



**Request for Waiver of Child Development Facility Licensing Requirements:**

**Center Director, Teacher and Expanded Home Caregiver with**

**Ten Years or More of Continuous Service**

(To be completed by the center director (or owner) or the expanded home caregiver of the licensed child development facility.)

**Is my licensed child development facility eligible to apply for a Continuous Service Waiver?**

*Complete the four (4) prompts below to determine if your facility may be eligible for a waiver of the minimum education requirements for an individual staff member.*

1. I am completing this form on behalf of a child development facility currently licensed by OSSE of which I am an administrator.  Yes  No
2. My facility is seeking to employ (or continue the employment of) an individual to fulfill a position potentially eligible for a waiver.  Yes  No  
If yes, indicate eligible position:  center director,  center teacher, or  expanded home caregiver.
3. The person to fulfill (or continue in) the abovementioned position was employed in a licensed child development facility in the District of Columbia on the effective date of these regulations (Dec. 2, 2016):  Yes  No
4. This current (or potential) staff member has continuously served in the same (or comparable role/position) for the past ten years (since 2006 or earlier) without a significant gap in service. This includes service at the current facility, another licensed facility (or school), or a combination of both.  Yes  No

**If you have indicated yes to the four general eligibility screening prompts above,** please complete the next page of this document, and submit the application form with appropriate supporting documentation to your designated Office of the State Superintendent of Education (OSSE) Licensing Specialist for consideration of a waiver of the center director qualification requirements in 5A DCMR § 164.1 or the teacher qualification requirements in 5A DCMR §165.1, or the expanded home caregiver qualification requirements in § 170.2(c). For information on requirements per position type, and a link to the licensing regulations, please visit: [www.osse.dc.gov/ECEResources](http://www.osse.dc.gov/ECEResources).

If you are not sure whether your staff member is considered qualified, served continuously, or for any additional questions, please contact the Licensing and Compliance Unit (202) 727-1839 or [osse.delcommunications@dc.gov](mailto:osse.delcommunications@dc.gov).



DISTRICT OF COLUMBIA  
 OFFICE OF THE STATE SUPERINTENDENT OF  
**EDUCATION**

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\_\_\_\_\_ submits this form to apply for a waiver from  
 [Name of Facility]

center director (§164.1),  teacher (§165.1),  expanded home caregiver (§ 170.2) for

\_\_\_\_\_ who has served in the position of \_\_\_\_\_  
 [Name of staff member] [director/ teacher/expanded home caregiver]

for \_\_\_\_\_ years of continuous service, beginning \_\_\_\_\_.  
 [Number of years of continuous service] [Date service began]

Name of the Facility and Assigned License Number	Address of the Facility	Name of Staff Member

**Provide two (2) or more of the following documents to support waiver application:**

- Professional resume that includes all relevant employment experience that staff member is claiming.
- Three professional references that can verify staff member’s relevant previous employment(s).
- Letter of affirmation from staff member’s previous and/or present employer(s)/supervisor(s) that attests to his/her relevant service experience.
- Professional development certificate(s) that correspond with staff’s dates of service.

I affirm that, to my knowledge, all information in this application is authentic and accurate.

Facility Administrator’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature indicates testament to accuracy and that the supporting documents are attached)



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**Waiver Decision (to be completed by OSSE staff)**

**Approval Decision:**      Approved    Denied    Revisions Needed

This waiver is valid from \_\_\_\_\_ until \_\_\_\_\_.

If waiver is denied, write the rationale for denying the submitted waiver application:

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If revisions are needed, write the next steps for the facility administrator:

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**OSSE Employee Reviewer's Name:** \_\_\_\_\_

**OSSE Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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# EDUCATION

*Please keep a physical copy of this application within the personnel file for the applicable staff member.*