

# Written Care Plan



## What Caregivers Need to Know

This Written Care plan document is a template to help you get to know the children in your care. A care plan can be used for any child and/or any time you need a place to record information about caring for a specific child. We want children to be cared for in a way that meets their needs and for caregivers to have the information they need to provide effective and equitable child care for all children in their care.

### When is a written care plan needed?

A care plan is required if a child has:

- Any chronic health issues (such as a feeding tube or sensory issue);
- Specific care needs (for example, a previous serious illnesses or injury that may impact the child in some way);
- Medications prescribed for continuous, long-term use (like an inhaler for asthma);
- Allergies (this care plan or an Allergy Plan may be used); or
- A need for support(s) that is unique to that child.

For a child who experiences a disability and who has an established IFSP or IEP, this care plan can address the assistance or accommodations that are needed to support full access to routines and activities that occur in the child care environment and may be different than those that occur at school.

*When these issues are shared by a parent/guardian at enrollment, a written care plan should be developed at that time. A plan can also be written as needed, or anytime families need/want to share more information about their child. **The intent is to set up every child and YOU for success!***

### Who fills out the plan?

*The family completes the written care plan.* It is not necessary to complete all sections of the form. Please use the portions that are helpful for the individual child or family and the child care program, based on the situation.

It is best if the plan is developed in collaboration with child care providers and anyone that has insight into the specific care needs for a child. This could include early intervention/early childhood special education (EI/ECSE) staff, specialists, healthcare providers and/or other family members. It's up to the family to decide who is a part of the child's "team." Being a part of the team does not mean the person must be present when the plan is written, only that they are connected to the child in some way.

### How is the written care plan used?

The key is increased communication with families. A care plan is just a starting point for families and caregivers to share information and work together.

The plan should be readily accessible to those caring for children and all caregivers must be familiar with the plan. The plan should be reviewed with the family regularly and revised as needed.

The more you know about the children in your program, the better you can set up the child care environment to meet the needs of all children. **Please think of this as one more tool in your toolbox!**

#### Resources:

- Child Care Licensing Division 1-(800) 556-6616
- [Child Care Resource and Referral](#)
- Inclusive Partners 1-(866) 837-0250
- [Early Intervention/Early Childhood Special Education](#)
- CCLD Resource Library: <https://www.oregon.gov/delc/resources/Pages/default.aspx> has many other documents to support your program, such as RG-0741 Rule Guidance Written Care Plan .

# Written Care Plan

Complete the portions that are helpful for your child and your child care provider. This plan can be used for any child or any time a place is needed to share information about caring for a child. It is not necessary to complete all sections of the form, please use the sections that are applicable and helpful for your child and child care provider.

Completed By					
Guardian's Name(s):					
ABOUT MY CHILD					
Child's First Name:	Last Name:	Middle:	Sex:	Birthdate:	Age:
My family wants you to know:					
My preferences include:					
Health Information: (please include information about previous serious illness or injury, or any ongoing health issues)					
Allergies:					
<input type="checkbox"/> Allergy care plan attached; or					
<input type="checkbox"/> Allergy care needs are included here as part of the written care plan					
Medication:					
<input type="checkbox"/> Medication Authorization form attached (if medication will be given by the child care)					
Modifications or accommodations may be needed for					
<input type="checkbox"/> Mobility	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Stamina/Fatigue	<input type="checkbox"/> Maintaining Safety		
<input type="checkbox"/> Vision	<input type="checkbox"/> Sensory Processing	<input type="checkbox"/> Sleep	<input type="checkbox"/> Behavioral		
<input type="checkbox"/> Learning	<input type="checkbox"/> Communication	<input type="checkbox"/> Feeding/Swallowing	<input type="checkbox"/> Other:		
<input type="checkbox"/> Hearing	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Diet			
RECOMMENDATIONS					
Diet or Feeding:					
Activity:					
Napping/Sleeping:					
Toileting:					
Outdoor Play:					
Field Trips:					
Transportation:					

### Adaptive or accessibility tools and equipment

1.

2.

3.

### Situations and Experiences

Things that work for my child:

Things that may not work for my child:

Things that definitely do not work for my child:

When my child is feeling seen, heard, and valued, they:

When my child feels out of place, or upset, they may show this by:

When my child is upset, you can help them by:

Helpful strategies used at home:

### EMERGENCY RESPONSE PLANS

**CALL PARENTS /GUARDIANS** if the following:

**CALL 911 (EMERGENCY MEDICAL SERVICES)** if the following:

**TAKE THESE MEASURES** while waiting for family members or medical help to arrive:

Special factors to consider in a facility emergency, like a fire:

<b>Team Members / Support</b> (Name, Program, & contact information, if applicable)		
Guardian(s)		
Primary Child Care Caregiver(s)		
Public/private School Teacher		
Health Care Provider (MD, NP)		
<b>If desired, please add other members of your child's support team below</b> (which may include but is not limited to: Occupational therapist (OT), Physical Therapist (PT), Speech/Language Therapist, Transportation, Social Worker, a Specialist, or other family members)		
<b>INDIVIDUALIZED SERVICES:</b> Parent permission is granted for these services to happen at the child care facility: (include type of service, how often, the name of the agency providing the service, and end date, if applicable)		
<b>Action Plan</b> (if relevant, specify any follow-up needed here)		
Action	Who	When
<b>NOTES</b>		

**Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Applicable Oregon Administrative Rules: Registered Family Child 414-210-1050; Certified Family 414-360-1050; Certified Centers 414-305-1050; Certified School-age Centers: 414-310-0580 and Outdoor Nature Based Programs 414-320-1050.

You are entitled to language assistance services and other accommodation at no cost. If you need help in your language or other accommodation, please contact the DELC at 503-947-1400.