



DEPARTMENT OF EDUCATION
Office of Child Care Licensing

New Castle County:
3411 Silverside Road, The Concord, Hagley Building
Wilmington, DE 19810
Phone: (302) 892-5800 Fax: (302) 633-5112

Kent & Sussex Counties:
821 Silver Lake Boulevard, Barratt Building, Suite 103
Dover, DE 19904
Phone: (302) 739-5487 Fax: (302) 739-6589

Variance Request (one request per form)

Form fields for Name, Title, Date, Facility Name, License #, Facility Address, and Email Address.

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-D) and Answer field.

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.)*

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**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

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Director, Office of Child Care Licensing \_\_\_\_\_ Date \_\_\_\_\_

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(Permanent Variance) Associate Secretary, Early Childhood Support \_\_\_\_\_ Date \_\_\_\_\_