

TIME AWAY FROM YOUR DAYCARE HOME

For your unannounced licensing visit

Provider's Name _____ Phone Number _____

Please list any scheduled times or days you know you will be away from your daycare home within 90 days of your licensing month:

If your schedule changes in the future, such as a new scheduled time away added or an unexpected close due to illness, etc. please let us know by email or phone.

Tristin – tpsprengeler@co.carver.mn.us
Phone: 952.361.1714

Thank you for your help!