

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

## CHILD CARE FACILITY OVERLAP REQUEST

SASIgned Compliance Inspector or Regional Compliance Office TO BE COMPLETED BY THE CHILD CARE FACILITY TADMERS (DWD TAULTY NAME FACILITY NUMBER/DEPARTMENTAL VENDOR NUMBER (DWD FACILITY ADMERS (STREET, CTV, ZP CODE)  FACILITY ADMERS (STREET, CTV, ZP CODE)  FACILITY TYPE FACILITY TYPE FAMILY HOME GROUP HOME FACILITY TYPE FACILITY NUMBER/DEPARTMENTAL VENDOR FACILITY ADMERS (STREET, CTV, ZP CODE) FACILITY TYPE FACILITY ADMERS (STREET, CTV, ZP CODE) FACILITY TYPE FROM: a.m./p.m. FROM: a.m./p.m. TO: a.m./p.m. FROM: A.M./P.	INSTRUCTIONS							
EAGULTY NAME       FACULTY NUMBER[DOWN]         FACULTY ADDRESS [STREET, CITY, ZIP CODE]       TELEPHONE NUMBER         FACULTY TYPE       FAMILEY HOME       GROUP HOME         FACULTY TYPE       FAMILEY HOME       GROUP HOME         FACULTY TYPE       FAMILEY HOME       GROUP HOME         INFANT/       FROM:       a.m./p.m.         FACULTY TOD       RESCHOOL/SCHOOL-AGE         HOURS OF OVERLAP       INFANT/       FROM:       a.m./p.m.         INFANT/       FROM:       a.m./p.m.       FROM:       a.m./p.m.         TOD       a.m./p.m.       TO:       a.m./p.m.       TO:       a.m./p.m.         VENDOLK       TO:       a.m./p.m.       TO:       a.m./p.m.       TO:       a.m./p.m.         VENDOLK       TO:       a.m./p.m.       TO:       a.m./p.m.       TO:       a.m./p.m.         VENDOLK       TO:       a.m./p.m.       TO:       a.m./p.m.       TO:       a.m./p.m.         I have read and agree to abide by all licensing rules that relate to overlap care of children that:       overlap care is inted to one-third the licensed capacity of the facility;       overlap care is not permitted until written approval has been received from DESE;       DESE may place restrictions on the overlap care shall require approval by DESE of a new overlap care;       in the o	To request approval for an overlap in child care hours, complete this form and return to: Assigned Compliance Inspector or <u>Regional Compliance Office</u>							
FACILITY TYPE     FAMILY HOME     GROUP HOME     CHILD CARE CENTER      AGE GROUP     INFANT/TODDLER     PRESCHOOL/SCHOOL-AGE      HOURS OF OVERLAP      INFANT/TODDLER     TO:a.m./p.m.     TO:a.m./p	FACILITY NAME							
AGE GROUP INFANT/TODDLER PRESCHOOL/SCHOOL-AGE HOURS OF OVERLAP INFANT/ FROM:a.m./p.m. FROM:a.m./p.m. TO:a.m./p.m. TO:_	FACILITY ADDRESS (STREET, CITY, ZIP CODE)					TELEPHONE NUMBER		
HOURS OF OVERLAP         INKART/       FROM:a.m./p.m.       FROM:a.m./p.m.       TO:a.m./p.m.         TODDLER       TO:a.m./p.m.       TO:a.m./p.m.       TO:a.m./p.m.         SCHOOL AGE       TO:a.m./p.m.       FROM:a.m./p.m.       TO:a.m./p.m.         SCHOOL AGE       TO:a.m./p.m.       TO:a.m./p.m.       TO:a.m./p.m.         AGREEMENTS       To:a.m./p.m.       TO:a.m./p.m.       TO:a.m./p.m.         I have read and agree to abide by all licensing rules that relate to overlap care of children. I understand that: <ul> <li>overlap care is not permitted until written approval has been received from DESE;</li> <li>DESE may place restrictions on the overlap request;</li> <li>any changes in the hours of overlap care shall require approval by DESE of a new overlap care;</li> <li>the overlap period(s) shall not exceed two hours total daily for both infant/toddler and school age children;</li> <li>overlap requests can be submitted for both infant/toddler and preschool/school-age children;</li> <li>overlap care of children under twenty-four months of age is not permitted in a family home.</li> <li>SIGNATURE OF OWNER(S)/ BDARD CHAIRPERSON / DESIGNEE (CIRCLE APPROVENCITE)</li> <li>DATE</li> <li>FOR OFFICE USE ONLY</li> <li>MAXIMUM NUMBER OF INFANT/TODDLERS DURING OVERLAP</li> <li>MAXIMUM NUMBER OF INFANT/TODDLERS DURING OVERLAP</li></ul>	FACILITY TYPE	□ FAMILY HOME □ GROUP HOME □ CHILD CARE CENTER						
INFANT/ TODDLER         FROM:         a.m./p.m.         FROM:         a.m./p.m.         FROM:         a.m./p.m.           DPESCHOOL/         FROM:         a.m./p.m.         TO:         a.m./p.m.         TO:         a.m./p.m.           PRESCHOOL/         FROM:         a.m./p.m.         FROM:         a.m./p.m.         TO:         a.m./p.m.           SCHOOL AGE         TO:         a.m./p.m.         TO:         a.m./p.m.         TO:         a.m./p.m.           AGREEMENTS         I have read and agree to abide by all licensing rules that relate to overlap care of children. I understand that:         •         overlap care is inot permitted until written approval has been received from DESE;         •         overlap care is not permitted until written approval by DESE of a new overlap request form;         •         overlap care;         •         the overlap	AGE GROUP	□ INFANT/TODDLER □ PRESCHOOL/SCHOOL-AGE						
