

Child Care Transition Plan

Moving Child to New Classroom or Caregiver

Facility Name: _____ Current Primary Caregiver: _____
 Child Name: _____ Parent(s) or Guardian: _____
 Transition Plan Start Date: _____ Transition Plan End Date: _____

Choose some or all of the following activities.
 Check each task as completed and enter dates.

Transition Activities

Date Completed

- Parent/Family Discussion of transition _____
- Information given to parents/family about the new classroom and/or primary caregiver. _____
- Visiting new classroom or caregiver with current primary caregiver _____
- Child's participation in shared activities _____
- Other activities to familiarize child with new environment and people:
 - _____ _____
 - _____ _____
 - _____ _____
 - _____ _____
- Transition date determined is: _____ _____
- Plan for daily visits _____

DATE	TIME	ACTIVITY	ADULTS INVOLVED

** Use additional page if needed*

Parent's/Guardian's signature _____ Date _____