



**Virginia Department of Education
Division of Early Childhood Care and Education
Office of Child Care Health and Safety**

2026-2028 STAFF-TO-CHILD RATIO AND GROUP SIZE WAIVER REQUEST

- Complete this form in its entirety. **Retain a copy for your records.**
- **Each location of a child day program must complete a separate request.**
- This is a fillable form and it is recommended that applicants type and electronically sign the form. If you are unable to type in the form, please print legibly using permanent ink.
- Contact your Licensing Inspector or your regional [licensing office](#) if you have any questions.
- Send your completed form to your assigned licensing inspector or childcarelicensing@doe.virginia.gov if you do not have an assigned inspector.

PART 1: PROGRAM INFORMATION

This section must be completed in its entirety. If you are unsure of your License/Facility ID, refer to the Virginia Department of Education (VDOE) Child Care website and search for your program.		
Facility Name:		
License/Facility ID:	Email:	
Facility Address:		
City:	State: Virginia	Zip:

PART 2: ATTESTATION

I agree to the following:
☐ The program information above is true, accurate and complete;
☐ I understand that I am encouraged to consider multiple factors before submitting this request including: the terms of the license/exemption; physical plant and space limitations; the impact on staff; children's developmental and behavioral needs; increased need for supervision; and provisions for emergencies and evacuation specifically for non-ambulatory children in the groups;
☐ I understand that I cannot increase the staff-to-child ratios or group sizes until I receive written approval from the Office of Child Care Health and Safety (OCCHS).
☐ I understand that if a waiver is granted, the staff-to-child ratios and group sizes may increase the number of children per staff by one (1) child for groups of children from birth to the age of eligibility to attend public school, and two (2) children for groups of children from the age of eligibility to attend public school through 12 years;
☐ I understand that if a waiver is granted, it does not change the Certificate of Occupancy, any space requirements, or any stipulations on my license/exemption regarding occupancy;
☐ I understand that if a waiver is granted, it will not extend beyond June 30, 2028;
☐ I understand that if a waiver is granted, it is not transferable if there is a change in location or sponsor;
☐ The parents/guardians of the children in my program will be notified in writing of the increased staff-to-child ratios and group sizes prior to any changes, and be provided a copy of the waiver approval letter from VDOE; and
☐ I understand that the OCCHS may rescind this waiver at its discretion if it is determined that the increase in ratios results in or creates significant risk of harm to children or there are other serious supervision risks in my program.

PART 3: SIGNATURE

Name of person completing application:	Date:
Role/Title:	Signature: