



## Policy and Procedure

Policy Name:	Childhood Immunizations		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	<p>California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)</p> <p>Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review or any superseding APL</p> <p>APL 18-004, Immunization Requirements, or any superseding APL for details on Immunization Requirements</p> <p><a href="#">National Childhood Vaccine Injury Act</a></p>		

**Purpose:**

On-time vaccination throughout childhood is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases. Vaccines are tested to ensure that they are safe and effective for children to receive at the recommended ages. CDC recommends all children receive vaccines according to the recommended immunization schedule to protect them from 14 diseases by age two.

**Policy:**

Immunization status is assessed at each health assessment visit. Providers are required to ensure the provision of immunizations according to CDC's most recent Advisory Committee on Immunization Practices (ACIP) guidelines, unless medically contraindicated, vaccine shortage or refused by the parent.

**Procedure:**

1. Assess immunization status at each health assessment visit.
2. Ensure provision of immunizations according to ACIP guidelines unless medically contraindicated, vaccine shortage or refused by the parent.
  - a. Check up to date vaccination status
  - b. Check local immunization information system
  - c. Screen for contraindications and precautions
3. Appropriately document each vaccine administration by including the following information in the member's medical record:
  - a. Date of administration

- b. Vaccine manufacturer
  - c. Vaccine lot number
  - d. Name and title of the person who administered the vaccine and address of the facility where the permanent record will reside
  - e. Vaccine information statement (VIS) date printed on the VIS
  - f. Date the VIS was given to the member or parent/guardian
4. Document any parental declinations, vaccine shortages, medical contraindications, or adverse reaction in the member's Medical Record.

**Resources:**

- **ACIP Vaccine Recommendations and Guidelines**  
<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
- **Immunization Schedule for Children and Adolescents 18 years or younger**  
<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
- **Screening checklist for contraindications to vaccines for children and teens**  
<https://www.immunize.org/catg.d/p4060.pdf>
- **CDC Resources for Health Care Providers**  
<https://www.cdc.gov/vaccines/schedules/hcp/resources.html>
- **California Immunization Registry Website**  
<https://cair.cdph.ca.gov/CAPRD/portalInfoManager.do>
- **Vaccine Administration Record for Children and Teens**  
<https://immunize.org/catg.d/p2022.pdf>
- **Vaccine Administration Record for Adults**  
<https://immunize.org/catg.d/p2023.pdf>
- **EZIZ Vaccine Management – Daily Usage Log/ Flu Usage Log**  
<https://eziz.org/vaccine-management/>

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