

APPENDIX II: VARIANCE REQUEST



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, Suite 103
Wilmington, DE 19810 Dover, DE 19904
Phone: (302) 892-5800 Fax: (302) 633-5112 Phone: (302) 739-5487 Fax: (302) 739-6589

Youth Camp Variance Request (one request per form)

Name Title Date

Facility Name License #

Table with 2 columns: Facility Address, Email Address

Variance requested for regulation number:

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:

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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

Director, Office of Child Care Licensing

Date

(Permanent Variance) Associate Director of Early Childhood Support

Date