LMDC

INCIDENTAL MEDICAL SERVICES (IMS) PLAN

This facility provides incidental medical services (IMS) in accordance with Title 22, Division 12, Section 101173 of the California Code of Regulations. The following plan describes how the facility will manage IMS needs and coordinate with children's individual medical providers.

General Procedures

1. The facility will implement a written plan for incidental medical services, including but not limited to:

- Administering prescription or over-the-counter medication;
- Using inhalers, nebulizers, or epi-pens;
- Supporting children with special health needs (such as diabetes management, g-tube feeding, or seizure response);
- Performing specialized medical procedures that are not part of routine child care.

2. IMS will be provided only with written authorization from the child's parent or guardian and a licensed physician's written instructions specifying the medical services required.

3. If a child requires specialized medical procedures or support, the facility will consult with the child's physician or treatment professional identified by the parent to ensure all staff actions conform to the child's care plan.

4. Any consultations or professional services related to the child's medical care shall be arranged, authorized, and paid for by the parent or guardian.

Staff Training

If the consulting physician or treatment professional recommends training for facility staff, that training shall be provided or arranged by the parent or guardian, at the parent's expense. When appropriate, such training shall be provided in Spanish to ensure staff comprehension.

Records and Documentation

IMS documentation, including parent authorizations, physician instructions, and staff training records, will be maintained in each child's file. Staff will document each instance of medication administration or medical service in the child's IMS log.

INITIALS _____

Emergency Response
Staff trained in pediatric first aid and CPR will be available at all times. Emergency medical services (911) will be contacted immediately in the event of a life-threatening situation.

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Thank you for your cooperation in helping us keep the children healthy and happy at Little Movements Day Care.

I have read the entire LMDC IMS Plan. I am informed and hereby agree to comply with all of the LMDC IMS Plan terms and conditions.

_____ _____

Parent signature Date

INITIALS _____