **Date:** _____