



Tennessee Department of Children's Services

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

Supplemental to DCS Policy: [20.15 Medication Administration, Storage, and Disposal](#)

Principles of Medication Administration/Distribution:

A. The "Five Rights"

The "five rights" of medication administration/distribution is a systematic approach to providing custodial children/youth with important medications they need to maintain their health and safety while avoiding medication errors.

1. Right Person

- a) Verify the full name of the child/youth receiving the medication and compare it to the name on the prescription container.
- b) Foster parents/staff do not issue medication to anyone whom they cannot identify.
- c) Medication is provided to one child/youth at a time. Assistance with self-administration occurs with one child/youth at a time.
- d) The child/youth remains in full view while the medication is consumed.
- e) The child/youth may be asked to open his/her mouth, stick out the tongue, swallow again, and/or drink more water to ensure the oral medication has been properly ingested.
- f) The person administering or assisting with self-administration has the responsibility to be familiar with the condition of the child/youth related to allergies, ability to swallow, etc.

2. Right Drug

- a) All medication must be dispensed from the original properly labeled container.
- b) The medication label must be reviewed prior to administration to verify the correct drug. The label should be read three (3) times: when the container is taken from the child/youth's supply, when the medication is removed from the container, and when the container is returned to the child/youth's supply.
- c) Any medication that cannot be properly identified or that looks altered should not be given.
- d) Any special considerations or directions must be reviewed prior to administration or

Original Effective Date: 2/9/2026

Current Effective Date: 2/9/2026

Supersedes: None

Supplemental to: 20.15

RDA SW22

Page 1 of 17

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

assisted self-administration (e.g., take with food or with a full glass of water).

- e) Any medication in containers with illegible labels are not used.
- f) Medication that has been prepared and not given/taken for any reason is discarded (see Section Q on proper disposal of medication). Never return medications to their container.

3. Right Dose

- a) Review the medication label prior to administration or assisted self-administration to verify the dosage.
- b) Some medications have different dosages ordered for different times; these schedules are followed accordingly.
- c) Some medications are prescribed in certain strengths; in order to give the prescribed dosage, more than one tablet must be given or a tablet must be split to equal the prescribed dosage.
- d) A single dose of each prescribed medication is administered at each specific time or interval. Multiple doses of medication is not prepared for children/youth except when approved by the prescribing provider for self-administration (see Section L on self-administration).

4. Right Time

- a) Medications are to be taken at the prescribed times or intervals and for the prescribed number of days or doses.
- b) When a specific time or time interval is ordered (e.g. give daily at 8am or give every 8 hours, or before, after or with meals), the medication is dispensed/administered no earlier than one hour before the stated time and no later than one hour after the stated time.
- c) For medications prescribed for daily or longer administration intervals (e.g., give once daily), 2 hours before or 2 hours after the stated time is acceptable.
- d) If medications are given early or late, the exact time the medication was given is documented and the reason the medication was early or late is also be documented.

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

e) A missed dose cannot be “made-up” at the next scheduled dose time without.

5. Right Route

a) Verify the prescriber’s order and manufacturer’s direction concerning route of administration prior to administering or assisting with self-administration of medication.

B. Self-Administration of Medication

1. In certain cases, a child/youth may self-administer medication as prescribed by their licensed health care provider.
2. The prescribing provider must write an order outlining which medication the child/youth can self-administer, when, or under what circumstances. A copy of the order is submitted to the DCS Nurse and the FSW/JSW. A copy is kept on file at the child/youth’s placement location.
3. A self-administration program is developed according to the child/youth’s needs and capabilities.
4. The child/youth must be trained by a licensed healthcare provider. The prescribing provider and foster parent/congregate care facility provide ongoing training and evaluation of the child’s/youth’s progress.
5. Caregivers observe and assess the effect of medication on the child/youth and consult with the medical professionals as necessary.
6. Medication for children/youth that are on a self-administration program are stored in such a way as to make them inaccessible to all other children/youth in the home or facility.

