

June 2019

Dear Early Care and Education Professionals,

Thank you for choosing the ECELS **Children with Medical and Developmental Special Needs - Inclusive Practices** Self-Learning Module. This module uses an online format including short video segments. Upon successful completion of this module, you will be able to:

1. Identify strategies for healthful inclusion of children with special needs.
2. Review your program documents for opportunities to update these tools.
3. Offer correct responses to questions using information provided in the module.

INSTRUCTIONS: Each staff member that requests credit must complete this form or enter the same information in the Survey Monkey electronic link if module documentation is submitted online. Upon successful completion of the module or webinar evaluation, ECELS will approve your credit in the Professional Development Registry. The PA Key awards credit. To maintain an accurate professional development record, be consistent on this form: use the same name and contact information you use in the PD Registry. Be sure to go to the PD Registry at www.pakeys.org to register or update your professional development profile. Your credit will appear in the “My PD” tab of your Personal Profile in the PD Registry.

To complete this module:

- View the online videos
- Use the resources in the *Document Packet*
- Complete the *Response Sheet* that follows on the next pages after the *Document Packet Contents*. If more than one staff member will request credit for completing this module, each person must independently complete the *Response Sheet*.
- Submit the *Response Sheet* in **one** of the following ways to verify completion of the module requirements:
 1. Online **ECELS Children with Medical and Developmental Special Needs - Inclusive Practices Survey Monkey Assessment**: <https://www.surveymonkey.com/r/FN62K73> (Preferred Method)
 2. Surface mail, fax or email your responses on the *Response Sheet* to ECELS at the contact information above.

Follow instructions on the ECELS website: www.ecels-healthychildcarepa.org to pay for review of your Assessment. Select the “Professional Development/Training” tab, then Self-Learning Modules.” Review the information in the box: “Important Reminders.” Click on the green rectangle: “Click Here to Order SLM Reviews” to pay the review fee. Submit the Module Review Payment Form (if paying for more than one staff member that completed the module.)

ECELS staff will review your work and offer technical assistance if you need help to complete the module successfully. For questions or help to complete this module, call ECELS 484-446-3003 / toll free in PA 800-243-2357 or email ecels@paaap.org. ECELS will approve three (3) hours of professional development credit for each person who successfully completes the module. Processing takes approximately 2-4 weeks after you submit the required documentation and pay the review fee. Access confirmation of your credit at the PA Keys website: www.papdregistry.org / login / My PD.

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DOCUMENT PACKET CONTENTS

All documents that are required for this module are included in this packet. Use these documents as you fill out your responses in the worksheet or on Survey Monkey.

- *Response Sheet*: Use this form to record and submit your responses to the questions in this module. You do not need to submit the form if you choose to submit your responses online through [Survey Monkey](#).
- *Care Plan for a Child with a Special Need in Child Care*: To best care for children with special health needs, the child's parents and health care provider (HCP) should share information with those who care for the child. This Care Plan or one with similar information communicates important information for early care and education professionals to help them provide competent care for an individual child. Staff may need to obtain training to meet the child's special needs. Not all children with special health needs will need each section of the Care Plan completed. Find additional copies of the care plan and an explanation for each item on the form [here](#).
- *Authorization for Release of Information*: This form should be signed by the child's parents/guardians to define what information can be shared and with whom it can be shared. The form is from Appendix J in *Model Child Care Health Policies*, 5th edition, which can be downloaded as a PDF [here](#) or purchased as a hard copy from the [American Academy of Pediatrics bookstore](#).
- *Emergency Information Form for Children with Special Needs*: This form can be given to emergency medical personnel to quickly inform them about the child's medical conditions. Parents and health care providers should ensure medical information always accompanies the child in case a medical emergency occurs. Find additional copies of the form [here](#).
- *Medication Administration Forms*: A packet of three forms that prompts proper documentation and safe administration of medication to children in a group care setting. The three forms are: *Authorization to Give Medicine*, *Receiving Medication*, and *Medication Log*. Find additional copies of these forms in Appendix X: *Model Child Care Health Policies*, 5th edition.
- *Quick Reference Sheets* from *Managing Chronic Health Needs in Child Care and Schools*, 2nd edition: These three *Quick Reference Sheets* provide brief summaries of special health conditions that will be covered in this module, including *Preterm Newborns* (Preemies), *Cerebral Palsy* (CP), and *Asthma*. Purchase a print copy of the book from the [American Academy of Pediatrics bookstore](#).
- Refer to the [Children with Special Health Care Needs Resources](#) PDF for an extensive list of credentialed sources of information.

