



## Request for Waiver of Child Development Facility Licensing Requirements (General Waiver)

**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](mailto: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, \_\_\_\_\_ submits this form to apply for a waiver  
[Name of Facility]

from \_\_\_\_\_ on \_\_\_\_\_. I understand that OSSE  
[Citation of the rule for which a waiver is being sought] [Date waiver submitted]

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

Name of the Facility	Address of the Facility	Assigned License Number
<b>Describe the waiver sought:</b>		
<b>Describe the immediate economic impact or hardship on the Facility or staff member. Attach documentation that demonstrates proof of such.</b>		



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**Describe how the intent of the specific regulation shall be achieved in a manner other than that prescribed by the regulation and that the health, safety and welfare of children in care will be preserved. Attach documentation that demonstrates proof of such.**

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**Provide any other relevant information regarding the alleged hardship:**

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Facility Administrator'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  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:

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

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