#  DEPARTMENT OF EDUCATION

 **Office of Child Care Licensing**

New Castle County: Kent & Sussex Counties:

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**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:

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

1. Reason this variance should be granted:

1. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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