Name _____ Email _____ Contact Phone # _____

ECE Program Name _____ Director's Name _____

ECE Program Phone # _____ Director's Email _____

RESPONSE SHEET FOR CREDIT

If you want to use this Response Sheet, print it out. You may use it to prepare your responses for electronic submission or to submit your responses via a scanned attachment to an e-mail, fax or surface mail. You do not need to submit this Response Sheet if you are submitting the electronic response at <https://www.surveymonkey.com/s/FN62K73>

To make best use of the module, complete your short answers to the *Reflection Questions* right after you view each video segment. At the end of the module, you will select answers to multiple choice questions. Be sure to answer every question.

Short Answer Reflection Questions

Please respond briefly to the following questions.

1. How do typically developing children benefit from interacting with children special needs (ie. those with developmental/behavioral and/or chronic medical conditions)?

2. Imagine that you learn that you will have a child with special needs enrolling in your classroom. What will you do to prepare to serve this child? Include in your answer the types of people who should be involved in giving information to coordinate care for this child.

3. What will you do to legally obtain information from health professionals about the child?

4. For the following items found in the Document Packet:

- *Care Plan for a Child with a Special Need in Child Care*
- *Authorization for Release of Information Form* (Appendix J: MCCHP)
- *Emergency Information Form for Children with Special Needs*
- *Medication Administration Forms Packet, 3 forms (Authorization to Give Medicine, Receiving Medication, Medication Log)*

Think about how these forms collect information about an individual child to help programs collect information they need to know to provide good care. Then compare these forms item-by-item with any your program uses now. Remember that information needs to come from parents, health care providers or other members of the child's team (therapists) about what accommodations the child needs for routine care, for medications in care and at home, for feeding, activities, nap, toileting, outdoors or field trips and transportation, special equipment, emergency care, education of staff to properly perform needed tasks, team members or outside professionals.

What elements are missing in your program's current forms? (You can use your answer to work with your program staff to make revisions in your program's forms.)

5. List three sections from the *Care Plan for a Child with Special Needs in Child Care* which should have been completed by Buddy's health care provider before Buddy enters the program to help the family child care provider care for him.

6. List two reasons why you think Naja's asthma was able to be well controlled?

7. What would you do to include and meet the special needs of a child in your program who is 4 years old and not able to use the toilet?

8. List one characteristic/long term problem pertinent to Stephan's care. For each problem, list one adaptation which would help you care for Stephan. (Hint: The *Quick Reference Sheets: Preterm Newborns* and *Cerebral Palsy* in the document packet will be helpful to review to answer this question.)

9. What would be the benefits of having special service providers (e.g. speech, physical, occupational therapists, behavioral specialists) provide their services for a child while he/she is onsite at the child care facility?

MULTIPLE CHOICE QUESTIONS (These questions start at the end of the module when the information has been presented to provide the answers.) Please circle the one **best** answer except for question 8 and 10 that asks you to "select all that apply."

1. Serving a child with a special need:
 - a. Is an option supported by health insurance in most states
 - b. Is legally required by the Americans with Disabilities Act
 - c. Requires payment by the family for extra costs incurred by the program
 - d. Requires that staff have the child do things in the same way as the other children

2. The term IDEA refers to:
 - a. Individuals with Disabilities Education Act
 - b. Individual Disabilities Endowment Act
 - c. Individual Disability Educational Activities
 - d. Individualized Disabilities Environment Act

