



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
CHILD CARE FACILITY OVERLAP REQUEST**

TO BE COMPLETED BY THE CHILD CARE FACILITY						
FACILITY NAME			FACILITY 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						
REQUESTING OVERLAP FOR:		<input type="checkbox"/> Infant/Toddler		<input type="checkbox"/> Preschool/School-Age		
HOURS OF OVERLAP						
Infant/ Toddler	FROM: _____ am/pm	TO: _____ am/pm	FROM: _____ am/pm	TO: _____ am/pm	FROM: _____ am/pm	TO: _____ am/pm
Preschool/ School Age	FROM: _____ am/pm	TO: _____ am/pm	FROM: _____ am/pm	TO: _____ am/pm	FROM: _____ am/pm	TO: _____ am/pm
AGREEMENTS						
<p>I have read and agree to abide by all Licensing Rules that relate to overlap care of children. I understand that:</p> <ul style="list-style-type: none"> <li>▪ Overlap care is limited to one-third(1/3) the licensed capacity of the facility;</li> <li>▪ Overlap care of children under twenty-four (24) months of age is not permitted in a family home;</li> <li>▪ Overlap care is not permitted until written approval has been received from the Department;</li> <li>▪ The Department may place restrictions on the overlap request;</li> <li>▪ Any changes in the hours of overlap care shall require –               <ul style="list-style-type: none"> <li>- Submittal of a new overlap request form;</li> <li>- Approval from the Section for Child Care Regulation before implementing the new overlap hours;</li> </ul> </li> <li>▪ All procedures for admitting children shall be followed for all children enrolled for overlap care;</li> <li>▪ The overlap period(s) shall not exceed two (2) hours total daily for both infant/toddler and school age children; and</li> <li>▪ Staff/child ratios must be maintained during overlap periods. (GH/CCC only)</li> </ul>						
SIGNATURE OF OWNER(S) / BOARD CHAIRPERSON / DESIGNEE (CIRCLE APPROPRIATE TITLE)					DATE	
DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY						
REQUEST FOR OVERLAP						
Date of Fire Inspection Approval _____			<input type="checkbox"/> Does not exceed two (2) hours			
<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:						
_____						
_____						
<b>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.</b>						
CHILD CARE FACILITY SPECIALIST/CHILD CARE SUPERVISOR					DATE	

**CHILD CARE FACILITY OVERLAP REQUEST  
Form Instructions**

This form must be completed to request approval for an overlap request. Overlap requests can be submitted for both infants/toddlers and preschool/school-age children on the same form. The total overlap hours cannot exceed two (2) hours.

**Facility Name:** Enter the owner's name or the facility's registered fictitious name, if applicable. (Legal Name).

**Facility Number/DVN:** Enter the 9-digit departmental vendor number for the facility.

**Facility Address (Street, City, Zip Code):** Enter the physical address location of the child care facility.

**Telephone Number:** Enter the facility telephone number.

**Facility Type:** Check the box for the licensed facility type.

**Requesting Overlap For:** Check the box for the age group for which overlap is being requested.

**HOURS OF OVERLAP**

**Infant/Toddler:** Enter the time period(s) for which infant/toddler overlap is being requested. Only complete the boxes needed.

**Preschool/School-Age:** Enter the time period(s) for which preschool/school-age overlap is being requested. Only complete the boxes needed.

**Note:** The total number of overlap hours allowed for a facility cannot exceed two (2) hours. For example, if a facility requests 2 hours of overlap for preschool/school-age children, the facility cannot request additional hours for infant/toddler children.

**Agreements:** Read the agreements for the overlap request requirements.

**Signature of Owner(s)/Board Chairperson/Designee (Circle Appropriate Title):** The signature box must be signed by the Owner, Board Chairperson, or a Designee. The title of the person signing must be circled. If signed by the designee, the Owner/Board Chairperson must provide written documentation authorizing the designation.

**Date:** Enter the date the form was signed.



**CHILD CARE FACILITY OVERLAP REQUEST  
Form Instructions**

The bottom portion of this form is completed by the Section for Child Care Regulation.

**Request for Overlap**

**Date of Fire Inspection Approval:** Enter the date of the current approved fire inspection.

**Does not exceed two (2) hours:** Check this box if the total overlap is equal to 2 hours or less.

**Approved:** Check this box if the overlap is approved.

- **Licensed Capacity:** Enter the total licensed capacity for the facility.
- **Maximum number of Infants/Toddlers during overlap:** If requested, enter the total number of infants/toddlers allowed for the facility. This should be the total number of infants allowed during the overlap period e.g. (total licensed number of infants/toddlers capacity + an **additional 1/3** of the infants/toddler capacity).
- **Maximum number of Preschool/School-Age children during overlap:** If requested, enter the total number of preschool/school-age children allowed for the facility. This should be the total number of infants allowed during the overlap period e.g. (total licensed number of preschool/school-age capacity plus + an **additional 1/3** of the preschool/school-age capacity).

**How to figure a 1/3:** Take the total number and divide it by 3. If the total number has .5 or higher round down.

**Denied:** Check this box if the overlap request is denied.

**Reason for Denial:** Document the reason why the overlap is denied.

**Comments/Restrictions, if any:** Document any comments and/or restrictions that are specific to the overlap request.

**Child Care Facility Specialist/Child Care Supervisor:** The signature box must be signed by either the Child Care Facility Specialist or Child Care Supervisor.

**Date:** Enter the date the form was signed.