OKLAHOMA Human Services

Date _____
Case name _____
Case # _____
County # _____
Supervisor # _____ Worker # _____

Certification For Special Needs Rate
For Licensed Child Care Homes And Centers

SECTION I: Identifying information.

The parent or guardian completes this section. Please print.

Child's name _____ Date of birth _____

Parents' or guardians' names _____

Street address _____ City _____ State _____ ZIP code _____

County _____ Daytime phone number _____ Evening phone number _____

Check the programs in which your child participates.

- ☐ SoonerStart (early intervention program for children, birth to 3 years of age). A copy of the child's Individualized Family Service Plan (IFSP) is required.
- ☐ Special education services (public school program for children 3 years of age and older). A copy of the child's Individualized Education Program (IEP) is required.
- ☐ Supplemental Security Income (SSI). A statement from a health care professional describing the child's care needs is required.

Note: In addition to completing this form, you must provide proof that your child participates in at least one program listed above and each year thereafter. You may submit proof to your child care provider when you complete Section III of this form with him or her or submit it to Adult and Family Services (AFS) Child Care Subsidy staff by email at **ChildCareContracts@okdhs.org**, by fax to (405) 521-4158, or by mail to PO Box 25352, Oklahoma City, Oklahoma 73125.

SECTION II: Child's needs.

The parent or guardian completes this section. Persons familiar with your child's needs may help you.

For each numbered category below, check the statement that **best** describes your child's needs. You are making a comparison between your child and other children of the same age. Choose only **one** statement per category.

1. Complexity of care:

- ☐ a. Child requires on-site attention by a licensed health care professional.
- ☐ b. Child requires attention by a caregiver who has received specialized training by a service provider or specialist.
- ☐ c. Child requires attention or monitoring by a caregiver who has special instructions from the parent or a service provider.
- ☐ d. Child's needs can be met by staff with general knowledge.

Describe the child's care needs:

2. Amount of attention required by child as compared with child's age group:

- ☐ a. Child requires full attention of at least one staff member at all times to enable him or her to safely participate in activities.
- ☐ b. Child requires frequent one-on-one attention, but staff may work with other children some of the time.
- ☐ c. Child's needs can be met with typical staffing patterns and requires no additional staff.

Describe the type of attention your child requires and why your child needs more attention than a typically developing child of the same age does:

3. Child's self-sufficiency with daily tasks as compared with child's age group:

- ☐ a. Child requires total assistance with eating and/or toileting. This includes infants or toddlers who need special accommodations, such as poor sucking skills, difficulty with swallowing or lip closure, tongue thrust, hyperactive gag reflex, bite reflex, or children requiring tube feedings, or with special toileting needs, such as ostomy care.
- ☐ b. Child requires considerable assistance in eating and/or toileting.
- ☐ c. Child requires only minor assistance with eating and/or toileting.
- ☐ d. Child can take care of daily tasks with very little assistance.

Describe the tasks your child needs more help with than a typically developing child of the same age does:

4. Communication skills:

- ☐ **a.** Child relies entirely upon alternative methods of communicating needs and desires and/or in understanding requests made, such as sign language, picture boards, gestures, and facial expressions.
- ☐ b. Child has limited verbal skills. May require one-on-one communication to gain the child's attention, simplify instructions, or to understand the child's speech or gestures. Child may use alternative methods as listed in (a) to supplement his or her verbal skills.
- ☐ c. Child's communication skills are similar enough to classmates that minimal accommodations are required.
- ☐ d. Child is able to communicate without accommodations.

Describe the best way to communicate with your child:

5. Behavioral issues:

- ☐ a. Child has behaviors that frequently require adult intervention. Consultation with outside mental health or special education professionals may be necessary to better understand the behavior or enable staff to intervene in positive and constructive ways.
- ☐ b. Child needs assistance to initiate, respond to, or engage in peer interactions that are safe, positive, and appropriate and helps to include the child in activities and form peer relationships.
- ☐ c. Child needs occasional assistance, but generally does well with some staff assistance.
- ☐ d. Child's behaviors are typical and do not require additional assistance.

Describe your child's behaviors that require more staff attention and your suggestions for handling the behaviors:

6. Cognitive or comprehension abilities:

- ☐ a. Child is unable to recognize danger or is unable to follow instructions without one-on-one assistance, requires adjustments in what is expected of him or her and how simple expectations are explained. Child may have difficulty processing basic environmental sensory information, although this does not include a child with vision or hearing as the primary difficulty.
- ☐ b. Child needs staff to give one instruction at a time and may need reminders of what was asked of him or her in order to complete instruction.
- ☐ c. Child is able to understand and problem-solve at a level requiring minimal or no special attention.

Describe any of your child's cognitive or comprehension delays:

SECTION III: Child Care Plan.

The child care provider completes and provider and parent or guardian sign this section.

The plan must address the child's stated needs, including any special equipment. State the adaptations you will make to enable the child to access and participate in program activities:

State your plan for adjusting staff/child ratios, as needed, in order to meet the child's needs:

Have you written part of this plan on an extra page? ☐ Yes ☐ No

I reviewed the child's special needs with the parent or guardian and completed a plan for meeting these needs. I agree to:

- follow the plan;
- review and update the plan as needed at annual parent or guardian conferences;
- have individuals caring for this child instructed in meeting his or her special needs;
- document that on-site consultation and resource materials were or will be provided within 30-calendar days by a qualified professional regarding the nature of the child's disability and the child care plan; and
- have the director and at least one of the child's direct care staff trained in special needs within six months of the date on this form.

When completed, hand deliver, mail, fax, or email this form to your child care licensing specialist. The licensing specialist will notify you of the approval or denial of this request. If approved, the special needs rate is effective the first day of the month following the month AFS Child Care Subsidy staff signs the form. Refer to Oklahoma Administrative Code (OAC) 340:40-7-3.1 for times when a new Form 08AD006E is required.

Child care provider signature | Date | Phone number

Facility name | Address

License number | Contract number

Parent approving plan signature | Date

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SECTION IV: Certification requirements.

The child care licensing specialist completes this section and emails the form to ChildCareContracts@okdhs.org. Refer to OAC 340:110-1-9.1.

Certification requirements are:

- ☐ met for this provider regarding the child; or
- ☐ not met for this provider because of the following reason(s) the:
  - ☐ facility has numerous, repeated, or serious non-compliance(s); and/or
  - ☐ child care plan (Section III) is incomplete or inadequate.

Licensing specialist signature | Date | Phone number

SECTION V: Special needs rate decision.

AFS Child Care Subsidy staff completes this section. Refer to OAC 340:40-7-3.1.

AFS Child Care Subsidy staff uses Form 08AD007E, Scoring Sheet for Special Needs Rate Determination, to determine the child's care needs. Based on the score, the child meets the criteria for the category check marked below:

☐ limited ☐ moderate ☐ severe

Action taken:

- ☐ Special needs rate change is not approved. Child care authorization continues at the applicable daily or weekly rate for a typically developing child.
- ☐ Child care authorization is updated with special needs rate change.

Child Care Subsidy staff signature | Date | Phone number

Effective date of rate change, if approved