

APPENDIX III: 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

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:

Three horizontal lines for response to item 1.

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

Three horizontal lines for response to item 2.

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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 _____