

APPENDIX III: VARIANCE REQUEST



New Castle County

Concord Plaza | Hagley Building
3411 Silverside Road
Wilmington, Delaware 19810-4812

Kent County

Barratt Building | Suite 103
821 Silver Lake Boulevard
Dover, Delaware 19904-2458

Division of Family Services | Office of Child Care Licensing

Wilmington Office: 302-892-5800
Dover Office: 302-739-5487

Facsimile: 302-633-5112
Facsimile: 302-739-6589

Variance Request (one request per form)

Name Title Date

Facility Name License #

Table with 2 columns: Facility Address, Email Address

Variance requested for regulation/rule number: _____

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

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:

A. Licensed capacity: _____ C. Ages of children served: _____

B. Current enrollment: _____ D. Days and hours of operation: _____

Time period requested for variance: _____

Provide detailed responses to items 1 through 4.

1. Reason variance is being requested:

Three horizontal lines for response to item 1

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

Three horizontal lines for response to item 2

APPENDIX III: VARIANCE REQUEST

3. Reason this variance should be granted:

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

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:

DETERMINATION:

- Approved as submitted
- Approved with the conditions as described above
- Denied as described above

Administrator, Office of Child Care Licensing Date

(Permanent Variance) Director, Division of Family Services Date