



**Request for Waiver of Child Development Facility Licensing Requirements:
Adult-to-Child Ratio Requirements**

Directions: Complete this form, submit with appropriate documentation and provide completed form to your designated OSSE Licensing Specialist for consideration of the waiver. For additional questions, please contact the Licensing and Compliance Unit (202) 727-1839 or osse.delcommunications@dc.gov.

Eligibility: OSSE may waive compliance with one or more provisions in Chapter 1 (Child Development Facilities: Licensing) of Title 5A in the District of Columbia Municipal Regulations (DCMR), if OSSE determines, upon clear and convincing evidence the following:

- (a) The demonstrated immediate economic impact or hardship on the Facility or staff member is sufficiently great to make immediate compliance impractical despite diligent efforts;
- (b) The Facility or staff member is meeting or exceeding the intent of the regulation for which the waiver is requested; and
- (c) The health and welfare of staff and children are not jeopardized as alternative means have been put in place that ensure the health, safety and welfare of children and staff.

Pursuant to 5A DCMR § 106 and § 121.15, _____ submits this form to apply
[Name of Facility]

for a waiver from the adult-to-child ratio requirements in § 121 on _____. I
[Date waiver submitted]

understand that OSSE may deny a waiver for any reason consistent with Section 106.

Name of the Facility	Address of the Facility	Assigned License Number
Describe the waiver sought – please provide requested adult-to-child ratios:		
Provide a detailed description of the program model, including its history and attach supporting evidence that demonstrates the effectiveness of the model.		
Provide a detailed explanation as to why an exception to the adult-to-child ratio is integral to the delivery of the program model.		



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Describe the immediate economic impact or hardship on the Facility or staff member. Attach documentation that demonstrates proof of such.

Describe how the intent of the specific regulation shall be achieved in a manner other than that prescribed by the regulation.

Provide an explanation of and supporting evidence that the program's proposed adult-to-child ratio will not jeopardize the health, safety, or welfare of children.

Provide any other relevant information regarding the alleged hardship:

Facility Administrator's Signature: _____ Date: _____
(Signature indicates testament to accuracy and that the supporting documents are attached.)



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Waiver Decision (to be completed by OSSE staff)

Approval Decision: Approved Declined Revisions Needed

OSSE Employee Reviewer's Name: _____

OSSE Employee Signature: _____ **Date:** _____

This waiver is good from _____ until _____.

If declined, write the rationale for declining the waiver application:

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