3. The term IEP refers to:
 - a. Indicators of Educational Progress
 - b. Individualized Endowment Program
 - c. Indicators of Emotional Preparedness
 - d. Individualized Education Plan
4. Children with special needs have or are at increased risk for conditions that:
 - a. Make them able to do less than children generally
 - b. Require more services than children generally
 - c. Make them need to be treated the same as children generally
 - d. Are beyond the capabilities of most child care facilities
5. What is the proportion of children who can be described as having a special need?
 - a. 23.3 %
 - b. 15.5 %
 - c. 5.9%
 - d. 39%
6. What is the most common health condition among children who have special needs?
 - a. Depression
 - b. Developmental delay
 - c. ADD/ADHD
 - d. Asthma
7. A medical home is a:
 - a. Specialized health care facility that cares for children with a particular type of health problem
 - b. Facility where physicians with different types of specialties work together in a group
 - c. Health care arrangement that provides and coordinates convenient, accessible, family centered care
 - d. Family child care home that offers medical and daily care services
8. For early childhood educators to administer medication, the following are necessary:
(Select all that apply.)
 - a. Have a health professional educate and observe anyone at the facility who is involved in giving medication
 - b. Early childhood programs should administer no medications
 - c. Require that parents come to administer any medications their children need
 - d. Have written policies, procedures and required documentation to guide medication administration at the facility
9. The primary source of information about a child's special needs should be the:
 - a. Family
 - b. Child's provider of specialized services
 - c. Child's regular source of routine health care
 - d. Child's teachers
10. Under the HIPAA rules, health professionals must have written authorization to release covered medical information that includes the following:
(Select all that apply.)
 - a. The purpose for which the information is being disclosed
 - b. All the physicians previously involved in the child's care
 - c. A list of everyone who will have access to the released information
 - d. A list of previous requests for the same information

Care Plan for a Child With Special Needs in Child Care

Today's Date _____

Full Name of Child	Birth Date	Child's Present Weight
Parent's/Guardian's Name (Please * first person to contact.)	Cell/Home/Work Phone #	Signature for Consent*
Emergency Contact Person (Name/Relationship)	Cell/Home/Work Phone #	* Consent for health care provider to communicate with my child's child care provider to discuss information relating to this care plan.
Primary Health Care Provider	Emergency Phone #	Authorization for Release of Information Form completed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty Provider	Emergency Phone #	Emergency Information Form for Children With Special Needs completed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty Provider	Emergency Phone #	Specialty Care Plan(s) completed? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify.		
Medical/Behavioral Conditions		
Needed Accommodations: (Please describe accommodation and why it is necessary.)		
Diet/Feeding		
Classroom Activities	Toileting	
	Outdoor or Field Trips	
Nap/Sleep	Transportation	
Recommended Treatment		
Medications to be Given at Child Care <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Medication Administration Forms completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify medications on Medication Administration Forms.		
Medications Given at Home <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please list in additional information section or attach info.	
Special Equipment/Medical Supplies <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please list in additional information section or attach info.	
Special Staff Training Needs <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please list in additional information section or attach info.	
Special Emergency Procedures <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please list in additional information section or attach info.	
Other specialists working with this child <input type="checkbox"/> No <input type="checkbox"/> Yes		
Parent Signature Acknowledging Review of Above Information		
Additional Information/Comments on Child, Family, or Medical Issues	Additional Information Attached <input type="checkbox"/> No <input type="checkbox"/> Yes	
Health Care Provider's Signature	Health Care Provider's Name Printed	

Appendix J

Authorization for Release of Information

I, _____, give permission for
PARENT OR LEGAL GUARDIAN (PRINT)

PROFESSIONAL/FACILITY

to release to _____ the following information:
RECEIVING PROFESSIONAL/AGENCY

CONCERNS, SCREENINGS, OBSERVATIONS, DIAGNOSES AND TREATMENTS, RECOMMENDATIONS

This consent is voluntary and may be withdrawn by written notice at any time. The information will be used solely to plan and coordinate the care of my child, will be kept confidential, and may only be shared with

TITLE/NAME OF STAFF MEMBER

Child's Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

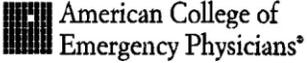
PARENT/LEGAL GUARDIAN SIGNATURE DATE

WITNESS SIGNATURE DATE

STAFF MEMBER TO BE CONTACTED FOR ADDITIONAL INFORMATION

Emergency Information Form for Children With Special Needs

Last name:



American Academy of Pediatrics



Date form completed
By Whom

Revised
Revised

Initials
Initials

Name:		Birth date:	Nickname:
Home Address:		Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:		
Signature/Consent*:			
Primary Language:	Phone Number(s):		
Physicians:			
Primary care physician:		Emergency Phone:	
		Fax:	
Current Specialty physician:		Emergency Phone:	
Specialty:		Fax:	
Current Specialty physician:		Emergency Phone:	
Specialty:		Fax:	
Anticipated Primary ED:		Pharmacy:	
Anticipated Tertiary Care Center:			

Diagnoses/Past Procedures/Physical Exam:	
1. _____	Baseline physical findings: _____
_____	_____
2. _____	_____
_____	_____
3. _____	Baseline vital signs: _____
_____	_____
4. _____	_____
_____	_____
Synopsis: _____	Baseline neurological status: _____
_____	_____
_____	_____

*Consent for release of this form to health care providers

Last name: _____

Diagnoses/Past Procedures/Physical Exam continued:	
Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	Prostheses/Appliances/Advanced Technology Devices:
5. _____	_____
6. _____	_____

Management Data:	
Allergies: Medications/Foods to be avoided	and why:
1. _____	_____
2. _____	_____
3. _____	_____
Procedures to be avoided	and why:
1. _____	_____
2. _____	_____
3. _____	_____

Immunizations (mm/yy)											
Dates						Dates					
DPT						Hep B					
OPV						Varicella					
MMR						TB status					
HIB						Other					

Antibiotic prophylaxis: _____ Indication: _____ Medication and dose: _____

Common Presenting Problems/Findings With Specific Suggested Managements		
Problem	Suggested Diagnostic Studies	Treatment Considerations

Comments on child, family, or other specific medical issues:

Physician/Provider Signature:	Print Name:

Appendix X

Medication Administration Packet

Authorization to Give Medicine Page 1—To Be Completed by Parent/Guardian

CHILD'S INFORMATION	
NAME OF FACILITY/SCHOOL	TODAY'S DATE
NAME OF CHILD (FIRST AND LAST)	DATE OF BIRTH
NAME OF MEDICINE	
REASON MEDICINE IS NEEDED DURING SCHOOL HOURS	
DOSE	ROUTE
TIME TO GIVE MEDICINE	
ADDITIONAL INSTRUCTIONS	
DATE TO START MEDICINE	STOP DATE
KNOWN SIDE EFFECTS OF MEDICINE	
PLAN OF MANAGEMENT OF SIDE EFFECTS	
CHILD ALLERGIES	

PRESCRIBERS' INFORMATION	
PRESCRIBING HEALTH PROFESSIONAL'S NAME	PHONE NUMBER

PERMISSION TO GIVE MEDICINE		
I hereby give permission for the facility/school to administer medicine as prescribed above. I also give permission for the teacher/caregiver to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.		
PARENT OR GUARDIAN NAME (PRINT)		
PARENT OR GUARDIAN SIGNATURE		
ADDRESS		
HOME PHONENUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER

Receiving Medication
Page 2—To Be Completed by Teacher/Caregiver

NAME OF CHILD
NAME OF MEDICINE
DATE MEDICINE WAS RECEIVED _____/_____/_____

SAFETY CHECK
<ul style="list-style-type: none"><input type="checkbox"/> 1. Child-resistant container.<input type="checkbox"/> 2. Original prescription or manufacturer's label with the name and strength of the medicine.<input type="checkbox"/> 3. Name of child on container is correct (first and last names).<input type="checkbox"/> 4. Current date on prescription/expiration label covers period when medicine is to be given.<input type="checkbox"/> 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.<input type="checkbox"/> 6. Copy of Child Health Record is on file.<input type="checkbox"/> 7. Instructions are clear for dose, route, and time to give medicine.<input type="checkbox"/> 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.<input type="checkbox"/> 9. Child has had a previous trial dose.<input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> N 10. Is this a controlled substance? If yes, special storage and log may be needed.

