

APPENDIX II: VARIANCE REQUEST



DEPARTMENT OF EDUCATION
Office of Child Care Licensing

New Castle County:
3411 Silverside Road, The Concord, Hagley Building
Wilmington, DE 19810
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Kent & Sussex Counties:
821 Silver Lake Boulevard, Suite 103
Dover, DE 19904
Phone: (302) 739-5487 Fax: (302) 739-6589

Youth Camp Variance Request (one request per form)

Name Title Date

Facility Name License #

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:

(My signature attests that the above information is true to the best of my knowledge.)

Date:

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