C. Written Procedures for Medication Administration/Distribution

1. Each contract provider residential treatment facility and YDC maintains written procedures for the administration, storage, and disposal of medications. These procedures are maintained onsite for review by the Department of Children’s Services and other state reviewers. The procedures or operations manual include the following:
 - a) Procedures for medication receipt, storage, administration/distribution, and assisting with self-administration;
 - b) Times and locations for medication distribution;

Original Effective Date: 2/9/2026
Current Effective Date: 2/9/2026
Supersedes: None
Supplemental to: 20.15
RDA SW22

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

- c) Provisions for distributing medications to youth in work programs or YDC youth who are in segregation and to others who cannot participate in the regularly scheduled medication distribution;
 - d) Procedures for administration/distribution as well as assisting with the self-administration of over the counter (OTC) medications;
 - e) Procedures for disposal of medication; and
 - f) Other medication procedures unique to the setting.
2. Foster homes follow applicable procedures for the administration, storage and disposal of medications outlined in this policy. Contract agencies utilizing foster homes may have additional procedures for the administration, storage and disposal of medications. If so, these written procedures are maintained for review by the Department of Children's Services and other state reviewers.

D. Medication Orders

1. Prescription medications may only be administered/distributed on the order of a licensed healthcare provider.
2. Prescription medications are not discontinued without consultation and approval/order from the prescribing provider.
3. Medication samples may be dispensed by a licensed healthcare provider only when accompanied by written instructions listing the child's name, name of the medication, dosage, frequency, route, and any special directions or instructions.
4. Over-the-counter medications are only given in accordance with the manufacturer's label instruction and/or the advice of a licensed healthcare provider if taken in conjunction with prescription medication.

Note: Some over-the-counter products contain more than one active ingredient. Taking two or more medications with the same active ingredient can be harmful. Read the "Active Ingredient" section of the Drug Facts label on all OTC medicines. It's not necessary to know what the ingredient is or does; if the same ingredient(s) are in two or more OTC or prescribed medications, contact the PCP or local pharmacist for further direction.

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

5. In a YDC, over-the-counter medications are only given on the order of a licensed healthcare provider. The order must be written on a Physician Order Sheet or a Prescription form and signed by the licensed healthcare provider. The written order may allow for the youth to self-administer the medication.
 - a) **Exception:** Some medications are administered according to YDC Nursing Protocols (see DCS policy [20.1, Health Services Administration](#)).
6. **Mandatory Restriction of Purpose:** Stimulants, tranquilizers, and psychotropic drugs must not, under any circumstances, be prescribed for or administered to a child/youth for the purposes of program control and management, coercion, retaliation, absence of treatment, or staff convenience.

E. Dietary, Fitness, and Other Supplements

1. Many products are marketed as dietary, fitness, or other supplements and can include vitamins and minerals, as well as herbs, botanicals, and other substances. Supplements are not intended to treat, diagnose, mitigate, prevent, or cure disease. In some cases, supplements may have unwanted or harmful effects. Dietary, fitness or other supplements should not be provided to children/youth in custody unless they are approved by the child/youth's healthcare provider.

F. Medication Errors

1. A medication error is documented if any of the following conditions occur (these include, but are not limited to):
 - a) Medication is not available.
 - b) Medication is not administered (omission).
 - c) Wrong medication is administered.
 - d) Wrong child/youth is given medication.
 - e) Medication not ordered is administered.
 - f) Wrong dosage is given.
 - g) Medication is given at the wrong time.

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

- h) Wrong route of administration.
 - i) Wrong form of medication is administered.
 - j) Failure to monitor clinical parameters (HR, P, BP, etc.).
 - k) Transcription error.
 - l) Incorrect or incomplete documentation.
 - m) Child/youth accesses medication due to staff, foster parent, or responsible caregiver inattention or negligence.
2. Medication errors in a foster home, residential facilities and a YDC are reported via the DCS Incident Reporting System per DCS policy [1.4, Incident Reporting](#).
2. If a child must be transported to a hospital ER due to a medication error, or any other reason, see [Protocol for Incident Reporting: Emergency Medical Treatment](#).

G. Medication Refusal

1. In accordance with DCS policy [20.24, Informed Consent](#), youth aged 14 years and older may refuse medication or treatment.
- a) If a youth refuses any medication, every effort is made to determine the basis for the refusal.
 - b) At least two attempts are made before documenting a refusal.
 - c) The prescribing provider can be notified any time a youth refuses prescribed medication. The prescribing provider must be notified if a youth continues to refuse medication for 48 hours. The Family Service Worker (FSW)/Juvenile Service Worker (JSW) and treatment team, if appropriate, should also be notified.
 - ◆ It can be dangerous for some medications to be stopped abruptly. Note on the Medication Administration Record (MAR) if the prescribing provider needs to be alerted immediately if a medication is refused. This should be communicated when the prescription is written.

