



Minnesota Department of **Human Services** _____

Individual Child Care Program Plan (ICCPP) for Positive Supports Rule (PSR) Sample Form

Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian #1: _____
Name Home# Work# Other

Parent/Guardian #2: _____
Name Home# Work# Other

Primary Health Provider's Name: _____ Phone: _____

Name of Primary Health Provider's Clinic: _____ Phone: _____

Other Specialist's Name/Title (If Applicable): _____ Phone: _____

Name of Specialist's Clinic: _____
Phone: _____

Diagnosis(es): _____

Areas of Developmental Delay/Concerns: _____

Current Medicines/Doses: _____

Positive Support Rule

Is this child receiving or eligible for Developmental Disability (DD)-related case management services?

- Yes
- No

*If the answer is yes, the PSR applies to the child care services provided to this child.

*If the answer is no, the PSR may still apply to the child care services provided to this child. Further assessment, review, and communication with the parents/guardians may be necessary.

For the PSR to apply, a child needs to have a developmental disability or related condition.

- A child with a developmental disability likely will have been assessed to have substantial limitations in present functioning, showing significantly sub average intellectual functioning existing at the same time as the child shows deficits in adaptive behavior.
- A child with a related condition would have all of the following:
 - A diagnosis of cerebral palsy, epilepsy, autism, Prader-Willi syndrome, or any other condition found to be closely related to a developmental disability because the conditions impair general intellectual functioning or adaptive behavior similar to persons with developmental disabilities. A diagnosis alone does not determine that they have a related condition because the issues presented may be minor or not impair the child (i.e., autism);
 - The condition manifests before the child reaches age 22 ;
 - The condition is likely to continue indefinitely;
 - The condition results in substantial functional limitations in three or more of the following six areas—taking the child’s age level into consideration:
 - Self-care;
 - Understanding and use of language;
 - Learning;
 - Mobility;
 - Self-direction; and,
 - Capacity for independent living.

If there are questions as to whether the PSR applies to a child, start by consulting the child’s parents/ guardians and reviewing the submitted health forms

If the PSR applies, the following are to be initialed:

_____ The center’s policy regarding emergency use of manual restraint applies to this child.

_____ The center’s Behavior Guidance policy applies to this child.

_____ All staff who work directly with this child have met the core training requirements for the Positive Supports Rule.

_____The license holder will document compliance with the PSR requirements revealing the level of progress towards each outcome or goal for the child; ensuring that staff are accountable for the services provided to the person; and, ensuring that services can be evaluated and monitored by the license holder.

_____ The license holder will evaluate the child’s individual preferences, daily needs and accomplishments every six months in order to assess if changes need to be made.

Additional Information about Needed Accommodation(s)

Include any additional information and methods of implementation:

Diet or feeding: _____

Classroom activities: _____

Naptime/sleeping: _____

Toileting: _____

Outdoor or field trips: _____

Mobility: _____

Communication: _____

Social interactions with other children: _____

Other: _____

Additional comments: _____

Signature of the parent/guardian & date: _____

Signature of licensed child care provider & date: _____

Signatures of all staff who interact with the child & date:
