Navy Child and Youth Programs
Child Development Home Medication Administration Guidance

Medication Overview

Ideally, families with children who require medication can work with their health care practitioners to accommodate their child’s medication schedule at home. However, this is not always possible. Children with medical needs often require medication to be administered during program hours, meaning Providers may need to administer the medication. For the health and safety of these children, if the Provider must administer the medication, meticulous medication administration records must be maintained for all children (except the Provider’s own children) requiring any type of medication (nonprescription topical treatments are exempt from this requirement).

There are two types of medication management:

1. **Temporary**: Children who need temporary, as-needed, or occasional medication for noncritical (i.e., non-life-threatening conditions).

2. **Ongoing**: Children who require ongoing medication, including those that may be required for critical medical conditions. Children with critical medical conditions (i.e., life-threatening needs that require immediate response) must have an Emergency Action Plan (EAP) that outlines specific emergency response medication procedures. The following paragraphs provide guidance on the medication record keeping requirements.

Medication Forms and Documentation

All children (excluding the Provider’s own children) who need to take any type of medication while in the home must have the following documentation on file.

- **Medication Authorization Form—CNICCYP 1700/08**: The Medication Authorization Form is required for all children who need to take prescription medications while at the home. The form must be signed by a physician and include written instructions pertaining to the type of medication(s), dosage, frequency, and duration of the medication administration period as prescribed by the physician (e.g., 3 weeks, 1 year, indefinite, etc.). The parent must sign the form to indicate his/her consent for the Provider to administer the medication to the child while in care at the home. The form only needs to be updated if
the prescription or duration has changed. This form is kept in the child's file in the Provider’s home.

- **Medication Dispensation Log—CNICCYP 1700/21**: The Medication Dispensation Log provides a written record of the medication being given to the child (when it was administered, by whom, and the dosage given). A log should be on file even if medication is never actually given while the child is in care. The Provider must use the Log each time medication is administered to the child. The log may be kept in the same location as the medication, and when

- Provider’s Training Certificate: The Provider must maintain a copy of his or her training certificate from medication administration training in the home.

- Copy of the *Emergency Action Plan (EAP)* for each child with chronic and critical medical conditions outlining emergency response procedures as directed by the child's physician. In addition, copies of all EAPs must also be filed in the IAT Inclusion Support Binder in the CDH office.

**Medication Storage**

Providers must be aware of all children with medical emergency information and know where this information is stored. Providers must have a plan in place to access medication and related information in the event of an emergency or any time the Provider and children leave the CDH, including going outside with the children or taking field trips or excursions.

- **Medications for Noncritical Medical Conditions**: Medications for children with noncritical medical conditions may be stored in a location that is accessible to the Provider but completely inaccessible to children. Medication must be stored in a container with a child-resistant cap out of reach of children, such as in a container on top of the refrigerator or in a top cupboard in the kitchen or bathroom. If a medication requires refrigeration, it should be kept in the refrigerator out of reach of children.

- **Medications for Critical Medical Conditions**: Any medications for critical medical conditions must be stored in a container with a child resistant cap and in a location inaccessible to children but quickly and easily accessible to the Provider when needed. This includes whenever the Provider and children leave the home for field trips, playing in the yard, or going to a playground. The Provider must be aware at all times where the medication is and what the EAP requires.

As a reminder, emergency response medication and information must travel with the child as he/she moves throughout the day (e.g., playing outside, on field trips or other excursions, and taken outside in case of an emergency evacuation or evacuation drills).
Medication Administration

Medications must be maintained in their original container and the label must include:

- Child’s first and last name;
- Date prescription was filled and expiration date;
- Name of healthcare provider
- Instructions for administration and storage; and
- Name and strength of medication.

The first dose of ANY medication must be administered to the child by the parent or healthcare professional. If medication is required in a CDH, the CDH Provider, Back-Up Provider, and any Substitute Providers that may care for the child must receive proper training.