

# Special Health Care Plan

The special health care plan defines all members of the care team, communication guidelines (how, when, and how often), and all information on appropriately accommodating the special health concerns and needs of this child while in child care.

**Name of Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

.....  
**Description of condition(s):** (include description of difficulties associated with each condition) \_\_\_\_\_

.....  
**Team Member Names and Titles** (parents of the child are to be included)

Care Coordinator (responsible for developing and administering the Special Health Care Plan): \_\_\_\_\_

① If training is necessary, then all team members will be trained.

Individualized Family Service Plan (IFSP) attached       Individualized Education Plan (IEP) attached

**Outside Professionals Involved**

**Telephone**

Health Care Provider (MD, NP, etc.): _____	_____
Speech & Language Therapist: _____	_____
Occupational Therapist: _____	_____
Physical Therapist: _____	_____
Psychologist/Mental Health Consultant: _____	_____
Social Worker: _____	_____
Family-Child Advocate: _____	_____
Other: _____	_____

**Communication**

How the team will communicate (notes, communication log, phone calls, meetings, etc.):  
\_\_\_\_\_

How often will team communication occur:     **Daily**     **Weekly**     **Monthly**     **Bi-monthly**     **Other** \_\_\_\_\_

Date and time specifics: \_\_\_\_\_

**Specific Medical Information**

❖ Medical documentation provided and attached:  Yes  No

**Information Exchange Form** completed by health care provider is in child,s file on site.

❖ Medication to be administered:  Yes  No

**Medication Administration Form** completed by health care provider and parents are in child's file on site (including: type of medications, method, amount, time schedule, potential side effects, etc.)

Any known allergies to foods and/or medications: \_\_\_\_\_

Specific health-related needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planned strategies to support the child's needs and any safety issues while in child care: (diapering/toileting, outdoor play, circle time, nap/sleeping, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Other (i.e., transportation, field trips, etc.): \_\_\_\_\_

\_\_\_\_\_

**Special Staff Training Needs**

Training monitored by: \_\_\_\_\_

1) Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

2) Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

3) Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

**Equipment/Positioning**

❖ Physical Therapist (PT) and/or Occupational Therapist (OT) consult provided:  Yes  No  Not Needed

Special equipment needed/to be used: \_\_\_\_\_

\_\_\_\_\_

Positioning requirements (attach additional documentation as necessary): \_\_\_\_\_

\_\_\_\_\_

Equipment care/maintenance notes: \_\_\_\_\_

**Nutrition and Feeding Needs**

**Nutrition and Feeding Care Plan Form** completed by team is in child's file on-site . See for detailed requirements/needs.

**Behavior Changes** (be specific when listing changes in behavior that arise as a result of the health-related condition/concerns)

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**Additional Information** (include any unusual episodes that might arise while in care and how the situation should be handled)

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**Support Programs the Child Is Involved with Outside of Child Care**

1. Name of program: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
Frequency of attendance: \_\_\_\_\_

2. Name of program: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
Frequency of attendance: \_\_\_\_\_

3. Name of program: \_\_\_\_\_ Contact person: \_\_\_\_\_  
Address and telephone: \_\_\_\_\_  
Frequency of attendance: \_\_\_\_\_

**Emergency Procedures**

Special emergency and/or medical procedure required (additional documentation attached)

Emergency instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**Follow-up: Updates/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: \_\_\_\_\_