

Individual Care Plan



SPECTRUM STATION
Early Learning & Child Care Centers

Child's name: _____

Date of birth: _____

Parent name: _____

Note to Parent:

Missouri state licensing rules for childcare facilities require an individualized care plan be on file for any child who may have special health care needs which may necessitate specialized care from childcare staff. This includes allergies, long term medication, certain diseases, etc. which require additional services. Spectrum Station will assess our ability to provide care based on the child's circumstances and needs.

It is requested that you have the following information completed by:

_____ for _____
(M.D., Therapist, Etc.) Child's name

Regarding: _____

The following information is to be completed by a physician or therapist:

1) This child has been diagnosed as having the following health condition(s):

2) Is medication required for this condition Yes No

A) Name of medication: _____

B) Does the medication need to be administered by childcare staff? Yes No

C) Dosage & dose intervals: _____

D) Can the child have an adverse reaction to this medication? If so, what action should be taken by the child care staff? _____

Individual Care Plan

3) Can this child participate in regular activities at the center?

If not, what restrictions should be put in place for the child?

4) The ratio for this child's age group is ____ to ____ with a group size of ____

Does the ratio and group size inhibit the child's ability to successfully function in a structured learning environment?

5) Does this child's health condition require any specialized care by the staff?

6) In case of a medical emergency due to the child's special health condition the following recommendations are made:

7) Please provide any additional information to help this child succeed:

Doctors name: _____ Signature: _____

Clinic/Practice: _____

Phone: _____ Address: _____

Date of completion: _____