

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, E mail, In Person Meetings,

Other _____ Dates and times _____

Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) is attached. Yes No

Staff Training Needs

Type of training: _____

Training will be provided by: _____

Training will be monitored by: _____

Staff who will receive training: _____

Dates for training: _____

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

Special Health Care Plan

Medical Information

Medical information from the Health Care Provider is attached: Yes No

Information Exchange Form cchp.ucsf.edu/InfoExchangeForm has been completed

by Health Care Provider: Yes No

Medication to be given: Yes No

Medication Administration Form has been completed by health care provider and parents: Yes No

Allergies: Yes No if yes, list: _____

Safety

Strategies to support the child's needs and safety issues while in child care: (e.g., diapering/toileting, outdoor play, circle time, field trips, transportation, nap/sleeping) _____

Special equipment: _____

Positioning requirements: _____

Equipment care/maintenance: _____

Nutrition and Feeding Needs

A Nutrition and Feeding Care Plan has been completed Yes No

Allergies to food: Yes No if yes, list: _____

Other feeding concerns: _____

Behavior Concerns

List specific changes in behavior that arise as a result of the health-related condition/concerns _____

Emergencies

Emergency contact: _____ Telephone: _____

Health Care Provider: _____ Telephone: _____

Emergency Information Form Completed Yes No

Follow-up, Updates, and Revisions

This Special Health Care Plan is to be updated/revised whenever child's health status changes or at least every _____ months as a result of the collective input from team members.

Due date for revision and team meeting: ____/____/____.

Attach additional information if needed. Include unusual episodes that might arise while the child is in care, how the situation should be handled, and special emergency or medical procedures that may be required.