



CHILD CARE PLAN

State Form 54608 (1-11)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This plan is to be completed by the Applicant or Resource Parent. List all child care providers who will care for a foster child. Use additional sheets if necessary. Return the form to your licensing worker. The licensing worker will place in file and review DCS Background Check Policy to determine if any background checks are needed. Please use an additional form for additional providers.

Name of foster parent / applicant	Date (month, day, year)
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CHILD CARE PROVIDER I

Name of child care provider		
Address of provider (number and street, city, state, and ZIP code)		
Telephone number of provider ()	Hours / days child care will be provided	
Will the child care be preformed outside the resource home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the provider licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, child care license number

CHILD CARE PROVIDER II

Name of child care provider		
Address of provider (number and street, city, state, and ZIP code)		
Telephone number of provider ()	Hours / days child care will be provided	
Will the child care be preformed outside the resource home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the provider licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, child care license number

CHILD CARE PROVIDER III

Name of child care provider		
Address of provider (number and street, city, state, and ZIP code)		
Telephone number of provider ()	Hours / days child care will be provided	
Will the child care be preformed outside the resource home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the provider licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, child care license number