

General Care Plan Checklist

Child Care Providers: Many health care plans do not meet WAC requirements for child care and early learning programs. The purpose of this checklist is to ensure that the care plan you have on file for a child meets WAC 110-300-0250 and 110-300-0300 requirements for child care and early learning programs. **If the child has been diagnosed with seizures or diabetes, please use the specific checklists for those health conditions.**

This form and the care plan are valid until: _____
(Unless otherwise indicated, care plans are valid for 1 year from the date of the healthcare provider's signature on the care plan).

Child's name: _____

Child's date of birth: _____

Care Plan Checklist

- ☐ **Let your licensor know you have a child with special health care needs enrolled.**
- ☐ **A copy of the child's care plan is attached to this form.** A child care or early learning program must have the parent or guardian provide a signed care plan from the child's licensed healthcare provider before the child attends or resumes care.
- ☐ **Review the child's care plan.** It must include the following items:
 - ☐ 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)
 - ☐ Medical need for the medication(s)
 - ☐ When and how to give medication(s), in response to specific symptoms or at specific times
 - ☐ Amount or quantity of medication(s) to give (dose)
 - ☐ Possible side effects of the medication(s)
 - ☐ Parent or guardian signature agreeing to the written care plan
 - ☐ Contact information for the child's healthcare provider
 - ☐ Licensed healthcare provider's signature

☐ Medication expiration date (if not listed, write below):

Medication Name	Expiration Date

☐ Parent or guardian signature authorizing the child care or early learning program to give the medication (if missing, use the space below):

By signing below, I give permission to my child's child care program to administer the medication(s) on my child's care plan as ordered and signed by my child's healthcare provider.

Parent or Guardian Name (Printed): _____

Parent or Guardian Signature: _____

Date: _____

☐ **Look at the medication(s) the child has been prescribed for their health condition.** Make sure each medication is labeled with or has the following (if any information is missing, have a Medication Authorization Form completed):

- ☐ The original packaging
- ☐ The child's first and last name (can write directly on medication bottle)
- ☐ Date the prescription was filled (for prescription medication only)
- ☐ Name and contact information of the prescribing healthcare provider
- ☐ Medication expiration date
- ☐ Amount or quantity of medication to give (dose)
- ☐ Instructions for administration
- ☐ Storage instructions (for example: must be refrigerated or store away from heat and light)
- ☐ Each medication must have a Medication Administration Record.

☐ **Medication Storage Requirements:**

- ☐ Medication must be stored in a way that is inaccessible to children.
- ☐ Controlled substance medications must be stored in a locked container or cabinet.
- ☐ External medication (applied on skin) is stored separately from internal medication (injected or taken by mouth).

- ☐ The parent or guardian has provided training to the employees listed below about medication administration or special medical procedures listed in the child's care plan, as ordered by their licensed healthcare provider.
- ☐ The training is documented below in the Employee Training Record and has been signed by both the employees and the child's parent or guardian.

Employee Training Record				
Date of Training	Employee Name (Printed)	Employee Signature	Trainer Name (Printed)	Trainer Signature

- ☐ The emergency contacts for this child are listed below and will be contacted immediately if an emergency occurs. This is a best practice for emergency procedures, not a WAC requirement.

Emergency Contact #1

Name: _____

Relationship to Child: _____

Phone Number: _____

Emergency Contact #2

Name: _____

Relationship to Child: _____

Phone Number: _____

Emergency Contact #3

Name: _____

Relationship to Child: _____

Phone Number: _____

Additional Forms Checklist

The purpose of this checklist is to help identify forms that you may need, based on the child's type of care plan.

Allergy Care Plan

- ☐ Allergy Care Plan Form
- ☐ Medication Authorization Form
- ☐ Medication Administration Record
- ☐ Food Allergies, Food Intolerance, and Special Diets Tracking Form

Food Intolerance Care Plan

- ☐ Food Intolerance Care Plan Form
- ☐ Medication Authorization Form
- ☐ Medication Administration Record
- ☐ Food Allergies, Food Intolerance, and Special Diets Tracking Form

Asthma Care Plan

- ☐ Asthma Care Plan Form
- ☐ Medication Authorization Form
- ☐ Medication Administration Record
- ☐ 3-Day Critical Medication Authorization Form

Individual Care Plan

- ☐ Individual Care Plan Form
- ☐ Medication Authorization Form
- ☐ Medication Administration Record
- ☐ 3-Day Critical Medication Authorization Form
- ☐ Controlled Substance Medication Administration Record

Seizure Care Plan

- ☐ Please visit the Child Care Health Program webpage at:
www.kingcounty.gov/childcare under "Health forms and care plans" for a Seizure Care Plan Checklist.

Diabetes Care Plan

- ☐ Please visit the Child Care Health Program webpage at:
www.kingcounty.gov/childcare under "Health forms and care plans" for a Diabetes Care Plan Checklist.