

INDIVIDUALIZED PLAN

R9-5-507.A. & R9-3-406.C.

Update every 12 months and as changes occur.

Child's name: _____ Date of birth: _____ Date of enrollment: _____

Medication schedule:

Name of medication: _____ RX #: _____

Times to be administered: _____

Nutrition and feeding instructions: _____

Qualifications required of staff to feed child: _____

Names of staff who received training: _____

Medical equipment or adaptive devices: _____

Medical emergency instructions: _____

Toileting and personal hygiene instructions: _____

Specific child care services to be provided to the child at the facility: _____

Frequency and length of any prescribed medical treatment or therapy: _____

Training required of a staff member to care for the child's special needs: _____

Participation in fire evacuation drills: _____

Plan developed by: Parent(s): _____

Staff name(s): _____

Health Care Provider(s): _____

Plan developed date: _____ Copy provided to parent on: _____ Updated: _____