**Individual Plan of Care**

Child’s Name _____________________________________________________________

The purpose of this written plan is to assist child care staff to understand and document modification of our programming for your child. This meets the requirements of the *American with Disabilities Act* by demonstrating that we are focused on inclusion and success in child care for each of child individually.

Staff will be able to refer to this plan for children with a diagnosis of emotional or behavior issues (e.g. ADHD, Asperger’s Syndrome, Autism) or chronic disability (e.g. Cerebral Palsy, Spina Bifida, Learning Disabilities, Vision Impairment, Developmental Delays). Staff will be able to refer to this individual plan for life threatening allergies, diabetes, asthma, and seizures.

Each individual plan is a collaboration between the parent/guardian and our child care staff, as well as any other professionals that the parent/guardian would like to include (e.g. school teacher, school counselor).

Diagnosis ______________________________________________________________

Strengths/Abilities/Interests ________________________________________________

Please list any special techniques you know work well with your child in challenging situations ________________________________________________________________

______________________________________________________________________

Physicians or other professionals working with your child ______________________

Please initial here, indicating your permission to consult with the above professionals ________________________________________________________________

______________________________________________________________________

Emergencies that might arise and how to handle them _________________________

______________________________________________________________________

Accommodations Necessary (e.g. Diet, Sleeping, Toileting, Change in Activity, Behavior Intervention) ________________________________

______________________________________________________________________

Special Materials/Equipment (e.g. math manipulatives, hearing aid, calculator for homework – a copy of the IEP) _________________________

______________________________________________________________________

Training staff may need for any special emergency procedures __________________________

______________________________________________________________________

**Staff Trained in the Above Plan:**

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*Updated March 2013*