Individual Child Care Program Plan (ICCPP) for a Child with Support Needs

Form I-600

"Special Needs" as defined in Rule 3, MN Statute 9503.0065

Child's Name: **Date of Birth:**

Diagnosis or Support Need:

Describe the child's needs during group care:

Describe the child's present functional level and skills:

Any activity restrictions? ◯ No ◯ Yes, describe:

Does the child require any specific accommodations/modifications in group care?

- Sleeping:
- Toileting:
- Feeding:
- Diapering:
- Medications: ◯ No ◯ Yes, fill out medication permission form
- Emergency procedures:
- Medical procedures:
- Special equipment:
- On the playground:

Will the staff need special training to provide the for this child? ◯ No ◯ Yes

Who will provide the training?

Are there any other health concerns that would help us coordinate the child's care?

Providers Signature: **Date:**

EMERGENCY PHONE NUMBERS

Parent/Guardian #1 - Name and Phone:

Parent/Guardian #2 - Name and Phone:

Primary Health provider's name/number:

Specialist's name/number, if any:

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TRAINED CHILD CARE PROVIDERS: **(full printed name, signature and date trained)**

*Must be reviewed with any changes to the plan. If needed, attach more signatures to form:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

I give my permission for the child care provider to follow this plan of care prescribed by the health care providers. I also give my permission to call the health care providers indicated for any additional medical information about my child.

Parent/Guardian Signature: **Date:**

Date current ICCPP was created:

Plan of care written in collaboration with (Director/Center Representative):

Projected date of plan re-evaluation (done at least yearly):