

**GENERAL CARE PLAN**

Child's Name \_\_\_\_\_ CENTER \_\_\_\_\_  
DOB \_\_\_\_\_

**Medical/Behavior/Social/Emotional/Developmental/Physical Problems:**  
**(Complete Plan for Management)**  
\_\_\_\_\_  
\_\_\_\_\_

**Medication :** \_\_\_\_\_  
**(Complete Plan for Management)**  
\_\_\_\_\_  
\_\_\_\_\_

**Food restrictions/Special diet:**  
**(Complete Plan for Management)**  
\_\_\_\_\_  
\_\_\_\_\_

**PLAN FOR MANAGEMENT**

**STEP 1** \_\_\_\_\_  
\_\_\_\_\_

**STEP 2** \_\_\_\_\_  
\_\_\_\_\_

**STEP 3** \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature:	_____	Date:	_____
Site Director Signature:	_____	Date:	_____
Program Director Signature:	_____	Date:	_____
Executive Director Signature:	_____	Date:	_____
TLC Staff Signature:	_____	Date:	_____
TLC Staff Signature:	_____	Date:	_____
TLC Staff Signature:	_____	Date:	_____
TLC Staff Signature:	_____	Date:	_____
TLC Staff Signature:	_____	Date:	_____
TLC Staff Signature:	_____	Date:	_____

