This checklist to be completed by: Program Staff.



Care Plan Checklist for Seizures

Early Learning or Child Care Program Staff: Many care plans do not meet WAC requirements for early learning or child care programs. All items in this checklist are required for a care plan to be compliant with WACs 110-300-0215 and 110-300-0300.

Child's name:		
Child's date of birth:		

Important Information for Program Staff

- Unless otherwise indicated, the care plan is valid for 1 year from the licensed healthcare provider's signature date on the care plan. However, a new care plan will be needed if there are changes to the child's health condition or medication(s).
- Children's health records must be updated annually, including care plan documentation.
- Let your licensor know you have a child with special health care needs enrolled.
- If you need to call emergency medical services (911), you must notify DCYF within 24 hours.

Care Plan Checklist

Review the child's care plan. It must include the following items before the child attends or resumes care: Child's first and last name
☐ Child's date of birth
☐ Child's medical diagnosis, if known
☐ Description of triggers and/or symptoms of the medical condition
☐ If medication is prescribed:
☐ List of emergency and daily medication(s)
 When to give the medication(s), in response to specific symptoms or at specific times
 How to give the medication (for example: by mouth [oral], on skin [topical], etc.)
☐ How much medication to give (dose)
☐ Possible side effects of the medication(s)
☐ Medication expiration date
☐ Emergency response plans. For example: when to call the parent or guardian, emergency medical services (911), and emergency contacts
☐ Environmental, activity, or behavioral modifications or accommodations to help care for the child, if needed
☐ A care schedule if the child requires routine or daily interventions, or services provided by visiting health professionals

This checklist to be completed by: Seattle & King County Program Staff. ☐ Parent or guardian consent for program staff to follow the care plan ☐ Parent or guardian training to program staff about medication administration, special equipment or supplies, and medical procedures listed in the child's care plan is documented ☐ Contact information for the child's healthcare provider and other visiting health professionals ☐ Licensed healthcare provider's signature and date ☐ In addition to WAC requirements, a seizure care plan should include the following information: ☐ Type(s) of seizure(s) the child may experience ☐ How long each seizure type may last ☐ How frequent each seizure type may be ☐ Specific symptoms the child may experience during each seizure type ☐ Instructions for post-seizure care ☐ Potential triggers of the child's seizure(s) ☐ Any implanted devices to manage or treat the seizure disorder, and instructions on how to use them ☐ Specific food and diet recommendations ☐ Preferred hospital in case of an emergency ☐ Look at the medication(s) the child has been prescribed. Make sure each medication is labeled with or has the following: ☐ The original packaging ☐ The child's first and last name (can write directly on medication container) ☐ Date the medication prescription was filled, if prescribed □ Name and contact information of the prescribing healthcare provider ☐ Medication expiration date ☐ How much medication to give (dose) ☐ How to give the medication (for example: by mouth [oral], on skin [topical], etc.) ☐ A measuring device that matches the amount medication to give (dose). For example: the medication label says to give 5mL of medication, so the measuring cup or syringe should have a marker for 5mL. ☐ Storage instructions (for example: refrigerate; keep away from light, etc.) ☐ A Medication Log (or Controlled Substance Medication Log) ☐ A 3-Day Critical Medication Authorization Form is also required if the child is on a medication that they take at home that is life-sustaining. If this is the case, ensure this form is attached to the child's care plan and that it includes: ☐ The child's first and last name ☐ The child's date of birth ☐ Medical reason for the medication ☐ When to give the medication(s), in response to specific symptoms or at specific times

☐ How to give the medication (for example: by mouth [oral], on skin [topical], etc.)

☐ How much medication to give (dose)

Public Health

nis checklist to be completed by: ogram Staff.	Public Health Seattle & King County
 Possible side effects of the medication(s) Medication expiration date Licensed healthcare provider's signature Parent or guardian consent for program staff to administration child, as ordered 	ster the medication to the
 Medication Storage Requirements: □ Medication must be stored in a way that is inaccessible □ Controlled substances must be stored in a locked conta □ External medication (applied on skin) is stored separat medication (injected or taken by mouth). 	ainer or cabinet.
The child's care plan is stored in the child's health rec	ord.
A copy of the child's care plan and the emergency me	` '