

Ohio Department of Job and Family Services  
**CHILD CARE PLAN FOR HEALTH CONDITIONS OR MEDICAL PROCEDURES  
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

If care is provided for a child who requires or may require a medical procedure or who has an ongoing health condition that requires child specific care, the parent/guardian shall complete this form. The center staff shall implement the plan. This requirement does not include short term illnesses, unless the child care staff member needs to perform a medical procedure for the child. A separate plan must be written for each condition that requires different actions to be taken.

|              |               |
|--------------|---------------|
| Child's Name | Date of Birth |
|--------------|---------------|

Describe the health condition

Describe the medical procedure to be completed and expected benefits of treatment, or  N/A, no medical procedure required.

Activities/foods/environmental conditions to avoid

Symptoms to watch for and actions to be taken if the symptoms are observed

Is any medication required?       Yes     No  
 (If yes, complete JFS 01217 "Request for Administration of Medication", in addition to this form.)

In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate?     Yes     No    If yes, please describe:

In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child?       Yes     No    If yes, please describe:

|  |      |
|--|------|
| Signature of Trainer (Trainer must be a parent/guardian or certified professional) | Date |
|--|------|

Signature of child care staff members who have been trained to perform the medical procedure or to care for the child according to this care plan

|           |      |   |
|-----------|------|---|
| Signature | Date | <b>There must always be a trained staff member present when the child is present.</b> |
| Signature | Date |   |
| Signature | Date |   |
| Signature | Date |   |

I give my permission for the staff listed above to perform the procedures in my child's care plan as described above.

|                    |      |
|--------------------|------|
| Parent's Signature | Date |
|--------------------|------|

|                           |      |
|---------------------------|------|
| Administrator's Signature | Date |
|---------------------------|------|

This form may be used for children with health conditions as defined in Rules 5101: 2-12-38 and 5101: 2-13-38.