



Municipality of Anchorage
Child Care Licensing Program

Office Use Only

PLAN OF CARE FOR A CHILD WITH SPECIAL NEEDS

Facility Name or Provider First and Last Name: _____

Child's Information:
Child's First and Last Name: _____
Date of Birth: _____ Enrollment Schedule: _____
Caregiver(s) responsible for the child's primary care: _____

Child's Care Need: Complete the following information as completely as possible describing the child's need in a child care setting and how you will accommodate their need. (Attach supporting documentation, if applicable.)
1. Results of medical and developmental examinations to describe the child's special need: _____ _____ _____
2. Assessment of the child's cognitive functioning and overall functioning level and skills: _____ _____ _____
3. Evaluation of the family's needs, concerns, and priorities related to the child in a child care setting: _____ _____
4. Does the child have an individualized family service plan (IFSP) or individualized education program (IEP)? _____
5. What additional services will the child need to receive while in the child care setting and who will these services be provided by? _____ _____ a) Coordinating the needed service to be provided is the responsibility of: _____ b) Payment for these services is the responsibility of: _____
6. Describe other evaluations completed which may assist the facility/provider in caring for the child: _____ _____

Facility or Provider services: Describe the specific services you will provide in functional outcome objectives, and identify the responsibility for the provision and financing.

1. Service(s) needed from the child care facility for the child to meet functional outcome objectives: _____

2. List additional special accommodations the facility/provider must provide for this child: _____

3. What routine care is required specific to the child's needs: _____

4. What, if any, emergency and/or medical procedures are required to meet the child's needs: _____

5. What, if any, specific training must the facility staff/provider have to care for the child: _____

6. What, if any, special materials or equipment is needed to care for the child: _____

The Plan of Care for child, _____, has been discussed between the parent(s)/guardian, facility administrator, and primary caregiver and agreed upon for the child's admission to or continued enrollment at the facility/provider.

The facility/provider:

is able to provide the required care to meet the child's needs. The child is enrolled or will remain enrolled.

Or

is not able to provide the required accommodates and/or meet the child's needs. The child is not enrolled or has been given the required notice for ending care.

Parent/Guardian Signature

Date

Primary Caregiver Signature

Date

Facility Administrator/ Provider Signature

Date