



Dreamland

CHILD CARE CENTER

Care Plan

Child's Name: _____ Date of Birth: _____ Age _____ years _____ months

DD/MMM/YYYY

Program Name: _____

Child's Attendance:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

Parent or Guardian Name	Relationship	Contact Information

Other Professionals Involved (note if current or previous, and the capacity of involvement)

Professional/Organization	Contact Person	Contact Information	Capacity of Involvement

Rationale for Care Plan (Describe Child's Needs): _____

Recommendations from other professionals (attach any relevant documents or add comments below): _____



	Description	Person(s) Responsible	Date for Review
Staffing Requirements Reg. 19 (3), 34 (1)			
Adaptations/ Modifications to the Environment Reg. 13 (4), 58 (i)			
Adaptations/ Modifications to Program (activities/ routines) Reg. 58 (ii) 3(c) 44 (2)			
Dietary Requirements Reg. 58 (3)(a) 48(1)(2) 57(h)			
Medication Reg. 58 (3)(a), 57 (2)(e)(f)(h) 53 (1)(2)(3)(4)			
Health & Safety Requirements/ First Aid Reg 58(i) 23(1)			
Behavioural Guidance Reg. 58 (3)(d) 51 (2)			

Records on File [Reg. 58(1)(2)(3)]: _____

_____ Parent/Guardian Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date
_____ Supervisor/Child Care Staff Signature	_____ Date	_____ Manager Signature	_____ Date