

REQUEST FOR VARIANCE

Agency/County Name: Isanti County Family Services

Licensors: Kelli Klein Phone: (763) 689-8164

Provider Name (print clearly): _____

Address: _____ City/zip _____

Provider Phone Number: _____

Class of License (circle one): A B-1 B-2 C-1 C-2 C-3 D

1. How will you be out of compliance with the licensing rule?

2. For what time period are you requesting the variance? (include beginning and ending dates, days of week and hours of day if appropriate)

3. If the variance is approved, what specific alternative measures will you provide so the health, safety and protection of the children in your care will be assured?

4. Have you completed the enrollment list on page 2 of this form? Yes_____ No_____

This is required if you are requesting a variance to exceed your licensed capacity, age distribution or adult/child ratios. Approval is based upon the enrollment list that was submitted with the variance request form and if you either wish to change your enrollment or seek an extension beyond expiration date, another request must be submitted.

