

DCYF Child Care Program Regulations for Licensure Variance Request



Date of Request _____

Program Information (Please print)

Program Name

Location (Street, City, State and Zip Code)

Mailing Address (if different from above)

Phone Number

Fax Number (Optional)

Email Address (required)

Who is the primary contact regarding this variance request?

Regulation

Please identify the regulation for which you are requesting a variance. If you are requesting a variance for more than one regulation, complete a separate request for each regulation. If a regulation includes multiple components, clearly specify the components to which this variance request applies. If additional space is needed, please use the reverse side.

