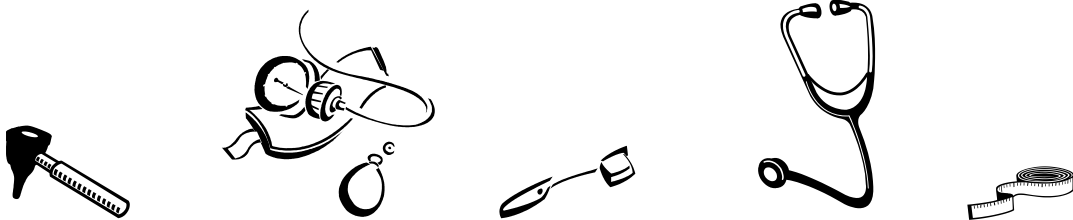
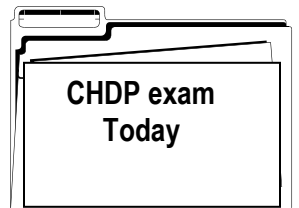
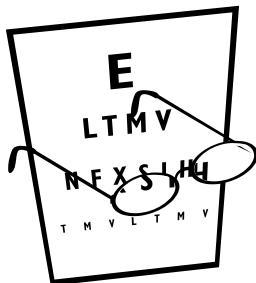
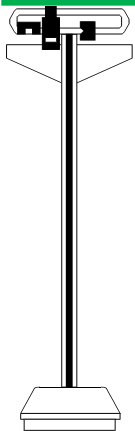


County of Riverside Department of Public Health




CHDP Overview Workshop Presentations

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C.H.D.P. Program

Child
Health and
Disability
Prevention
Program



7/2021

CHDP History






CHDP Timeline

1967
Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) established by Congress
Program that focuses on prevention and early intervention

1973
CHDP established
California's version of EPSDT



CHDP Overview Workshop Objectives

At the conclusion of this training, participant will be able to:

- ✓ Determine patient eligibility for the CHDP Program
- ✓ Explain CHDP Gateway Process
- ✓ Demonstrate use of Bright Futures Periodicity in conjunction with completing a comprehensive health assessment
- ✓ Identify sources of lead exposure in children

CHDP Overview Workshop Objectives

- ✓ Refer a patient to the WIC Program
- ✓ Understand storage, handling and administration of immunizations
- ✓ Identify resources and programs for children with problems identified during a CHDP exam

CHDP GATEWAY

- ❖ A process to maximize enrollment of uninsured children
- ❖ This is not an insurance plan

Gateway is the fast-track to Medi-Cal

Gateway Eligibility

Non-Medi-Cal Children

- Resident of California
- Younger than 19 years of age
- Family income below 266% of Federal Poverty Guidelines
- Those with limited=scope Medi-cal Eligibility
- Those with a Share of Cost (SOC)

Medi-Cal Recipients

- Resident of California
- Under 21
- Family income below 266% of Federal Poverty Guidelines

Income Eligibility Guidelines

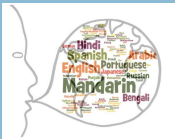
266 Percent of the 2021 Federal Poverty Guidelines
Effective January 1, 2021, through December 31, 2021
(For determinations of CHDP Gateway aid codes BW and 8X only)

Number of Persons in the Household	Monthly Income	Annual Income
1	\$2,856	\$34,261
2	\$3,862	\$46,338
3	\$4,868	\$58,414
4	\$5,875	\$70,490
5	\$6,881	\$82,567
6	\$7,887	\$94,643
7	\$8,894	\$106,720
8	\$9,900	\$118,796
9	\$10,906	\$130,872
10	\$11,913	\$142,949
For households of more than 10 persons, for each additional person, add:	\$1,007	\$12,077

Gateway Process (Pre-enrollment Application)


Legal guardian completes and signs CHDP Pre-enrollment Application (DHCS 4073)

- No proof of income is required
- No questions asked about child's immigration status
- Application is a legal document and must be maintained in the patient's medical record
- Available in multiple languages



Gateway Application Process

- Give a copy of CHDP brochure to parents*
- Describes Gateway process and how to keep coverage
- Under 1 year should be given "Important Information for Parents of Infants Under One Year of Age!"



* Give prior to starting application!

State of California—Health and Human Services Agency Department of Health Care Services
Children's Medical Services Branch

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PRE-ENROLLMENT APPLICATION

Instructions to the Parent or Patient:

- In order to receive a health examination today at no charge, you must provide the information required on this form. The information you give is confidential. This is a voluntary program.

Is the patient less than 19 years of age? Yes No

How many people are in your family?

How much money does your family make before taxes? \$ Monthly Or \$ _____ Yearly

You or your child may be eligible for continued health care coverage through Medi-Cal or premium assistance programs under Covered California.

I want to apply for continuing coverage through Medi-Cal or premium assistance programs under Covered California. Yes No

If you answered yes to this question, an application will be mailed to you in a few days. Please return it promptly. If you answered no to this question (or if you answered yes but do not return the application), the patient's coverage for health, dental, and vision benefits will stop at the end of next month unless the county Department of Social Services notifies you otherwise.

For patients under one year of age, please complete this section.

Mother's date of birth (month/day/year) _____ Mother's SIC or Medi-Cal card number or social security number _____

6 Screening Information

Is this a medically necessary intergenerational health assessment? Yes No 17

Check the reason for the visit _____

18 Certification

Check this box to certify that the parent/legal guardian or emancipated minor has signed the application. Yes No 18

Signator's relationship to Patient _____

Submit the Application

- Verify name, spelling, date of birth with parent
- Verify that "Yes" box is checked
- Verify the application is signed
- Submit application online

Gateway transaction must be done on the same day the CHDP exam is provided!!!

Eligibility Response

The Fiscal Intermediary will send a response:

- ❖ CHDP exam and temporary full-scope Medi-Cal
- ❖ CHDP exam only
- ❖ CHDP exam and one year of Medi-Cal (Deemed for an eligible infant)
- ❖ **Eligibility is Denied**

If the child is not found eligible that day, they will not be offered pre-enrollment into Medi-Cal

Child Health & Disability Prevention
CHDP Gateway To Health Coverage
CHDP GATEWAY PRE-ENROLLMENT RESPONSE

Provider Number : 001122330 Application Date/Time: 06/20/2020 1:22:52 PM
 Patient's Name : SUNNY DAYZ
 Date of Birth : 04/05/2019
 Gender : Female
 BIC ID # : 6893441234
 BIC Issue Date : 06/20/2020
 Good Thru Date : 07/31/2020

Response: You are temporarily eligible for full-scope Medi-Cal until your temporary eligibility end date on 07/31/2020. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage, you must return a completed Single Streamlined Application (CCFRM604) before 07/31/2020. If you do not receive the application within 10 days, call 1-800-300-1506.

Client Signature: *Clariss Dayz*

Child Health & Disability Prevention
CHDP Gateway To Health Coverage
CHDP GATEWAY PRE-ENROLLMENT RESPONSE

Provider Number : 001122334 Application Date/Time: 06/20/2020 1:24:52 PM
 Patient's Name : CLOUDY DAYZ
 Date of Birth : 02/28/1997
 Gender : Female
 BIC ID # :
 BIC Issue Date :

Response: DHCS record indicates applicant is over age for program eligibility.

Response message will give reason for denial or explain which program the patient is eligible for.

Presumptive Eligibility

- ❖ Children and youth who meet the eligibility criteria can pre-enroll through the Gateway at a frequency that corresponds to Bright Futures/ American Academy of Pediatrics.
- ❖ Enrollment in Medi-Cal through CHDP is limited to two Presumptive Eligibility (PE) program enrollments in a 12-month period. Pregnant women are exempt.

MNIHA

- ❖ Sports or Camp Physical
- ❖ Foster care or out-of-home placement
- ❖ School or preschool entrance exam
- ❖ Need for additional anticipatory guidance
- ❖ History of perinatal problems
- ❖ Evidence of significant developmental disability
- ❖ Need to complete health assessment requirements
 - ❖ Recheck lab results (lead, hemoglobin) performed during a previous CHDP health assessment or there is a need to bring child up-to-date for immunizations
 - ❖ The pre-enrollment period has expired and child is not eligible for full-scope or no SOC Medi-Cal

Temporary period of coverage, if eligible

June 2020



Sun	Mon	Tue	Wed	Thu	Fri	Sat	
		1	2	3	4	5	6
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30					

July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat	
				1	2	3	4
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		


Stress to parents the importance of completing the Medi-Cal application when they receive it!

- ❖ Children under 19 are limited to 2 Presumptive Eligibility Enrollments within a 12 month period
- ❖ This includes both Provider Offices and Hospitals

Before you proceed with the physical examination it is time to verify Medi-Cal Eligibility

Eligibility transaction performed by provider: ZZZZZZZZZZ
on Saturday, June 20, 2020 at 1:22:52 PM



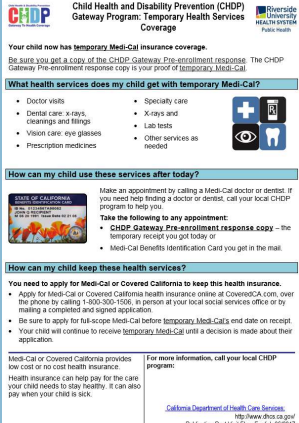
Name DAYZ, SUNNY		
Recipient ID: 6893441234		
Date of Service: 06/20/2020	Date of Birth: 04/05/2019	Date of Issue: 06/20/2020
Primary Aid Code:	First Special Aid Code: 8W	
Second Special Aid Code:	Third Special Aid Code:	
Recipient County: 33 - Riverside	HIC Number:	
Eligibility Verification Confirmation (EVC) Number 1234MMCK17		
Eligibility Message: LAST NAME: DAYZ. EVC# 1234MMCK17. CNTY CODE: 33. 1ST SPECIAL AID CODE 8W. MEDI-CAL ELIGIBLE W/NO SOC.		

Distribute the Response

- ❖ A copy of the Gateway response is given to the parents as their temporary BIC card
- ❖ Another copy is kept as part of their medical record


Also...

Give a copy of the Temporary Health Services Coverage flyer to parent



Newborn Enrollment

- ❖ Eligible Infants Include:
 - ✓ Infants under 1 year of age
 - ✓ Mother was Medi-Cal eligible at the time of delivery
 - This includes mothers in a managed care plan
 - ✓ Reside in California
- ❖ Information Needed:
 - ✓ Mother's BIC ID or SSN
 - ✓ Mother's Date of Birth



1. Screen for periodicity, age and income

2. Have family complete pre-enrollment application

3. Electronically SEND application to DHCS computer

4. Electronically RECEIVE response from DHCS authorizing BIC number

5. *Print DHCS response

6. Verify eligibility for services

8. *Print eligibility document

9. Complete CHDP Health Assessment

10. At completion of visit, **hand family:**

- ✓ Copy of temporary BIC
- ✓ Temporary Health Services flyer



11. Retain in patient file:

- ✓ Original signed pre-enrollment application
- ✓ Copy of temporary BIC
- ✓ Eligibility verification confirmation

Questions?





CHDP Health Assessment Guidelines & Bright Futures Integration

CHDP Health Assessment Guidelines




- Requirements & Expectations
 - All Medi-cal/Gateway eligible children between 0-21 years will receive all assessments necessary and appropriate testing.
 - Any child with a suspected condition identified during a health assessment, and who is not currently receiving care for that condition, must be offered diagnostic and treatment services.
 - All CHDP Providers are required to comply with the most recent AAP Bright Future Guidelines and Recommendations for Preventive Pediatric Health Care (Periodicity Schedule).

Bright Futures


- The Bright Future Periodicity Schedule was integrated into CHDP Health Assessment Guidelines (HAG) in 2016.
 - Recommendations for Preventative Pediatric Health Care
 - Developed by the American Academy of Pediatrics
 - Used by Medi-cal Managed Care plans

CHDP Health Assessment Guidelines






Bright Futures

Recommendations for Preventive Pediatric Health Care





brightfutures.aap.org



CHDP Health Assessment Guidelines

- What the Guidelines include:
 - Screening Requirements
 - Frequency of the test or screening
 - Anticipatory guidance
 - Appropriate referral

Guidelines

CHDP Health Assessment Guideline #10

DEVELOPMENT, SOCIO-EMOTIONAL/BEHAVIORAL SURVEILLANCE, SCREENING, AND ANTICIPATORY GUIDANCE


RATIONALE
Developmental and socio-emotional/behavioral observations by a health care provider can identify problems early so that additional comprehensive assessments and intervention can be initiated. The Early Intervention Program for Infants and Toddlers with Disabilities was enacted in 1986 under the Individuals with Disabilities Education Act (IDEA, 20 U.S.C. Section 1431 et seq.) (IDEA, Part H, Public Law 99-457(1986)) to ensure that children from birth to age three years with risk conditions or exhibiting signs of developmental problems receive the earliest intervention possible. This law provided the states with planning money from the federal government to design a comprehensive interagency, multidisciplinary program of services for children with handicapping conditions and their families. To achieve these goals, California responded to this legislation by establishing the [Early Start Program](#) and receives ongoing federal funding for the program.

Pediatric health care providers are critical in the successful implementation of this mandate through the timely referral of children with suspected early delays. Some behaviors are more readily identified as problems because they are observable whereas other problems may not be as apparent, such as depression and anxiety. For this reason a careful review of a child's developmental and behavioral functioning is necessary at each well-child encounter.

Parents and caregivers play an important role in the development of children at all ages. Studies of children show that children do best if they have secure emotional ties with a parent or relative, and find a support system through school, church, or community. Helping parents and caregivers support children in their developmental processes and achievements becomes an essential part of each health assessment visit. (See [Table 1: Developmental Anticipatory Guidance by Age](#) for a summary of developmental milestones and activities to stimulate growth.)

SCREENING REQUIREMENTS
Developmental, Socio-Emotional/Behavioral Screening
Developmental screening is the administration of a standardized tool that helps identify children at risk of a developmental disorder. Good screening tools are validated and culturally and linguistically sensitive and reliable. A tool that has good validity can discriminate between a child at risk for delay and the general population. In most cases, a general screening tool is appropriate. Other screening tools are available if there is a need to screen in a specific domain. For a list of approved tools, see [Developmental Screening Tools](#).



California Department of Health Care Services, Screenings Unit Website
Child Health and Disability Prevention Program, Health Assessment Guidelines
March 2020 Page 1



CHDP HAG: Guideline #10

Development, Socio-emotional/Behavioral Surveillance, Screening and Anticipatory Guidance



- ▶ **Screening Requirements:**
 - ▶ Use of a standardized tool
 - ▶ At 9 months, 18 months and 30 months, and when medically necessary
- ▶ **Anticipatory Guidance:**
 - ▶ Age appropriate; help parent understand the expected growth and development for their child
- ▶ **Referral**
 - ▶ Early Start Program
 - ▶ Inland Regional Center
 - ▶ Local school district

CHDP HAG: Guideline #18

Oral Health



- ▶ **Screening Requirements:**
 - ▶ Inspection of the mouth teeth and gums must be performed at every health assessment visit
 - ▶ Assess for supplemental fluoride (water, tablets, and/or varnish)
- ▶ **Anticipatory Guidance:**
 - ▶ Establishing a dental home, proper oral hygiene practices, caries-causing bacteria
- ▶ **Referral**
 - ▶ Refer to the dentist at first tooth eruption or by age 1
 - ▶ If there is a suspected dental problem, refer regardless of age

CHDP Health Assessment Guidelines



Special Note:

The CHDP Program acknowledges there may be State regulations that supersede some of the Bright Futures periodicity requirements for screening and testing.

CHDP Health Assessment Guidelines

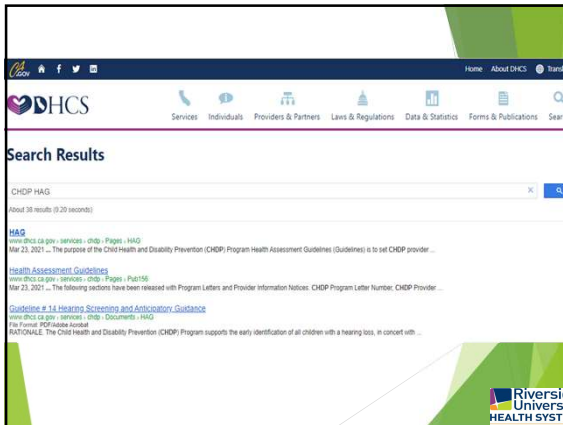
- ▶ **Areas where the HAG supersedes Bright Futures:**
 - ▶ **Lead Testing**
 - ▶ Required at 12 months & 24 months
 - ▶ **Hearing**
 - ▶ Required starting at age 3 years, at every health assessment
 - ▶ **Anemia (WIC & Headstart)**
 - ▶ Required at 12 months
 - ▶ WIC requires anemia screening (hemoglobin) at 12 months, 24 months, 3 years and 4 years
 - ▶ Head Start follows CHDP/Bright Futures requirement


The screenshot shows the DHCS website with a search bar containing "CHDP HAG". The search results page displays several links under the heading "DEPARTMENT OF HEALTH CARE SERVICES".


- Home and Community-Based Services Spending Plan**
- California Advancing and Innovating Medi-Cal**
- COVID-19 Latest Updates**

At the bottom of the page, the URL dhcs.ca.gov is visible.

The screenshot shows the DHCS website search results for "CHDP HAG". The results list several documents:

- HAG** (Mar 23, 2021) - The purpose of the Child Health and Disability Prevention (CHDP) Program Health Assessment Guidelines (Guidelines) is to set CHDP provider...
- Health Assessment Guidelines** (Mar 23, 2021) - The following sections have been revised with Program Letters and Provider Information Notices: CHDP Program Letter Number: CHDP Provider...
- Guideline # 14 Hearing Screening and Anticipatory Guidance** (Mar 23, 2021) - The former "Hearing and Anticipatory Guidance" document is being replaced by this new document.



About the CHDP Health Assessment Guidelines

The purpose of the Child Health and Disability Prevention (CHDP) Program Health Assessment Guidelines (Guidelines) is to set CHDP provider standards for pediatric health assessments for children served by the CHDP Program. The state of California CHDP program is implementing CHDP periodicity schedules to conform with the American Academy of Pediatrics' [Bright Futures Recommendations for Pediatric Preventive Health Care \(Bright Futures\)](#), which are also used by Medi-Cal managed care health plans.

