

**Active Supervision Plan**

Date of Plan Development: \_\_\_\_\_

Educator(s) Name(s): \_\_\_\_\_

Assistant Teacher(s)/Additional Support Staff: \_\_\_\_\_

Program Type: (please **check one**) AM    PM    Full Day    HB

Location: \_\_\_\_\_



Arrival and Sign-In:

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Restroom Planning and Diapering (Indoors and Outdoors):

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Indoor to Outdoor Transition:

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Outdoor to Indoor Transition:

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Meal Times:

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Nap Time:

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Departure and Sign-out:

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Staff Zoning and Communication (Indoors and Outdoors):

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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:

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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: \_\_\_\_\_

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Date Updated: \_\_\_\_\_ Initials: \_\_\_\_\_