TEACHER/CAREGIVER NAME (PRINT)
TEACHER/CAREGIVER SIGNATURE

Medication Log
Page 3—To Be Completed by Teacher/Caregiver

NAME OF CHILD	WEIGHT OF CHILD
---------------	-----------------

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Medicine					
Date					
Actual time given	AM _____ PM _____				
Dosage/amount					
Route					
Staff signature					

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Medicine					
Date					
Actual time given	AM _____ PM _____				
Dosage/amount					
Route					
Staff signature					

Describe error/problem in detail in a Medical Incident Report. Observations can be noted here.

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Teacher/caregiver signature

RETURNED to parent/guardian	Date	Parent/guardian signature	Teacher/caregiver signature
DISPOSED of medicine	Date	Teacher/caregiver signature	Witness signature



Children with Special Health Care Needs Resources

Nearly 1 out of every 5 children in the United States has a special healthcare need. Children with special healthcare needs (CSHCN), require more care for their physical, developmental, behavioral, or emotional differences than their typically developing peers. A special healthcare need can include physical, intellectual, and developmental disabilities, as well as long-standing medical conditions, such as asthma, diabetes, or a muscular dystrophy.

<https://www.cdc.gov/childrenandadolescents/children-with-special-healthcare-needs.html>

Item	Description	Source/ Link
<i>Organizations</i>		
American Diabetes Association	Resources to support those living with diabetes and education for the public about how to stop diabetes. Information includes: risk factors, symptoms, treatment and care, food and fitness, and complications.	Eastern PA and DE: http://www.diabetes.org/in-my-community/local-offices/philadelphia-pennsylvania/ Pittsburgh: http://www.diabetes.org/in-my-community/local-offices/pittsburgh-pennsylvania/
Center for the Social and Emotional Foundation for Early Learning (CSEFEL)	Training modules, videos and home of the national pyramid model for states to enhance socio-emotional competent caregiving. Briefs: summaries of effective practices to support children's social-emotional development and prevent challenging behaviors; practical strategies; one-page handouts with major points; English and Spanish	http://csefel.vanderbilt.edu/
Centers for Disease Control and Prevention	Federal agency that conducts and supports health promotion, prevention and preparedness activities in the U.S., with the goal of improving overall public health. Use the Search option to link to specific topics/resources.	https://www.cdc.gov/
Child Care Aware	Helps families and child care providers locate child care resources in their communities across the U.S.	http://www.childcareaware.org/
CONNECT Early Intervention Helpline	Assists families and child care staff in locating resources and providing information regarding child development for children ages birth – 5 years. Makes a direct link to their county Early Intervention program or local preschool Early Intervention program.	https://www.papromiseforchildren.org/ CONNECT Helpline 877-692-7288
Early Childhood Education Linkage System (ECELS) - Healthy Child Care PA	Statewide program established by the PA Chapter of the American Academy of Pediatrics. Offers professional development, articles, fact sheets and forms for competent and safe care for children.	www.ecels-healthychildcarepa.org
Easter Seals	Services, education, outreach, and advocacy for children and adults living with autism and other disabilities. Support for their families.	http://www.easterseals.com/