Target Audience

These Guidelines can be used by CHDP providers, Medi-Cal managed care health plans, and other healthcare professionals. These Guidelines are consistent with, and enhance, the American Academy of Pediatrics Bright Futures™ Guidelines.

About the Authors

This set of revisions to the Guidelines was coordinated by the CHDP Health Assessment Guidelines Workgroup, consisting of State of California and local health agency CHDP staff.

Acknowledgements

The Health Assessment Guidelines Workgroup would like to thank the Systems of Care Division Executive staff, the CHDP Executive Committee members, and the American Academy of Pediatrics in providing advice, authorship, and/or review of the Guidelines.

Please refer to CHDP Provider Information Notices [16.02](#) and [17.03](#).

Guideline*	Topic
1.	Introduction
2.	Adolescent Health
3.	Adolescent Pre-participation Physical Exam (PPE)
4.	Anthropometric Measurements

Riverside University HEALTH SYSTEM Public Health

1.	Introduction
2.	Adolescent Health
3.	Adolescent Pre-participation Physical Exam (PPE)
4.	Anthropometric Measurements
5.	Asthma Assessment in Children and Anticipatory Guidance
6.	Blood Lead Test and Anticipatory Guidance
7.	Blood Pressure
8.	Cervical Dysplasia
9.	Child Management
10.	Development, Socio-Emotional Behavior Assessment and Anticipatory Guidance
11.	Fasting Blood Glucose and Cholesterol Screening Tests
12.	Health Education and Anticipatory Guidance
13.	Health History
14.	Hearing Screening and Anticipatory Guidance
15.	Immunizations
16.	Iron Deficiency and Iron Deficiency Anemia (Revised)
17.	Nutritional Assessment and Anticipatory Guidance
18.	Oral Health and Anticipatory Guidance
19.	Oral and Parasites Screening
20.	Periodicity Schedules for Health Assessment & Dental Referral
21.	Risk of Injury Assessment and Anticipatory Guidance
22.	Sexually Transmitted Infections
23.	Sickle Cell and other Hemoglobinopathies
24.	Substance Use, Alcohol, and Drugs
25.	Tobacco Exposure and Use Assessment
26.	Tuberculosis
27.	Vision Screening

Riverside University HEALTH SYSTEM Public Health

CHDP Health Assessment Guidelines

These guidelines are not designed to **constrain** the examiner from doing a more extensive exam nor from using similar but equivalent tests as long as they are performed and billed within the regulations and policies of Medi-Cal.

Riverside University HEALTH SYSTEM Public Health

CHDP Health Assessment Guidelines

Quality care and comprehensive services for children and their families occur because of dedicated and concerned health care providers.

DEDICATION

Riverside University HEALTH SYSTEM Public Health



CHDP Quality Assurance & Trainings

RUHS - Public Health Mission

MISSION
Improve the health and well-being of our patients and communities through our dedication to exceptional and compassionate care, education, and research.



RUHS - Public Health Vision

VISION
Lead the transformation of healthcare and inspire wellness, in collaboration with our communities, through an integrated delivery network to bring hope and healing to those we serve.




Quality Assurance Facility and Chart Reviews



Quality Assurance

Things To Know


- Our role is to assure quality, to help providers reach their max potential according to the state requirements.
- Reviews occur every 3-5 years
- Can be modified (passing score of 92% from MCP audit in last 12 months)
- Can take up to 4 hours



Quality Assurance

The Components

<p>Medical Record Review</p> <ul style="list-style-type: none"> • 5 Charts are reviewed • Documentation of comprehensive health assessment • <u>Ages:</u> <ul style="list-style-type: none"> ✓ 0-11 months ✓ 12 months ✓ 13 months – 4 years ✓ 5 years – 11 years ✓ 12 years – 20 years 	<p>Facility Review</p> <ul style="list-style-type: none"> • Medical Personnel • Office management • Health education services • Site access / Site Safety • Emergency Kit • Infection control / Lab • Clinical services / Pharmaceutical (vaccines) • Preventative Services
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Quality Assurance Scoring System – 3 possible outcomes

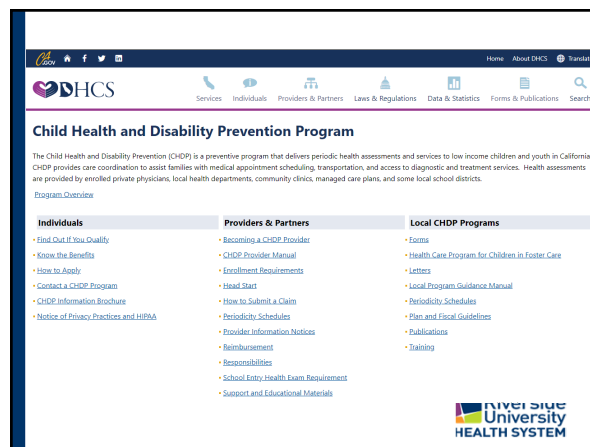
- 88 % through 100 % = **Full Approval**
- 70 % through 87 % = **Conditional Approval**
- Less than 70 % = **Not approved**

A corrective action plan will be required for a non approval

Quality Assurance: The Review Tool



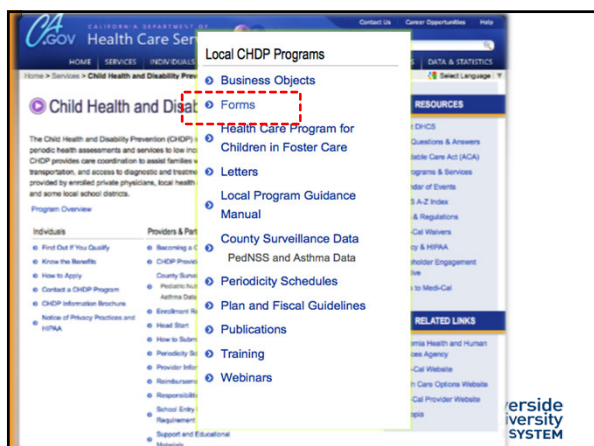
<http://www.dhcs.ca.gov/services/chdp>



Child Health and Disability Prevention Program


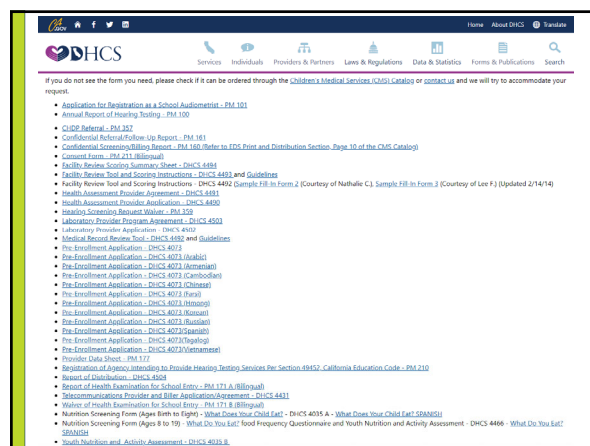
The Child Health and Disability Prevention (CHDP) is a preventive program that delivers periodic health assessments and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Health assessments are provided by enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.

Individuals	Providers & Partners	Local CHDP Programs
<ul style="list-style-type: none"> Find Out If You Qualify Know the Benefits How to Apply Contact a CHDP Program CHDP Information Brochure Notice of Privacy Practices and HIPAA 	<ul style="list-style-type: none"> Becoming a CHDP Provider CHDP Provider Manual Enrollment Requirements Head Start How to Submit a Claim Periodicity Schedules Provider Information Notices Reimbursement Responsibilities School Entry Health Exam Requirement Support and Educational Materials 	<ul style="list-style-type: none"> Forms Health Care Program for Children in Foster Care Letters Local Program Guidance Manual Periodicity Schedules Plan and Fiscal Guidelines Publications Training

Local CHDP Programs

- Business Objects
- Forms
- Health Care Program for Children in Foster Care
- Letters
- Local Program Guidance Manual
- County Surveillance Data
- PedNSS and Asthma Data
- Periodicity Schedules
- Plan and Fiscal Guidelines
- Publications
- Training
- Webinars

If you do not see the form you need, please check if it can be ordered through the [DHCS Medical Services \(MS\) Catalog](#) or contact us and we will try to accommodate your request.

- Application for Registration as a School Auditorium - FM 101
- Annual Report of Hearing Testing - FM 100
- CHDP Referral - FM 337
- Confidential Referral/Follow Up Report - FM 181
- Confidential Screening/Waiting Report - FM 160 (Refer to IDG Plan and Distribution Section, Page 10 of the CHS Catalog)
- Consent Form - FM 211 (Revised)
- Facility Review Summary Sheet - CHCS 5494
- Facility Review Tool and Scoring Instructions - CHCS 4853 and Guidelines
- Facility Review Tool and Scoring Instructions - CHCS 4492 Sample Fill in Form 2 (Courtesy of Nathalie C), Sample Fill in Form 3 (Courtesy of Lee F.) (Updated 2/14/14)
- Health Assessment Provider Assessment - CHCS 4881
- Health Assessment Provider Application - CHCS 4850
- Health Assessment Provider Application - CHCS 4503
- Medical Record Review Tool - CHCS 4495 and Guidelines
- Pre-Enrollment Application - CHCS 4012
- Pre-Enrollment Application - CHCS 4011 (Spanish)
- Pre-Enrollment Application - CHCS 4012 (Amharic)
- Pre-Enrollment Application - CHCS 4012 (Cambodian)
- Pre-Enrollment Application - CHCS 4012 (Chinese)
- Pre-Enrollment Application - CHCS 4012 (Danish)
- Pre-Enrollment Application - CHCS 4012 (Hawaiian)
- Pre-Enrollment Application - CHCS 4012 (Korean)
- Pre-Enrollment Application - CHCS 4012 (Russian)
- Pre-Enrollment Application - CHCS 4012 (Spanish)
- Pre-Enrollment Application - CHCS 4012 (Tagalog)
- Pre-Enrollment Application - CHCS 4012 (Vietnamese)
- Provider Data Sheet - FM 177
- Registration of Agencies Intending to Provide Hearing Testing Services Per Section 49652, California Education Code - FM 210
- Report of Distribution - CHCS 4568
- Report of Health Examination for School Entry - FM 171 A (Revised)
- Telecommunication Provider and Elder Assessment Agreement - CHCS 4841
- Waiver of Health Examination for School Entry - FM 171 B (Revised)
- Waiver of Health Examination for School Entry - What Does Your Child Eat? - CHCS 4015 A - What Does Your Child Eat? (SPANISH)
- Nutrition Screening Form (Ages 8 to 19) - What Does Your Child Eat? Food Frequency Questionnaire and Youth Nutrition and Activity Assessment - CHCS 4466 - What Do You Eat? (SPANISH)
- Youth Nutrition and Activity Assessment - CHCS 4015 B

State of California Health and Human Services Agency
 Department of Health Care Services

Child Health and Disability Prevention Program Forms

- Facility Review Tool and Scoring Instructions - DHCS 4493 and Guidelines
 - we will try to accommodate your request.
 - Application for Registration as a School Auditor/Inspector - PM 101
 - Annual Report of Hearing Testing - PM 130
 - Business Objects Account Activation/Deactivation Request - DHCS 4074
 - CDHP Renewal - PM 357
 - Conflicts
 - Conflicts
 - Consent Form - PM 211 (English)
 - Facility Review Scoring Summary Sheet - DHCS 4494
 - Facility Review Tool and Scoring Instructions - DHCS 4493 and Guidelines
 - Facility Review Tool and Scoring Instructions - DHCS 4492 (Sample Fill-in Form 2) (Courtesy of Nebraska C.J. Sample Fill-in Form 3) (Courtesy of Los F.) (Updated 2/16/14)
 - Health Assessment Provider Agreement - DHCS 4491
 - Health Assessment Provider Application - DHCS 4490
 - Hearing Screening Request Waiver - PM 359
 - Laboratory Provider Program Agreement - DHCS 4503
 - Laboratory Provider Application - DHCS 4502
 - Medical Record Review Tool - DHCS 4492 and Guidelines
 - Pre-Enrollment Application - DHCS 4073
 - Pre-Enrollment Application - DHCS 4073 (Arabic)
 - Pre-Enrollment Application - DHCS 4073 (Armenian)
 - Pre-Enrollment Application - DHCS 4073 (Cambodian)
 - Pre-Enrollment Application - DHCS 4073 (Chinese)
 - Pre-Enrollment Application - DHCS 4073 (Farsi)
 - Pre-Enrollment Application - DHCS 4073 (Hmong)
 - Pre-Enrollment Application - DHCS 4073 (Korean)
- Medical Record Review Tool - DHCS 4492 and Guidelines

deity EM

State of California Health and Human Services Agency
 Child Health and Disability Prevention (CHDP) Program
 Department of Health Care Services

FACILITY REVIEW TOOL

Review date: [] last CDHP review date and results

Provider name: [] Telephone number: [] Fax number: []

Provider address (number, street): [] City: [] State: [] ZIP code: []

Contact person: [] Title: [] Clinician on site: []

Reviewer: [] Title: [] CDHP Provider category: [] Comprehensive: [] Health assessment only: []

Visit Purpose: [] History of Other DHCS Certifications: [] Provider Types at Site: [] Offsite/Type: []

Check only if applicable: [] Initial Full Scope: [] Periodic Full Scope: [] Monitoring: [] Follow-up: [] Focused Review: [] Other: []

Check all that apply - add if available: [] CDHP: [] Comprehensive Pediatric Services Program: [] DHCS Licensing and Certification: [] Health Care Consultant: [] Medi-Cal Managed Care Division: [] Vaccines for Children: [] Other: []

Check only if applicable: [] Family Practice: [] Pediatric: [] General Practice: [] OB/GYN Specialist: [] Non-Physician Medical Practitioner type: [] Other type: []

Check only one: [] County Health Care Clinic (91) [] Community Health Center (92) [] Community Health Clinic (95) [] Family Nurse Practitioner (14) [] OB/GYN Health Clinic (92) [] Health Department Clinic (91) [] Home Health Clinic/Case Management Program (24) [] Pediatric Nurse Practitioner (15) [] Physician-Only Practitioner (16) [] Physician-Group Practice (12) [] Other type: []

Site Scores: I. Personnel CE P F 15; II. Other Management CE P F 25; III. Health Evaluation Services CE P F 8; IV. Site Access CE P F 12; V. Infection Control CE P F; VI. Pediatric Preventive Services CE P F

Scoring Procedures: 1) Add point given in each section; 2) Add two points for all seven sections; 3) Score Critical Elements as stated above. An applicant cannot be enrolled if he/she fails to meet any of these criteria; 4) Calculate the percent score by dividing the review score points by the total possible points. Multiply by 100 to obtain the percentage.

Compliance Threshold: If Critical Elements (CE) not met = FAIL; 80% through 100% = Full Approval; 70% through 80% = Conditional Approval; Less than 70% = FAIL

Approval Status: [] Full Approval [] Conditional Approval [] Not Approved (less than 70%) [] Not Approved (did not pass Critical Elements)

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State of California Health and Human Services Agency
 Department of Health Care Services

5. Infection Control/Lab (cont)

Infection Control Survey Criteria	Wt	Yes	No	NA	Site Score
C. The site/provider must ensure that the following are present on-site to prevent transmission of infections among clients and staff:					
1. Antiseptic hand cleaner and/or hot running water for hand washing is available in examining rooms and treatment areas.	1				
2. A waste disposal container is in each examining room, treatment area, and restroom, and is covered.	1				
3. A process is in place for isolating infectious clients.	1				
4. A disinfectant solution is labeled as approved by the Environmental Protection Agency (EPA).	1				
D. The site/provider must ensure that the following are present on-site in order to decrease clients' and staffs' exposure to blood borne pathogens:					
1. Personal protective equipment (e.g., gloves, gowns, eyeface protection) is available.	1				
2. Sharps containers are labeled and located in area where sharps are used and are accessible only to staff responsible for the use of sharps.	1				
3. Written documentation of sharp injury incidents is available.	1				
4. Biohazardous (nonsharps) waste is contained in separate, labeled, covered, and leak-proof containers.	1				
Subtotal:	8				

Comments: Write comments for all zero (0) scores.

State of California Health and Human Services Agency
 Department of Health Care Services

6. Clinical Services

Pharmaceutical Services Survey Criteria

Criteria	Wt	Yes	No	NA	Site Score
A. The provider site participates in the Vaccines for Children (VFC) program and meets all the following requirements:	CE				
1. Has a process to check and dispose of expired immunizations (no expired immunizations are present).					
2. Has a clean area for preparing immunizations.					
3. Has syringes and disposable needles in various sizes as needed (syringes- 3 cc and 10; needles- 5/8" and 1").					
4. Stores immunizations separate from food, lab specimens, cleaning supplies, and other items that may cause contamination.					
5. Stores immunizations, needles and syringes so that they are accessible only to staff responsible for their use.					
6. Has Vaccine Immunization Statements (VISs), hard copy or electronic, for each immunization or immunization component administered and in threshold languages appropriate for the client population.					
7. Immunizations are stored according to manufacturer requirements. (The refrigerator at 2° to 8°C/35° to 46°F and the freezer at -15°C/5°F or lower.)					
8. Has a written plan for vaccine protection in case of power outage or malfunctioning of refrigerator or freezer.					
9. Has a written log documenting refrigerator and freezer temperatures twice a day.					
10. Has a freezer with its own external door separate from the refrigerator.					
11. Has purified protein derivative injectable tuberculin. Date opened.					
12. Stores and handles all drugs (other than immunizations) that are administered in the office/clinic according to manufacturer requirements.					

State of California Health and Human Services Agency
 Department of Health Care Services

Criteria: []
 Reviewer: []

5. Infection Control/Lab

B. CHDP Tests Lab Equipment

C.D. Infection control procedures that standard universal prevention are followed.

6. Clinical Services

A. Immunization (DHCP) Immunization logs are administered and stored according to State/Federal standards.

Safety practices on site are followed in accordance with current CDC/OSHA standards. Hazardous substance labeling: The manufacturer's label is not removed from a container (bottle, box, can, cylinder, etc.) as long as the hazardous material is visible on the original container. All secondary containers into which hazardous substances are transferred or prepared contain labels that provide the following information:

- Identity of hazardous substance
- Description of hazard warning: can be words, pictures, symbols.
- Date of preparation or transfer.

