Early Childhood Return to Care/Play Plan

Student Name:	**Date of Birth:**	**Injury Date:**
Parent/Guardian:	Phone:	Email:
Return to Care/Play Liaison: (service provider)	Phone:	Email:
Wellbeing Monitor: (at daycare/preschool)	Phone:	Email:

Name	**Role**	**Contact Information (Phone/Email)**

☐	☐	☐	☐	Student has support plan: ☐**504** ☐**IFSP**	☐**Accommodations/ Modifications no longer Needed** **Date of exit:** _____
Referral and Consultation with Nurse/Health Aide	Trial of Temporary Accommodations (updated weekly)	Referral to Regional Services for TBI (Complex needs or symptoms more than 4wks)	Referral for 504 or IFSP/ IEP Consideration		

Review dates:

(1) (2) (3) (4) (5) (6)

Goal: Support symptom regulated activity following brain injury for a positive return to care/play transition.

Symptoms (changes since incident)

Temporary Accommodations/ Modifications

Physical	**Emotional**	**Frequent Breaks**	**Memory/Processing**
☐Headache	☐Depressed mood (withdrawn/sad/lethargic)	☐Frequency:	☐Extra time for tasks and processing
☐Pressure in head	☐Irritability and moodiness	☐Duration:	☐Slow down verbal information
☐Nausea or vomiting	☐More emotional than usual (crying, temper tantrums, screaming)	☐Location:	☐Provide check-ins/close proximity
☐Balance problems/clumsiness	☐Nervous/Anxious (fearful/worries/reluctance)	**General Support Strategies**	☐Repetition of information/ prompts
☐Dizziness	☐Behavior or personality change	☐Reduce new skill-load	☐Use of short and clear language
☐Fatigue/ Sluggish	**Sleep**	☐Prioritize essential tasks	☐Cue student to question prior to asking
☐Blurry or double vision	☐Sleeps less than usual	☐Provide extra support/learning assistance	**Social/Emotional**
☐Sensitivity to light or noise	☐Sleeps more than usual	☐Provide visual prompts	☐Reduced stressful situations
☐Numbness or tingling	☐Has trouble staying asleep	☐Provide immediate feedback	☐Give supportive feedback/reassurance
☐Does not "feel right"	☐Has trouble falling asleep	☐Pre-teach or reteach	☐ Walk breaks outside of class with teacher/IA
☐Seizures	**Cognitive**	☐Use small group instruction	☐Quiet work/rest space in class
☐Changes in hand/eye coordination	☐Difficulty concentrating/ remembering	☐Use individual instruction	**Additional Considerations**
☐Changes in gait	☐Less interested in toys or play	☐Reduce screen time	☐Sunglasses/blue light blocking glasses
☐Increased in falls/tripping	☐Difficulty following instructions	☐Limit focus time to ___ mins	☐Hat/hood to reduce light glare
Adaptive	☐Difficulty tracking conversations	☐Provide or allow for a fidget object	☐Noise reducing headphones
☐Difficulty with dressing	☐Forgetting already known words/names/locations	**Classroom Environment**	☐Access to water
☐New toileting accidents	☐Answers questions slowly	☐Reduced Stimuli (visual, auditory, tactile, & smell)	☐Class arrival time (early/late)
☐Difficulty with toileting skills	☐Repeats questions	☐Access to break area/calming seating	☐Restrict/limit noisy environment
☐Difficulty with eating/ swallowing	☐Slurred speech	☐Limit classes with noise/safety issues	☐Restricted recess activities
☐Reduced or increased appetite	☐Stuttering	☐Quiet work/rest space in class	☐Reduced classroom time

		☐Reduced lighting	☐Helmet
Other:			

Symptoms Temporary Accommodations/Modifications

Goal: Support symptom regulated activity following brain injury for a positive return to care/play transition.

