

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



**Emergency Back Up and Child Care Plan
For Kinship/Foster/Adoptive Parents**

Kinship/Foster/Adoptive Home Approved For:

Number: _____

Age: _____

CHILD CARE PLAN (For babysitting purposes within the licensed foster home only.)

Name		Address	Phone Number
First Alternate			
Second Alternate			

DAY CARE CENTER/FAMILY DAY CARE HOME

Name: _____ License # _____

Address: _____ Phone: _____

Contact Person: _____

Time Care Required: _____

Resource Parent's Signature: _____ Date: _____

Resource Parent's Signature: _____ Date: _____