 Note: The purpose of hazard communication is to convey information about hazardous substances used in the work place. A hazardous substance is any substance that is a flammable or health hazard. Examples of a flammable hazard include substances that are a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water reactive. Examples of a health hazard include substances whose acute or chronic health effects are acute toxic, irritant, corrosive, toxic or highly toxic, acute, chronic, carcinogenic, mutagenic and/or teratogenic, damage to the lungs, skin, eyes, or mucous membranes. All portable containers of hazardous chemicals require labeling. Exception: Labeling is not required for portable containers with hazardous chemicals as transferred from labeled containers, and which are intended only for the immediate use of the individual who performs the transfer. All other portable containers and large storage bottles.

Vaccines for Children (VFC) Provider/Recipient: Business Entity or Examined must participate in the VFC program.

- Expired Immunizations:** Require into how the office checks for expired immunizations, how often, and what they do with vaccine that is close to expiring or has expired. Check a few random vaccines for expiration date. Provide exact counts VFC. The guidelines for returning expired or close to expired vaccine.
- Clean Area:** Ask provider office to show reviewer where vaccines are prepared. Office personnel should be able to explain how the area is kept clean. A log or device shall be deemed to be adequate if it contains in whole or in part any daily, periodic, or decomposed substance, or if it has been prepared, packed or held under unsanitary conditions (21CFR, Section 91).
- Equipment:** Reviewer should assess for various syringes, safety needles or being utilized and how they are stored. Needle type should be appropriate for the type of vaccine. Provider should have 1 cc and 4 cc syringes and 1/2" and 1" needles.
- Clean Storage:** Assess storage area. No food, lab specimens, cleaning supplies or other items that may cause contamination should be stored with the vaccine. There must be several unexpired containers of expirations, handles, and labels on that the storage, storage, quality, and price of the drug product are not affected (21CFR, section 21.142). A drug is considered "adulterated" if it has been held under unsanitary conditions that may have been contaminated with dirt, or rendered impure to health (21CFR, Section 91).
- Safe Storage:** Assess that immunizations, needles and syringes are not accessible by patients or children. It is acceptable if storage and preparation area is away from client traffic. Also acceptable if others. Barriers are shown as needed.
- Vaccine Immunization Statements (VISs):** Office personnel should be able to explain that a VIS is given with each vaccine administered in the appropriate language and how it is documented in the medical record. Issue 1996. See National Childhood Vaccine Injury Act, Section 2126 of the Public Health Services Act, amendments that govern procedures or shall (done) be followed before vaccination are administered.

 See <http://www.immunization.org/2002/08/> for more current information.

Health care providers must have available in hard copy or electronically, the most recent VIS in appropriate threshold languages, to clients prior to the vaccination. The date the VIS was given and the expiration date of the VIS must be documented in the client's medical record. Reviewers shall interview personnel about medical practices on site regarding VIS distribution. The most current VISs are available on the VFC case correspondence website or on local health department. They may also be downloaded from the following website at www.immunization.org/ or by calling the CDC Immunization Hotline at 800-CDC-1090.

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State of California Health and Human Services Agency
 Department of Health Care Services

Child Health and Disability Prevention (CHDP) Program
 MEDICAL RECORD REVIEW TOOL

CHDP Provider Name: [] Office Contact Name(s): []

Site Address: [] Reviewer Name: []

Clinician: [] Date: []

Criteria met: [] Full points. Criteria not met: [] Points. Criteria not applicable: [] No (No full points).

Criteria	1	2	3	4	5	6	7	8	9	10	Score	Pass/Fail
1. Format Criteria												
A. An individual medical record is maintained for each individual:												
1) Child/Youth identification is on each page.												
2) Individual personal biographical information is documented.												
3) Emergency contact is identified.												
4) Each medical record is consistently organized.												
5) Chart contents are securely fastened.												
6) Each medical record has documentation that the identification of the endpoint has received a copy of the information's index or Privacy Protection.												
Comments:												
Total Possible Per Chart												
Section 1 Total Possible Per Chart												

Lead: []


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State of California Health and Human Services Agency		Department of Health Care Services										Score	Pass/Fail
Criteria met: Give full points.		1	2	3	4	5	6	7	8	9	10	Pass/Fail	
Criteria not met: 0 points.													
Criteria not applicable: N/A (Give full points)													
[] Electronic	Clinician												
	Child ID												
[] Paper													
[] Hybrid	Age/Gender												
3. Coordination and Continuity of Care (Cont'd)													
E. Test results, reports, and referrals													
Consultation, test results, diagnostic reports, and referrals have explicit notation of review in the medical record		2									Pass/Fail		
Test results, diagnostic reports, referrals, and consultation reports are discussed with parents, legal guardian, and/or child/youth with explicit notation in the medical record		2									Pass/Fail		
2) If Health Assessment Only Provider, referred child/youth to a medical and dental home.		3											
Or If Comprehensive Health Provider, referred child/youth to a dental home.													
4) Age appropriate referral to WIC.		2											
Missed appointments and follow-up contacts/outreach efforts are documented		2											
Comments:													
Total Possible Per Chart		11											
Section 3 Total Possible Per Chart		28											
										Section 3 Sub Total	Pass/Fail		
										Section 3 Total:	Pass/Fail		

California Health and Human Services Agency		California Department of Health Care Services	
Rationale: The medical record promotes "seamless" continuity-of-care by communicating the client's past and current health status and medical treatment, and future health care plans.			
3. Coordination and Continuity of Care Criteria		Medical Record Reviewer Guidelines – Coordination and Continuity of Care	
A. Comprehensive health history, including family history is done.	A comprehensive health history should include the following information for all clients: family history, including serious accidents, diseases, and surgeries. Pediatric histories should include past prenatal and birth history, results of newborn hearing screening (for infants up to 1 year of age), growth and development, social, and childhood illnesses. For clients aged 14 years and above, the history includes past and current sexual history, tobacco, alcohol, and substance use, and mental health issues. An update to the Health History and Review of Systems is documented at each periodic visit.		
B. Treatment plans address identified conditions found during history and physical examination.	Treatment and/or action plan is documented for each diagnosis, and relates to the stated diagnosis.		
C. Instructions of child/youth and/or primary caregiver for follow-up care are documented.	Specific follow-up instructions, along with a definitive time for return visit or other follow-up care is documented. Time period for return visits and/or other follow-up care is definitively stated in number of days, weeks, months, etc. or as needed.		
D. Unresolved and/or continuing problems are addressed and documented at the time of subsequent visits.	Documentation shows that unresolved and/or chronic problems are assessed at subsequent visits. All problems need not be addressed at every visit. Reviewer should be able to determine if provider follows up with client about treatment regimens, recommendations, continuing, and referrals.		
E. Test results, reports and referrals.	Medical record contains consultation reports, diagnostic test results, and referrals. There is documented evidence of review by the examiner. A physician must review all reports with evidence in medical record of follow-up with the client. Record includes notation about client contact or attempted contacts, follow-up treatment and/or instruction provided, and return. Diagnostic (e.g., lab, x-ray) test reports, consultation summaries, incident discharge records, emergency and urgent care records must have evidence of review by a physician. Evidence of review may be the physician's initials or signature on the report/record, or a notation in the progress note by physician. EMR: Copy of protocol is available upon request. Health Assessment Only providers have documented a referral to both a medical and dental provider. Beginning at age three years, all children are referred annually to a dentist regardless of whether a dental problem is detected or suspected. If a Comprehensive Health Care Provider, the examiner has made an annual referral to a dentist regardless of whether a dental problem is detected or suspected. Dental exams are recommended at age 1 year. Referral is required at age 3 years. Infants and children younger than 5 years of age may be eligible for the Women, Infants, and Children (WIC) Supplemental Nutrition Program and should be referred appropriately.		
F. Missed appointments and follow-up contacts/outreach efforts are documented.	Documentation includes incidents or missed appointments and/or examinations. Attempts to contact the client and/or parent/guardian (if minor), and the results of follow-up actions are also documented in the record.		
DNCS 4422 (08/12)		Page 1 of 6	

Commonly Missed Items

- CHDP trainings for designated staff
- CHDP health education materials - "Growing up healthy"
- Spacer with mask for albuterol in E-kit
- O2 masks and ambu bags in 3 sizes = infant, peds, and adult
- Stock mandated vaccines for population served
- BP cuff sizes in infant, child, adult, large adult
- Documentation of privacy practices given to patient in each individual chart.
- Documentation of WIC status (0-5)
- Documentation of dental referral



Trainings



Trainings

- Audiometric
- BMI
- Vision
- Fluoride Varnish

Audiometric



Objectives:


- Understand the anatomy of the ear
- Identify differences in hearing loss
- Demonstrate a successful screening using play audiometry
- Receive a certificate for a state approved audiometric training

Why this is important:

- Hearing loss affects not only the ears but the whole child
- Hearing loss affects a child's ability to communicate and develop speech



Body Mass Index




Objectives:

- Describe the use of Body Mass Index (BMI) as a screening tool for overweight and obesity
- Calculate or determine BMI value from measured weight and height
- Plot BMI value on the growth chart
- Determine BMI-for-age percentile
- Interpret weight category

Why this is important:

- Helps in prevention of chronic illness
- High BMI is related to chronic disease including hyperlipidemia, elevated insulin, and high blood pressure.





Vision

Objectives:

- Become aware of eye problems that can affect vision
- Demonstrate proper vision screening procedure
- Identify when to refer a child for vision problems
- Describe how to document vision screening results

Why this is important:

- Good vision is key to a child's physical development, success in school and overall well-being.
- Early detection of a vision problem allows a higher rate of effective treatment


Fluoride Varnish

Objectives:

- Identify children at risk for dental decay
- Refer children to a dentist
- Recognize the importance of providing fluoride varnish to high risk children in the medical office.
- Demonstrate how to apply fluoride varnish to prevent, arrest, or delay the onset of caries

Why this is important:

- Fluoride varnish helps prevent tooth decay
- CHDP children are at highest risk for dental decay
- Young children are seen earlier and more frequently by medical providers than by a dentist



Upcoming Trainings:

Please visit our website at www.rivcochdp.org

Email: CHDPRiverside@ruhealth.org

CHDP Mainline: 951-358-5481



Ultimate Goal = To prevent disease and disability in low income children

Thank you!!




CARE COORDINATION / FOLLOW-UP FORM

Child Health & Disability Prevention Program (CHDP)




New Care Coordination Form

- Discontinued use PM160 on July 1, 2017
- Federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- To facilitate CHDP follow-up, a new follow-up request form has been developed for use by CHDP providers and local county CHDP programs.



When to Report?

An abnormal finding that requires:

- A referral
- A return visit
- Non-routine dental referrals
- Any Fees-For-Service (FFS) Medi-Cal child who is at risk of being lost to follow up (e.g., return visit scheduled to complete immunizations but no show, or no response to provider follow up calls and letters.
- Patient or responsible person has refused a referral to another examiner



How to Report?

You may report health assessment findings to your local CHDP office one of two ways:

Care Coordination Form

-OR-

Electronic Medical Record Summary



Electronic Medical Record Summary

You must include the following:

- Medical diagnosis
- Medical treatment
- Dental home
- Scheduled for a return visit
- Referred to specialist NAME + PHONE NUMBER



Child Health and Disability Prevention Program
 Care Coordination / Follow-up Form
 Submit to the County CHDP Program within 5 business days of care for children referred to a Dentist or other Medical Provider.
 Submit completed this form to CHDP office for Health, managed care plan or private insurance. [Return to form page](#)
 Complete **CHDP** Regional Community Outreach Contact Page for all cases.

PATIENT INFORMATION:

Patient Name (Last, First, Middle) Preferred Language Date of Service (MM/DD/YYYY)

Birthdate (MM/DD/YYYY) Age Sex Gender County of Residence Telephone # (Home or Cell) Alternate Phone # (Work or Other)

Responsible Person (Name) (Street) (Apt/Space #) (City) (Zip) Ethnic Code

Patient Eligibility Aid Code Identification Number (BIC)

A. Medical Assessment and Referral Section

No Medical Problems Suspected Special Health History or Special Conditions This, Specify: _____

CHDP ASSESSMENT: Problem Suspected Referred To a Phase Number Return Visit Scheduled

B. Dental Assessment and Referral Section

Does Not Have Problems Does Not Have Dental Care Does Not Have Dental Care Does Not Have Dental Care

Fluoride Varnish Applied: Yes, applied No, with have not applied Other reason: _____

Dental home (return) Referred To a Phase Number Return Visit Scheduled

C. Referring Provider Information

Service Location (Other Name, Address, Telephone Number)

Referring Provider Name (Print Name) Date

County of Riverside
 Department of Public Health
 Child Health & Disability Prevention Program
 Mailing Address:
 P.O. Box 7000
 Riverside, CA 92513-7000
 Phone: 951-536-5441
 Email: CHDP@riversideph.org

Biographical Information

PATIENT INFORMATION:

Patient Name (Last, First, Middle) Preferred Language Date of Service (MM/DD/YYYY)

Birthdate (MM/DD/YYYY) Age Sex Gender County of Residence Telephone # (Home or Cell) Alternate Phone # (Work or Other)

Responsible Person (Name) (Street) (Apt/Space #) (City) (Zip) Ethnic Code

Patient Eligibility Aid Code Identification Number (BIC)

1. Black
 2. Hispanic/Latino
 3. Non-Hispanic American Indian/Alaska Native
 4. American Indian/Alaska Native
 5. Asian
 6. Native Hawaiian/Other Pacific Islander
 7. Other

***Do not complete form if child is in foster care, managed care or private insurance.



Medical Problem Suspected?

A. Medical Assessment and Referral Section

No Medical Problems Suspected Significant Medical History or Special Conditions: No Yes. Specify _____

CHDP ASSESSMENT Physical Exam Nutrition Developmental Vision Hearing	Problem Suspected	Referred To & Phone Number	Or	Return Visit Scheduled
	Problem Suspected	Referred To & Phone Number	Or	Return Visit Scheduled
	Problem Suspected	Referred To & Phone Number	Or	Return Visit Scheduled
	Problem Suspected	Referred To & Phone Number	Or	Return Visit Scheduled



Dental Assessment

B. Dental Assessment and Referral Section

Class I: No Visible Problems Class II: Visible decay, small carious lesion or gingivitis Class III: Urgent – pain, abscess, large carious lesions or extensive gingivitis Class IV: Emergent – acute injury, oral infection or other pain

Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)

Needs non-urgent dental care Needs immediate treatment for urgent dental condition which can progress rapidly Needs immediate dental treatment within 24 hours

Fluoride Varnish Applied: Yes, applied No, teeth have not erupted Ordered FV, date to be applied: _____
 No, other reason _____

Dental home referral Referred To & Phone Number: _____



Provider Information

D. Referring Provider Information

Service Location: (Office Name, Address, Telephone Number)

Rendering Provider Name: (Print Name)

Rendering Provider Signature: _____ Date: _____



Where to Send?

County of Riverside
 Department of Public Health
 Child Health & Disability Prevention Program

Mailing Address:
 P.O. Box 7600
 Riverside, CA 92513-7600
 Phone: 951-358-5481

Email: CHDPRiverside@ruhealth.org



Helpful Tips

- ✓ Write legibly
- ✓ Provide copy to parent/responsible party
- ✓ **For Federally Qualified Health Centers (FQHCs):**
 - To fulfill reporting requirements, include informational lines on the UB-04 claim form. No more PM 160s.
- ✓ If child is in foster care, do not fill out form.
 - Health Care Program for Children in Foster Care (HCPCFC) Medical (Specialty) Contact Form



Foster Care Medical (Specialty) Contact Form Health Care Program for Children in Foster Care (HCPCFC)

The image shows a screenshot of the HCPCFC Medical (Specialty) Contact Form. It includes fields for Patient Name, Date of Birth, Sex, Ethnicity, and Address. There are also checkboxes for 'Emergency Contact' and 'Specialty Referral'. The form is designed for medical professionals to use when providing care to children in foster care.

- For ALL children in foster care
 - Medi-cal FFS and Managed Care (IEHP, Molina, etc.)







Training Objectives

- 1 Discuss why oral health is important
- 2 What you and your office can do to make a positive impact on a child's oral health
- 3 Discuss Caries Risk Assessment, Oral Health Assessment, Documentation & Treatment
- 4 Promote Healthy Habits: Brush - Book - Bed
- 5 Resources, Referrals & References



Early Childhood Caries (tooth decay) is the #1 chronic disease among children

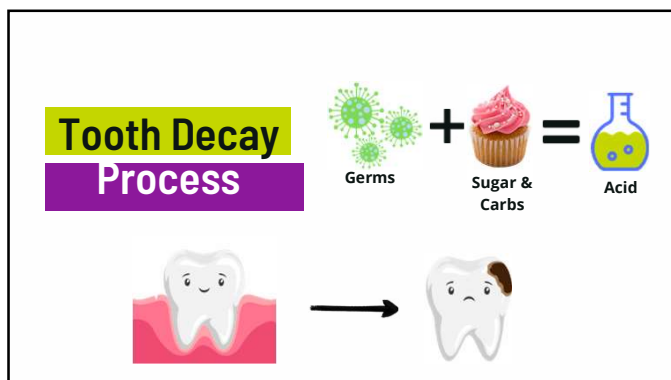
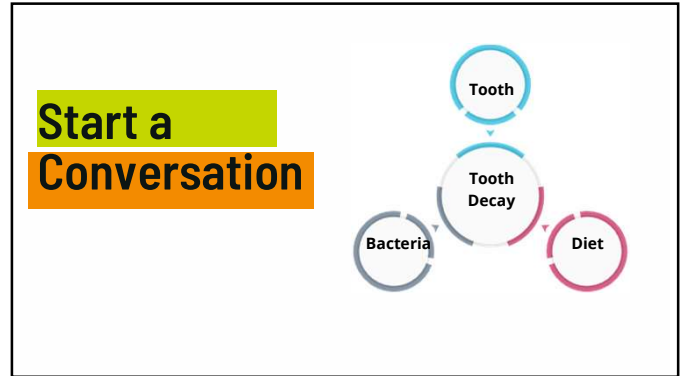
- 5 times more common than asthma
- 4 times more common than early childhood obesity
- 20 times more common than diabetes

California Code of Regulations Title 17 Section 6843 "An inspection of the teeth, gums and mouth is part of the health assessment."

