

**State of Montana**  
**Quality Assurance Division - Licensure Bureau**  
**Child Care Licensing Program**

**APPLICATION FOR OVERLAP CARE**

**Following, Please find the rule governing overlap care.**

**37.95.718(4)** Overlap care may be approved by the department in situations such as before and after school, when the number of children in care over 3 years of age would exceed, for a short period of time, the registered capacity.

**37.95.718(a)** Overlap of children under 3 years of age shall not be permitted.

**37.95.718(b)** Overlap care shall not exceed 3 hours total in any day care day.

**37.95.718(c)** Group day care facilities may be approved to provide overlap care for up to 4 additional children during the approved overlap time if there are at least 2 caregivers providing direct care at any time there are more than 8 children being cared for at the facility.

**37.95.718(d)** Family day care homes may care for 2 additional children during the approved overlap time.

**37.95.718(e)** Day care facilities providing 2 shifts of 12-hour care may be granted 3 hours of overlap care for each 12 hours of continuous care upon the written approval of the department representative.

**37.95.718(f)** There must be 35 square feet per child of indoor space including the additional children during approved overlap hours.

**37.95.718(g)** If a provider wishes to provide overlap care, the provider shall file a written plan for this care stating the specific hours in which the overlap will occur and the arrangements for providing adequate activities and supervision to all children during this period.

**37.95.718(h)** Overlap care shall not occur until the provider has received written approval of this plan from the department.

**37.95.718(i)** Group day care homes, which exceed 12 children during approved overlap, may be subject to inspection by the state fire prevention and investigation bureau and the state sanitarian.

**Please Note:**

**Insurance Coverage:** The provider must verify with their insurance agent that current liability coverage is sufficient to cover additional children during overlap periods. If current liability coverage does not cover additional children during overlap periods, coverage must be obtained. It is the responsibility of the providers to supply the department with verification that liability insurance covers additional children before overlap care takes place.

**Food Program:** You may claim your overlap children on the food program. Food program reimbursements will be made only for overlap care that has been approved by the department.

**Notification of Approval:** You will be contacted, by your childcare licensor, if your application is denied. You will receive a new day care registration certification, in the mail, with overlap changes noted.

## APPLICATION FOR OVERLAP CARE

\_\_\_\_\_  
**Director Name** **Provider #**

\_\_\_\_\_  
**Facility Address** **Phone #**

1. I am currently registered as a  Family Day Care Home  Group Day Care Home  
caring for \_\_\_\_\_ children.  
**(List maximum capacity as it is written on your day care registration certificate.)**

2. I would like to be approved to care for  1  2  3  4 additional children during overlap  
periods. **(Family day cares can only care for up to 2 additional children during overlap hours / Group day  
cares can care for up to 4 additional children during overlap hours)**

2. I will designate the following time periods for overlap care:  
\_\_\_\_\_  
\_\_\_\_\_

**List the hours of the day during which you will be providing overlap care, for example, 7:30am to 8:30am  
and 3:30pm to 5:30pm. Monday through Friday. Please note that the total amount of time designated as  
overlap care may not exceed 3 hours in any child-care day.**

4. I am requesting that this change in my overlap status begin on the following date: \_\_\_\_\_  
**(Overlap approval may be backdated only to the date that this application is received by DPHHS and only  
if insurance is in place.)**

\_\_\_\_\_  
Signature of Provider Date

**PLEASE RETURN TO YOUR LOCAL CHILD CARE LICENSING OFFICE. THANK YOU**

### TO BE FILLED OUT BY THE DEPARTMENT

This application to change overlap status has been:  Approved  Unapproved

Effective Date: \_\_\_\_\_ # of Children approved for overlap care: \_\_\_\_\_

Insurance Covers:  Yes # \_\_\_\_\_  NO

This request is not approved for these reasons: \_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Child Care Licensor Date