



Family Space Quinte Inc.

Licensed Home Child Care Program

OUTDOOR SUPERVISION PLAN

I agree to the following outdoor supervision plan for my child(ren):

Supervision	Activities
Constant Physical Supervision	
Within Visual and Audio Distance	
Other: Detailed Explanation	

Parent's Signature: _____

Date: _____

Caregiver's Signature: _____

Date: _____

Home Visitor's Signature: _____

Date: _____