Minnesota Visiting Nurse Agency
3433 Broadway Street NE, Suite 300
Minneapolis, MN 55413

Individualized Child Care Plan (ICCP)

Developmental Disabilities or Other Health/Learning Needs
(Such as ADHD, Autism or Emotional/Behavior Disability)

Child's Name: ______________________ Birth Date: ______

Health Care Provider: Name: ______________________ Clinic: ______________________

Address: ____

Telephone Number(s): (______) ______________ (______) ______________

1. Medical and/or Educational Diagnosis: ____
   a. When was your child first diagnosed? (Date) __________
   b. Does your child have a specialized plan? (This plan may be set up by your local school district) Yes ____ No ___
      - ☐ Individual Family Service Plan (IFSP) (usually for children birth to 3 years who have a disability)
        Case Manager: ______________ Telephone Number: ______________
      - ☐ Individual Education Plan (IEP) (usually for children ages 3-5 years who have a disability)
        Case Manager: ______________ Telephone Number: ______________
   c. If your child has a IFSP or IEP, what services are currently provided?
      ☐ OT ☐ PT ☐ Speech ☐ Special Education Teacher
      ☐Other (specify) ______________________
   d. Are these services provided at:
      ☐ Your home ☐ Your current child care program
      ☐ A specialized child care program – Name: ______________________

2. Treatment and Medication related to diagnosis (Complete MEDICATION PERMISSION Form):
   a. Medication(s) given at child care: ______________________
   b. Special medical treatment(s) at child care: ______________________

3. Other services or behavior plans needed at child care:
   a. What symptoms or behaviors does your child experience? ______________________
   ____
   b. What situation could trigger these symptoms or behaviors? ______________________
   ____
   c. List any restrictions at child care: ______________________
   ____
   d. List any adaptations or changes needed in the classroom: ______________________
   ____
   e. Any additional plans needed to meet your child's needs: ______________________
   ____