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

2. Any youth refusing prescribed medication signs [CS-0093, Release from Medical Responsibility](#). If the youth refuses to sign, the FSW/JSW, the contract provider, or the congregate care facility staff completes the form and notes that the youth refused to sign.
3. Incident reports for medication refusal.
 - a) If a child/youth refuses medication the prescribing provider is notified either immediately, if the medication is critical, or after a child/youth refuses for 48 hours. If the prescribing provider orders the medication to continue, an incident report is completed for each refusal. If the prescribing provider orders the medication to be stopped, an incident report does not need to be completed.

H. Transporting Medications

1. When a child/youth is being transported from any placement (e.g., a foster home, a contract provider congregate care, or a Youth Development Center/YDC), [CS-0813, Medication Transfer](#), is completed.
2. Medications are collected by the placement caregiver/staff and remain in the original labeled container.
3. The current placement caregiver/staff lists the medication(s) on the form, including the name of the medication(s) and the quantity being sent.
4. The form is signed by the current placement caregiver/staff and the transporting staff, verifying the medication name and the amount on the form matches the medication actually being sent.
 - a) If possible, the medication containers should be placed in a tamper proof packet or stapled envelope.
5. Upon arrival at the destination, the receiving placement caregiver/staff verifies and signs the form that the medication and amount sent matches what is written on the form.
 - a) Any discrepancies are to be reported to both sending and receiving placements, Regional Director, YDC Superintendent, or their designees, and an incident report completed.

I. Arrival at Placement with Medications

1. The FSW/JSW must be aware of the medications their child/youth is taking and ensure those medications are transferred with the child/youth when placement is changed. They are also

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

responsible for ensuring a follow-up medication appointment is arranged for the child/youth at the new placement if this is indicated. Medications should be transported in their original prescription container, which should contain the child's name, the name and strength of the medication, the date the prescription was filled, the name and address of the dispensing pharmacy or practitioner, and directions for use.

2. Medication should not be administered or used in assisted self-administration if the dispensing date is not current, if the medication was not prescribed for the child/youth, if the amount of medication remaining indicates the child/youth has not been taking it as prescribed, if the medication is expired, or if the medication shows evidence of tampering or deterioration (i.e., discoloration, rancid odor, etc.) In these instances, a licensed healthcare provider should be contacted for further instructions.
3. If the child/youth is on psychotropic medications, a completed form [CS-0627, Informed Consent for Psychotropic Medication](#), documenting consent given by the appropriate party, will accompany the child/youth to the new placement (See DCS policy [20.24 Informed Consent](#)).
4. If a child/youth comes into custody or has been on runaway status and has missed his/her medication for 72 hours or longer, the prescribing provider should be notified for instructions before restarting medication.
5. When delivering medication to a foster home, all medications must be locked up before staff leave the home.

J. Youth Development Center Receiving Medication

1. Medication brought in upon admission to a YDC should be taken immediately to the clinic to be checked by a nurse. A medication order must be written by the YDC physician and/or psychiatrist for the youth to continue the medication. Home medications are to be disposed of and should not be kept in the facility and should not be sent home with family.

K. Departure from Placement with Medication

1. When a child/youth is discharged home or transferred from one placement to another, the medication(s) is sent with the child/youth in the original, labeled container(s). Form [CS-831, Medication Transfer](#) is completed and sent with the medication.
2. The medication(s) are given to the FSW/JSW or adult accompanying the minor child/youth being transferred.

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

3. A properly completed [CS-0627, Informed Consent for Psychotropic Medication](#), documenting consent from the appropriate party, accompanies the child/youth if he or she is on psychotropic medication and is changing placements.
4. All medication prescribed for a child/youth are sent with the child/youth, when possible. The FSW/JSW coordinates with staff at the new placement regarding continued medication maintenance and appointments.
5. If the child/youth is being transferred to a hospital setting, medications are not typically sent unless the child/youth will not be returning to that placement. However, a list of the child/youth's medications (including name, dose, route and frequency of medication) must be sent if medications do not accompany the child/youth.
6. For students who are transferred from a YDC to the adult criminal justice system, sending medication is determined on a case-by-case basis.

L. Medication for Youth in Detention

1. When a youth is placed in a Detention Center and has prescribed medication, the FSW/JSW is responsible for transporting the medication with the youth to the detention center. If the youth is prescribed psychotropic medication, a signed [CS-0627, Informed Consent for Psychotropic Medication](#) must also be provided.
2. If only a small amount of medication is available, or when notified by the Detention Center that a youth will run out of medication, the FSW/JSW is responsible for obtaining a refill, contacting the prescribing provider for a new prescription, or arranging an appointment. The DCS Nurse can assist the FSW/JSW.

M. Medication While Away from Home/Placement

1. Medications are administered in the home/placement facility when at all possible. The prescribing provider or pharmacist may be consulted to arrange a workable schedule.
2. Some children/youth do have to take medication while away from home/placement, such as during school hours or on a temporary family visit. Only a pharmacist, physician, dentist, nurse practitioner, or physician assistant may remove medication from the original container and place it in another labeled container. If the child needs to take the medication at various locations and the original container cannot safely be transported with the child, duplicate prescription containers may be requested through the pharmacist. In congregate care facilities, a supervisor is consulted to advise the safest way to prepare medication for a pass.

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

N. Medication for Pass/Respite

1. Form [CS-0836, Medication for Pass/Respite](#), is completed for children/youth that need to take medication while on pass. The form will include the name of the medication(s) being sent, medication count(s), instructions explaining when the medication(s) is to be taken, including any special directions, and a space for the pass caregiver to document that the medication(s) was taken. The form is returned with the child/youth at the end of the pass.
2. Narcotic medication is not sent for work or passes unless special arrangements have been made with the prescribing provider. Children/youth taking narcotic medications must not be involved in work situations in which side effects could pose a safety issue (e.g., sleepiness while operating machinery or driving, etc.).

O. Rescue/Emergency Medications

Rescue or emergency medications are fast-acting medicines intended to relieve symptoms immediately and are most often used for seizures, severe allergies, asthma, or other medical conditions. Each child/youth prescribed a rescue/emergency medication should have an Emergency Medical Action Plan. A copy of the plan is submitted to the DCS Nurse, the FSW/JSW, and a copy is kept at the child/youth's placement.

1. Emergency Medical Action Plan:

Each child/youth prescribed a rescue medication must have an emergency medical action plan that is developed with the prescribing provider. A medical action plan explains important steps including when to give rescue medication and when to call emergency services (911). The Plan includes:

- a) Child/youth's details including name, date of birth, age, and weight.
- b) Known allergies including food, medication, insects, etc.
- c) Diagnosis or medical condition that requires a rescue medication.
- d) Medications including name, dosage, frequency, and instruction for how to administer rescue medication.
- e) Triggers and symptoms that indicate the need for rescue medication.
- f) Step-by-step instructions on how and when to administer the rescue medication.
- g) Follow-up instructions if the child/youth should be taken to the ER or the PCP.

Original Effective Date: 2/9/2026

Current Effective Date: 2/9/2026

Supersedes: None

Supplemental to: 20.15

RDA SW22

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

- h) Emergency contact numbers for parents, doctors, and/or specialists
- 2. The child/youth and caregiver must be trained by a licensed healthcare provider how and when to administer the rescue medication.
- 3. The rescue medication can be kept with the child/youth or caregiver and should travel with the child/youth, but the medicine should not be accessible to other children/youth in the home or facility.
- 4. Administration of a rescue medication and the follow-up care is documented in the child/youth's record.

P. Medication Documentation

- 1. Foster Homes:
 - a) Foster parents keep a medication record for each child on prescription medications. Form [CS-0630, Foster Home Prescription Medication Record](#) (or equivalent form) is used for this purpose. This medication record/form includes the child's name, name of the prescribed medications, dosage (including concentration if appropriate), frequency, date and time, reason for any missed or refused doses, any side effects noted, any changes or improvements observed, next appointment date and time, and number of refills remaining.
 - b) Form [CS-0630, Foster Home Prescription Medication Record](#) (or equivalent form) is taken to appointments as a source of information for the healthcare provider.
 - c) The FSW/JSW reviews [CS-0630, Foster Home Prescription Medication Record](#) (or equivalent form) at each visit and assists the foster parents with any problems. The FSW/JSW collects these forms for the child/youth's case file.

Q. Transition House

- 1. See the [Protocol for DCS Case Managers to Distribute or Observe Self-Administration of Medication for Custodial Youth](#) for medication documentation requirements for DCS Case Managers.
- 2. Children/youth that require insulin and are awaiting placement in a transitional home may be able to self-administer their own insulin, as prescribed by their licensed healthcare provider, if they are deemed capable to do so and with monitoring and oversight from nursing staff.