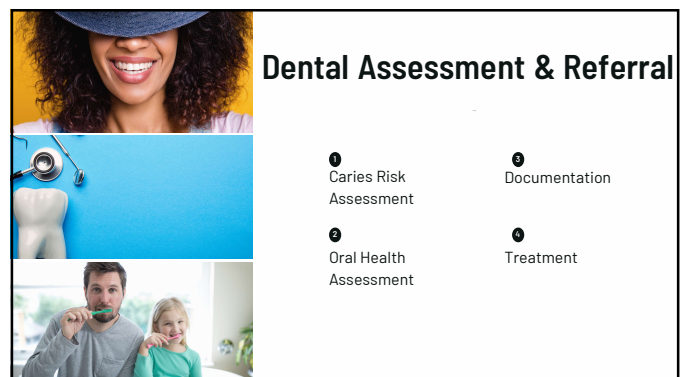
Early Childhood Caries (tooth decay) is the #1 chronic disease among children

- Low income children are at highest risk for dental caries
- Over 70% of California children have a history of dental caries by grade 3
- 1:3 Kindergartners suffer from untreated tooth decay

http://ca.gov/resources/cao_report_dental_disease_chronic_problem_among_low_income_populations
http://www.centerfororalhealth.org/inahealth_FY17def_2018_report.pdf



Caries Risk Assessment
Oral Health Assessment
Documentation
Treatment



Caries Risk Assessment

All CHDP and low-income children are considered at risk for dental caries (cavities)

Caries Risk Assessment

https://www.aap.org/en-us/Documents/oralhealth_riskAssessmentTool.pdf

Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the identification of oral health risk factors for children and adolescents aged 0-17. This tool is for use by pediatricians, pediatric dentists, and other healthcare providers who are involved in the care of children and adolescents.

High-Risk Assessment

Children who score 10 or higher on this tool are considered high risk for dental caries. These children should be referred to a pediatric dentist for a comprehensive dental examination and treatment plan. High-risk children should also receive fluoride varnish and fluoride supplements.

Low-Risk Assessment

Children who score 9 or lower on this tool are considered low risk for dental caries. These children should receive fluoride varnish and fluoride supplements.

Risk Factors

- Diets:** Frequent consumption of sugary drinks, frequent consumption of solid snacks, consumption of sugary drinks at bedtime, consumption of sugary drinks during the day.
- Oral Hygiene:** Inadequate brushing and flossing, no brushing or flossing.
- Medical History:** History of oral surgery, history of oral cancer, history of oral infection, history of oral trauma, history of oral cancer, history of oral infection, history of oral trauma.
- Family History:** History of dental caries, history of periodontal disease, history of oral cancer, history of oral infection, history of oral trauma.
- Other Factors:** History of dry mouth, history of mouth sores, history of oral cancer, history of oral infection, history of oral trauma.

Recommendations

Children who score 10 or higher on this tool should be referred to a pediatric dentist for a comprehensive dental examination and treatment plan. High-risk children should also receive fluoride varnish and fluoride supplements. Children who score 9 or lower on this tool should receive fluoride varnish and fluoride supplements.

Oral Health Assessment

•An inspection of the mouth, teeth, and gums must be performed at every health assessment visit.

•Thoroughly assess the oral cavity, looking for signs of dry mouth, mouth sores, oral habits, malocclusions/jaw anomalies, and decay and gum diseases.

www.aap.org/oralhealth/pact

Oral Health Assessment Dental Classifications

Child Health and Disability Prevention (CHDP) Program Dental Referral Classification Guide

This guide is intended to be used by CHDP/STP providers when referring children for dental services. Classifications are determined by the urgency of treatment needs.

Class I: No Visible Dental Problems (No dental lesions, ulcers, or gingivitis) Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)		Appears healthy but needs routine referral
Class II: Beginning Dental Problems (Small enamel/dental caries, small carious lesions, or gingivitis) The patient asymptotically. Consider to not refer, but requires a dental referral before progression starts.		Small Dental Caries (DCC), Mild Gingivitis
Class III: Urgent Dental Problems Large carious lesions, abscess, extensive gingivitis or pain Urgent dental care is needed. If abscess is suspected, refer for dental care within 24 hours. Condition can progress rapidly to an emergency.		Large Dental Caries (LDC), Abscess
Class IV: Emergent Dental Problems Acute injury, oral infection or other dental condition. Emergency dental treatment is required within 24 hours.		Acute Dental Injury (ADI), Oral Infection/Oral Ulcer (OIOU)

California Department of Health, San Bernardino (CDH), CHDP Program Oral Health Subcommittee, Revised 2019

- Class I
- Class II
- Class III
- Class IV

Documentation: CHDP Program

B. Dental Assessment and Referral Section

Class I: No Visible Problems
Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)

Class II: Visible decay, small carious lesion or gingivitis
Needs non-urgent dental care

Class III: Urgent – pain abscess, large carious lesions or extensive gingivitis
Immediate treatment for urgent dental condition which can progress rapidly

Class IV: Emergent – acute injury, oral infection or other pain
Needs immediate dental treatment within 24 hours

Fluoride Varnish applied: Yes, applied No, teeth have not erupted Ordered FV, date to be applied: _____
 No, other reason: _____

Dental home referral Referred To & Phone Number: _____

smile CALIFORNIA
MEDI-CAL HAS DENTAL COVERAGE
SmileCalifornia.org
1-800-322-6386

DID YOU KNOW?
Children are able to get 5 Fluoride Varnish treatments within a 12 month period, 2 from the dental provider and 3 from the medical provider.

Referral & Treatment

•Every child needs to be referred to a dental home by age one

•A dental referral once a year is the absolute minimum requirement

•Fluoride supplements if non-fluoride exposed

•Fluoride varnish

•Anticipatory guidance




Fluoride Varnish

Reimbursable 3 times (in a 12 month period) for children age 0 through 5 years of age.

Fee-for-Service Medi-Cal

- Billing code: CPT 99188
- Reimbursement rate
- \$18 per application



Fluoride Varnish

Upcoming Training Dates

10/06/2021






PROMOTING HEALTHY HABITS

Brush, Book, Bed

Brush, Book, Bed is a program of the American Academy of Pediatrics to help parents develop healthy nighttime routines. Start your routine every night at the same time, 30 minutes before bedtime so that you have enough time to brush teeth, read together, and go to sleep. For tips on what should

be included in this routine visit

www.HealthyChildren.org/BrushBookBed

Brush, Book, Bed

This simple yet powerful campaign brings together 3 important routines.

- Brush** •Help your child to brush their teeth.
- Book** •Read a favorite book
- Bed** •Establish a regular bedtime routine.

More info? Email us!

RC-CHP@ruhealth.org




REFERENCES REFERRALS & RESOURCES

References

California Department of Health Care Services. (2019). CHDP dental training: Oral health assessment and referral. Retrieved from <https://www.dhcs.ca.gov/services/chdp/Pages/CHDPDentalTraining.aspx>

California Department of Health Care Services. (2017). Annual dental visit (ADV) by county (October 2015 - September 2016). Retrieved from <https://www.dhcs.ca.gov/services/Documents/MDS/AnnualDentalVisitsbyCounty.pdf>

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American Academy of Pediatrics (AAP)

Children's Oral Health

To encourage and support child health care providers to conduct oral health risk assessment and provide education and preventive oral health services to families within the context of well child care; and to promote the establishment of a dental home.

Goals of AAP:

1. Conduct oral health risk assessment
2. Provide oral health education
3. Provide preventive oral health services
4. Promote establishment of a dental home



References



Eight 60-minute modules covering oral health topics relevant to health professionals [CME credit] Smilesforlifeoralhealth.org



Oral Health Practice Tools
Performing an oral health risk assessment, giving nutrition and oral hygiene counseling, and applying fluoride varnish www.aap.org

Protecting All Children's Teeth (PACT)
Educational materials and resources on oral health www.aap.org

EQIPP: Oral Health
Course covering various topics to help pediatric primary healthcare providers play a role in providing oral health care [CME credit] www.aap.org

SMILE, CALIFORNIA

SMILE, CALIFORNIA

The Smile California App

SmileCalifornia.or

About
Provides an overview of MediCal Dental

Covered Services
Available services by age group

Dental Visits
Set expectations for dental visits at every age

Oral Health
Offers oral hygiene tips and resources

Videos
All of the site information in short video format

Find a Dentist
Links to dental.ca.gov to use dental directory

Resource Riverside County Oral Health Program

<https://www.rivcoph.org/Programs/Oral-Health>

Medi-Cal Has Dental Covered

Tip Sheets

Milestones for mini mouths

When Your Baby is Born

Resource

National Commission on Certification of Physician Assistants

Remember, the head is connected to the body; good oral health is directly related to overall health.

Riverside University HEALTH SYSTEM

Public Health


Contact us:
951-358-7171
RC-OHP@ruhealth.org



Childhood Lead Poisoning Prevention Program (CLPPP)




1




PRE -TEST

2



"Normal" Blood Lead Level



3



Kids Run Better Unleaded




4



Riverside County CLPPP Program?

<u>Public Health Nurse</u>	<u>Health Education Asst.</u>
# Case management	# Presentations to the community
# Resource person	# Health fairs
# Presentations to health care providers	<u>Health Services Asst.</u>
# Finger stick Trainings	# Presentations to the community/Health fairs
	# Home Visits
	# Spanish presentations

5




Objectives

- # Recognize effects of lead even at low levels
- # Recognize signs and symptoms of lead poisoning
- # Recognize common sources of lead exposures
- # Recognize major risk factors for lead exposure
- # Know when to obtain a blood lead level

6

Introduction

- Lead poisoning is one of the most common, yet preventable illnesses of children
- "An estimated 535,000 US children age 1-5 years had BLLS \geq 5 mcg/dl based on US Census Bureau 2010 Count of number of children in this age group."



7

What is Lead?

- Lead is a naturally-occurring chemical element mined from galena ore
- Lead has been used since ancient times in many products
- Lead will remain in the environment forever
- Lead is toxic to the human body




8

What is the CDC's Reference Level ?

5 microgram per deciliter (mcg/dl)


The goal is to bring down to **ZERO**



9

How Does Lead Enter The Body

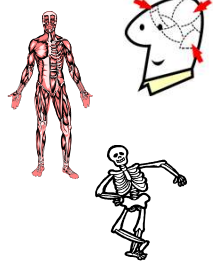
- Lead can be ingested
- Lead dust can be inhaled



10


Where does it go in the body?

- Blood
- Soft tissues
 - Brain
 - Kidney
 - Liver
- Blood-forming tissue
- Bones



11

Absorption of Lead in the Bones



Half-life in blood is Weeks

Half-life in bone is decades

12

Symptoms of Lead Poisoning




Most children with lead poisoning do not look or act sick, possible symptoms at higher blood level:

- # General fatigue
- # Muscle soreness or weakness
- # Joint pain
- # Abdominal pain
- # Vomiting
- # Constipation
- # Headache
- # Weight loss
- # Hearing loss
- # Anemia
- # Hyperactivity
- # Irritability
- # Developmental delays
- # Learning difficulties

13


Effects of Lead Exposure



- **Low lead levels**
May not have symptoms
Symptoms are subtle and nonspecific
- **Moderate lead levels**
Central nervous system problems
Renal (kidney) problems
- **Higher levels**
Encephalopathy (swelling of the brain tissue)
Coma
Death

14

Known Effects of Lead Poisoning





- Hematopoietic System: Anemia
Interferes with Heme Synthesis
- Neurologic System: Neurotoxin
Learning Disorders, IQ
Attention Deficit Hyperactivity Disorder (ADHD)
- Cardiovascular and Renal Systems
Hypertension
Atherosclerosis
Renal disease or impaired renal function
- Endocrine System
Delayed Puberty

Bellinger, Current Opinions in Pediatrics, 2008 20:172-177

15

Risk Factors

- # Nutritional deficiencies
- # Hand to Mouth activity

16

Risk Factors

- # Child on WIC, Head start, Medi-Cal or CHDP
- # Another member of family having an elevated blood lead level
- # Symptoms of lead poisoning






17

Risk Factors

PICA - eating non-food items like clay, dirt and paint-chips.



18

Bright! Shiny! Durable!

- ‡ Pre-1955: All white paint is 50% lead
- ‡ 1955: Optional industrial voluntary reduction to 1%
- ‡ 1971: Federal mandatory maximum of 1%
- ‡ 1977: Federal maximum of 0.06%



19

Risk Factors

- ‡ Living in older housing (especially homes built before 1978)



20

Lead in soil remains



21

And gets blown around



22



23

Risk Factors

OCCUPATIONAL EXPOSURE
TO LEAD



24

- Car repair, auto body repair or painting
- Construction, plumbing, home renovation
- Working with bullets/firearms
- Machinist, cable work, metal/jewelry work
- Ink, dyes, pigments, paints
- Battery manufacturing
- Metal mining, scrap metal
- Rubber or plastic manufacturing

25

Risk Factors

HOBBIES AND ACTIVITIES INVOLVING LEAD!

26

- Soldering
- Pottery & Ceramics
- Stained Glass
- Car or Boat Repair
- Painting furniture
- Exterior/Interior Painting
- Fishing
- Firing ranges

27

LEAD AND PREGNANCY

Pregnant? Embarrassed?

***FACTORS LINKED TO INCREASED MATERNAL LEAD LEVELS:**

HISTORY OF LEAD POISONING
 OCCUPATIONAL/HOBBY EXPOSURE
 PICA
 REMEDIES
 OLD HOME WITH CHIPPED/PEELING PAINT OR RENOVATION
 SOME TRADITIONAL FOODS SUCH AS CHAPULINES, SOME SPICES ETC.

28

Blood Lead Testing

Venous or Capillary

(Reminder: County clinics → Riverside County DOPH Lab)

29

REMEMBER:

SUBSEQUENT/CONFIRMATORY TESTS HAVE TO BE VENOUS.

30



The CLPP Program PHN should be notified of

ANY ELEVATED result

Need:

- # Child's name and address
- # Date of birth AND date of test
- # Parent or guardian's name



31

Riverside County Childhood Lead Poisoning Prevention Program
MANAGEMENT GUIDELINES FOR CHILDHOOD LEAD POISONING

Blood Lead Level	Retest	Counseling & education by provider	Notify Public Health Nurse	Home Visit
4.5- 9.5	Within 3 Months	Yes	YES	NO
9.5 - 14.4	Venous confirmatory 1-3mo (retest 1-3 months)	Yes	YES	YES
14.4 - 19.4	Venous confirmatory 1-4wk (retest 1-3 mo.) <i>*at least 30 days apart</i>	Yes	YES	One venous result in this range

32

Blood Lead Level	Retest	Counseling & education by provider	Notify Public Health Nurse	Home Visit
19.4 - 44.4	Confirm 1-4 weeks (retest 2 weeks to 1 month)	Yes	YES	YES
44.4 - 69.4	44.5-59.4 - Confirm within 48 hrs 59.5-69.4 - Confirm within 24 hrs (retest 2 weeks to 1 month)	Yes	YES	YES
Greater than 69.5	Confirm IMMEDIATELY (retest 2 weeks to 1 month)	Yes	YES	YES

33

Toxicity - Rare Clinical Symptoms

- Blood Lead over 70 mcg/dl
- Changes in mentation (encephalopathy)
- Confusion
- Ataxia
- Seizures
- Coma
- Death

34

CHELATION TREATMENT

Consider if:

- BLL over > 45
- Dangerous procedure (hunts all metals not just lead)
- Medication binds with lead so that it is excreted in the urine
- IV and oral (e.g Calcium EDTA and DMSA)
- Cannot reverse damage caused by Lead

35

HOME VISIT for cases

- # PUBLIC HEALTH NURSE WITH THE HEALTH SERVICES ASSISTANT
- # REGISTERED ENVIRONMENTAL PROFESSIONALS



36



37



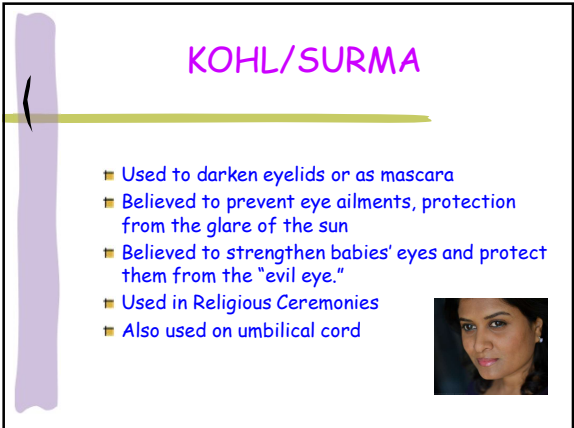
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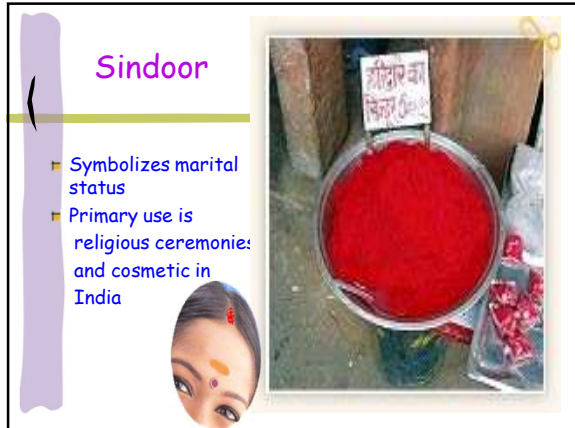
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48



49



50



51



52



53



54

Glasses Recalled Sept. 4, 2014

90794100099 (Disney Cars) Blue/ Red	90841100099 (Disney Cars) Blue/ Teal/ Yellow	90794100099 (Disney Cars) Blue	90779898099 (Disney Doc McStuffins) Purple/ Pink
90841100099 (Disney Cars) Red/ Black	90794100099 (Disney Cars) Red/ Black	90794100099 (Disney Cars) Red/ Black	90779898099 (Disney Doc McStuffins) Pink/ Blue
90794100099 (Disney Cars) Red/ Black	90794100099 (Disney Cars) Red/ Black	90794100099 (Disney Cars) Red/ Black	90779898099 (Disney Doc McStuffins) Pink/ Blue
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90794100099 (Disney Cars) Red/ Black	90794100099 (Disney Cars) Red/ Black	90794100099 (Disney Cars) Red/ Black	90779898099 (Disney Doc McStuffins) Pink/ Blue

55

Pottery Barn Kids Avengers & Darth Vader Water Bottles

Recalled: 10/28/15



56

‡ KHS America, Monkey
Glockenspiel
‡ Recalled: 02/04/16

‡ "Things Remembered"
Children's silver bracelets
and charm necklaces
‡ Recalled 07/19/16



57

Distributed by: "Far East
Brokers and Consultants, Inc."



