State of Delaware
The Department of Services
for Children, Youth and Their Families

Mailing: 1825 Faulkland Road
Wilmington, Delaware 19805-1195

New Castle County: Barley Mill Plaza, Building #18
4417 Lancaster Pike
Wilmington, Delaware 19805

Kent County: Barratt Building
821 Silver Lake Boulevard, Suite 103
Dover, Delaware 19904-2458

Division of Family Services · Office of Child Care Licensing · Wilmington: (302)892-5800 ~ Fax (302)633-5112
Dover: (302)739-5487 ~ Fax (302)739-6589

VARIANCE REQUEST
(One regulation variance request per form)

DATE: _____ 20_____

NAME: _____ TITLE: _____
FACILITY NAME _____ LICENSE # _____
ADDRESS: _____
SUBMITTED BY: _____ TITLE _____

REGULATION NUMBER AND SECTION FOR WHICH VARIANCE IS REQUESTED : _____
REGULATION TYPE (Circle one): Center Child Placing Agency Family Large Family Residential Child Care

INSTRUCTIONS: Provide ***detailed*** responses to items 3-9.

1. Status of License (check any that apply)
   A. □ Annual □ Initial Provisional □ Provisional
   B. □ On Enforcement Action of (check one): □ Warning of Probation □ Probation
   C. □ Applicant
   D. □ Not Applicable

2. Ages and Number of Children Affected
   A. Licensed Capacity: _____ Current Enrollment: _____
   B. Ages of Children Served: _____
   C. Days and Hours of Operation: _____

3. Reason Variance is Being Requested (Please print or type)
   _____
   _____
   _____

4. Alternative Method Proposed for Meeting Intent of the Regulation
   _____
   _____
   _____

5. Alternatives Explored and Efforts/Strategies Used to Comply with the Regulation as Written
   _____
   _____
   _____

6. Possible Adverse Effect on Children in Care if Variance is Approved

_____

_____

_____

7. Possible Effects that Granting the Variance Would Have on the Equal Application of Delacare on All Providers

_____

_____

_____

8. Possible Impact that Granting the Variance Would Have on the Integrity of Delacare Regulations

_____

_____

_____

9. Time Length of Variance Request

_____

_____

_____

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)

_____

_____

_____

_____

_____

_____

Administrator, Office of Child Care Licensing Date

DETERMINATION:

□ Approved

□ Approved With the Following Conditions: _____

_____

□ Denied for the following reason(s) _____

_____

_____

Director, Division of Family Services Date