



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

**CHILD CARE FACILITY OVERLAP REQUEST**

**INSTRUCTIONS**

To request approval for an overlap in child care hours, complete this form and return to:  
Assigned Compliance Inspector or [Regional Compliance Office](#)

**TO BE COMPLETED BY THE CHILD CARE FACILITY**

FACILITY NAME		FACILITY NUMBER/DEPARTMENTAL VENDOR NUMBER (DVN)
FACILITY ADDRESS (STREET, CITY, ZIP CODE)		TELEPHONE NUMBER
FACILITY TYPE	<input type="checkbox"/> FAMILY HOME <input type="checkbox"/> GROUP HOME <input type="checkbox"/> CHILD CARE CENTER	
AGE GROUP	<input type="checkbox"/> INFANT/TODDLER <input type="checkbox"/> PRESCHOOL/SCHOOL-AGE	

**HOURS OF OVERLAP**

INFANT/ TODDLER	FROM: _____ a.m./p.m. TO: _____ a.m./p.m.	FROM: _____ a.m./p.m. TO: _____ a.m./p.m.	FROM: _____ a.m./p.m. TO: _____ a.m./p.m.
PRESCHOOL/ SCHOOL AGE	FROM: _____ a.m./p.m. TO: _____ a.m./p.m.	FROM: _____ a.m./p.m. TO: _____ a.m./p.m.	FROM: _____ 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 limited 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 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 period(s) shall not exceed two hours total daily for both infant/toddler and school age children;
- overlap requests can be submitted for both infant/toddler *and* preschool/school-age children on the same form;
- staff/child ratios must be maintained during overlap periods (GH/CCC only); and
- 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
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**FOR OFFICE USE ONLY**

REQUEST FOR OVERLAP:	
<input type="checkbox"/> DOES NOT EXCEED TWO HOURS	DATE OF FIRE INSPECTION APPROVAL _____
<input type="checkbox"/> APPROVED	
LICENSED CAPACITY _____	
MAXIMUM NUMBER OF INFANT/TODDLERS DURING OVERLAP _____	
MAXIMUM NUMBER OF PRESCHOOL/SCHOOL-AGE CHILDREN DURING OVERLAP _____	
<input type="checkbox"/> DENIED	
REASON FOR DENIAL: _____	

COMMENTS/RESTRICTIONS, IF ANY:
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**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
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