Recalled 06/09/16

58

L.L. Bean Water Bottles - Recalled
07/19/2016



59



‡ Reduce Hydro Pro water
bottles
‡ Pink paint on outside of
bear water bottle
contains lead
‡ Recalled April 19, 2018
‡ Sold at Costco and
Amazon

60



- # H.I.S. Recalls Girl's Clothing Sets
- # Recall date: November 8, 2018

61



- # INNOCHEER children's musical instruments
- # Paint on maracas, xylophone and carrying case
- # Sold exclusively at Amazon.com
- # Recall date: October 26, 2018

62


**Boy Scouts of America
Neckerchief Slides
(recalled 9/26/18)**

**Rust-Oleum black satin
countertop coating
(recalled April 2018)**



63

Khmeli Suneli (spice from the country of Georgia)



- # Tested samples have been found to contain 4,000 to over 20,000 ppm
- # The spices were brought into the country by the families and were also purchased in local California markets.
- # Sold in bulk and were not branded

64



CPSC.GOV

65

Current State Childhood Lead Poisoning Prevention Program Requirements

**CHDP
Medi-Cal
WIC
HeadStart**

Age 12 months
And 24 months

Between 25-72
months of age, if not
previously tested.


At Risk!




**Must have
Blood Lead Test**

Refugee children **6 months to 10 years** at entry to the U.S. then
Within 3-6 months post-resettlement, f/u bill on all refugee children **6 months to 6 yrs** regardless of initial screening result

66

CLIENT TEACHING



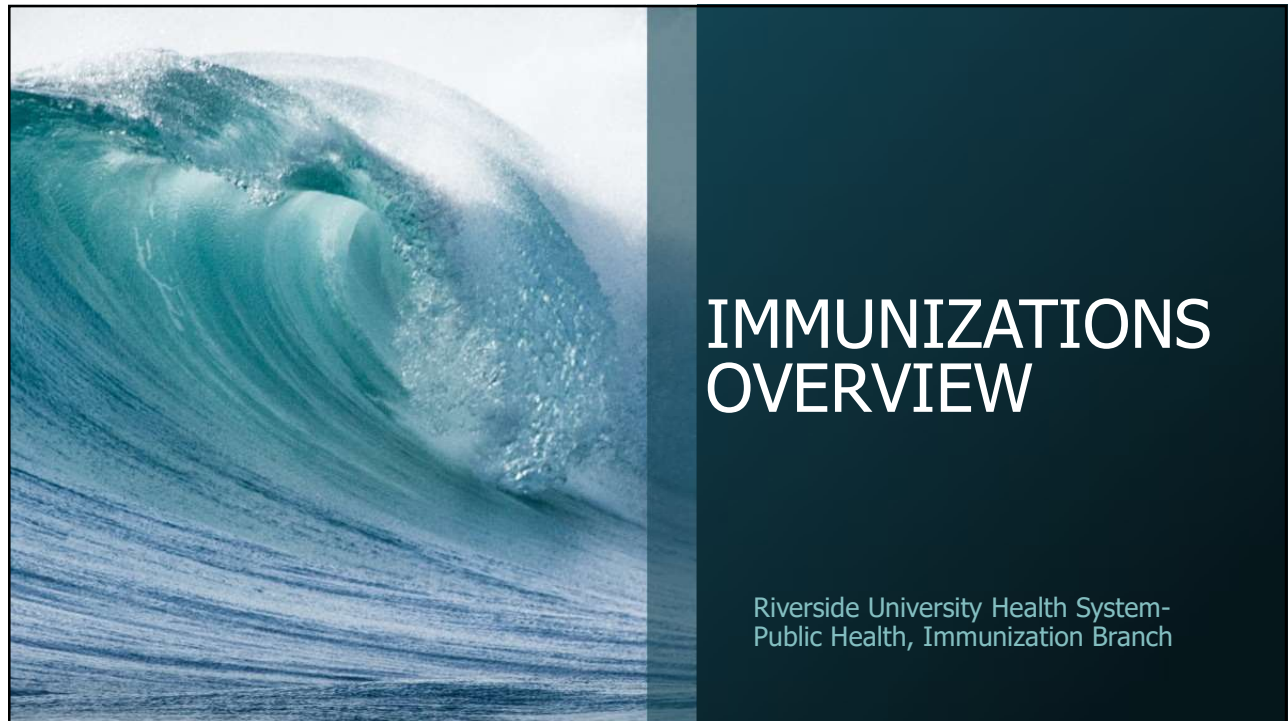
- # FREQUENT HANDWASHING

- # EAT FOODS HIGH IN Fe, Ca, Vit C

- # AVOID NON-FOOD ITEMS IN MOUTH


67

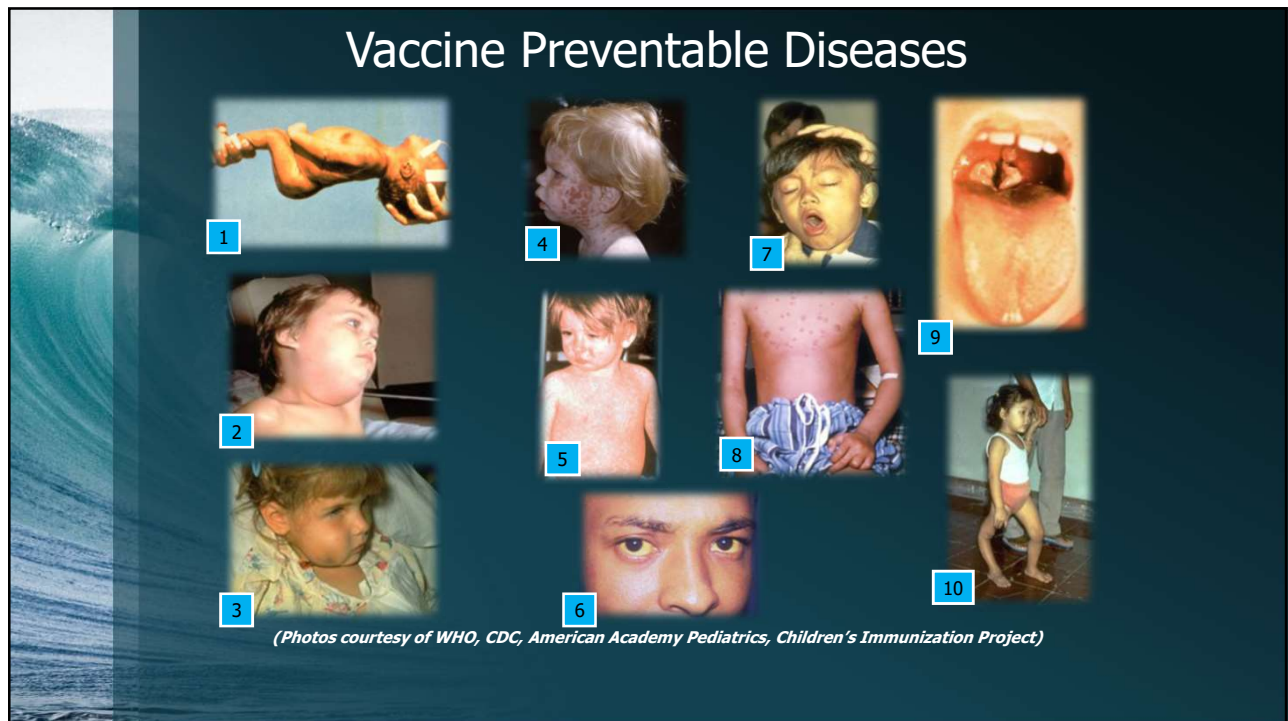
Noella Tataw, RN, MSN, PHN
Riverside County
CHILDHOOD
LEAD POISONING PREVENTION
PROGRAM

(951) 358-5734
NTataw@RUHealth.org
www.rivcoph.org

68



1



2

IMMUNIZATION SCHEDULES

3

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES
2021

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	DT	No trade name
Haemophilus influenzae type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHib® Hiberix® PedvaxHib®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IVV	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FuMist® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM MenACWY-TT	Menactra® Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenb®
Pneumococcal 13-valent conjugate vaccine	PCV13	Pneum 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	IPOL®
Rotavirus vaccine	RV1 RV5	Rotarix® RotaShield®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®

Combination vaccines (use combination vaccines instead of separate injections when appropriate)

DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediaris®
DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadricel®
DTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

How to use the child/adolescent immunization schedule

- 1** Determine recommended vaccine by age (Table 1)
- 2** Determine recommended interval for catch-up vaccination (Table 2)
- 3** Assess need for additional recommended vaccines by medical condition and other indications (Table 3)
- 4** Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Assistants (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

Helpful information

- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/surv-manual
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/vaccines/acip/acip-scdm-faqs.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4

Recommended Immunization Schedule: 0-18 years

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	← 2 nd dose →					← 3 rd dose →										
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	3 rd dose			← 4 th dose →					5 th dose					
Haemophilus influenzae type b (Hib)		1 st dose	2 nd dose	See Notes			← 3 rd or 4 th dose → See Notes										
Pneumococcal conjugate (PCV13)		1 st dose	2 nd dose	3 rd dose			← 4 th dose →										
Inactivated poliovirus (IPV <18 yrs)		1 st dose	2 nd dose		← 3 rd dose →							4 th dose					
Influenza (IV) OR Influenza (LAIV)										Annual vaccination 1 or 2 doses			Annual vaccination 1 or 2 doses				Annual vaccination 1 dose only
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →					2 nd dose					
Varicella (VAR)							← 1 st dose →					2 nd dose					
Hepatitis A (HepA)					See Notes				2-dose series, See Notes								
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																	Tdap
Human papillomavirus (HPV)																	See Notes
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM >2 mos, MenACWY-TT ≥2 years)									See Notes								1 st dose
Meningococcal B																	2 nd dose
Pneumococcal polysaccharide (PPSV23)																	See Notes

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Recommended based on shared clinical decision-making or *can be used in this age group
No recommendation/not applicable

5

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2021

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Table 1 and the notes that follow.

Vaccine	Minimum Age for Dose 1	Children age 4 months through 6 years			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
Haemophilus influenzae type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PIP-1 (ActHib, Pentacel, Hibentix) or unknown. 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 30 months and first dose was administered before the 1 st birthday and second dose was administered at younger than 13 months; OR if both doses were PIP-CMP (PedvaxIM, Comvac) and were administered before the 1 st birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after.	No further doses needed for healthy children if previous dose was administered at age 24 months or older. 4 weeks if current age is younger than 12 months and previous dose was administered at <7 months old. 8 weeks (as final dose for healthy children) if previous dose was administered between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria, acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday.	6 months if first dose of DTaP/DT was administered before the 1 st birthday.	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the first dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

Catch-up Schedule

6

Recommended Immunization Schedule by Medical Indication

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2021

Always use this table in conjunction with Table 1 and the notes that follow.

VACCINE	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count ^a		INDICATION							
			<15% and total CD4 cell count of <200/mm ³	≥15% and total CD4 cell count of ≥200/mm ³	Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Chronic liver disease	Diabetes		
Hepatitis B												
Rotavirus		SCID ^b										
Diphtheria, tetanus, and acellular pertussis (DTaP)												
Haemophilus influenzae type b												
Pneumococcal conjugate												
Inactivated poliovirus												
Influenza (IV) or Influenza (LAIV)							Adms, wheezing 2-4yrs ^c					
Measles, mumps, rubella												
Varicella												
Hepatitis A												
Tetanus, diphtheria, and acellular pertussis (Tdap)												
Human papillomavirus												
Meningococcal ACWY												
Meningococcal B												
Pneumococcal polysaccharide												

 Vaccination according to the routine schedule recommended
 Recommended for persons with an additional risk factor for which the vaccine would be indicated
 Vaccination is recommended, and additional doses may be necessary based on medical condition. See Notes.
 Not recommended/contraindicated—vaccine should not be administered.
 Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction.
 No recommendation/not applicable.

7

Notes Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2021.

Additional information

COVID-19 Vaccination

ACIP recommends use of COVID-19 vaccines within the scope of the Emergency Use Authorization or Biologics License Application for the particular vaccine. Interim ACIP recommendations for the use of COVID-19 vaccines can be found at www.cdc.gov/vaccines/hcp/acip-recs/.

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html and relevant ACIP statements at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered <4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (in Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2018 Report of the Committee on Infectious Diseases, 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see www.hrsa.gov/vaccinecompensation/index.html.

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadracel])

Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
- Prospectively: Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
- Retrospectively: A 4th dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

Special situations

- Wound management in children less than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine: For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. For detailed information, see www.cdc.gov/mmwr/volumes/67/mr16702a1.htm.

Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

Routine vaccination

- ActHIB, Hibertix, or Pentacel: 4-dose series at 2, 4, 6, 12–15 months
- PedvaxHIB: 3-dose series at 2, 4, 12–15 months

Catch-up vaccination

- Dose 1 at age 7–11 months: Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age 12–15 months or 8 weeks after dose 2 (whichever is later).
- Dose 1 at age 12–14 months: Administer dose 2 (final dose) at least 8 weeks after dose 1.
- Dose 1 before age 12 months and dose 2 before age 15 months: Administer dose 3 (final dose) 8 weeks after dose 2.
- 2 doses of PedvaxHIB before age 12 months: Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- 1 dose administered at age 15 months or older: No further doses needed.
- Unvaccinated at age 15–59 months: Administer 1 dose.
- Previously unvaccinated children age 60 months or older who are not considered high risk: Do not require catch-up vaccination.
- For other catch-up guidance, see Table 2.

Special situations

- Chemotherapy or radiation treatment: 12–59 months.**
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart.
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose.
 - Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
 - Hematopoietic stem cell transplant (HSCT):**
 - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history.
 - Anatomic or functional asplenia (including sickle cell disease): 12–59 months.**
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart.
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose.
 - Unvaccinated* persons age 5 years or older: 1 dose.
 - Elective splenectomy: Unvaccinated* persons age 15 months or older.**
 - 1 dose (preferably at least 14 days before procedure)
 - HIV infection: 12–59 months.**
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart.
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose.
 - Unvaccinated* persons age 5–18 years: 1 dose.
 - Immunoglobulin deficiency, early component complement deficiency: 12–59 months.**
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart.
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose.
- *Unvaccinated = Less than routine series (through age 14 months) OR no doses (age 15 months or older)

8

Minimum
Intervals and
Ages

Don't give shots
before the
minimum age

Never give shots
before the
minimum
interval

9

COVID-19 Vaccine

19

COVID Vaccine

- The COVID-19 Vaccination Program differs from the California VFC Program:

- ✓ Vaccine only available through the COVID-19 program
- ✓ Interested providers, must register
- ✓ Please contact:
 - ✓ COVID Call Center – 833-502-1245
 - ✓ Monday to Friday – 8:00am to 6:00pm
 - ✓ covidcallcenter@cdph.ca.gov
- ✓ For more information go to:
 - ✓ <https://eziz.org/covid/enrollment/pediatric/>

The screenshot displays the California COVID-19 Vaccination Program website. The top navigation bar includes 'Vaccinate All 58' and 'California COVID-19 Vaccination Program'. The main content area is divided into several sections:

- Program Updates:** Provides information for providers currently enrolled or in the process of enrolling in the program, including access to program-related resources and communications.
- Program Education and Support:** Lists resources such as Provider Office Hours and myCvax Training Sessions, a Weekly Calendar of Provider Webinars and Trainings, and Frequently Asked Questions Updated 7/1.
- Provider Support:** Offers assistance for providers, including a 'Steps to Enroll' section that outlines the process from reviewing requirements to registering with local registries (CAIR, RIDR, or SDIR).
- Provider Support (COVID Call Center):** Provides contact information for the call center, including email, phone, and hours of operation.
- Provider Support (myCvax Help Desk):** Offers technical support for the myCvax application.
- Provider Support (Vaccines):** Lists the states where the vaccine is available, including Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.

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Children 5+ are Eligible for COVID-19 Vaccines

- As of 11.3.21 the Food and Drug Administration (FDA) has determined that the Pfizer-BioNTech COVID-19 Vaccine has met the safety and efficacy standards for authorization in children ages 5 through 11 years old.
- 2-dose series separated by 21 days*
A series started with COVID-19 vaccine (Pfizer) should be completed with this product



[COVID-19 Vaccine Clinical Considerations](#)

<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/pfizer-bioNTech-children-adolescents.html>

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COVID-19 Vaccine Resources

Receiving & Storing Pfizer/Comirnaty Vaccine Products

California COVID-19 Vaccination Program



Upon delivery, sites assume responsibility for storing vaccines in temperature-controlled environments. This job aid complies guidance from CDC, Pfizer-BioNTech, and Controlant and is updated for California providers.

