



Instructions: Please review the Office of Child Development and Early Learning Announcement C-21-01, Waiver of Child Care Regulations, and the applicable regulation at 55 Pa. Code §3270.13 or §3280.13 or §3290.25, relating to waivers, prior to completing this form. The operator must complete all five sections. All supporting documents related to this waiver request must accompany this form.

SECTION 1: IDENTIFYING INFORMATION

| | |
|-----------------------------------|---|
| Facility Name: | Legal Entity Name: |
| Facility Physical Address: | Legal Entity Mailing Address: |
| Responsible Person: | Responsible Person's Telephone Number: |

SECTION 2: REGULATION REQUESTED TO BE WAIVED

Specify the regulation for which the waiver is requested. Each waiver request must be submitted on a separate form.

For child care centers: 55 Pa. Code §3270. _____ For group child care homes: 55 Pa. Code §3280. _____

For family child care homes: 55 Pa. Code §3290. _____

SECTION 3: REASON FOR REQUESTING THE WAIVER

Explain the reason for your inability to meet the regulation.

SECTION 4: ALTERNATIVE STANDARD TO BE MET

Explain how you plan to achieve the objective of the regulation.

SECTION 5: CERTIFICATION STATEMENT

I certify that I will meet regulatory standards relating to the health, safety and rights of children
(see 55 Pa. Code §§3270.13(d)(4), 3280.13(d)(4), and 3290.25(d)(4)).

Operator's Signature and Title

Date

****** ATTACH ALL REQUIRED SUPPORTING DOCUMENTS TO THIS FORM******

SECTION BELOW IS FOR DHS USE ONLY

PC ID for this location:

MPI number for this location:

Has DHS ordered corrective action for non-compliance with the regulation for which this waiver is requested?
 Yes No

If yes, provide the inspection number(s) and date(s) on which the non-compliance was cited. Verify that all inspection information is included in PELICAN Provider Certification prior to processing this waiver request.

Inspection No.:

Date:

Inspection No.:

Date:

OCDEL Certification Representative:

Date Waiver Request
Received Regional Office:

Date Waiver Request
Forwarded Regional Office: