



Specialized Health Care Plan

1. Facility Name \_\_\_\_\_  
Facility Address \_\_\_\_\_  
Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Times and Days in Child Care \_\_\_\_\_

2. Description of the child's health care needs.  
\_\_\_\_\_  
\_\_\_\_\_

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

4. What is the frequency of this condition?  
\_\_\_\_\_

5. What was the date of the last occurrence?  
\_\_\_\_\_

6. Are there particular instructions for sleeping, toileting, or feeding?  
\_\_\_\_\_  
\_\_\_\_\_

7. Will the child require medication while in care? If so, attach the medication authorization form.  
\_\_\_\_\_  
\_\_\_\_\_

8. What emergency and/or medical procedures required? Please list.  
\_\_\_\_\_  
\_\_\_\_\_

9. What special training, if any, must staff have to provide that care?  
\_\_\_\_\_  
\_\_\_\_\_

10. Other specialists working with the child (e.g., physical therapist, nurse):  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Site Director/Disability Coordinator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Translated by: \_\_\_\_\_



The purpose of the health care plan is to identify children who have special health needs and, therefore, plan any special care that may be required during their enrollment in the center.

- 1.) Fill in the top four lines of identifying information.
- 2.) The description of the health needs:
  - a. This may be seizure disorder, sickle cell anemia, food allergies, heart condition, or any other illness that is chronic in nature (child will live with the condition over his/her lifespan).
  - b. This may be also used for acute (or temporary) conditions that Require special care that will resolve itself over time or after Treatment is complete. (examples: broken leg, wound care)
- 3.) What emergency or unusual episode might arise while the child is in care? How should the situation be handled?
  - a. In the case of a seizure-we would like to know what type of seizures the child has had and if there is any identifying symptoms that staff should be aware of.
  - b. Broken leg-staff may need to check color temperature of exposed toes to determine circulation. Blue indicates poor circulation and needs to be seen by the doctor.
- 4.) What is the frequency of the Condition:
  - a. In the case of seizure-how many seizures have been reported in a month's time.
- 5.) What was the date of the last occurrence:
  - a. Note the date either month or year of the last time they had a seizure.
  - b. Date of when child broke his leg or how long child will remain in the cast.
- 6.) Are there any particular instructions for sleeping, toileting, or feeding?
  - a. Ask if there are changes in the center that need to be made in order for the child to participate.
  - b. Parent may show staff how to help child toilet with leg cast.
- 7.) Medication:
  - a. Use medication authorization and log for all medications that must be given during the child care. If possible, see if meds can be given at home before the child comes to school and at night.
- 8.) Emergency/medical procedure:
  - a. Review CPR and training for heart condition.
  - b. Signs and symptoms if child is allergic or has life threatening reactions to allergy.
  - c. Steps that staff will follow in cases of emergency that the doctor has outlined while child is in the center.
- 9.) Training:
  - a. Identify what special training staff may need-you may want to request parent and medical personnel provide training. Check with your health consultant regarding community personnel that could support staff and family during the child care stay.
- 10.) Know the medical providers and specialists that are currently working with this child and family. Record contact information.
- 11.) Physician must sign and date this document. Phone and address must be included.

Schedule meeting with parent and staff to review, and have parent sign plan. Make copies for the child's file, teacher, parent, health consultant, and any staff working with the child.