Stanislaus County Office of Education
Tom Changnon, Superintendent

Child & Family Services

Tony Jordan, Executive Director
1100 H Street • Modesto CA 95354 • (209) 238-1800 • FAX (209) 238-4217

Active Supervision Plan

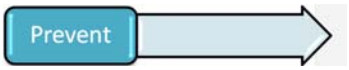
Date of Plan Development: _____

Educator(s) Name(s): _____

Assistant Teacher(s)/Additional Support Staff: _____

Program Type: (please circle) AM PM Full Day HB

Location: _____



Arrival and Sign-In:

_____

_____

_____

_____

Restroom Planning and Diapering (Indoors and Outdoors):

_____

_____

_____

_____

Indoor to Outdoor Transition:

_____

_____

_____

_____

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Outdoor to Indoor Transition:

Meal Times:

Nap Time:

Departure and Sign-out:

Staff Zoning and Communication (Indoors and Outdoors):

Child Count System for all Transitions (to include one visual display of the child count):

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Planned system for children who need extra support:

_____

_____

_____

_____

Teaching Staff Approval: _____ Date: _____

Teaching Staff Approval: _____ Date: _____

Teaching Staff Approval: _____ Date: _____

Site Administrator Approval: _____ Date: _____

Other as Applicable: _____ Date: _____

Active Supervision Monitoring:

Date Monitored:	By Whom (please print name)	Comments:	Revisions needed
			Y or N
			Y or N
			Y or N
			Y or N

Date Updated: _____ Initials: _____

Date Updated: _____ Initials: _____

Date Updated: _____ Initials: _____

Date Updated: _____ Initials: _____

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