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| **Site** |  |
| **Teacher** |  | **Supervisor** |  |
| **Classroom** |  | **Age Group** |  |
| **SETA Head Start Classroom Safety/Supervision Plan 2024** |
| **Classroom Plan:** Please describe your plan to ensure safe supervision and transition while inside the classroom |
| What is your communication plan? |
| * When we transition as a group between inside/outside we will:
* When one Teacher transitions an individual or small group of children between inside/outside we will:
* Our gathering location is:
 |
| Where are the hot spots in the classroom? Where are the cold spots? How will staff ensure they are appropriately monitored?  |
| * Hot spots inside/outside:
* Cold spots inside/outside:
* To ensure appropriate monitoring of hot/cold spots staff will (create zoning plan, perform classroom sweeps, communicate between each other, etc):
 |
| When substitutes and/or new staff come onboard, how will they be informed of transition plans and overall classroom safety? |
| * Who will inform them of the classroom zoning and safety plan?
* When will they be informed?
 |
| **Bathroom Supervision Plan**: Please answer the following questions |
| Where will teachers stand in order to supervise the bathroom completely? |
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| **General Safety Plan:** |
| What is the emergency response plan if a medical emergency happens? |
| * Who will determine if emergency medical services need to be contacted?
* During the medical emergency who will supervise the other children?
* When will the family be contacted?
* Who will complete the Unusual Incident Report, and send it to their supervisor?
 |
| **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/ therapy), and how will you inform any substitutes of the safety plan? |
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| If a staff member is feeling overwhelmed, what immediate options are there to help them self-regulate and feel calmer? |
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**Written Acknowledgment of Classroom Safety and Supervision Plan**

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| By signing below, I acknowledge I have read, understand, and agree to uphold the safety and supervision plan for my class, and will adhere to it on a daily basis. I also agree to review/revise the plan monthly **OR** when a new child/staff joins the team, and share any concerns with my supervisor. |
| **Name** | **Title** | **Date** |
|  |  |  |

**This plan has been reviewed and approved by both the Teacher and Supervisor**

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Teacher signature date

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Supervisor signature date