

## Missouri Department of Health and Senior Services Section for Child Care Regulation INDIVIDUAL PLAN FOR SPECIALIZED CARE

IDENTIFYING INFORMATION	
CHILD'S NAME	BIRTHDATE
AREA OF CONCERN	
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ADAPTIVE EQUIPMENT OR SUPPLIES NEEDED AT DAY CARE	
ADAPTIVE EQUIPMENT OR SUPPLIES NEEDED AT DAT CARC	
4	
MEDICATION/TREATMENT CHILD IS TO RECEIVE AT FACILITY DURING	G CHILD CARE HOURS
If the child is to receive treatments during his/her scheduled hours of care, how and by	
•	
SYMPTOMS/INDICATORS/POSSIBLE PROBLEMS RELATING TO CHILD'S CONDITION/TREATMENT	
HEALTH PROBLEMS THAN CAN RESULT IN AN EMERGENCY	Assertation and the second
b	
3	
PHYSICIAN/SPECIALIST SIGNATURE	DATE
	DATE
$\mathbf{X}_{i}$	
MO 580-2910 (4-08)  TO BE FILED IN CHILD'S RECORD A	T CHILD CARE FACILITY. BCC-6C
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