

APPENDIX VII: VARIANCE REQUEST

State of DE-Department of Children, Youth and Their Families
Education

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 #

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:

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

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~~ Executive Director, Office of Early Learning _____ Date _____