

**Department of Public Health and Human Services  
Early Childhood and Family Support Division  
Child Care Licensing Bureau**

**Child Care Facility  
Activity Schedule / Written Plan**

**PROVIDER NAME:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **PV #:** \_\_\_\_\_

<b>Activity Schedule</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

**Remember:** A plan is an extension of the activity schedule **NEED HELP - See example on back of thispage**