General Points

- Vaccines ship in ultra-cold thermal shipper with dry ice; ensure staff are trained on [dry ice safety](#)
- Vaccine products have a different formulation with different packaging, product configurations, dosages, National Drug Codes (NDC), and storage requirements
- See [COVID-19 Vaccine Product Guide](#) (details about vaccine, kits, dimensions, PPE & needles); to be updated for pediatric product) or CDC's [product comparison guide](#)
- Other clinical resources can be found on [CDC's website](#)
- Ancillary kit ships within 24-48 hours of vaccine and includes PPE

Pfizer/Comirnaty® (12+ Years, Gray Cap) Tris-Sucrose Formulation

- FDA-approved for ages 16+; authorized under EUA for ages 12 through 15
- Vial will not be labeled Comirnaty initially; may be labeled Pfizer Tris-Sucrose Formulation
- Vaccine ships in a smaller, lighter, single-use shipper; [this video](#) shows how to receive the shipper and return the data logger; do not return shipper
- Sites should ideally carry only one Pfizer 12-plus-years formulation at a time; use up Pfizer 1170 or 450 products before ordering gray cap
- Does not require diluent; to avoid dilution errors, CDC doesn't recommend administering purple and gray cap products in a single clinic at the same time
- May be stored at 2-8°C (36-46°F) for up to 10 weeks; do not store in routine freezers
- Single-use shipper may not be used for temporary storage; sites that previously used Pfizer thermal shipping containers for temporary storage must prepare for use of an ULT freezer or refrigerator
- Available in smaller 300-dose configurations (5 cartons)
- Continue to use [storage and handling labels](#) and [NDC labels](#) for Pfizer purple cap formulation for now

Pfizer Pediatric (5-11 Years, Orange Cap)

- Do not store in routine freezers; do not use thermal shipper for on-site vaccine storage
- Vaccine ships in a smaller, lighter, single-use shipper; [this video](#) shows how to receive shipper
- [Storage and Handling Summary](#) details receiving and storing the product
- Apply [Storage and Handling Labels](#) to cartons to prevent administration and handling errors
- Apply [beyond-use tracking labels](#) to cartons when storing vaccine in the refrigerator

California COVID-19 Vaccination Program

IMM-1339 (1/5/22)

<https://eziz.org/assets/docs/COVID19/IMM-1339.pdf>

https://www.cdc.gov/coronavirus/2019-ncov/downloads/vaccines/toolkits/COVID-19-Vaccine-for-Preteens_Teens-508.pdf

Original Pfizer 12+ Years (Purple Cap Retired 12/23/21)

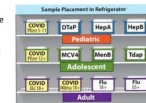
- Available as myCvax Small Orders through AmerisourceBergen until inventory is depleted.
- Store in refrigerator, freezer, ULT freezer, and in thermal shippers; shelf life varies
- Initial dry ice recharge kit ships for Pfizer 1170 only and within 24 hours of vaccine (unless site has ULT freezer); source dry ice pellets if storing vaccine in thermal shippers for more than 5 days
- Pfizer 1170: (1) tray of 195 vials (1,170 doses); Pfizer 450: (3) cartons of 25 vials each (450 doses)
- See [Storage and Handling Summary](#) for receiving and storing the product and a [beyond-use checklist](#)
- Apply [storage and handling labels](#) to cartons to prevent administration and handling errors
- Apply [beyond-use tracking labels](#) to cartons when storing vaccine in the refrigerator or freezer
- [Thermal Shipper Return Instructions \(Pfizer 1170 & 450\)](#)
- [Thermal Shipper Container Dry Ice Replenishment Instructions](#)

Critical Notifications

Coordinators may receive emails regarding order confirmations, advance shipment notices of vaccine and ancillary kits, and temperature monitoring alerts. Add [critical senders](#) to your contact list, or work with your IT staff to have these addresses included in your organization's email whitelist, to ensure emails are not filtered to Spam or Junk folders.

Planning for Vaccine Shipments

Pfizer pediatric (ages 5-11) formulation has an orange cap and bordered label; original Pfizer 12-plus-years formulation has a purple cap (retired 12/23/21); the new Pfizer/Comirnaty formulation has a gray cap. Sites should ideally carry only one Pfizer 12-plus-years formulation at a time to avoid administration errors, or store purple and gray cap formulations on separate shelves.



Ensure vaccinators can easily locate correct product:

- Group vaccines by age (pediatric, adolescent, adult).
- Label cartons, baskets, or shelf space in large letters.
- Store vaccines and diluents together if storage requirements are the same. Never freeze diluent.
- Store other medicines and biologics on separate shelves.

Vaccine Expiration Dates

Check [Pfizer EUA Fact Sheets](#) or CDC's [COVID-19 Vaccine Lot Number and Expiration Date Report](#) for updated expiry dates.

Pfizer/Comirnaty (12+ years, gray cap) & Pfizer pediatric (5-11 years, orange cap): Expires in 9 months (count month printed on vial as first month). For example, if the vial date is August 2021, the expiry date is May 31, 2022. (Expiry date is also printed on the shipper label.)

Pfizer 12+ years (purple cap): Expiration date is printed on the vial. (Retired 12/23/21)

California COVID-19 Vaccination Program

IMM-1339 (1/5/22)

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Perinatal Hepatitis B Prevention Program

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Perinatal Hepatitis B Prevention Program

- Perinatal hepatitis B virus transmission is a serious public health problem, many infants are born to infected mothers and can become chronically infected
- Timely post exposure prophylaxis of the infant is effective in preventing perinatal hepatitis B transmission
- The infant must receive hepatitis B immunoglobulin (HBIG) and hepatitis B vaccine within 12 hours of birth

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Perinatal Hepatitis B Prevention Program

Perinatal Hepatitis B Prevention Program and provides:

- Case management of HBsAg positive women and their infants.
- Education of medical providers, birth hospitals, and hepatitis B infected pregnant women and their household contacts is completed to aid in the preventing transmission of perinatal hepatitis b virus.
- As a medical provider...
 - Ensure the child receives all recommended doses of hepatitis B vaccine in a timely manner
 - Ensure the child receives post-vaccination serologic test which will confirm protection

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School Law



Immunization Branch

The California Department of Public Health has launched the California Immunization Registry – Medical Exemption (CAIR-ME, <https://cair.cdph.ca.gov/exemptions>) website to request, issue, manage, and track medical exemptions from required immunizations for children attending school or child care facilities. CAIR-ME was created in response to laws passed in 2019 (Senate Bills 276 and 714).

Starting January 1, 2021, new medical exemptions for children can only be issued using the CAIR-ME website. MDs and DOs licensed in California can register to use CAIR-ME at any time in order to issue a medical exemption. Current users of CAIR2 will still need to register to use CAIR-ME. Instructions are available on [CAIR-ME](https://cair-me.cdph.ca.gov), along with on-screen prompts to guide you through registration and the submission of a medical exemption.

Per state law, medical exemptions should meet applicable Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), and American Academy of Pediatrics (AAP) criteria for appropriate medical exemptions or be consistent with the relevant standard of care.

CDPH will host a provider webinar Tuesday, January 26th, 2021 from 12pm-1pm to review the new requirements and process for submitting exemptions in CAIR-ME. Look for an email invitation in the next week. The webinar will be recorded and available for on-demand viewing on the [CAIR-ME](https://cair-me.cdph.ca.gov) website.

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CALIFORNIA IMMUNIZATION REQUIREMENTS FOR K – 12TH GRADE (including transitional kindergarten)

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION**+†				
K-12 Admission	4 Polio ^a	5 DTaP ^a	3 Hep B ^a	2 MMR ^a	2 Varicella
(7th-12th) ^b	K-12 doses + 1 Tdap				
7th Grade Advancement ^c	1 Tdap ^a			2 Varicella ^a	

1. Requirements for K-12 admission also apply to transfer students.
 2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of CIP count towards the DTaP requirement.
 3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
 4. Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
 5. Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP or CIP vaccine was given on or after the 7th birthday plus meets the 7th-12th grade Tdap requirement. See Is. 8.3.
 6. DTaP/Tdap = diphtheria, tetanus toxoid, and acellular pertussis vaccine
 Hep B = hepatitis B vaccine
 MMR = measles, mumps, and rubella vaccine
 Varicella = chickenpox vaccine
 CIP = combination vaccine

One or two doses of T2 vaccine given on or after the 7th birthday count towards the K-12 requirement.
 6. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (1).
 7. Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
 8. For 7th-12th grades, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
 9. For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
 10. The varicella requirement for seventh grade advancement expires after June 30, 2025.

INSTRUCTIONS:
 California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal health exemption on file must meet the requirements for TK/K-12 and 7th grade. See schoolbus.org for more information.
UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:
 - Receipt of immunization.
 - A permanent medical exemption in accordance with 17 CCR section 80511.
 - A personal health exemption filed in CA prior to 2016 in accordance with Health and Safety Code section 120335. This is valid until enrollment in the next grade span, typically at TK/K or 7th grade.
CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:
 - Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"); or
 - A temporary medical exemption from some or all required immunizations (17 CCR section 80505).



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SCREENING

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Available at
www.immunize.org
 in other languages

**Screening Checklist
for Contraindications
to Vaccines for Children and Teens**

PATIENT NAME _____
 DATE OF BIRTH / /


For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If your child is a baby, have you ever been told he or she has had intussusception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the child or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY: _____ DATE: _____
 FORM REVIEWED BY: _____ DATE: _____

Did you bring your immunization record card with you? yes no

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

Immunization Information System
 Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.acimmunization.org
 National content reviewed by the Centers for Disease Control and Prevention
 www.immunize.org/cdc/419-4066.pdf • Item #P040 (8/17)

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Vaccine For Children (VFC) Program

For children from birth through 18 years of age who meet the following eligibility:

- CHDP and/or Medi-Cal eligible
- Uninsured – No health insurance
- American Indian and Alaskan Native
- *Underinsured* - health insurance does not cover all or some vaccines (federally qualified health clinics (FQHC) only)

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STORAGE & HANDLING

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Preparing Vaccine Storage Units

Prepare vaccine refrigerators and freezers to maintain stable temperatures. Stabilize temperatures before storing vaccines. The concepts are identical for both refrigerators and freezers.





1. Protect the power supply:

DO

- Plug each storage unit into its dedicated wall outlet.
- Secure the plug with a guard or cover and post "Do Not Unplug" signs.
- Label fuses and circuit breakers so the Vaccine Coordinator is alerted if power goes off.

DO NOT USE

- Multi-outlet power strips or extension cords
- Outlets with GFI circuit switches (they have red reset buttons)
- Outlets that are controlled by wall switches







2. Add plenty of water bottles (refrigerators) or cold packs (freezers only) in unstable areas:

- On the top shelf (don't block air vents)
- On the unit's floor (for household stand-alone units, remove drawers and bins)
- In any door shelves


Tip: Add them along the back wall to prevent vaccines from touching the wall.

Refrigerators




Household-grade

Pharmaceutical-grade



Chest freezer



www.ezilz.org


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Preparing Vaccine Storage Units


3. Set up a data logger for each storage unit.

- Place the buffered probe in the center of the storage unit next to vaccines.
- Place or mount the digital display so temperatures can be read without opening the storage unit door.
- Thread the probe's cable through the side of the door and attach it to the digital display.
- Store your backup device's buffered probe in the vaccine refrigerator.




4. Ensure the data logger is recording.

Tip: Some devices might display "REC" or "RECORDING".




5. Set storage unit temperatures.

For refrigerators. Set thermostat to 40°F (4°C). If it has a dial, adjust the temperature dial as needed.

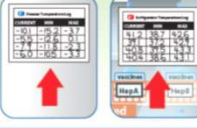


For freezers. Set thermostat to below 0°F (18°C). If it has a dial, set it to the coldest.



6. Post VFC temperatures logs.

Post VFC temperature logs on the refrigerator and freezer doors. Once temperatures have stabilized, record CURRENT, MIN, and MAX temperatures on the logs twice daily.



While Waiting for Temperatures to Stabilize

- Configure data logger settings using VFC's "Data Logger Setup & Use" job aid.
- Set up storage units using VFC's "Setting Up Vaccine Storage Units" job aid.

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California Department of Public Health, Immunization Branch MM-962 (2/19)

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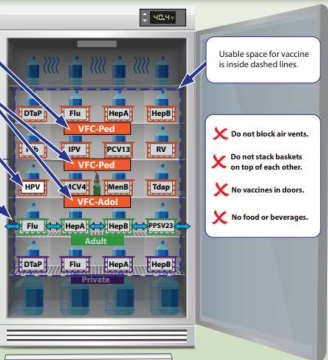
Setting Up Vaccine Storage Units

Organize refrigerators and freezers to facilitate vaccine management and reduce administration errors. Do not store vaccines until storage units have stabilized within their OK ranges for 3-5 days. MMR, MMRV, and Varicella must be stored in the freezer. Plan to store all other VFC vaccines in the refrigerator.

- ✓ Clearly label VFC and private vaccines.
- ✓ Group vaccines (pediatric, adolescent, adult).
- ✓ Label shelf space or baskets to make vaccines easy to find.
- ✓ Position vaccines or baskets 2-3 inches away from walls, floor, and other baskets.
- ✓ Store vaccines in original packaging with earliest expiration date in front.
- ✓ Diluents may be stored next to refrigerated vaccines unless manufacturer states otherwise. Never store diluents in the freezer.
- ✓ If necessary, medications or biologics may be stored below vaccines and on a different shelf.

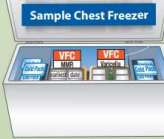
VFC Field Rep:

Sample Refrigerator

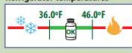


- ✓ Usable space for vaccine is inside dashed lines.
- ✗ Do not block air vents.
- ✗ Do not stack baskets on top of each other.
- ✗ No vaccines in doors.
- ✗ No food or beverages.

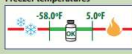
Sample Chest Freezer



Refrigerator temperatures



Freezer temperatures

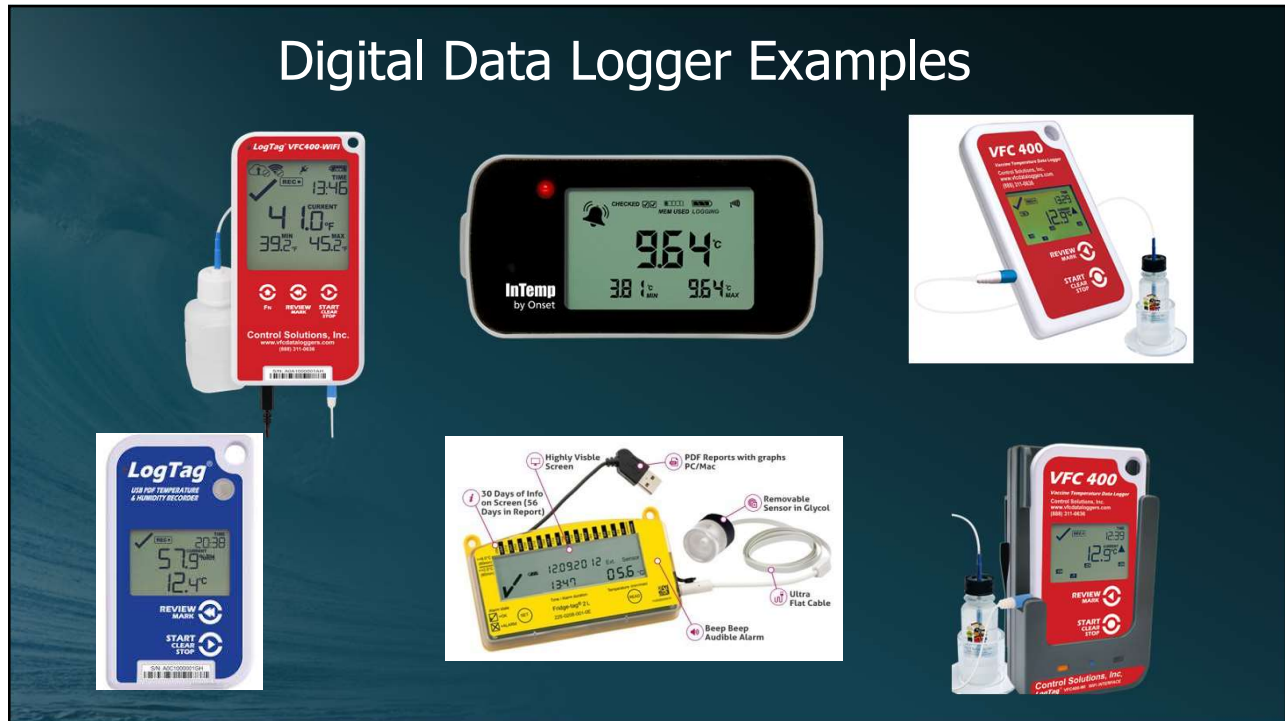


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California Department of Public Health, Immunization Branch MM-963 (2/19)

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Digital Data Logger Examples



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Data Loggers (DDLs)

- A DDL must be placed in all refrigerators and freezers that store your vaccine
- A backup DDL is required for emergency vaccine transport, depending on the size of the practice, additional devices might be needed
- New devices must be able to:
 - Provide a summary report of recorded temperature data since the device was last reset
 - Summary reports must include min and max temperatures, total time out of range (if any) and alarm settings
 - Devices that only generate CSV data files or Excel Spreadsheets are not acceptable

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Certificate of Calibration

- Label the certificate to indicate which unit the DDL is placed
- Keep the certificate in a binder



7/1/2020
Primary Refrigerator

12786 Colburnes, 14 Suite 40 Westborough, MA 01581, Tel: 508-222-8272, E: info@meprat.com

CERTIFICATE OF CALIBRATION

COMPANY:	THE CLINIC OF THE CITY	DATE CALIBRATED:	7-1-2020
ADDRESS:	12345 CITY DRIVE	CALIBRATION INTERVAL:	1 YEAR
CITY/STATE/ZIP/PCODE:	CITY/CA/92503	RECALL DATE:	7-1-2021
TECHNICIAN:	BRANDON HOWARD	INVOICE NUMBER:	1234

MEPAT CALIBRATION INC. Certifies that the calibration performed conforms to ISO/IEC 17025. The calibration standards accuracy are traceable to the National Institute of Standards and Technology. Supporting documentation relative to traceability is on file and is available for examination upon request. Calibration data results relate only to the specified serial number stated in the equipment information section in this certificate. This report shall not be reproduced, except in full, without the written approval of Mepat Calibration, INC.

MANUFACTURER:	LOGTAG/CONTROL SOLUTIONS	PROCEDURE:	MCP-1
INSTRUMENT:	DATA LOGGER THERMOMETER	RATED ACCURACY:	±1°F
MODEL NUMBER:	VF400-2	TOLERANCE AS FOUND:	IN
SIZE RANGE:	-40°F TO 140°F	ADJUSTMENTS MADE:	NO
SERIAL NUMBER:	6862908297	CONDITION AS FOUND:	FAIR
IDENTIFICATION #:	NONE	LOCATION:	ON-SITE
	MPG/DMM/DUE DATE/TRACKABILITY	TEMPERATURE:	69.1°F
STANDARDS USED:	POLYSCIENCE/E11111111/02-04-21	RELATIVE HUMIDITY:	57%
	REED/11111111/02-09-21		

TEST POINT	ACTUAL (STANDARD)	AS VERIFIED (UNIT UNDER TEST)		DIFFERENCE
		AS FOUND	±	
	72	72		
1	32.1	32.1		0.00
2	32.1	32.1		0.00
3	85.1	85.2		0.10
4	85.1	85.2		0.10

Brandon Howard

Brandon Howard



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F° Refrigerator Temperature Log

MONTH & YEAR: JAN 2020 REFRIGERATOR LOCATION/ID: VACCINE ROOM VFC PIN: 012345

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
1	9:00 AM	NN	✓	37.4	33.0	39.2	12345
2	4:00 PM	NN	✓	37.4	33.0	39.2	12345
3							
4	0725	NN		42.4	37.2	46.1	
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Notes: *Temp Norm, LVI - NN*

C° Refrigerator Temperature Log

MONTH & YEAR: REFRIGERATOR LOCATION/ID: VFC PIN:

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
1	9:00 AM	NN	✓	7.6	4.0	9.1	12345
2	4:00 PM	NN	✓	7.6	4.0	9.1	12345
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Notes:

Temperature Logs Refrigerator

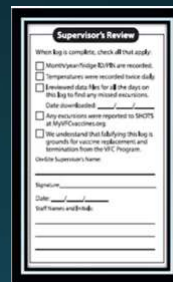
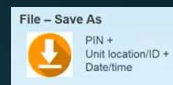
40

Temperature Logs - Freezer

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Download Temperature Data Files

- Temperature Data Files/Reports must be downloaded twice monthly-or sooner if a temperature alarm went off
- Store data downloads in a shared electronic file folder
- Name data files so they can easily be identified by supervisors & other key practice staff
- Supervisors or someone other than person recording temps must Review, Certify & Sign completed temp logs at end of each 15-day reporting period



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Vaccine Management Plan

Vaccine Management Plan

KEEP YOUR MANAGEMENT PLAN NEAR THE VACCINE STORAGE UNITS.

