

Special Health Care Plan

To be completed by the Child Care Health Consultant or Health Advocate. The Special Health Care Plan provides information on how to accommodate the special health concerns and needs of this child while attending an early care and education program.

Name of Child: _____ Date: ____/____/____

Name of Child Care Program: _____

Description of Health Condition(s)

List description each health condition:

Team Member Names and Titles (include Parents)

Parent/Guardian _____

Health Care Provider (MD, NP) _____

On-site Care Coordinator _____

Team Members: Other Support Programs Outside of Child Care (name, program, contact information, frequency)

- Physical Therapist (PT) _____
- Occupational Therapist (OT) _____
- Speech & Language Therapist: _____
- Social Worker: _____
- Mental Health Professional/Consultant: _____
- Family Child Advocate: _____
- Other: _____

Communication

The team will communicate: ____ Daily ____ Weekly ____ Monthly ____ Other _____

The team will communicate by ____ Notes, ____ Communication Log ____ Phone ____ Email ____ In person

Meetings, ____ Other _____ Dates and times _____

Staff Training Needs

Type of Training: _____

Training will be provided by: _____

Training will be monitored by: _____

Staff who will receive training: _____

Dates of training: _____

Plan for absences of trained personnel responsible for health-related procedure(s):



We had the opportunity of getting to know each other on _____, 20__.

During this time, we toured the facility and met with Jeannie Peoples. We also discussed scheduling, required forms and received a copy of the Policy and Procedure Manual. We were given the meal times for the program. We also had the opportunity to discuss our child's likes and dislikes and previous child care experiences. We also shared any concerns about our child's developmental progress.

✓ I have received a copy of this notice.

Signature of Parent

Date