

**PROGRAM MEDICATION ADMINISTRATION POLICY**  
*(Subsidy Inspection Requirements for Family Day Homes 22VAC40-665-230 I)*

I (or my staff) WILL NOT administer any medications – prescription or non-prescription medication

I (or my staff) will administer ONLY non-prescription medications

I (or my staff) WILL administer prescription medication.

- The program will administer prescription and non-prescription medication by all routes covered in the MAT course.
- The program will administer medication in accordance with VDSS *Subsidy Inspection Requirements for Family Day Homes* pertaining to the administration of medication.
- Only a provider who has completed the appropriate training or has appropriate licensure will be permitted to administer prescribed medication in the program.

Forms and Documentation Related to Medication Administration

Medication Consent Form: (check all that apply)

My program will accept permission and instructions to administer medication on the VDSS form *Medication Authorization Form*.

My program will accept permission and instruction to administer medication on the attached medication consent form developed by my program. (Please attach)

Other:

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All medication administered to a child during program hours will be documented on a child-specific medication log. Each medication log will be attached to the child’s corresponding medication consent form.

Handling Storage and Disposal of Medication

All medication must be properly labeled with the child’s first and last name and be accompanied by the necessary parent permission and, when applicable, health care provider instructions in accordance with VDSS *Subsidy Inspection Requirements for Family Day Homes* before it will be accepted from the parent or parent representative.

All medication will be kept in its original labeled container.

Medication must be kept in a locked place using a safe locking method that prevents access by children. Note any medications, such as EpiPen®, which may be stored in a different area.

All leftover or expired medication will be given back to the child’s parent for disposal.

**Medication Errors**

If a medication error occurs in my program, I will notify the child’s parent immediately. I will maintain confidentiality of all children involved.

When any medication error occurs, I will do the following:

- I will encourage the child’s parent to contact the child’s health care provider when the error occurs. **Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child’s individual record.**

Provider’s Name (please print):	Facility Name:
Provider’s Signature:	Date:
Parent or Guardian Signature:	Date:

**Provider Statement**

I understand that it is my responsibility to follow my *Program’s Decision Regarding Medication* plan and all health, infection control, and medication administration regulations applicable to my child day program. The Program Decision Regarding Medication plan will be made available to parents at enrollment, whenever changes are made, and upon request.