The California VFC Program requires each practice to maintain a vaccine management plan for routine and emergency situations. This template includes space for information about the practice such as guidelines, protocols, contact information, and staff training. VFC Field Representatives may ask to review it during compliance and unannounced storage and handling site visits.

Instructions: Review and update your plan at least once a year. Ensure that all content in each section (including emergency contact information and alternate vaccine storage location) is up to date. Make sure key practice staff sign and acknowledge the signature log whenever your plan is revised.

Section 1: Important Contacts

KEY PRACTICE STAFF & ROLES

Office/Practice Name	VFC Pin Number				
Address					
Role	Name	Title	Phone #	Alt Phone #	E-mail
Provider of Record (Emergency)					
Vaccine Coordinator					
Backup Vaccine Coordinator (Communication (Optional))					
Reception (Vaccines)					
Stores vaccines					
Makes shipping claim					
Monitors storage unit temperature					

USEFUL EMERGENCY NUMBERS

Service	Name	Phone #	Alt Phone #	E-mail
VFC Field Representative				
VFC Call Center		1-877-245-8832		
Utility Company				
Building Maintenance				
Building Alarm Company				
Refrigerator/Freezer Alarm Company				
Refrigerator/Freezer Repair				
Point of Contact for Vaccine Transport				

www.dhs.org IMM-1240 (12/20)

← UPDATE ANNUALLY

- Required by VFC
- Update annually, when VFC Program requirements change, and when key staff with vaccine management responsibilities change
- Keep in VFC binder near storage units

****VFC RECERTIFICATION DUE 1/31/22****

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California Vaccines for Children (VFC) Program

2021 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan	<p>Maintain a current and completed vaccine management plan (VMP) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff.</p> <p>Review and update the VMP at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change.</p> <p>Designate a staff member responsible for updating the practice's VMP.</p> <p>Staff with assigned vaccine-management responsibilities must review, sign, and date the VMP annually and each time it is updated.</p> <p>Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies.</p> <p>Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.</p> <p>For practices using mobile units to administer VFC-supplied vaccines: Mobile-only clinics or clinics with mobile units must maintain a current and complete Mobile Unit Vaccine Management Plan and keep it in the mobile unit.</p>	<p>Vaccine Management Plan (IMM-1122)</p> <p>Provider Operations Manual (IMM-1248) Chapter 3</p> <p>Mobile Unit Vaccine Management Plan (IMM-1276)</p>
Key Practice Staff	<p>Designate and maintain key practice staff in the practice's profile. Immediately report to the VFC Program changes to key practice staff. A change in the Provider of Record or Designee requires a signed Key Practice Staff Change Request Form.</p> <p>There are four required VFC roles:</p> <p>Provider of Record (POR): The on-site physician-in-chief, medical director, or equivalent, who signs the VFC "Provider Agreement" and the California VFC Program "Provider Agreement Addendum" and is ultimately accountable for the practice's compliance. Must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse-Midwife with prescription-writing privileges in California.</p> <p>Provider of Record Designee: The on-site person who is authorized to sign VFC Program documents and assumes responsibility for VFC-related matters in the absence of the Provider of Record.</p> <p>Vaccine Coordinator: An on-site employee who is fully trained and responsible for implementing and overseeing the practice's vaccine management plan.</p> <p>Backup Vaccine Coordinator: An on-site employee fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator in his/her absence.</p>	<p>Vaccine Coordinator Roles & Responsibilities (IMM-968)</p> <p>VFC Key Practice Staff Change Request Form (IMM-1166)</p>

California Department of Public Health, Immunization Branch 1 IMM-1240 (12/20)

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ADMINISTERING VACCINE

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Vaccine Information Statements

- VIS – information sheets for the parent or legal guardian
- List benefits and risks of vaccine
- ALL providers are required to provide prior to administration
- Must record publication date

Hepatitis B Vaccine What You Need to Know

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach.

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death.

Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them die.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth to a baby whose mother is infected (can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person.
- Contact with the blood or open sores of an infected person.
- Sex with an infected partner
- Sharing needles, syringes, or other drug injection equipment
- Exposure to blood from needles/ticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

VACCINE INFORMATION STATEMENT

More Vaccine Information Statements are available at www.hhs.gov/epidemiology-prevention-control/diseases-conditions/vaccine-information-statements.

2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 3 or 4 shots over a 6-month period.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated adults who are at risk for hepatitis B virus infection, including:

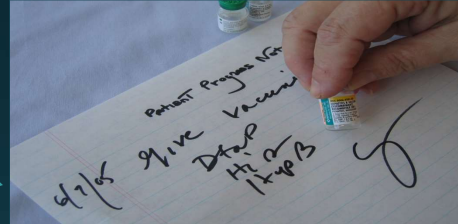
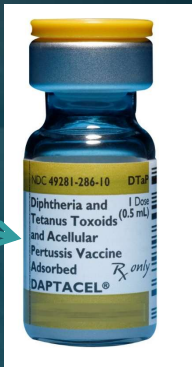
- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.



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Make Sure Order Matches Vaccine



Vaccine Acronyms & Abbreviations for Providers

Vaccine names are often abbreviated. Here are some common ones. California Immunization Registry (CAIR) codes may differ for certain vaccines. Use this chart as a reference.

CAIR Abbreviation	CAIR Code	Brand Name	Notes
BCG	BCG19	Bacillus Calmette-Guérin (Tuberculosis)	
DT	DT504b	several manufacturers	Diphtheria & Tetanus
DTaP	DTaP	Daptacel [®] , Infanrix [®]	Diphtheria, Tetanus, & Pertussis
DTaP-IPV	DTaP-IPV	Infanrix [®]	Diphtheria, Tetanus, & Pertussis
DTaP-Hib-IPV	DTaP-Hib-IPV	ProQuad [®]	Diphtheria, Tetanus, Pertussis, Hepatitis B, & Polio
DTaP-IPV	DTaP-IPV	Kovax [®] , Quadtrax [™]	Diphtheria, Tetanus, Pertussis, & Polio
DTaP-IPV16	DTaP-IPV16	ProQuad [®]	Diphtheria, Tetanus, Pertussis, Polio, & Hemophilus influenzae type b
HibA	HibA	Hibrix [®] , WACVAX [®]	Hepatitis B
HibB	HibB	Egeron [®] , Facombinax [®]	Hepatitis B
HibA-HibB	HibA-HibB	Twinrix [®] , Twinrix Junior [®]	Hepatitis A & Hepatitis B

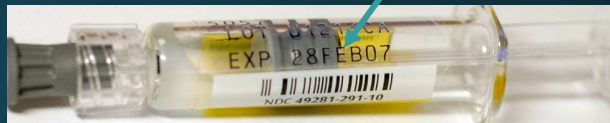


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Vaccine Expiration Dates



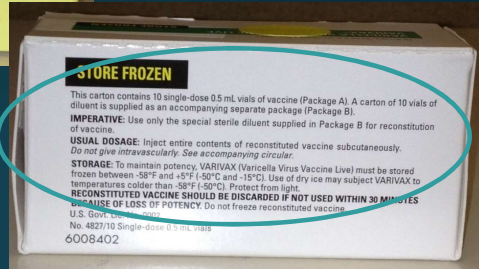
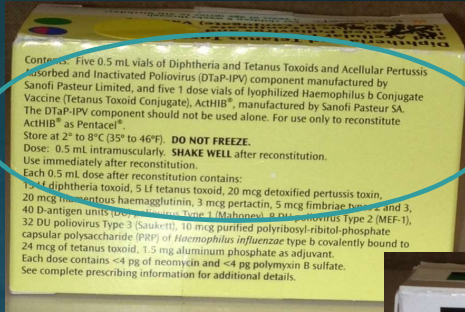
Month/Day/Year



Day/Month/Year

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Vaccine Box



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Tdap / DtaP Resource

Tdap or DTaP

Tdap
 Tetanus toxoid, Reduced Diphtheria toxoid, Acellular Pertussis vaccine
 7 years or older

DTaP
 Diphtheria and Tetanus toxoid, Acellular Pertussis vaccine
 6 WEEKS - 6 YEARS

DTaP only

- DTaP only (ages 6 weeks - 6 years): **DAPICEL™** (sanofi-pasteur)
- DTaP only (ages 6 weeks - 6 years): **Infanrix™** (GSK/Novartis)

Combination: DTaP + Others

- DTaP + Hib + IPV (ages 6 weeks - 6 years): **Pentacel™** (GSK/Novartis)
- DTaP + Hib (ages 6 weeks - 4 years): **Pentacel™** (sanofi-pasteur)
- DTaP + IPV (ages 6 weeks - 6 years): **Keisix™** (GSK/Novartis)
- DTaP + Hib (ages 4 years - 6 years): **Quadrax™** (sanofi-pasteur)

Use Tdap or DTaP to stop pertussis. For more info, visit EZIZ.org

AMM 881010

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Documentation – Patient’s Chart

- Name, DOB, Allergies
- Name and address of practice
- Date vaccine given
- Manufacturer and Lot number
- Person administering vaccine
- Site of administration
- VIS publication date

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California Immunization Record (CIR) "Yellow Card"

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California Immunization Registry (CAIR)

Benefits of CAIR participation:

- Instant vaccine history verification
- Ability to generate reports (vaccine usage, inventory) and print yellow card
- Built-in reminder/recall
- No charge to participate and training is FREE
- EMR data can be sent electronically to CAIR

For more information contact the CAIR Help Desk @ 800-578-7889 Or visit www.cairweb.org

For Data Exchange information, e-mail cairdataexchange@cdph.ca.gov

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RESOURCES & TOOLS

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Online Training: www.eziz.org

EZIZ www.eziz.org

A one-stop shop for immunization training and resources.

Home

EZIZ Training

- Start lessons or review learning objectives below.

The VFC Program

VFC Program Requirements (15 min.)
Identify responsibilities of the Vaccine Coordinator;
Identify responsibilities of the Provider of Record;
Comply with California VFC Program requirements

NEW: Vaccine Management Plan (10 min.)
Review and print the Vaccine Management Plan template

Storage and Handling

NEW: Storing Vaccines (25 min.)
Identify recommended temperature ranges;
Describe how proper equipment protects your vaccines;
List actions you can take to protect vaccines before and after delivery.

NEW: Monitoring Storage Unit Temperatures (20 min.)
List the benefits of using data loggers;
Record temperatures consistently and accurately;
Take corrective action for all out-of-range temperatures;
Conduct the supervisor's review

NEW: Refrigerator and Freezer Temperature Logs (2 min.)
Review and print California VFC temperature logs

Vaccine Inventory Management

Conducting a Vaccine Inventory (15 min.)
Identify vaccine brand name and packaging;
Enter lot numbers, expiration dates,
and total doses on hand on VFC Inventory Form for all VFC vaccines

Vaccine Administration

Preparing Vaccines (25 min.)
Select vaccines based on physicians' orders;
Identify expired vaccines;
Mix, reconstitute, and draw up vaccines

Administering Vaccines (16 min.)
Identify correct needle lengths, insertion angles, and injection sites for intramuscular (IM) and subcutaneous (SC) injections;
Administer IM and SC injections

EZIZ lessons are based on California VFC program requirements and best practices. Most references to temperatures are in Fahrenheit. See the [US Dept](#) for links to other state immunization programs and protocols.

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For Trainers

- EZIZ Promo Flipper
- EZIZ Quick-start Cards
- CAIZ Tools for Trainers

For Provider Offices

EZIZ Training now required for Annual VFC Recertification

- Vaccine Administration Materials
- Storage and Handling Materials
- VFC Forms
- Flu and Disease Prevention materials for Staff and Patients
- CAIZ Training
- Training to Other Organizations

Contact VFC

Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-229-9932

- Find a VFC field representative in your area
- Find other VFC provider offices in your area
- Send us your comments at immunization@cdph.ca.gov

Sign up to receive EZIZ news and VFC letters via email

Frequently Asked Questions

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Interactive Training Modules




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Thank You For Making A Difference !



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**WIC Program Outreach
Child Health & Disability Prevention Program
(CHDP)**

Overview Workshop

Elizabeth Herrera, CLC
Susana Berumen Oseguera, IBCLC
Regional Breastfeeding Liaisons



Objectives

- List WIC program eligibility requirements
- Name three WIC program benefits
- List one breastfeeding benefit for mom and one benefit for the baby
- Name one baby behavior




The WIC Program

- ✓ **Established in 1974**
- ✓ **Funded by United States Department of Agriculture (USDA)**
- ✓ **20 WIC offices throughout Riverside County**
- ✓ **Serves @73,000 participants per month**

The WIC Program

- WIC gives healthy food and how to use it
- WIC provides a community of support
- WIC connects you to care beyond WIC!
- Rivhero New WIC....
 - By phone
 - Online
 - Video (Doxy.me)
 - Social Media
 - In-person- onsite
- Breastfeeding Information and Support
- Breast pumps and Infant Formula
- Referrals
- COVID 19 resources



Mark Jones' WIC Story




Who is Eligible?

WIC Categories

- Pregnant women
- Post partum women
- Infants
- Children under the age five

Meet income guidelines

- Adjunctively Eligible if on Medi-Cal or Cal Fresh
- 185% of the Federal Poverty Level

Reside in California

Working families may qualify...

WIC GUIDELINES & QUALIFICATIONS

WIC is a special supplemental program for women, infants and children. The guidelines listed will help determine if an applicant is eligible.

Pregnant Women Throughout the duration of your pregnancy

Breastfeeding Women Until your baby is one year old

Non-Breastfeeding Women Until your baby is six months old

Postpartum Women Regardless of Pregnancy Outcome For six months after a pregnancy ends

Infants and Children From birth until your child's fifth birthday

Fathers With a child under five years old

Caretakers Legal & non-legal guardians caring for a child under five years old

Foster Families With a child under five years old

Military Families With a child under five years old

To qualify for WIC, you must meet the income guidelines and be in any of the categories listed. Apply for WIC today or contact your local WIC office for more information.

Income Guidelines

Effective July 1, 2021 - June 30, 2022

Apply 4 WIC @ Rivhero.com

For those not on Medi-Cal, TANF or Cal Fresh

Family Members	Annual	Monthly
2	\$32,227	\$2,686
4	\$49,025	\$4,086

Pregnant Woman is a Family of 2
Each additional family member add annual \$8399 and monthly \$700

<https://www.ruhealth.org/who-qualifies-wic>

RivHero Website

www.rivhero.com

Follow Us

WIC Really Works!

Pregnant women enrolled on WIC are less likely to ...

- Deliver prematurely
- Have low birth weight babies

Mom's receive breastfeeding Education, Support and Referrals

For each \$1.00 spent on WIC Medi-Cal saves \$2.48
(For mothers and infants in the first 60 days after birth)

<https://www.nwa>

California WIC Card, App and Authorized Foods



Value is at least \$62 a month
Benefits are valid for 30 days



Breastfeeding Support Mission



All Riverside County mothers and babies will successfully breastfeed for at least one year and beyond.



Breastfeeding Support



24 Hr Loving Support Helpline 888-451-2499/951-358-7212

Local WIC Clinic Breastfeeding Support and Education

Peer Counselors: Sistah Connection/WIC@work

Regional Breastfeeding Liaison's

Grow Our Own Lactation Consultant Prep Course

Breastfeeding Friendly Child Care, Employers, Hospitals & Medical Offices


Rivhero. Com has Profession resources section under Breastfeeding

Loving Support Breastfeeding Helpline funded by the WIC Program and IEHP.




Infant Formula

Pediatric Referral completed and signed by health professional



Contracted formula
Therapeutic formula
WIC is payer of last resort



Understanding Newborn Behavior



Riverside University HEALTH SYSTEM

Patient Information & Resources

Rivhero.com
Rivhero YouTube channel
Rivhero: Facebook & Instagram

Riverside University HEALTH SYSTEM

Education Materials



Riverside University HEALTH SYSTEM

RivHero Website

www.rivhero.com



Follow Us    

Riverside University HEALTH SYSTEM

How to be a Breastfeeding Friendly Provider

Educate Families To Help Them Make Informed Choices

Use Your Local Breastfeeding Resources

Start a Breastfeeding Support Group Or Lactation Clinic

Promote Lactation Accommodation

https://www.dir.ca.gov/dlse/Lactation_Accommodation.htm

Contact Your Regional Breastfeeding Liaisons

Susana Berumen (Desert Region)

Sberumen@ruhealth.org

Elizabeth Herrera (Riverside/Mid-County Region)

Eliaherrera@ruhealth.org



WIC Matters Make Your Child a SuperHero We Can Help!

- Quarterly Newsletter for Provider Offices
- Please send us your email address to subscribe: cbostick@ruhealth.org



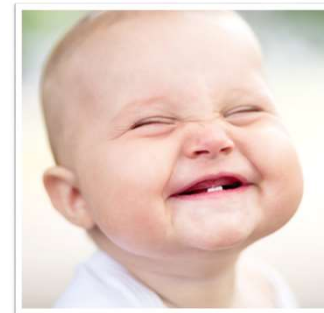
What Questions do you have?



