

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)			
<u>Name</u>	<u>Title</u>	<u>Date</u>	
Facility Name		<u>License #</u>	
Dar The Addison	F		
Facility Address	Email Address		
Variance requested for regulation/rule number:			
Regulation Type (check one):	ncy Family Larg	ge Family Residential/Day Treatment	
Status of License (check one): Annual Initial-Provision	nal Provisional 🗌	Applicant	
Current Enforcement Action (check one): Warning of Proba	tion Probation	<u>None</u>	
Ages and Number of Children Affected:			
A. Licensed capacity: C.	C. Ages of children served:		
B. Current enrollment: D. Days and hours of operation:			
Fime 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	the regulation:		

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 on	<u>lly</u>
Recommendation(s)/Conditions:	
Recommendation(s)/Conditions.	· · · · · · · · · · · · · · · · · · ·
<u>DETERMINATION:</u>	
Approved as submitted	
Approved with the conditions as described above	
Denied as described above	
Director, Office of Child Care Licensing	Date
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(Permanent Variance) Associate Secretary, Early Childhood Support	Date