DCC-115 R. 7/18/2014

Please complete the following:

## COMMONWEALTH OF KENTUCKY Cabinet for Health and Family Services Department for Community Based Services Division of Child Care

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## Child Care Assistance Program Over Capacity Provider Operating Plan Form

The Child Care Assistance Program (CCAP) records indicate that as a certified family child-care home or licensed child-care center operating over capacity, as specified in 922 KAR 2:100 or 922 KAR 2:120 by having two (2) or more shifts, an operating plan is required and must specify each employee of each shift; the work hours for each employee of each shift; the management for each shift; the work hours for each management employee of each shift; and the children enrolled for each shift.

Provider's Name:		Provider's Certified/License #:			
Management name:		Management name:			
Management Hours:		Management Hours:			
Employees Names:	es: Employees Hours: Employees Names:		Employees Hours:		
Enrolled Children Names:	Enrolled Children Hours:	Enrolled Children Names:	Enrolled Children Hours:		
Enrolled Children Names:	Enrolled Children Hours:	Enrolled Children Names:	Enrolled Children Hours:		
2:110, 2:120 or 2:160.  • Payment under the CCAP will		care over the capacity of the provider, as	in accordance with 922 KAR 2:090, 2:100 governed by 922 KAR 2:100 or 922 KAR		
see/On-Site Director or Certified/ Provider's Signature:			Date:		
			tion, Limited Liability Company, partnershi		

Please return this form to CCAP Section 275 E. Main St, 3C-F, Frankfort, KY 40621 by mail or by fax to 502-564-3464

Kentucky WINDERLOLED SPIRITY