## CHECKLIST FOR CHILDREN'S MEDICATIONS AND/OR SPECIAL HEALTH CARE NEEDS

This document is being supplied as a sample. Your program may develop your own checklist or tailor this checklist to meet your specific needs. The records included on this sample checklist are most that are required by regulation. It is the program's responsibility to be aware of additional records that may apply to them. Separate checklists for miscellaneous records, child records and staff records are also available atwww.ct.gov/oec

Child's Name	Child's Condition	Medication Name	Medication stored properly	Medication Expiration Date	Medication Authorization Form Expiration Date	Medication Administration Record	Special Petition Expiration Date	Individual Care Plan
Notes and Reminders		*Original container     *Prescription label     *Labeled with name if over the counter     19a-79-9a(b)(5)(A)	*Emergency medication stored out of reach of children *Non-emergency medication locked *Controlled substances double locked 19a-79-9a(b)(5)(B-C)	*Expired medications disposed of or returned within 1 week - witnessed and recorded 19a-79-9a(b)(5)(D)	*Form filled out completely *Parent's signature *Prescriber's signature *Matches medication *Form includes all required information 19a-79-9a(b)(3)	One for each medication 19a-79-9a(b)(4)(A-B)	*If applicable 19a-79-9a(7)(A-C)	*Signed by parent  *Signed by <u>ALL</u> staff responsible for child *matches DR's orders  *All medications are on site to follow plan *updated as needed  *Separate care plan for each condition 19a-79-5a(a)(2)(E)
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