Individual Plan of Care for a Child

With Special Health Care Needs or Disabilities

Child's Name:_____ Date of Birth_____/_____/_____

Special health care need or disability:

Plan for appropriate care of the child in a medical emergency: *An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp. Attach extra sheets as needed.*

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature(s) of the Parent(s): Date Signed:

_____ ____/_____/_____

_____ ____/_____/_____

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child.

Signature of the staff responsible for ____(name of child)

Printed Name Signature Date Signed	Printed Name Signature Date Signed

Individual Plans of Care in Child Care

FREQUENTLY ASKED QUESTIONS and ANSWERS

Question: What is an Individual Plan of Care?

Answer:

- It is a written plan of care for an individual child
- It documents specific needs or concerns for that child
- It includes specific approaches to be used to prevent, minimize or eliminate the concerns identified for this child
- It brings together the child's parent(s) and the child care staff in developing these approaches so that all are using the same agreed upon approaches taking into consideration any guidance specified by the health care provider
- It should be reviewed periodically to determine if the identified approaches are still appropriate or should be revised. There is no specific time frame for the review and/or revision The role of the health consultant includes assisting with the development of the Individual Plan of Care

Question: What are the Regulatory Requirements for Individual Plans of Care?

Answer:

- Family Care Homes 19a-87b-10 (3) (d) An appropriate plan for each child's care shall be developed with the child's parent(s) at intake and updated as necessary to meet the child's changing needs
- Group/Center 19a-79-5a(a) (E) Information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease and an individual plan of care for a child with special health care needs or disabilities, developed with the child's parent(s) and health care provider and updated as necessary. Such plan shall include appropriate care of the child in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the child.

Question: When is an Individual Plan of Care required?

Answer:

If a child has a disability or a special health care need such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or a history of contagious disease AND

- If that child requires special care to be provided
- Typically the special care is documented by the health care practitioner
- Typically the special care need is of a chronic nature but may be acute in nature An example might be a child who has a self-limiting upper respiratory condition that is acute in nature verses a child with asthma that may have acute exacerbations but the disease itself is chronic in nature. Most likely an Individual Plan of Care is NOT necessary for the child with an acute illness but maybe necessary for the child with the chronic illness of asthma Medications alone do not make the determination

Question: How do you decide if an Individual Plan of Care is needed?

Answer:

- Review the child's health record for any documentation that the child has a special health care need or disability
- Remember that the documentation of a diagnosis is only a starting point to ask more questions specific to this child
- Observe the interactions and care that the child needs or is receiving
- Interview child care staff responsible for the care of the child
- Evaluate the need for an individual plan of care by asking "what care or service must be provided to this child that is different than for another child"
- Review the Memo of Direction dated 12/4/12 "Individual Plan of Care"

Question: What would an Individual Plan of Care be required to include?

Answer:

- Appropriate care of the child in the event of a medical or other emergency and/or specific approaches to be used to prevent, minimize or eliminate identified concerns

- Signature of the parent(s)
- Signature of all responsible for the care of the child The Health Consultant may sign the plan of care also but is not required to do so.

  NOTE: There is no requirement that the plan of care be signed by the physician

Question: What are examples of an Individual Plan of Care?

Answer:

- The Asthma Action Plan, developed by the DPH Asthma Program
- The Sample Form "Individual Plan of Care for a child with special health care needs or disabilities " found on the OEC web page

Question: What is the purpose of the Asthma Action Plan (AAP)

Answer:

- To help families become proactive in gaining asthma control, anticipate triggers and symptoms indicating an asthma exacerbation
- To be an educational and communication tool between the provider, the patient and family and other care givers
- Divided into the green (Go) yellow (caution) and red (warning) zones which is easily understood
- NOTE: Although asthma medications are documented on the Asthma Action Plan, not all regulatory requirements for the Authorization for the Administration of Medications in a child care setting is included on this form
- Unlicensed child care staff are not permitted to make an assessment. Any authorization must be specific and cannot say "as needed" or "every 4-6 hours"

Question: What about Medication Administration

Answer:

- A Group Child Care Home or Child Care Center shall not deny services to a child on the basis of a child's known or suspected allergy or because the child has a prescription for an

automatic prefilled cartridge injector or because a child's diagnosis of asthma or because the child has a prescription for inhalant medication or required Glucagon

- A Family Care Home is not required to administer medications of any kind under the child care regulations. A parent or other person could make a federal complaint under the American's with Disabilities Act (ADA) for not making reasonable accommodation for their child
- A Family Care provider may decide not to voluntarily administer medications however if the provider has a child present with a written order for the administration for a medication and/or the medication is present ask more questions about that child
- If there is a written order for medication and the medication is present, the parent(s) may not over ride that order. Only the Authorized Prescriber may rescind the written order or permit an alternate plan such as "call 911"

Other thoughts to consider?

Is there a written order for a medication but there is no medication present?

Is there a medication present but there is no written order for that medication?

Is there a chronic disease documented on the health record but there is no written order for a medication and there is no medication present?