

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
CERTIFICATION FOR SPECIAL NEEDS CHILD CARE RATE

SECTION I: Identifying information to be filled out by the Parent/Guardian.

Child's Name (as shown on Social Security card)	Child's Social Security No.	Date of Birth
Parents' Names		
Home Address	Street	City Zip
		County
Daytime Telephone Number		Evening Telephone Number
<p>To apply for the special needs child care rate, the family must be income-eligible and the child must be participating in one of the following programs. Check all that apply.</p> <p><input type="checkbox"/> SSI (Supplemental Security Income);</p> <p><input type="checkbox"/> SoonerStart (early intervention program for children birth to age three);</p> <p><input type="checkbox"/> Special education services (public school program for children aged three and older).</p> <p>Please submit an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP). If an IEP or IFSP is not available, please provide a statement describing the child's care needs from a health care professional.</p> <p>Are you getting help from DHS with child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF NO, YOU MUST APPLY. This form is not the application.</p>		
DHS Social Services Specialist's Name		Telephone No.

SECTION II: Child's Needs to be filled out by the **Parent/Guardian**. You may do this with help from other persons familiar with your child's needs.

For each numbered category below, check the statement that **best** describes the child's needs. Keep in mind that 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: _____

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. Requires no additional staff.

Describe: _____

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 would include 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: _____

4. Communication skills:

- a. Child relies entirely upon alternative methods of communicating needs and desires and/or in understanding requests made (sign language, picture boards, gestures, facial expressions, etc.)
- b. Child has limited verbal skills but is not non-verbal. 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 (see above) to supplement his or her verbal skills.
- c. Child's communication skills are similar enough to classmates that minimal accommodations are needed.
- d. Child is able to communicate without special accommodations.

Describe: _____

5. Behavioral issues:

- a. Child has behaviors which 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. The assistance is directed toward the child's inclusion in activities and forming relationships with peers.
- c. Child needs occasional assistance but generally does well if this help is provided.
- d. Child's behaviors are typical and do not require any additional assistance.

Describe: _____

6. Cognitive or comprehension abilities:

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

Describe: _____

SECTION III: Child Care Plan to be filled out by the **Child Care Provider**. The plan must address the child's stated needs, including any special equipment. State the adaptations you will make to enable this child to have access to and participate in program activities: _____

State your plan for adjusting your staff ratios in order to meet this child's needs:

Have you written part of this plan on an extra page?

Yes No

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

- follow the plan;
- review the plan and update it at least once a year;
- maintain compliance with licensing requirements;
- have every staff person caring for this child instructed in meeting this child's special needs;
- document that on-site consultation and resource materials have been provided by a qualified professional regarding the nature of the child's disability and the child care plan;
- have the director and at least one of this child's direct care staff trained in special needs within six months;
- have staff present at all times who have **current**:
 - CPR (appropriate to child's age);
 - First Aid certification; and
- have training certificates available for licensing review.

Signature of Child Care Provider	Date	Telephone No.
Facility Name	Address	
Signature of Parent Approving Plan	Date	

Send to your Child Care Licensing Specialist immediately. You will be notified of the approval or disapproval of this request. Approval times may vary.

SECTION IV: for DHS Child Care Licensing Use only. Refer to OAC 340:110-1-9.1. This section is completed by the FSSD social services specialist or the Child Welfare specialist when approval is for care in the child's own home. See 340:40-13-1(b)(7).

- Certification requirements met for the above-named child.
- Certification requirements not met.
 - Facility has numerous, repeated, or serious non-compliance.
 - Current First Aid Training not met.
 - Current CPR Training not met.
 - On-site consultation not met.
 - Child Care Plan (Section III above) not complete or adequate.

Signature of Licensing Specialist	Date	Telephone No.
Date Sent to County Social Services Specialist: _____		

SECTION V to be filled out by DHS Field Operations. Refer to OAC 340:40-7-8 (h) and Form ADM-123-A for DHS special needs child care approval.

County	Case Number	DHS Social Services Specialist's Name
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- Category: Limited Moderate Severe
- Child care authorization continues at the applicable daily or weekly rate.
 - Child care authorization updated with rate change.

DHS Social Service Specialist's Signature	Date Approved	Effective Date
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