Additional Supporting Details

Comments/Feedback		
Name	Date	Comment/Feedback

Notes:

1. The **Early Childhood Return to School Plan** is a temporary plan to promote a successful Return to Care/Play transition following a suspected or diagnosed concussion/brain injury. After 4 consecutive weeks if symptoms are not resolved, the identified Care/Play liaison should make a referral to Regional TBI Supportive Services.

2. **Return to Care/ Play Liaison:** The school staff member/ IFSP service provider taking the lead for coordinating the student support team. They are responsible for scheduling review dates, updating the return to care/play plan, and providing communication to connect the listed educational, family, and medical team members during the temporary support period. They will also be the initial contact for the regional referral when needed.

3. **Well-Being Monitor:** The role of this position is to be a source of encouragement during what can be a difficult time. This should be a person the student feels comfortable checking in with regarding overall well-being. It typically may be a classroom teacher, daycare provider, or classroom assistant; but will be unique to each student. This person will report any (mental/physical) health concerns to the team so additional service referrals can be made.

4. **Additional Support Detail** section, top section of Page 3, is intended to allow additional details regarding the temporary accommodations on page 2 chart, and or additional support plans made by the team.

5. **Comments/Feedback** Section, Page 3: Parent/school/ daycare or outside contacts may provide feedback regarding progress or concerns. This is a running log of team communication and can be used to justify formal interventions if needed.

6. The Return to School Plan should be reviewed with the parent(s)/guardian(s) and their support team on a weekly basis. This review should include making updates to the **Symptom & Informal Accommodations/Modifications Chart** to align with student symptoms and pre-academic skill progress. **Review Dates** should be documented on page 1.

♦ Potential accommodations and modifications are not limited to those listed on the Early Childhood Return to Care/Play plan. An additional supplemental list and further support can be provided by the Regional TBI Support Team.

Parent/Guardian Information on Traumatic Brain Injury

Compared to all other age groups, children under the age of 4 years old have the highest incident rates of concussion (mild traumatic brain injury) and traumatic brain injury (TBI). The leading cause of head injuries for babies and toddlers are falls at home, followed by car crashes. Babies and toddlers often fall because they stumble, trip, and bump into things. They can also fall when they are dropped, or a person carrying them falls. Not all falls result in concussion; however, a child is more likely to have a concussion or other serious head injury when they: fall from more than 3 feet, fall on a hard surface, or fall with a fast speed.

Rest and Recovery from a Concussion

- Create a calm place at home: Put away light-up and noisy toys while your child is resting for a few days. Similarly, limit your child's access to tv, tablet games, and bright electronics if they seem to bother them.
- Encourage your child to stay hydrated: Give your child frequent drinks, such as water, milk, or Pedialyte.
- Prevent a second injury: While your child is recovering from a concussion, it is important that they do not have a second additional head injury.
    - Your child should avoid rough-play and the possibility of additional injuries/falls. They should have NO play with balls, running, wrestling, climbing, playground equipment, scooters, bikes, or trampolines.
    - Slowly re-introduce your child to their regular play and learning activities after a few days of rest. Plan to take breaks or stop the activity if your child becomes fussy, upset, or shows any sign of headache or pain. If you are unsure if your child is having trouble tolerating their regular activities, stop the activity and give your child time to rest. "When in doubt, sit them out."
- Monitor your child: Most children will recover within 2-4 weeks and go back to their normal activities without the return of symptoms. Your child's doctor can help decide when it is safe for them to return to their normal activities. If your child continues to have difficulties beyond one month, ask your doctor if you should meet with a concussion specialist. Let your preschool provider, early childhood service provider, or daycare provider know about the incident so that an Early Childhood Return to Care/Play Plan can be created to support your child's recovery process.

How to prevent concussions and head injuries in children: properly install car seats, baby-proof your home, avoid risky situations (walk slowly when holding your child and reduce clutter in walking areas), always supervise play, insist on helmets and protective gear when using tricycles/bikes/scooters.

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