

**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:

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4. Possible adverse effect on children in care if variance is approved:

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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:

**DETERMINATION:**

- Approved as submitted
- Approved with the conditions as described above
- Denied as described above

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

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(Permanent Variance) ~~Director, Division of Family Services~~ Executive Director, Office of Early Learning \_\_\_\_\_ Date \_\_\_\_\_