**Extended Care Plan**

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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.