**Extended Care Plan**

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| --- | --- |
| **Provider** | Click or tap here to enter text. |
| **Parent:** | Click or tap here to enter text. |
| **Child Name:** | Click or tap here to enter text. |
|  |  |

Fire department has been notified that extended care is being provided.

Fire evacuation for extended hours has been updated: ie, floor plan, posted on each floor fire drills

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| --- | --- | --- | --- |
| **Emergency Contact information for extended hours.** | |  | |
| Parent: | Click or tap here to enter text. | | |
| Parent: | Click or tap here to enter text. | | |
| Other: | Click or tap here to enter text. | | |
| Where will the child(ren) be sleeping? | Click or tap here to enter text. | | |
| Where will the provider be sleeping? | Click or tap here to enter text. | | |
| Will a monitor be used? | Click or tap here to enter text. | | |
| The provider will conduct direct visual sleep checks. | Click or tap here to enter text. | | |
| Times checked: | Click or tap here to enter text. | | |
| **Meals that will be provided: Please check all that apply.**  Breakfast Lunch Dinner Snacks | | | |
| Any additional information: Click or tap here to enter text. | | |

**Signatures:**



**Date:** Click or tap to enter a date. **Date:** Click or tap to enter a date.



Date:Click or tap to enter a date.