Epilepsy Foundation	Goals: insures that people with seizures are able to participate in all life experiences; improves how people with epilepsy are perceived, accepted and valued; promotes research for a cure.	https://www.epilepsy.com/ To find local affiliate: https://www.epilepsy.com/affiliates
Food Allergy Research and Education (FARE)	Dedicated to food allergy awareness, education, research, and advocacy. Provides information, programs, and resources about food allergies and anaphylaxis.	https://www.foodallergy.org/
Head Start Early Childhood Learning and Knowledge Center	Office of Head Start helps young children from low-income families prepare to succeed in school through local programs. Head Start and Early Head Start programs promote children's development through services that support early learning, health, and family well-being. Helpful resources for all types of early education programs.	https://eclkc.ohs.acf.hhs.gov/ Children with Disabilities: https://eclkc.ohs.acf.hhs.gov/children-disabilities
Healthy Children	Information related to child health and specific guidance on parenting issues. Information regarding the American Academy of Pediatrics (AAP) programs and activities, policies and guidelines, publications and other child health resources. Includes special needs information.	https://healthychildren.org/english/our-mission/pages/default.aspx
Kids Together Inc	Website, listserv, email newsletter nationwide. Presents, participates and provides input to state agencies and coalitions. Desires to remove barriers that exclude people with disabilities. Supports the belief that children with disabilities, like all children, have the need to be welcomed, cherished and embraced in their communities.	http://www.kidstogether.org/
PA Department of Health	Promotes healthy lifestyles, prevents injury and disease, and assures the safe delivery of quality health care for all PA citizens. County-specific resources guides.	http://www.health.pa.gov/Pages/default.aspx#.Wx8uA9UzpUR
PA Early Intervention	Pennsylvania's Early Intervention program provides support and services to families with children, from birth to age five, with developmental delays and disabilities. Early intervention builds upon the natural learning opportunities that occur within the daily routines of a child and their family. Resources for families and professionals .	http://www.dhs.pa.gov/citizens/earlyinterventionservices/index.htm
The Arc	Serves people with intellectual and developmental disabilities. Information about diagnoses, roles (e.g. parent, person with disability, educator) and advocacy.	https://www.thearc.org/
U.S. Department of Health and Human Services (HHS)	Administers more than 100 programs to protect the health of all Americans and provide essential human services, especially for those least able to help themselves. Includes: health insurance options, Health Insurance Portability and Accountability Act (HIPAA) Rule, grants and contracts, and laws and regulations.	https://www.hhs.gov/
Zero to Three	Information and publications for educators, parents, and health professionals especially pertaining to ages birth – 3 yrs.	www.zerotothree.org

<p>Cara's Kit for Toddlers</p>	<p>participate in all activities. Contains booklet and CD with resources about adaptations.</p> <p>Choose and use effective adaptations for children 18 to 36 months. Learn how to improve toddlers' engagement and participation through adapting the environment, daily schedule, activities for routines, materials, and instructional strategies. Includes booklet and CD.</p>	<p>https://members.naeyc.org/eweb/DynamicPage.aspx?WebCode=coefindallprdlis&t&pager=10&ListSearchFor=cara%27s%20kit</p>
<p><i>Caring for Our Children (CFOC) Standards Online Database</i></p> <p><i>Caring for Children with Special Needs – Special Collection</i></p>	<p>Ten chapters delineate performance expectations for: 1) staffing, 2) program activities, 3) health promotion, 4) nutrition, 5) facilities, 6) play areas, playgrounds and transportation, 7) infectious disease, 8) children with special needs and disabilities, 9) policies, 10) licensing and community action. Available for purchase from: national AAP bookstore and, in the most updated version, online from the NRC.</p> <p>Compilation of 146 best practices for children with special health care needs in early care and education programs. This collection of standards, when put into practice, is best able to meet the specific needs of this vulnerable population.</p>	<p>National Resource Center for Health and Safety in Child Care and Early Education (NRC)</p> <p>http://nrckids.org/ https://nrckids.org/CFOC/</p> <p>https://nrckids.org/CFOC/Special_Needs</p>
<p><i>Managing Chronic Health Needs in Child Care and Schools, 2nd Ed. (8/2018)</i></p>	<p>Addresses the challenges of caring for children with chronic health conditions and special health care needs in child care and school settings. More than 50 quick reference sheets. Addresses topics for commonly used, e.g. Care Plan development and implementation, medication administration, and emergency planning. Includes ready-to-use sample forms, letters, and Care Plans.</p>	<p>https://shop.aap.org/managing-chronic-health-needs-in-childcare-and-schools-a-quick-reference-guide-2nd-edition-paper/</p>
<p><i>Model Child Care Health Policies, 5th Ed.</i></p>	<p>Publication of the American Academy of Pediatrics and PA Chapter of the AAP that provides sample policies and forms to be used as fill-in-the-blank document to draft health and safety policies for programs that provide child care.</p>	<p>http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies</p>