

Substitute Provider Information

Provider's Name: _____ Date: _____

Children Present	Age	Arrival/Departure	Parent Contact	Phone:

Meals

Breakfast: _____

A.M.Snack: _____

Lunch: _____

P.M.Snack: _____

Nap/Sleep Schedule & Routine

Special Instructions About our Day

I will be at: _____

You can reach me at: _____

I will be returning at: _____

The provider has shown the Substitute:

- Where children's' files are located
- Where children's supplies are located
- Where meal/snack items are located
- Where supplies for the day are located
- Where children have rest/sleep
- Where the First Aid Kit is located
- Where the phone is located
- Where emergency #'s are located
- Emergency Evacuation plan/ Fire exits
- Where fire extinguishers are located
- Where cleaning supplies are located
- Other: _____
- Other: _____

Special Instructions for the children (allergies, medication, special needs etc...)

Notes/Messages for the Provider:
