

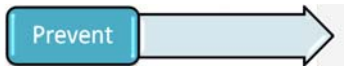
**Active Supervision Plan (FCCH)**

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

Provider Name: \_\_\_\_\_

Assistant(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_



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 a visual display of the child count):

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Planned system for children who need extra support:

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Personal Needs/Emergencies:

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Provider Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Assistant Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Assistant Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Specialist 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