

Child & Family Services



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Active Supervision Plan (FCCH)

Date of Plan Development:
Provider Name:
Assistant(s) Name(s):
Address:
Prevent
Arrival and Sign-In:
Restroom Planning and Diapering (Indoors and Outdoors):
Indoor to Outdoor Transition:
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 a visual display of the child count):
Planned system for children who need extra support:

Personal Needs	/Emergencies:			
Provider Approval:			Date:	
Assistant Approval:			Date:	
Assistant Approval: Da				
Specialist Approval:			Date:	
Other as Applicable:			Date:	
Active Supervis	ion Monitoring:			
Date Monitored:	By Whom (please print name)	Comments:		Revisions needed
				Y or N
				Y or N
				Y or N

Y or N