MARYLAND STATE DEPARTMENT OF EDUCATION Office of Child Care

Individualized Treatment/Care Plan Checklist for Specialized Services

Child's Name:Date of Birth:						
Condit	tion that requires Specialized Care:					
Health	Care Provider:Phor					
needs plan. other	UCTIONS: Parents and child care providers should review and sign this form when e and/or individualized treatment care plans, procedures, or medications. Attach th The second page can be used for documentation of care, procedures, and/or medic form. EDICAL TREATMENT PLAN INCLUDES A MEDICATION, IS SIGNED BY THE HEALTH CA	is form	to the	child's t e not do	reatmen	t/care ed on any
	ORM THEN OCC 1216 IS NOT REQUIRED. For example, for diabetes medications, ch					
	tes Medical Management Plan.	illa care	PIOVI	uers illa	y accept	tiic .
	Items	Received & Reviewed			Parent Initial	Child Care Staff
		Yes	No	N/A		Initial
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. Trainer's Name & Credential: Training Date: Name of all staff who were trained:					
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.					
authori review provide	IT/GUARDIAN AUTHORIZATION: I/We request the child care program to provide the care indicaty, understand the risks, and authorize the trained childcare staff to provide care as per the Instant demonstrate special procedures and arrange for a certified professional to train the staff for the child care program with any significant updates to the child's health care condition or tree healthcare professional indicated on this form to communicate in compliance with HIPAA.	truction my chile	is for th d's spec	e child na cific care	med abov componer	e. I agree to its. I agree to
Parent	t/Guardian Signature:	Da	ate:			
	#Emergency Contact Phone #:					
Child (Care Staff Signature Date:					
	SEE PAGE 2 FOR DOCUMENTATIONON LC)G	_			_

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MARYLAND STATE DEPARTMENT OF EDUCATION Office of Child Care

Individualized Treatment/Care Plan Checklist for Specialized Services

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			Findings and Remarks	Signature					
	Medication Administered/ Procedure performed	Parent Called	911 called	Other	1					
	al Health Care Conditions that can b	<u> </u>								

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:			

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