

CARE PLAN

Care plan for:		Birth Date:	
Copy with:	<input type="checkbox"/> Medical form <input type="checkbox"/> SCIB (if applicable)		Today's Date:
A care plan is in place due to:			
<input type="checkbox"/> Dietary considerations <input type="checkbox"/> Behavioral considerations <input type="checkbox"/> Physical considerations <input type="checkbox"/> Other: _____			
Diagnosis (if applicable):			
Overall health:			
Allergies: (use anaphylaxis emergency plan if applicable)			
Current medication: (use medication administration form if applicable)			
Dietary considerations and special instructions:			
Equipment/assistive technology: (e.g. braces, walker, communication device)			
Health care professionals in my life: (contact info may be helpful)			
Strengths (things that are easy for me):			
Challenges (e.g. communication, eating, toileting, mobility, social, behaviour, etc):			

Other things to know (e.g. triggers):			
Ways to be helpful/appropriate interventions (e.g. cues, favourite objects):			
When to call for additional help:			
What to do if additional help is needed (e.g. unable to calm down):			
Next steps/goals:			
Who will do this?		By when?	
This plan will be evaluated in the following ways:			
<ol style="list-style-type: none"> 1. According to section 58(2)(b) of the Child Care Licensing Regulation this care plan must be reviewed at least once each year with a parent of the child requiring extra support, and any other person requested by the parent. 2. Other: 			
Signature of parent:		Date:	
Signature of Licensee:		Date:	