

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

# Program Plan for Special Family Child Care

PROVIDER/PROGRAM NAME				
STREET ADDRESS		CITY	STATE	ZIP CODE
EMAIL ADDRESS		PHONE NUMBER	LICENSE CLASS	

## Outdoor play and travel

IS THERE AN IDENTIFIED OUTDOOR PLAY SPACE ADJACENT TO THE PROGRAM WITH AT LEAST 50 SQ FEET PER CHILD IN ATTENDANCE? <input type="radio"/> Yes <input type="radio"/> No
IF NO, DESCRIBE HOW YOU WILL MEET OUTDOOR PLAY REQUIREMENTS:
WILL THE OUTDOOR PLAY SPACE BE SHARED? <input type="radio"/> Yes <input type="radio"/> No
IF YES, HOW WILL THE OUTDOOR SPACE BE USED BY OTHERS?
OUTLINE YOUR PLAN FOR OUTDOOR SUPERVISION:
WILL YOUR PROGRAM INCLUDE TRAVEL OFF-SITE? <input type="radio"/> Yes <input type="radio"/> No
IF YES, DESCRIBE HOW YOU WILL ENSURE THE SAFETY OF ALL CHILDREN WHEN AWAY FROM THE SITE:

## Toileting and diaper changing

IS THERE A BATHROOM WITHIN THE ROOM THAT WILL BE THE PRIMARY CARE SPACE?  Yes  No

IF NO, WHAT IS THE LOCATION OF THE BATHROOM RELATIVE TO THE PRIMARY CARE SPACE?

IS THERE A SINK IN THE SPACE FOR WASHING HANDS AFTER DIAPERING AND FOR MEAL TIMES?  Yes  No

IF THERE IS NO SINK IN THE ROOM, HOW WILL YOU MEET THIS REQUIREMENT WHILE MAINTAINING SUPERVISION?

OUTLINE IN DETAIL HOW YOU WILL MAINTAIN REQUIRED SUPERVISION OF ALL CHILDREN DURING TOILETING TIME:

WHERE WILL YOU CHANGE DIAPERS?

WHAT IS THE PLAN FOR DISPOSAL OF WET OR SOILED DIAPERS?

## Meals and snacks

WILL YOU PREPARE FOOD ON SITE?  Yes  No

IF YES, WHERE WILL THE FOOD BE PREPARED? IF THE FOOD IS PREPARED IN A ROOM OTHER THAN THE PRIMARY CHILD CARE SPACE, INDICATE HOW YOU WILL MANAGE SUPERVISION DURING TIMES OF FOOD PREPARATION.

<p>WILL THE CHILDREN EAT IN THE PRIMARY CHILD CARE SPACE?    <input type="radio"/> Yes    <input type="radio"/> No</p>
<p>IF NO, WHERE?</p>
<p>WILL ANYONE ELSE HAVE ACCESS TO THAT SPACE AT THAT TIME, INCLUDING OTHER LICENSED PROGRAMS?    <input type="radio"/> Yes    <input type="radio"/> No</p>

**Public building information**

<p>IS THE BUILDING USED BY OTHERS?    <input type="radio"/> Yes    <input type="radio"/> No</p>
<p>IF YES, DESCRIBE CIRCUMSTANCES IN WHICH OTHER PEOPLE WOULD BE IN THE BUILDING WHILE THE CHILD CARE PROGRAM IS IN OPERATION AND HOW YOU WILL ENSURE THE SAFETY OF THE CHILDREN DURING THOSE TIMES:</p>
<p>WILL THE IDENTIFIED CHILD CARE SPACE BE USED BY OTHERS WHEN CHILD CARE IS CLOSED?    <input type="radio"/> Yes    <input type="radio"/> No</p>
<p>IF YES, DESCRIBE THE CIRCUMSTANCES AND DETAIL YOUR PLAN FOR ENSURING THAT THE ROOM ALWAYS MEETS CHILD SAFETY STANDARDS:</p>

**Multiple child care programs in the same building**

<p>WILL OTHER CHILD CARE PROGRAMS BE OPERATING AT THE SAME TIME IN THE SAME BUILDING?    <input type="radio"/> Yes    <input type="radio"/> No</p>
<p>IF YES, HOW MANY?</p>
<p>IF YES, DESCRIBE HOW YOU WILL MANAGE TIME IN SHARED SPACES SUCH AS KITCHEN/DINING, RESTROOMS, GYMNASIUM, ETC. AND HOW YOU WILL ENSURE THAT THERE IS NO MIXING OF CHILDREN OR CAREGIVERS BETWEEN PROGRAMS:</p>

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## Program staffing

What days and hours will your program operate?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
WILL YOU USE STAFF/VOLUNTEERS TO ASSIST YOU IN THE OPERATION OF YOUR PROGRAM? <input type="radio"/> Yes <input type="radio"/> No						

If yes, complete the table below:

Staff/Volunteer Information		Initial Contact	Staff/Volunteer Work Schedule						
Name	Role	Date	MON	TUES	WED	THU	FRI	SAT	SUN

## Additional safety measures

GIVEN THAT YOU ARE OPERATING A PROGRAM IN A LOCATION OTHER THAN WHERE THE LICENSE HOLDER LIVES, PLEASE OUTLINE ANY ADDITIONAL MEASURES YOU WILL USE TO ENSURE THE SAFETY OF ALL CHILDREN IN CARE:

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## Daily schedule

DESCRIBE THE PROPOSED SCHEDULE FOR THE DAY FROM TIME OF OPENING TO THE END OF THE DAY AND CLOSING OF THE PROGRAM:

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## Signature

SIGNATURE	DATE
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Please attach supporting documentation such as photos or floor plans if available.