# 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

Youth Camp

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 Secretary, Early Childhood Support        Date