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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Medicaid Services  F-21072 (03/2017) |
| **determination of exceptional care needs for children in**  **child care or foster care setting** |
| Name – Child (Last, First, MI) |
| **INSTRUCTIONS**: Place a checkmark in the box for each of the needs that child exhibits that may affect the intensity or skill level required of the provider of child care or foster care services. The child’s record must include documentation of the need, as well as a comprehensive medical or personal care, or psychiatric/emotional treatment plan as a result of these needs. |
| **Emotional and Behavioral Needs** |
| The child must display at least one of the following characteristics and require a psychiatric or behavioral intervention plan as a result. |
| Has encopresis or enuresis during daytime hours several times per week.  Has severe hyperactivity to the point of frequent destructiveness or sleeplessness on a consistent basis.  Is chronically withdrawn, depressed or anxious.  Engages in bizarre or severely disturbed behavior.  Has a conduct or attachment disorder resulting in significant acting out behaviors.  Runs away for long periods of time returning only as a result of intervention of others.  Habitually creates a disturbance in the classroom or on the school bus such that there is daily parent to school contact required; the child is frequently truant, or unable to complete the school day as a result.  Exhibits high-risk behaviors including habitual alcohol or drug use, sexually promiscuous behavior, or sexual perpetrator behavior.  Engages in repeated and uncontrolled social behavior resulting in delinquency status such as property offenses, assault and arson.  Has aggressive behavior on a daily basis including biting, scratching or throwing objects.  Engages in self-injurious behavior such as head banging, eye poking, biting, picking, or cutting.  Has a severe eating disorder including anorexia nervosa, pica, or polydipsia.  Is severely withdrawn or has an extreme social phobia.  Exhibits psychotic or delusional behaviors.  Requires 24-hour awake supervision or care. |
| **Physical and Personal Care Needs** |
| The child must display at least one of the following characteristics and require a medical or personal care intervention plan as a result. |
| Requires assistance with multiple personal care needs including dressing, bathing and toileting.  Requires catheterization or ostomy care.  Must be fed, require tube or gavage feedings, or require direct supervision while eating to prevent complications such as choking, aspiration or excessive intake.  Requires frequent care to prevent or remedy serious skin conditions such as pressure sores or persistent wounds.  Requires suctioning.  Has a complex and unstable medical condition that requires constant and direct supervision.  Requires two or more hours of therapy follow-through per day.  Requires other complex medical, mediation or treatment follow through throughout the day.  Is not mobile and requires assistance with transfers and positioning throughout the day.  Requires 24-hour awake supervision or care. |