MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

# Individualized Treatment/Care Plan Checklist for Specialized Services

**Child's Name: _____Date of Birth: _____**

**Condition that requires Specialized Care:_____**

**Health Care Provider: _____Phone #:_____**

**INSTRUCTIONS: Parents and child care providers should review and sign this form when enrolling a child with special health care needs and/or individualized treatment care plans, procedures, or medications. Attach this form to the child's treatment/care plan. The second page can be used for documentation of care, procedures, and/or medications that are not documented on any other form.**

**IF A MEDICAL TREATMENT PLAN INCLUDES A MEDICATION, IS SIGNED BY THE HEALTH CARE PROVIDER, AND IS ATTACHED TO THIS FORM THEN OCC 1216 IS NOT REQUIRED. For example, for diabetes medications, child care providers may accept the Diabetes Medical Management Plan.**

| | Items | Received & Reviewed | | | Parent Initial | Child Care Staff Initial |
|---|---|---|---|---|---|---|
| | | Yes | No | N/A | | |
| 1 | A written individualized care/treatment plan, signed by a certified professional and the parent, has been provided to the child care provider. | | | | | |
| 2 | Each staff member providing care to a child is trained, by licensed/certified professionals, in the use of specialized health care procedures or equipment.<br>Trainer's Name & Credential: _____<br>Training Date:_____<br>Name of all staff who were trained: _____<br>_____ | | | | | |
| 3 | Provider agrees to allow a parent-approved adult who provides specialized services to a child in care to provide those services on the facility premises as specified in the child's individualized education or healthcare plan. | | | | | |
| 4 | Updated Emergency Form (OCC 1214). | | | | | |
| 5 | Updated Health Inventory Form (OCC 1215). | | | | | |
| 6 | Modified Menu Plan received, if applicable. | | | | | |
| 7 | Modified Physical Activity Schedule received, if applicable. | | | | | |
| 8 | Trained staff or parents are available for field trips /off-site activities. | | | | | |
| 9 | Medical Bracelet /Medical Alert Badge. | | | | | |
| 10 | Individualized Treatment/Care Plan: medical/behavioral plan/IEP/IFSP. | | | | | |

**PARENT/GUARDIAN AUTHORIZATION:** I/We request the child care program to provide the care indicated above. I certify that I have the legal authority, understand the risks, and authorize the trained childcare staff to provide care as per the Instructions for the child named above. I agree to review and demonstrate special procedures and arrange for a certified professional to train the staff for my child's specific care components. I agree to provide the child care program with any significant updates to the child's health care condition or treatment plan. I authorize the childcare staff and the healthcare professional indicated on this form to communicate in compliance with HIPAA.

**Parent/Guardian Signature:_____Date: _____**

**Phone #_____Emergency Contact Phone #: _____**

**Child Care Staff Signature _____Date: _____**

SEE PAGE 2 FOR DOCUMENTATIONON LOG

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## Special Health Condition Medication/Procedure/Behavior Management Documentation Log

| **Child's Name**: | **Date of Birth:** |
|---|---|
| **Child's Special Health Diagnosis** | **Medication/Procedure as per individualized care plan** |

| DATE | TIME | Actions (check as needed) | | | | Findings and Remarks | Signature |
|---|---|---|---|---|---|---|---|
| | | Medication Administered/ Procedure performed | Parent Called | 911 called | Other | | |
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**Examples of Special Health Care Conditions that can be documented on this form**

*Diabetes Mellitus: Diabetic Medical Management Plan (Blood sugar test, insulin injection-pen/pump, diet)

*Special Feeding Needs: G Tube Feeding Plan (feeding only approved)

* Special Breathing Needs: Oxygen Tube (monitor mask/tube in place, no smoking fire hazard nearby)

*Special Bladder Needs: Emptying urine from the urinary bag is the only procedure approved

*Autism/ADHD: Medication and/or Behavior Management Plan (quiet room)

* Other: _____