Original Effective Date: 2/9/2026
Current Effective Date: 2/9/2026
Supersedes: None
Supplemental to: 20.15
RDA SW22

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

R. Counting Medication

1. Foster Homes:

- a) All prescription medications are counted weekly, at a minimum. These medication counts are recorded on [CS-0630, Foster Home Prescription Medication Record](#) (or similar form).

2. Congregate Care Facilities:

- a) All prescription medications that are in pill form, patches, etc., are counted daily, at a minimum.
 - ◆ Liquids, creams, and other medications that cannot be counted should be checked to make sure they are not empty or expired.
- b) A written log of this count is kept with the medication. The written log may be part of the MAR or the [CS-4223, Medication Observation Record](#) (MOR).
- c) Controlled drugs are counted every shift. A written log of this count is kept with the medication.

3. Youth Development Center:

- a) Prescription medications delivered from the pharmacy are checked and logged in by nursing staff according to local protocol.
- b) All prescription medications that are in pill form, patches, etc., are counted daily, at a minimum.
 - ◆ Liquids, creams, and other medications that cannot be counted are checked to make sure they are not empty or expired.
- c) A written log of this count is recorded on a medical log or on [CS-4223, Medication Observation Record](#).
- d) Controlled drugs are counted and recorded every shift.

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

- e) Any discrepancies are reported to the Health Administrator and Superintendent immediately and are reconciled before staff leave.

4. Transition House:

- a) See [Protocol for DCS Case Managers to Distribute or Observe Self-Administration of Medication for Custodial Youth](#) medication counting requirements for DCS Case Managers.

S. Medication Storage

Rescue/emergency medications will follow the instructions provided in section O of this protocol.

1. Foster Homes:

- a) All medication is stored in the original labeled container or in containers with a label provided by the pharmacy.
- b) At a minimum, all prescriptions medication and all over-the-counter medications are single locked. An exception is medication that must be kept cold may be kept in the refrigerator.
- c) Medication may not be left out for children/youth to retrieve themselves.

2. Congregate Care Facilities and Youth Development Center:

- a) All medication is stored in the original container labeled by the pharmacy or manufacturer.
- b) All prescription medications and all over-the-counter medications are kept double locked in a container or area that is strictly designated for medication storage, supplies, and records relevant to medication administration.
- c) Medication requiring refrigeration is stored in a separate locked refrigerator or in a locked container in the refrigerator.
- d) Prescription medication is stored under each child's/youth's name in separate bins, plastic bags, hanging folders, etc.
- e) Medication may not be left out unattended for children/youth to retrieve later.

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

3. Transition House:

- a) See the [Protocol for DCS Case Managers to Distribute or Observe Self- Administration of Medication for Custodial Youth](#) for medication storage requirements for DCS Case Managers.

T. Medication Disposal

1. Any medication that is discontinued, expired, unidentifiable, or has a missing or illegible label must not be used and must be destroyed.
2. Any medication that is contaminated, has an unusual color, is leaking, or has been spit out must not be used and must be destroyed.
3. Medication cannot be saved or borrowed and used for another child/youth.
4. Medicines that are expired, unwanted, or unused are disposed of as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine.
5. Where to dispose of medications:
 - a) Tennessee Bureau of Investigation Dangerous Drugs Task Force
 - b) Tennessee pill take back locations: <https://www.tn.gov/tddtf/ptblocations.html>
 - c) Department of Environment and Conservation Unwanted pharmaceuticals take back map: <https://tdeconline.tn.gov/rxtakeback/>
6. Recommendations for disposal of medications include:
 - a) Return medication to the pharmacy or local hospital if they have a disposal program.
 - b) The DEA and local law enforcement agencies periodically host collection events in communities for safe disposal of prescription drugs.
 - c) Dispose of medication at your community household hazardous waste collection program.
 - d) Dispose of medication in the household trash with the following precautions:

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

- ◆ Remove the drugs from their original containers and mix them with an unpalatable substance such as kitty litter, used coffee grounds, or dirt. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.
 - ◆ Place the mixture in a closed container or a sealed plastic bag to prevent the drug from leaking or spilling out.
 - ◆ Throw the container in your household trash.
 - ◆ Scratch out all personal information on the prescription label of your empty pill bottle or packaging to make it unreadable, then dispose of the container in the trash.
7. Some prescription drugs, such as powerful, narcotic pain medicines and other controlled substances, have instructions for flushing to reduce the danger of overdose from unintentional or illegal use.
 8. Inhalers are disposed of carefully, as they can be dangerous if punctured, and they can explode when compacted, heated too much (like sitting in a trash can for a few hours), or exposed to fire. Most inhalers are considered hazardous waste, and the easiest way to safely dispose of them is giving them to your local pharmacy.
 9. Some medicines come with disposal instructions. Check the label or the patient information leaflet with your medicine or contact your local pharmacist for questions and information.

U. Sharps Disposal (needles, syringes, lancets, pre-filled auto injectors, etc.)

1. Foster Homes:

- a) Only use needles equipped with safety devices (when possible), do not manually recap, and carefully observe universal precautions. An FDA approved sharps container should be used for disposal. These containers are available through pharmacies, medical supply companies, health care providers, and online.
- b) If there is no sharps container available, the FDA recommends the use of a secure, rigid, puncture resistant, and leak proof container that can stand upright, such as a plastic laundry detergent container properly labeled SHARPS to protect everyone in the home.

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

- c) When the container is $\frac{3}{4}$ full, put the lid on, seal it with duct tape, and label DO NOT RECYCLE - SHARPS. Put the plastic container in the household trash or take it to supervised collection points (pharmacies, hospitals, clinics, police and fire stations, etc.) or to household hazardous waste collection sites. Check if sharps are acceptable first. Loose sharps should never be placed in the household or public trash or in recycling bins.

3. Congregate Care Facilities and a Youth Development Center:

- a) Only use needles equipped with safety devices (when possible), do not manually recap, and carefully observe universal precautions. An FDA-approved sharps disposal container should be used for disposal.

V. Documentation of Medication Disposal

1. Documentation of medication disposal is mandatory and is done carefully with a witness. Under no circumstances should a witness agree to sign for unwitnessed disposal of medication after the fact.
2. Medication disposal in foster homes is documented on [CS-0630, Foster Home Prescription Medication Record](#) (or equivalent form).
3. Medication disposal in transition houses is documented on [CS-4279, Medication Disposal for Transition Homes](#).
4. In congregate care facilities, two (2) designated staff persons are present to witness the disposal. Form [CS-0712, Medication Disposal Record](#), or an equivalent form, is completed and includes the following information: date and time, name of the child/youth for which the medication was prescribed, name of the medication, amount destroyed, reason, means of destruction per agency policy, signature of staff destroying medication, and signature of witness.
5. In a Youth Development Center, medication disposal is done by two licensed nurses or a nurse and a pharmacist and documented appropriately on [CS-0712, Medication Disposal Record](#), or equivalent form. Disposal should be done immediately, and medication not held unsecured for later disposal.
6. In the event only one (1) nurse is available, the medication is immediately locked up in the medication cart with [CS-0712, Medication Disposal Record](#) until another nurse on the

Protocol for Medication Administration, Storage, and Disposal for Custodial Children

same shift is available to witness the disposal. If a second nurse is not available on the shift, the Health Administrator, or designee, is notified that the disposal must be done on another shift. The Health Administrator, or designee, arranges proper disposal with two (2) nurses on the next shift.

Forms:

[***CS-0093, Release from Medical Responsibility***](#)

[***CS-0627, Informed Consent for Psychotropic Medications***](#)

[***CS-0630 Foster Home Prescription Medication Record***](#)

[***CS-0813, Medication Transfer***](#)

[***CS-0836, Medication for Pass/Respite***](#)

[***CS-0712, Medication Disposal Record***](#)

[***CS-4223, Medication Observation Record \(MOR\)***](#)

[***CS-4271, Weekly Medication Count Transition House***](#)

[***CS-4279, Medication Disposal for Transition Homes***](#)

Collateral Documents:

[***1.4, Incident Reporting***](#)

[***20.1, Health Services Administration***](#)

[***20.24, Informed Consent***](#)

[***Incident Reporting Review Manual***](#)

[***Protocol for DCS Case Managers to Distribute or Observe Self-Administration of Medication for Custodial Youth***](#)

Original Effective Date: 2/9/2026

Current Effective Date: 2/9/2026

Supersedes: None

Supplemental to: 20.15

RDA SW22