

Special Care Plan

Facility Name: _____

Facility Address: _____

Child's Name: _____

Date of Birth: _____ Times and Days in Child Care _____

1. Describe the child's special need during group care: _____

2. Child's present functional level and skills: _____

3. What emergency or unusual episode might arise while the child is in care? _____

(Prepare and maintain information on the "Emergency Form for Children with Special Needs available from the American Academy of Pediatrics, www.aap.org.)

4. Accommodation which the facility must provide for this child: _____

a.) Are there particular instructions for sleeping, toileting, diapering, or feeding?

b) Will the child require medication while in care? If so, attach the physician's instructions for use of the child's medication. _____

c) Are special emergency and/or medical procedures required? If so, what procedures are required? _____

d) What special training, if any, must staff have to provide that care? _____

e) Are special materials/equipment needed? _____

5. Other specialists working with the child (e.g., occupational therapist, physical therapist): _____

Primary Case Manager: _____ Phone: _____

(usually the doctor in charge)

Address: _____

On-site child care facility case manager: _____ Phone: _____