



CHILD CARE PLAN

NAME	ID #

Foster children in my home will attend the following licensed childcare provider, if care is needed:

Daycare Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Facility #: _____

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

INSTRUCTIONS: Visit <https://dhs.arkansas.gov/dccece/cclas/facilitysearch.aspx> to search for a licensed childcare facility in your area that is a voucher participant.