

Individual Child Care Program Plan

Licensed Child Care Centers

An individual child care program plan (ICCPP) is used to describe a child's individual physical, social, or emotional needs and document the center's plan to carry out the implementation of accommodations to meet the individual needs of the child in the child care center setting. An ICCPP **must** be coordinated with an existing plan and/or the child's Health Care Summary to ensure that the accommodations are aligned with existing recommendations from case management professionals and/or physicians and is suitable to the child care center environment. An ICCPP may be developed to address a child's individual needs as determined in the referral process or in coordination with an outside professional. Examples of some plans that address the [individual needs of children](#) are an Individualized Education Plan (IEP), an Individual Family Service Plan (IFSP), an Individual Service Plan (ISP) or a 504 Plan. A child's individual needs could also be identified on the child's Health Care Summary or documentation from the child's medical provider. For a child with a known allergy, all documentation requirements of Minnesota Statutes, section 245A.41 must be met; see allergy section of this form.

Child Information

Child's Full Name	Child's Date of Birth
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Identification of Individual Needs

This ICCPP is being developed because: (Check all that apply)	Information has been provided by: (Check all that apply)
Accommodations would improve outcomes for child's development or behavior	Licensed Physician
Child is in referral and needs accommodations	Licensed Psychiatrist
Child has an IEP/IFSP/ISP/504	Licensed Consulting Psychologist
Child is receiving outside services/therapy	Parent/Guardian
Other: _____	Other: _____

Describe how the child's needs impact their ability to engage in the daily routine of the child care environment?
If the child has a special need that requires accommodation for something that doesn't occur while in child care, it would not need to be included on this form.

Describe any known situations or environments that may increase stress or present additional challenges for the child?

What accommodations will be made that are appropriate for the child care center environment?

What modifications or accommodations are needed while the child is engaged in classroom, curriculum, and routine activities (i.e. nap, toileting, mobility, meals)?

What modifications or accommodations are needed for outdoor play, field trips, or transportation? Check here if this does not apply.

What training, staffing, or materials may be needed to support the above accommodations? Check here if this does not apply.

Escalation Planning

Describe any situations or behaviors when the above accommodations may not be adequate to meet the individual needs of the child. Check here if this does not apply.

What additional supports are recommended? What will be done to provide additional support? Check here if this does not apply.

Individual Child Care Program Plan for Allergies

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The child care center can use this form to document 1) allergy information, 2) medication to respond to an allergic reaction, and 3) emergency contact information for allergy prevention and response. Complete the Individual Child Care Program Plan for Allergies (ICCPP-A) from the allergy information obtained from parents. Documentation of any known allergy must be obtained before the center cares for the child. The ICCPP-A must be available at all times on site, when on field trips, or during transportation. Food allergy information must be readily available to staff in the area where food is prepared and served to the child. All staff who interact with this child must review and follow this plan. **Use a separate form for each allergy, even if the same child has more than one identified allergy.**

Allergy prevention and response requirements are found in [MN Statutes, section 245A.41, subdivision 1.](#)

Child Information

Child's Full Name

Child's Date of Birth

Date ICCPP-A was developed

Initial Date

Print Name of Center Representative that developed this ICCPP-A

Signature of Center Representative that developed this ICCPP-A

Allergy Information

1. Describe the allergy. **Use a separate form for each known allergy.**

2. What triggers the allergy?

3. What symptoms may the child display when exposed to an allergen or trigger? (Check all that apply)

No history of symptoms or unknown

Mouth: Itching; tingling; swelling of lips, tongue or mouth ("mouth feels funny")

Skin: Hives; itchy rash; swelling of face or extremities

Gut: Nausea; abdominal cramps; vomiting; diarrhea

Throat: Difficulty swallowing; hoarseness; hacking cough

Lung: Shortness of breath; repetitive coughing; wheezing

Heart: Weak or fast pulse, low blood pressure; fainting; pale; blueness

Other: _____

Other: _____

Other: _____

What techniques are used to avoid an allergic reaction?

What procedures will be taken to respond to an allergic reaction for this child?

Medications for Responding to an Allergic Reaction- Call 911 if Epinephrine is administered

What medication(s), if applicable, are required for response to an allergic reaction for this child? *Note: If medication provided, refer to [Minnesota Rules, chapter 9503.0140, subpart 7](#) for administration of medication requirements.*

Medication

Dosage

Medication

Dosage

Medication

Dosage

Doctor Information - Call 911 for EMERGENCIES

Doctor's Name

Doctor's Phone Number

