STAFFING RECOMMENDATIONS FOR CHILD WITH SPECIAL NEEDS
(8VAC20-800-620)

Child’s Name: _____________________________________   Child’s Age: _________

Type(s) of Disability/Special Needs: _____________________________________________

Degree of Disability:  Mild ____  Moderate ____  Severe ____  N/A ____

Family Day Home Address     Telephone Number

* Please follow the instructions on the back of form:  (Check only one)

☐ 1. The family day home’s capacity or points do not need to be adjusted.
   Explain: ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

☐ 2. The family day home’s capacity needs to be reduced by ☐ one child or ☐ two
   children.
   Explain: ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

☐ 3. In determining the need for an additional caregiver, this child needs to be
   assigned points of a child in a younger age group (applies only to a child older
   than 15 months).
   Explain: ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

__________________________   _____________________________   ______________
Parent (s) Name (s)   Parent (s) Signature (s)  Date

__________________________   _____________________________   ______________
Provider’s Name   Provider’s Signature   Date

__________________________   _____________________________   ______________
Licensing Representative  Representative’s Signature  Date
INSTRUCTIONS:

The child’s parent(s) and the provider are to mutually determine a recommendation for the appropriate level of staffing they think is necessary to accommodate a child with special needs. The completed form is to be signed by the parent, provider, and Licensing representative.

Please check only one of the recommendations on this form and explain your reason for selecting the recommendation as follows:

1. If block #1 is checked: explain how the child will be integrated into the family day home or any necessary adjustments that need to be made to accommodate the child.

2. If block #2 is checked: explain any functional limitations of the child that may require the provider to care for one or two fewer children (refer to the Interpretation at 8VAC20-800-40 in the Standards for Licensed Family Day Homes).

3. If block #3 is checked: explain any functional limitations of the child that demand a similar amount of care, attention, and supervision as required for a child in a younger age group, and specify the younger age group this child needs to be counted in (refer to 8VAC20-800-570. Determining need for additional caregiver).

The completed form is to be sent by the provider to the family day home’s regional licensing representative. After considering the recommendation, the licensing representative will notify the provider of a final determination for staffing requirements or for any capacity limitations determined as necessary to adequately meet the needs of all children in care.

The recommendation for staffing shall be reviewed annually by all involved parties to consider any changes in the child’s level of functioning.

ADDITIONAL COMMENTS RELATED TO STAFFING RECOMMENDATION