

## Satellite Substitute Care Information Sheet

***This form must be completed before arrival of substitute care staff***

All Ratios and Child Health Policies MUST be in accordance with City Accreditation Standards.  
(If not, Satellite Substitute Care Staff will not be able to provide care.)

Child	Age	Arrival & Pick Up Time Name of individual picking up...	Special Items (toy, blanket, pacifier, etc)	Favorite Activities	Other Information: Special Health Needs (allergies, medications, etc.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**Please label diaper bags, cubbies, bottles, outdoor clothes, extra clothes, etc. for Infants/Toddlers.**

Emergency cards/forms are located: \_\_\_\_\_

Children's Files are located: \_\_\_\_\_

First Aid Kit is Located: \_\_\_\_\_

Fire Extinguisher is located: \_\_\_\_\_

Emergency Back-Up Person & phone #: \_\_\_\_\_

Places and numbers where you will be: \_\_\_\_\_

**Briefly, list/explain routine or scheduled activities during substitute care time...**

---

---

---

---

---

**Meals**

**If children use specific cups, chairs, bibs, bottles, etc. please label.** Substitute care staff sit with the children for meals - please consider this when preparing food.

**Breakfast:** (Include time & menu.) \_\_\_\_\_

---

---

---

**Lunch:** (Include time & menu.) \_\_\_\_\_

---

---

---

**Snack:** (Include time & menu.) \_\_\_\_\_

---

---

**Naps**

**Label each child's sleep "gear".** List: Approx. time & length of nap; where children sleep; routine; special items children sleep with: \_\_\_\_\_

---

---

---

---

---

**Diapering/Toileting**

**Label all diapering & toileting supplies and extra clothing.** Explain: routine, schedule, special information: \_\_\_\_\_

---

---

---

---

---