

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

ALLERGY 1
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? Allergy triggers are what cause the allergic reaction (e.g., eating the allergen, touching the allergen, inhaling the allergen, etc.).

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? Specifically, state how the center will prevent an allergic reaction (i.e., how the center will ensure the allergen is not present at the center, how the center will ensure the child does not come in contact with the allergen, etc.).
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
-------------	---------------------

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
----------------------------------	---	------

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
----------------------------------	---	------

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