

Care and Training Plan

This form is a summary of the planning meeting between the family, child care program/provider, and CCR & R Inclusion Specialist.

Date: _____

Facility/Provider: _____ Phone: _____

Child's Name: _____

Parent or Legal Guardian's Name: _____

1. What special materials, equipment, routine or activities will the child need while in the program?
2. Are there physical accommodations needed in the facility?
3. What adaptations may be needed to program fire drills, medical procedures or other emergency procedures?
4. How will the child be included in program field trips?
5. How will the program become familiar with the child's IFSP, IEP, or goals of the family?

6. What is the plan for on-going communication between the family and program regarding the child's success and support needs in the program? (i.e.: weekly phone calls, monthly conferences, logbook, etc. Are there other specialists working with the child, and what contact will the program staff have with them? (i.e.: monthly Infant Learning home visits, visits to child's school district program, attend physician appointments, etc.)

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8. What steps will be necessary to include program staff as part of the team? (Release of information, requested meeting times, schedule substitutes, call from Inclusion Specialist, etc.)

9. What prior experience and training does the primary caregiver have in meeting the special needs of this child? To meet the needs of this plan the training must have occurred within the last six months. Please provide documentation.

10. Identify types of training, which will be used in working with this particular child.

Medical care _____

Behavioral guidance _____

Communication _____

Child development _____

Specialized health and safety issues _____

Program or activity adaptations _____

Community resources _____

From family _____

Family support _____

Positioning/mobility _____

Observation and documentation _____

Other: _____

11. Select training resources / format, which will best fit the needs of the program.

Possible resources include:

- _____ Parents
- _____ University Child Development and Early Education classes
- _____ T.I.M.E. Child Care Plus inclusion curriculum
- _____ Agency training: Infant Learning, School District, Public Health, Mental Health, ARC, ASSETS, Parents Inc. and Stone Soup
- _____ Foster Parent Training Center
- _____ Resource and Referral Workshops
- _____ Training Videos
- _____ CARE courses
- _____ On-site technical support

Other: _____

12. Establish a timeline for participation and documentation, for the primary caregiver, of a minimum of nine hours training within 90 days of completing the *Specialized Care and Training Plan*. This training should be directly applicable to the care needs of the child. If any of the nine hours meet the training and documentation guidelines for licensing they may be used for that purpose. Otherwise they are viewed as being in addition to licensing requirements.

I agree to make the adaptations to my program as outlined in the Care and Training Plan. I understand that this plan is subject to periodic monitoring by the parent or Resource Specialist and that non-compliance can result in disqualification from the special needs subsidy.

The following parties agree upon this plan for specialized care and training:

Child Care Program

CCR&R Inclusion Specialist

Parent/Legal Guardian

Copies to: Parent
Child Care Program
Child Care Resource and Referral
Licensing Specialist (when applicable)