



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Child Care Waiver Request**

This form is used to request a waiver for a person with a specified criminal history. Submit this form when completed to the licensing specialist.

**Facility requesting waiver**

Facility name		License number K8	County
Mailing address: street or P.O. Box	City	State	Zip
Name of person requesting waiver	Position Owner <input type="checkbox"/> Director <input type="checkbox"/>		

**Person for whom waiver is requested**

First name	Middle name	Last name
Position or relationship		Live in facility? Yes <input type="checkbox"/> No <input type="checkbox"/>

**The person the request is being made for will NOT be employed, work with children, or be present in the facility when children are in care, until a decision has been made regarding the request for a waiver.** The decision will be mailed to the person requesting the waiver.

**Criteria considered include the:**

- type of crime(s) or offense(s) for which the person was convicted or disposition that includes a plea of guilty, or nolo contendere, or a finding made;
- nature of the offense(s);
- age of the person at the time of the offense(s);
- circumstances surrounding commission of the offense(s) that demonstrate whether it is likely the person will re-offend;
- number of offenses for which the person was convicted or findings made;
- length of time elapsed since the last conviction or disposition that includes a plea of guilty, or nolo contendere, or finding;
- relationship of the offense(s) to the ability to care for children;
- evidence of rehabilitation or education activities, such as counseling, since the offense(s) was committed;
- statement from the person with the criminal history; and
- opinions of community members concerning the person in question documented on Form 07LC090E, Waiver Reference, which includes name, address, and phone number of the individual providing the opinion.

