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**

- □ Parent/Family Discussion of transition
  - Date Completed: ________

- □ Information given to parents/family about the new classroom and/or primary caregiver.
  - Date Completed: ________

- □ Visiting new classroom or caregiver with current primary caregiver
  - Date Completed: ________

- □ Child’s participation in shared activities
  - Date Completed: ________

- □ Other activities to familiarize child with new environment and people:
  - Date Completed: ________
    - __________________________________________
    - __________________________________________
    - __________________________________________
    - __________________________________________
    - __________________________________________

- □ Transition date determined is: ____________
  - Date Completed: ________

- □ Plan for daily visits
  - Date Completed: ________

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<tr>
<th>DATE</th>
<th>TIME</th>
<th>ACTIVITY</th>
<th>ADULTS INVOLVED</th>
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* Use additional page if needed

Ensure parents/family is informed of the transition processes as they are developed and that the transition plan includes activities for making the family feel welcome as well as the child.