|  |  |  |  |
| --- | --- | --- | --- |
| **Site** | Click here to enter text. | **Teacher** | Click here to enter text. |
| **Classroom**  | Click here to enter text. | **Date** | Click here to enter a date. |
| **Coordinator** | Click here to enter text. | **Age Group** | Choose an item. |

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| **SCUSD Classroom Safety and Supervision Plan** |
| Please identify all safety concerns and challenges within your individual classroom. For each area listed below state how your teaching team plans to address safety challenges. Please provide a completion date for all changes to be implemented. If challenges have already been address please provide implementation date. |

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| **Children’s Arrival and Departure:** *Please answer the following questions* |
| *Please complete all boxes* | **Greet Families Upon Arrival** | **Complete Daily Health Checks/ Hand washing** | **White Board** | **Greet Families Upon Departure** |
| **Who** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Back Up**  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **How will I address parents who would like to speak with me during a departure or arrival?** |
|  |
| **Who will complete necessary daily tasks in the event a teacher is out?** |
|  |
| **Date of Implementation** | Click here to enter a date. | **Date Completed**  | Click here to enter a date. |

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| **Group Transition Plan:** *Please answer the following questions* |
| *Please complete all boxes* | **Inside Gathering Place** | **Outside Gathering Place** | **Updates White Board** | **Counts all Children** | **Completes SWEEP** |
| **Who**  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Backup** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **How will your classroom complete their transition outside?**  |
|  |
| **How will your classroom complete their transition inside including roll call**?  |
|  |
| **In the event of a substitute, what roles will they play in the transition?**  |
|  |
| **Date of Implementation** | Click here to enter a date. | **Date Completed**  | Click here to enter a date. |

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| **Bathroom Supervision Plan**: *Please answer the following questions* |
| **Where will teacher and staff stand in order to supervise the bathroom completely?** |
|  |
| **How will you take children to the bathroom when you are outside?** |
|  |
| **If the bathroom is outside your classroom or out of view of the rest of the classroom, how will you take children to the bathroom?** |
|  |
| **Identify barriers to vision or specific concerns pertaining to your bathrooms?** |
|  |
| **How will your teaching team handle those children that are potty training and emergencies?** |
|  |
| **Date of Implementation** | Click here to enter a date. | **Date Completed**  | Click here to enter a date. |

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| **Napping Supervision Plan**: *Please answer the following questions* |
| **How will you supervise children during naptime?** |
|  |
| **What will you do when a child has to use the bathroom or refuses to nap?** |
|  |
| **Date of Implementation** | Click here to enter a date. | **Date Completed**  | Click here to enter a date. |

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| **Breaks***: Please answer the following questions. If necessary, consult with your coordinator.* |
| *Please complete all applicable boxes* | **Teacher**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  **Instructional Aide** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Child Care Attendant****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Child Care Attendant/Instructional Aide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Morning Break Time** |  |  |  |  |
| **Lunch Time** |  |  |  |  |
| **Afternoon Break Time**  |  |  |  |  |
| **Date of Implementation** | Click here to enter a date. | **Date Completed**  | Click here to enter a date. |

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| **Classroom Specific Challenges***: Please list any challenges to classroom supervision. These may include, but not limited to* |
|  | * *Children that require heightened supervision*
* *Staffing Concerns*
* *Facilities issues*
* *Outside Services (i.e. speech/ occupation therapy)*
 |
|  |
| **Date of Implementation** | Click here to enter a date. | **Date Completed**  | Click here to enter a date. |

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| **Signature Page** |
| *Signing below states “I am in agreement with the safety plan, and will adhere to the plan on a daily basis.”* |
| **Name** | **Title**  | **Date**  |
|  |  |  |
|  |  |  |
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|  |  |  |
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\* **Administrative Use Only**

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| **Coordinator** | **Date**  |  | **File Date**  |
|  |  |  |  |