**CAPE /Head Start/ Early Head Start Section 3. Forms**

**Procedure for completing form:**

Special Care Plan

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|  | **STEPS** | **PERSON RESPONSIBLE** | **TIME LINE** |
| 1 | To be given to parent for a chronic illness other than those that a treatment plan is available for use. | Family Advocate, Coordinator of Health | At Intake |
| 2 | To be completed by the health professional treating the illness. | Health Professional, Family Advocate, Manager of Disabilities and Health | As soon as possible |
| 3 | Once a completed form is received, the Family Advocate and Coordinator of Health will determine if medication is needed for the classroom. | Family Advocate, Manager of Disabilities and Health | Upon completion of form |
| 4 | Parent is to bring stated medication and or instructions written by health professional into the classroom upon classroom entry. | Parent, Teacher, Family Advocate, Health Manger | Upon classroom entry |
| 5 | Special Care Plan should be supplied by the Family Advocate, to the teacher for the child’s education file. | FA, Manager of Disabilities and Health | Before or upon classroom entry |
| 6 | Staff is to ensure they have a clear understanding of the plan for the child and all special care needs. | Teachers, Caregivers  | Before or upon classroom entry |
| 7 | Notification of medical issues must be posted within the classroom with a cover sheet. | Teachers, Caregivers  | Before or upon classroom entry |

 MH 7/22/15