TODDLER         TO:a.m./p.m.         TO:a.m./p.m.         TO:a.m./p.m.           PRESCHOOL/         FROM:a.m./p.m.         FROM:a.m./p.m.         FROM:a.m./p.m.           SCHOOLAGE         TO:a.m./p.m.         TO:a.m./p.m.         TO:a.m./p.m.           AGREEMENTS         To:a.m./p.m.         TO:a.m./p.m.         TO:a.m./p.m.           I have read and agree to abide by all licensing rules that relate to overlap care of children. I understand that:         overlap care is inot permitted until written approval has been received from DESE;           •         Overlap care is not permitted until written approval has been received from DESE;         •           •         DESE may place restrictions on the overlap request;         •           •         any changes in the hours of overlap care shall require approval by DESE of a new overlap request form;         •           •         procedures for admitting children shall be followed for all children enrolled for overlap care;         •           •         the overlap care of children under twenty-four months of age is not permitted in a family home.         •           SIGNATURE OF OWNER(S) / BOARD CHAIRPERSON / DESIGNEE (CIRCLE APPROPRIATE TITLE)         DATE           FOR OFFICE USE ONLY         MAXIMUM NUMBER OF INFANT/TODDLERS DURING OVERLAP	HOURS OF OVERLAP							
PRESCHOOL/       FROM:a.m./p.m.       FROM:a.m./p.m.       FROM:a.m./p.m.       FROM:a.m./p.m.         AGREEMENTS       TO:a.m./p.m.       TO:a.m./p.m.       TO:a.m./p.m.       TO:a.m./p.m.         AGREEMENTS       I have read and agree to abide by all licensing rules that relate to overlap care of children. I understand that: <ul> <li>overlap care is not permitted until written approval has been received from DESE;</li> <li>DESE may place restrictions on the overlap request;</li> <li>any changes in the hours of overlap care shall require approval by DESE of a new overlap request form;</li> <li>procedures for admitting children shall be followed for all children enrolled for overlap care;</li> <li>the overlap neroid(s) shall not exceed two hours total daily for both infant/todaller and school age children;</li> <li>overlap care of children under twenty-four months of age is not permitted in a family home.</li> </ul> SIGNATURE OF OWNERIS/ BOARD CHAIRPERSON / DESIGNEE (CIRCLE APPROPRIATE TITLE)       DATE	INFANT/	FROM:	a.m./p.m.	FROM:	a.m./p.m.	FROM:	a.m./p.m.	
PRESCHOOL/       FROM:a.m./p.m.       FROM:a.m./p.m.       FROM:a.m./p.m.         SCHOOLAGE       TO:a.m./p.m.       TO:a.m./p.m.       TO:a.m./p.m.         AGREEMENTS         I have read and agree to abide by all licensing rules that relate to overlap care of children. I understand that: <ul> <li>overlap care is innited to one-third the licensed capacity of the facility;</li> <li>overlap care is not permitted until written approval has been received from DESE;</li> <li>DESE may place restrictions on the overlap request;</li> <li>any changes in the hours of overlap care shall require approval by DESE of a new overlap request form;</li> <li>procedures for admitting children shall be followed for all children enrolled for overlap care;</li> <li>the overlap periods(s) shall not exceed two hours total daily for both infant/toddler and school age children on the same form;</li> <li>staff/child ratios must be maintained during overlap periods (GH/CCC only); and</li> <li>overlap care of children under twenty-four months of age is not permitted in a family home.</li> </ul> SIGNATURE OF OWNER(S) / BOARD CHAIRPERSON / DESIGNEE (CIRCLE APPROPRIATE TITLE)         DATE            FRO OVERLAP:	TODDLER	TO:	a.m./p.m.	TO:	a.m./p.m.	TO:	a.m./p.m.	
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APPROVED LICENSED CAPACITY MAXIMUM NUMBER OF INFANT/TODDLERS DURING OVERLAP MAXIMUM NUMBER OF PRESCHOOL/SCHOOL-AGE CHILDREN DURING OVERLAP DENIED REASON FOR DENIAL: COMMENTS/RESTRICTIONS, IF ANY:   FAILURE TO MAINTAIN COMPLIANCE WITH LICENSING RULES MAY RESULT IN THIS OVERLAP BEING RESCINDED. FOR PENDING APPLICANTS – THERE IS NO OVERLAP APPROVAL UNTIL A LICENSE IS RECEIVED.  COMPLIANCE INSPECTOR/COMPLIANCE INSPECTOR SUPERVISOR  DATE	<ul> <li>overlap care is not permitted until written approval has been received from DESE;</li> <li>DESE may place restrictions on the overlap request;</li> <li>any changes in the hours of overlap care shall require approval by DESE of a new overlap request form;</li> <li>procedures for admitting children shall be followed for all children enrolled for overlap care;</li> <li>the overlap period(s) shall not exceed two hours total daily for both infant/toddler and school age children;</li> <li>overlap requests can be submitted for both infant/toddler <i>and</i> preschool/school-age children on the same form;</li> <li>staff/child ratios must be maintained during overlap periods (GH/CCC only); and</li> <li>overlap care of children under twenty-four months of age is not permitted in a family home.</li> </ul> SIGNATURE OF OWNER(S) / BOARD CHAIRPERSON / DESIGNEE (CIRCLE APPROPRIATE TITLE) DATE REQUEST FOR OVERLAP:							
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e Department of Elementary and Secondary Education does not discriminate on the basis of race color, religion, gender gender identity, sexual orientation, national origin, age, veteran status, menta								

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title UX/504/DA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.