

Storyland Preschool Special Care Plan

Child's Name: _____

Date of Birth: _____ Times and Days in Child Care: _____

1. Describe the child's special need during group care:

2. Child's present functional level and skills:

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

4. Accommodation which the facility must provide for this child:

a) Are there particular instructions for sleeping, toileting, diapering, or feeding?

b) Will the child require medication while in care? If so, provide information on medication (name, dosage, special instructions)

c) Are special emergency and/or medical procedures required? If so, what procedures are required?

d) What special training, if any, must staff have to provide that care?

e) Are special materials/equipment needed?

5. Other specialists working with the child (e.g., occupational therapist, physical therapist):

Primary Case Manager: _____

Phone: _____
(usually the doctor in charge)

Address:
