

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Individual Child Care Program Plan

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 A](#))

Allergy information

Describe the allergy. Allergies with similar symptoms can be listed together. Additional section(s) can be added for multiple allergies with different triggers, symptoms, and techniques.

What triggers the allergy?

All symptoms below may be experienced when exposed to an allergen. Please select any known symptoms the child may display:

- No history of symptoms or unknown
- Mouth: Itching; tingling; swelling of lips, tongue or mouth ("mouth feels funny")
- Skin: Hives; itchy rash; swelling of the face or extremities
- Gut: Nausea; abdominal cramps; vomiting; diarrhea
- Throat: Difficulty swallowing; hoarseness; hacking cough
- Lungs: Shortness of breath; repetitive coughing; wheezing
- Heart: Weak or fast pulse; low blood pressure; fainting; pale; blueness
- Other:

IF NEEDED, PLEASE LIST ANY ADDITIONAL INFORMATION REGARDING SYMPTOMS

What techniques will be 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

Are medications required for response to an allergic reaction for this child? Yes No

Medication administration requirements (permission to administer, when and how to administer, and documentation of administration) must be followed according to [Minnesota Rules, part 9503.0140, subpart 7](#). The medication and dosage information documented here does not fulfill those requirements.

Per [Minnesota Statutes, chapter 245A.41 subdivision 1](#) the license holder must:

- Contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention; and
- Call emergency medical services when epinephrine is administered to a child in the license holder's care.

Doctor information - Call 911 for EMERGENCIES

DOCTOR NAME	DOCTOR PHONE NUMBER
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Allergy information available at all times

A child's allergy information must be available at all times, including on-site, when on field trips, or during transportation. Food allergy information must be readily available to a staff person in the area where food is prepared and served to the child per, [Minnesota Statutes, chapter 245A.41, subdivision 1](#).

[Minnesota Rules, part 9503.0125](#) states that license holders shall not disclose a child's record without parent permission.

If the center posts child's allergy information in a location visible to others in the program, parental permission is required.

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)

I give permission for the provider to post my child's name, allergy information, and treatment information in a place visible to others at the program.

<input type="checkbox"/> I agree	PARENT ELECTRONIC SIGNATURE (type name)	DATE
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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)

I give permission for the provider to post my child's photo with the allergy information in a place visible to others at the program.

<input type="checkbox"/> I agree	PARENT ELECTRONIC SIGNATURE (type name)	DATE
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Staff caring for the child

The following staff have reviewed the initial ICCPP and agree to follow the plan.

Print Staff Name	Signature	Date

In [Minnesota Statutes, chapter 245A.40](#), staff training requirements for ICCPPs must be followed. Orientation must include training required by a child's individual child care program plan as required under Minnesota Rules, part 9503.0065, subpart 3, if applicable; and in-service training must include training on a child's individual child care program plan as required under Minnesota Rules, part 9503.0065, subpart 3.

Complete below for changes and yearly review only

Yearly review and changes for ICCPP - Allergy

Individual Child Care Program Plan - Allergy is to be reviewed at least once each calendar year or following any changes per [Minnesota Statutes, chapter 245A.41, subdivision 1\(C\)](#).

- No changes at yearly review Changes at yearly review or as needed

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III. Allergy Prevention and Response Policies and Procedures:

Staff are trained on allergy policies during orientation training and at least once per calendar year. The training is documented in each staff person's file. Our program is responsible for implementing these policies and procedures and monitoring implementation.

The allergy prevention and response policies and procedures are provided to the parents of all children at the time of enrollment in the program and made available upon request.

Before admitting a child for care, we obtain documentation of any known allergy from the child's source of medical care. We will maintain current information about the allergy in the child's record.

We will also develop an Allergy Individual Childcare Program Plan (ICCPP). The ICCPP for Allergies for Licensed Child Care Centers form from DHS may be used and found at this link: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7995-ENG> An Allergy ICCPP is used to describe a child's individual needs and document the center's plan to carry out the implementation of accommodations to meet the individual needs of the child in the childcare center setting. The Allergy 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 childcare center environment. The Allergy ICCPP may be developed to address a child's individual needs as determined in the referral process or in coordination with an outside professional. A child's individual needs could also be identified on the child's Health Care Summary or documentation from the child's medical provider.

An Allergy ICCPP will include the following information:

1. Identification of the Allergy
2. A description of the allergy (use a separate form for each known allergy)
3. Specific triggers of the allergy
4. Symptoms the child may display when exposed to an allergen or trigger
5. What to avoid
6. Avoidance techniques
7. Procedures for responding to the allergic reaction including:

