



DEPARTMENT OF EDUCATION
Office of Child Care Licensing

New Castle County: 3411 Silverside Road, The Concord, Hagley Building
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Variance Request (one request per form)

Name: Click or tap here to enter text. Title: Click or tap here to enter text. Date: Click or tap here to enter text.

Facility Name: Click or tap here to enter text. License #: Click or tap here to enter text.

Facility Address: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Variance requested for regulation number: Click or tap here to enter text.

Time period requested for variance: Click or tap here to enter text.

Regulation Type (check one): [] Center [] Child Placing Agency [] Family [] Large Family [] Residential/Day Treatment [] Youth Camp

Status of License (check one): [] Annual [] Initial-Provisional [] Provisional [] Applicant

Current Enforcement Action (check one): [] Warning of Probation [] Probation [] None

Ages and Number of Children Affected:

Table with 2 columns: Question (A. Licensed capacity, B. Ages of children, C. Current enrollment, D. Days/hours of operation) and Answer (Click or tap here to enter text.)

Provide detailed responses to items 1 through 4.

1. Reason variance is being requested:

Click or tap here to enter text.

2. Describe alternative method proposed for meeting intent of the regulation:

Click or tap here to enter text.

3. Reason this variance should be granted:

Click or tap here to enter text.

4. Possible adverse effect on children in care if variance is approved:

Click or tap here to enter text.

Signature: _____ Date: _____

(My signature attests that the above information is true to the best of my knowledge.)

Office of Child Care Licensing Use Only

Recommendation(s)/Conditions:

Click or tap here to enter text.

DETERMINATION:

Approved as submitted

Approved with the conditions as described above

Denied as described above

Director, Office of Child Care Licensing _____ Date _____

(Permanent Variance) Associate Secretary, Early Childhood Support _____ Date _____