

SPECIAL CARE PLAN



11 Saint Asaphs Road
Bala Cynwyd, PA 19004

Childs Name: _____

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

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

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

3. What emergency or unusual episode might arise while the child is in care? How should the situation be handled?

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, attached 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 materials/equipment needed? _____

5. Other specialist 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: _____