

DIVISION OF FAMI DAY CARE FAC	TMENT OF SOCIAL SERVICI LY SERVICES/CHILD CARE CILITY OVERLAP REQU	LICENSING UNIT		Y ONE: DAY CARE HOME GROUP DAY CARE HOM DAY CARE CENTER	
NOTE: DAY CARE FACILITY (1. FACILITY NAME (OWNER(S) NAME(S) IF A	COMPLETE ITEMS 1-8 ONLY				
		- /- ···			
2. FACILITY ADDRESS (STREET, CITY, ZIP CODE)				()	
3. LICENSED CAPACITY	4. TOTAL NUMBER OF CHILDREN TO	BE CARED FOR DURING C	VERLAP		
5. AGE RANGE OF ADDITIONAL CHIL	DREN WHO WILL BE CARED FOR DO				
6. HOURS OF OVERLAP FROM: TO:	FROM:	TO:	FROM:	TO:	
7. AGREEMENTS					
Overlap care of children Overlap care is not perr Any changes in the hou All procedures for admi The overlap period(s) s	to one-third (1/3) the licensed in under age two (2) is not perm nitted until written approval h irs of overlap care shall requir tting children shall be followe hall not exceed two (2) hours be maintained during overlap RESIDENT OR CHAIRPERSON OR D	mitted in a day care as been received for re that a new overla ad for all children e total daily; and periods.	e home; rom the Division p request form I	be submitted and approved;	
DO NOT WRITE BELOW THIS 9. Request for overlap	LINE - FOR OFFICIAL USE (ONLY			
 a. Fire/Safety approval of b. Approved as requester Maximum number of 	d children to be in care during (·			
Infant/Toddle	(GDCH/centers only)	Preschool/S	ichool-age		
🗍 c. Denied					
Reason for Denial		<u> </u>			
10. Comments/Restrictions, if a	any				
			<u> </u>		
FOR PENDING APPLICANTS:	Approval for overlap care st	nall not be effective	until a license t	o operate is received.	
11. LICENSING REPRESENTATIVE	DATE	LICENSING SUPER		DATE	
MQ 886-0668 (6-91)	DISTRIBUTION: WHIT	TE - OFFICE; CANARY	· PROVIDER	DÇ-	