DEPARTMENT OF HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL – LICENSING DIVISION

Individual Child Care Program Plan

For Licensed Child Care Centers

DATE OF ICCPP	PROGRAM NAME			LICENSE NUMBER
CHILD'S FIRST NAME		MI	LAST NAME	DATE OF BIRTH

Type of individual need

This ICCPP is being developed because (Select one, if both are true please use an additional form):

- ◯ Child has a known allergy/allergies (See Minnesota Statutes, chapter 245A.41, subdivision 1)
- ◉ Child has special needs requiring an ICCPP (See Minnesota Rules, part 9503.0065, subpart 1.h)

Check all that apply:

- ☐ Child has developmental disabilities.
- ☐ Child has an IEP/IFSP/ISP/504.
- ☐ Licensed physician, psychiatrist, licensed psychologist or licensed consulting psychologist has determined the child has a special need relating to physical, social, or emotional development. Examples could include seizure disorder, asthma, diabetes, feeding tube, or child is receiving outside services/physical or occupational therapy.

Describe the special need.

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

What modifications, accommodations, or restrictions are needed for outdoor play, field trips, or transportation?

What training, staffing, or materials are needed to support the above modifications, accommodations, or restrictions?

ICCPP consultation

The ICCPP must be coordinated with any ISP, IEP, IFSP, 504 plans, and reports from the licensed physician, licensed psychiatrist, licensed psychologist, or licensed consulting psychologist, per Minnesota Rules, part 9503.0065, subpart 3.

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that I have verified the above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. 325L.07)

Additional reports/documentation from the consulting professional are attached ☐

If the reports/documentation are current and coordinated with the ICCPP, the consulting professional signature is not required.

☐ I agree	CONSULTING PROFESSIONAL ELECTRONIC SIGNATURE (type name)	DATE