

DEPARTMENT OF EDUCATION Office of Child Care Licensing

New Castle County: Kent & Sussex Counties:

3411 Silverside Road, The Concord, Hagley Building 821 Silver Lake Boulevard, Barratt Building, Suite 103

Wilmington, DE 19810 Dover, DE 19904

Phone: (302) 892-5800 Fax: (302) 633-5112 Phone: (302) 739-5487 Fax: (302) 739-6589

Variance Request (one request per form)			
Name	<u>Title</u>	<u>Date</u>	
Facility Name		<u>License #</u>	
Estitus Address	Email Address		
Facility Address	Email Address		
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Variance requested for regulation/rule number:			
Regulation Type (check one): Center Child Placing A	gency Family	☐ Large Family ☐ Residential/Day Treatment	
Status of License (check one): Annual Initial-Provis	sional	onal	
Current Enforcement Action (check one): Warning of Pro	obation	ion 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.			
. Reason variance is being requested:			
2. Describe alternative method proposed for meeting intent of	of the regulation:		

3. Reason this variance should be granted:

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4. <u>Possible adverse effect on children in care if variance is approved:</u>	
Signature:	Date:
(My signature attests that the above information is true to the best of my knowledge.)	
Office of Child Care Licensing use on	aly
Recommendation(s)/Conditions:	
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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