Riverside County
Regional Breastfeeding Liaisons

Susana Berumen Oseguera, HEA II, IBCLC
Sberumen@ruhealth.org

Elizabeth Herrera, HEA II, CLC
Eliaherrera@ruhealth.org



Thank You

This Institution is an Equal Opportunity Provider




Health Care Program for Children in Foster Care (HCPCFC) Presentation

RUHS-Public Health

Kristen Thompson, Sr. PHN
Linda Hastings, PHN

HCPCFC Program Description

- HCPCFC is administered through the local public health department Child Health & Disability Prevention (CHDP) Program to provide public health nursing expertise in meeting the medical, dental, mental and developmental health needs of children and youth in court-ordered out-of-home placement, or foster care (FC)




Goal of the HCPCFC program

- Improve health and behavior outcomes of children in foster care
- Increase the knowledge of SWs and POs, Substitute Care Providers (SCPs), Health Care Providers (HCPs), and Community Agencies related to health care needs of children in foster care

Health and Education Passport (HEP)

Contains medical, dental, and behavioral history, as well as school, immunization, and family history



Goal of the HEP is assist providers and staff in providing continuity of care to the child while in foster care

Administrative Care Coordinator

- Public Health Nurse (PHN) monitors the health care status of children in out of home placement
- Follows up with medical/dental/mental health providers regarding treatment for health related problems
 - How can you help? If you can please help us with records we are requesting.
- Sends letters to SCsPs requesting initial medical and dental exams. Initial exam must be done within 30 days of placement

Collaboration/Consultation-cont.

- Collaborate with health care systems such as IEHP, Medi-Cal and dental providers



HPCFC Foster Care Medical (Specialty) Contact Form

Medical provider completes the form for all children in foster care. Child may be placed in a foster home, foster family agency home, group home or with a relative.



Provider then faxes or mails the form to the public health nurse at the address or fax number listed on the top of the form.



The PHN assures all medical, mental and dental information is documented in the child's HEP.



PHN receives the forms from the provider and reviews the form. If follow up is needed the PHN may contact the provider to get further information.

***The doctor/dentist may submit the completed exam information on any form.

HPCFC Health Exam Forms

Report of Medical/Dental Exam

Importance of HPCFC PHN

- Without the medical case coordination and management by the HPCFC PHN, many children in foster care would not receive the medical, dental and mental health services they so desperately need



Craig Demers, ANM

*Foster Care Nurses
Helping one child at a time*

HPCFC PHN Contact information
 Kristen Thompson, Sr. PHN
 10281 Kidd St., 1st Floor
 Riverside, CA 92503
 Phone 951-358-5667
 Fax 951-358-5414
 E-Fax 951-715-5046

Thank you



Maternal, Child, and Adolescent Health Branch

Amy Larsen, RN, PHN, MSN, IBCLC
Assistant Nurse Manager




WHO WE ARE



- Public Health Nurses
- Medical Social Workers
- Health Education Assistants
- Health Service Assistants
- Admin. and Office Support Staff




Decades of research on home visiting shows that home visits by a trained professional during pregnancy and in the first few years of life improves the lives of children and families. Giving children a solid start in their first few years of life increases the opportunity for a brighter, more prosperous future.

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Overview of MCAH Home Visitation Programs



MCAH BRANCH CORE ACTIVITIES

Provide services to:

- The Maternal, Paternal, Child and Adolescent populations for low income and high-risk families by programs delivered primarily in the home setting and/or in a group setting (BIH).

Staff assess, screen, link or refer:


- Overall health and wellness to improve birth, child, adolescent and adult health outcomes
- Conduct developmental screenings to identify issues and mitigate further delays in children
- Conduct psycho-social screenings to promote early learning and address behavioral health issues in children
- Support behavioral health needs of adults, teens, parents and children
- Assist families with goal attainment to promote self-sufficiency and to move families out of poverty
- Prevention of child abuse/neglect
- Increase family resiliency and self-sufficiency
- Develop self advocacy skills for self, children and families

Address Social Determinants of Health:

- Care coordination and case management to address any Medical, Social, or behavioral health needs
- Link families to community resources such as Medi-Cal, Transportation, Education, Housing, Social Services, etc...

Promote Healthy Behavior through Education:

- By informing and empowering families on steps to prevent illness, improve health, setting goals and developing skills toward self-sufficiency.



ADOLESCENT FAMILY LIFE PROGRAM (AFLP)



Pregnant and parenting teens 21 and younger (male and female)

Positive Youth Development (PYD) model Teen's are supported through case management for 1 year

Address social, economic, educational challenges for teens and focus on building resilience

Case loads are max. 25/person

Serving entire county




Video Clip

Meet Alejandro: Alejandro's Building Blocks for a Bright Future - YouTube

Goal is to decrease the high infant mortality rates for AA infants

Focuses on building social support, empowering women and managing stress

Must self-identify as an AA woman, 16 and over

Offers Group intervention offering 20 weekly sessions (10 prenatal/10 postpartum) (less than 30weeks)

Case Management for women past 30 weeks




BLACK INFANT HEALTH PROGRAM (BIH)




Ebonie's Story: Referrals and Resources Help Single Mother of Three - YouTube

NURSE FAMILY PARTNERSHIP PROGRAM (NFP)

Evidenced based home visitation program with 40 years of data and evidence of success

Low-income, first-time mothers who are less than 28 weeks pregnant

Enrolled in the program for 2 and half years

Home visits made by Public Health Nurses; relationship based. Case load of 25/nurse

Improve maternal birth outcomes, child health and g/d, assist families with goal attainment and increase self-sufficiency





Ebony's HomeStory: Three Daughters, One Amazing Home Visitor - YouTube

"Providers"
Your referrals make the Difference!




THANK YOU

For additional information please contact us at: 1-800-794-4814
mcahrivcoreferrals@ruhealth.org






Help Me Grow Inland Empire



1



2

The Need to Do Better

- ✿ As many as 25% of children 0-5 are at risk for delays, yet in California 70% of children with delays go undetected until kindergarten—this is much later than in other states.
- ✿ The risk increases for Black and Latino children.
- ✿ These children miss out on years of early intervention that would help them be ready for kindergarten, be successful in school, and thrive as adults.



3

The Screening Opportunity

- ✿ Screenings before age 3 can identify delays and assist to connect families to the services they need.
- ✿ The American Academy of Pediatrics recommends that pediatricians conduct developmental screenings at well-child visits at 9, 18, and 24 or 30 months.
- ✿ Early childhood education programs and family support programs also represent opportunities for screenings with linkage to services.



4

Risk Factors for Delays

- ✿ Prematurity of less than 32 weeks or low birth weight
- ✿ Prenatal and/or other exposure to drugs, alcohol, or tobacco
- ✿ Poor nutrition or difficulties with eating
- ✿ Neglect, abuse and/or Social Determinants of Health dangers
- ✿ Orthopedic, vision, or hearing impairments
- ✿ Environmental exposures such as lead-based paint



5

Identifying and supporting developmental, social or emotional delays in the early years can change a child's life trajectory.



6

HMGIE System Overview

- ✿ 3 screening tools offered in English and Spanish
- ✿ Ages & Stages Questionnaire 3 – developmental screening
- ✿ Ages & Stages Questionnaire SE - social/emotional screening
- ✿ Social Determinants of Health screening
- ✿ HMGIE staff will provide callers with resource referrals and help them navigate the referral process to ensure they access resources



7



8



HMGIE is free, community-based service made possible by an investment from First 5 San Bernardino and First 5 Riverside in partnership with Loma Linda University Children's Health

1.888.464.4316

(1.888.HMGIE.16)

www.HelpMeGrowIE.org





California Children's Services Program Overview

Karen Mena
CCS Program Coordinator

CCS Program Legislative History and Overview

- ▶ May 17, 1927 Governor Clement C. Young signed the California Crippled Children's Act
- ▶ 1935 Social Security Law (Title V)

Title V of the Social Security Act is a federal-state partnership that provides for programs to improve the health of all mothers and children, including children with special health care needs.

- ▶ 1995 Medi-cal Management Care Expansion
CCS case manages for CCS medically eligible conditions.

Program Description

- ▶ The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.
- ▶ Statewide Program
- ▶ Mandated by CA law
- ▶ Funded with federal, state & county dollars

Types of service offered by CCS

- ▶ Diagnosis of a suspected condition and treatment for a known condition
- ▶ Doctor visits, hospitalizations, medications, physical therapy (PT), occupational therapy (OT), medical equipment and medical supplies
- ▶ Medical case management to get specialists and other services that are needed
- ▶ Medical Therapy Program which provides PT and OT in public schools

Eligibility Criteria

- ▶ **Age:** client must be under 21 years of age
- ▶ **Medical condition** that is covered by CCS
- ▶ **Residence** Client or parent(s)/Legal guardian must be a resident of the county
- ▶ **Financial**
 - Medi-Cal, with full benefits
 - Family income of \$40,000 or less
 - Over \$40,000 with an out-of-pocket medical expenses expected to be more than 20 percent of family's adjusted gross income
 - A need for an evaluation to find out if there is a health problem covered by CCS
 - Client was adopted with a known health problem that is covered by CCS
 - A need for the Medical Therapy Program

Examples of CCS medically eligible conditions:

- | | |
|--------------------------------|-------------------------|
| ▶ Paralysis | ▶ Cystic Fibrosis |
| ▶ Idiopathic Epilepsy | ▶ Chronic Liver Disease |
| ▶ Spina Bifida | ▶ Ulcerative Colitis |
| ▶ Strabismus (needs surgery) | ▶ Kidney Stones |
| ▶ Glaucoma | ▶ Diabetes Mellitus |
| ▶ Hearing loss | ▶ HIV |
| ▶ Torn Eardrum (needs surgery) | ▶ Pituitary Diseases |
| ▶ Most heart conditions | ▶ Sickle Cell Anemia |
| ▶ Some Poisonings | ▶ Leukemia |
| | ▶ Brain tumor |

Steps to CCS Services



Who can submit a referral to CCS?

- Anyone (doctor, clinic, school district, family...)

Two ways to refer a client

1. NEW REFERRAL CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)
Note to providers: do not use the ESTABLISHED CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR) on new referrals

2. CCS Application for service located on line

Provide Medical documentation

- Submit medical documentation with request to establish medical eligibility

Steps to CCS Services



Ways to submit

- Fax to 951-358-7905 or 951-358-5198
- Providers:
 Provider Electronic Data Interchange (PEDI)

Websites

- ▶ California Children's Services
<https://www.dhcs.ca.gov/Services/CCS/Pages/default.aspx>
- ▶ CCS Medical Eligibility
<http://www.dhcs.ca.gov/services/ccs/Documents/CCSMedicalEligibility.pdf>

Contact the CCS office:
 Monday-Friday 8:00 a.m. to 5:00 p.m.
 @ 951-358-5401



Riverside County Child Advocacy Centers
RUHS-MC (Moreno Valley)
 Riverside County Child Assessment Team (RCCAT)
EISENHOWER MC (Rancho Mirage)
 Barbara Sinatra Center for Abuse Children (BSCC)

Health Assessment Guidelines (HAG) #9 Child Maltreatment

- A report of child maltreatment is made every 10 sec and more than 4 children die every day
 - Approximately 70% are under the age of 4
 - Children under 1 have the highest rate of victimization
- Medical personnel are often in a position to observe and/or screen families and children to identify abuse or neglect when it occurs.
- Can occur in any family: at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education.
- Types of Maltreatment: physical, sexual, and emotional abuse/neglect.
- READ your HAG #9 Guideline!**

PHYSICAL ABUSE

- Multiple injuries without a history to explain
- Patterned injuries: resembles a belt, rope, cord (looped), hand, hanger or other objects.
- Location away from bony prominences
- Any injury that has no history to explain! Any part of the body is vulnerable
- Bruises often large, commonly multiple or in clusters
- Babies don't get bruises from sleeping on toys or sucking on their pacifier.
- Bruises can be a sentinel event
- Rib fractures or corner fractures of long bones
- Injuries that have not been cared for, or for which there was a delay in seeking medical attention
- Subdural or subarachnoid hemorrhages or brain injury
- Questionable burns
- Lacerations, bruises or abrasions to areas that are difficult to injure: i.e. mouth, palate, eyes, genitalia, inner thighs or arms, or ears.
- Fractures that have **no history to explain**
- Bruises/Fractures in anyone who is non-ambulatory**

Location- AMBULATORY

Locations of suspicious bruises in ambulatory children

- Suspicious
 - Unexposed/Inner Surfaces:
 - Face
 - Ears
 - Mouth
 - Inner arms or legs
 - Genital area
 - Back
 - Well Padded:
 - Buttocks
- We can't date bruises**
 - Tissue differences, extent of tissue damage, location of injury: all factors in bruise coloration
- If someone asks, don't speculate: the answer is "We can't tell."**

TEN-4 FACES BRUISING RULE (Mary Clyde Pierce 2010)

F = Frenulum
 A = Angle of Jaw
 C = Cheek
 E = Eyelid
 S = Subconjunctival Hemorrhage

Think of the subconjunctival hemorrhage in an infant as a bruise on the eyelid and frenulum as a bruise to the frenulum. These injuries are highly suggestive of abuse to an infant.



• Rule of thumb:
***Those who don't bruise rarely bruise (Sugar 1999)**

"Red Flags" for Physical Abuse

- History changes
- No history available
- Verbal child recants
- Injury self-inflicted
- Developmentally impossible
- Delay in seeking care
- Injury blamed on sibling, dog, couch
- Prior history of inflicted/suspicious injury
- Prior CPS case/DV/substance abuse

NEGLECT/FAILURE TO THRIVE

- Most important part is the **HISTORY**.
- If there is any concern over acute/emergency issues → the child needs to be seen at the nearest ED or admit to the hospital.
- If not an emergency → ALL medical records, weight/length measurements (PMD) are needed for a full evaluation for neglect.
- Drug exposure/ingestion is also considered neglect .





CHILD SEXUAL ABUSE

- Disclosure of abuse to medical providers
- Bruising or swelling in the genital area, vaginal or penile discharge, or any other concern for sexually transmitted infection
- Lacerations in genital area
- Any sexually transmitted infection in pre-pubertal children
- Pain with urination or defecation not associated with non-abuse diagnosis; urinary tract infections, hemorrhoids (rare in children), or constipation

FACTS:

- >95% of confirmed cases of sexual abuse have normal hymens
- Semen is not always seen
- Absence of DNA does not refute the claim of sexual abuse
- Recantation does not mean the first outcry was false
- Pregnant minors can still have normal medical evaluations.



CHILD SEXUAL ASSAULT


ACUTE
Children **11 years and younger** should have an **immediate evidentiary examination** under the following circumstances:

- Alleged sexual assault with skin to skin contact
- The offense occurred within the last 24 hours
- The child has not bathed
- Any child experiencing genital pain or bleeding **at any time** after an assault should be examined.

Note: Children 12 years and older who report a sexual assault, will be referred to the SAFE Clinic and the acute timeframe expands from 24 hrs to 120 hrs (5 days)


NON-ACUTE
Greater than 24 hours for 0-17 years old

- All other instances not within the acute criteria
- The moment the child discloses the incident (*No matter the time frame*) it is considered acute to them (*and/or the parent!*)
- No need to send this patient to the Emergency Department. Report to Law Enforcement and/or Child Protection Services and follow their instructions




MANDATED REPORTERS

- **Who Reports?**
 - ✓ Health care personnel
- **Why Report?**
 - ✓ Primary intent of reporting is **to protect the child**
- **Report to Law Enforcement and/or Child Protective Services**
 - ✓ Reporting **SUSPECTED**, not your job to investigate
 - ✓ Immediately or ASAP call into CPS Hotline 800-442-4918 **AND**
 - ✓ Followed by a written report within 36 hours
- **What happens after reporting**
 - ✓ Law enforcement assigns an investigator for the case
 - ✓ Child Protective Services assigns a case worker
 - Forensic Interview and a medical exam with RCCAT




TAKE ACTION!

- **Write a detailed description of what the injured child and child's caretakers say happened.**
- **Document:**
 - What is the injury?
 - How and when did the injury occur?
 - Who was present when it occurred?
 - What was the child's reaction?
 - What was the caretaker's response?
- **Evaluate the History**
 - Do the details of the injury change...
 - Is the child's response typical?
 - Is the parents response typical?
 - Is the injury developmentally consistent?



RECOMMENDATIONS!

1. **Stay calm and conversational** if you notice bruising or a child voluntarily discloses **ANY** type of abuse to you.
2. **Document what you see and hear ASAP**
 - Include the shape, location, and size of the bruising
 - Document what the child or parent says
 - It is okay to ask non-leading questions, such as: What happened? Where were you when it happen? Did anyone see it happen? Did you share with anyone other than me what happened?
 - Refrain from asking specific questions or jumping to conclusions. Professionals with appropriate training will handle the investigation.
3. If in doubt, call and consult with one of the forensic providers (RCCAT, BSCC, SAFE CLINIC, SART BSCC)
4. **MAKE A REPORT.** Contact Child Protective Services!
5. **Do not send caregiver to one of the Child Advocacy Centers without consulting first with a forensic provider, making your report, and obtaining appropriate instructions/guidance.**
6. If child needs **immediate** medical attention, send them to the nearest ER (preferably RUHS-MC or Eisenhower). This does not apply for non-acute sexual abuse cases.



WE ARE HERE FOR YOU!

STAFFING AND RESOURCES ON-SITE

- MDs, NPs, MAs
- Forensic Interviewers
- Social Workers, Clinical Therapists
- Victim/Family Advocacy

AFTER HOURS/WEEKENDS/HOLIDAYS :

RUHS-MC 951/486-4000 ask for child abuse provider on-call or SART nurse
BSCC- 760/285-2447

RCCAT- Riverside west end:

Call M-F 8:00-5pm 951/486-4345
rccatexam@rnhlhealth.org

-Any matters related to minors under the age of 18

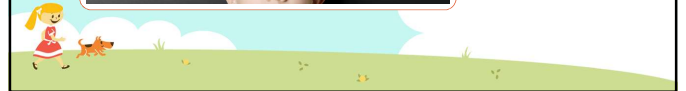
BSCC – Riverside east end:

Call M-F 8:00-5pm 760/773-1635

-Any matters related to minors under the age of 18, call



Questions?



INLAND
REGIONAL
CENTER



General Overview

Training and Development
Inland Regional Center

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1

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Qualifying Diagnosis

- Early Start 0-3
- Lanterman 3+ (Lanterman Services)
 - Intellectual Disability
 - Cerebral Palsy
 - Epilepsy
 - Autism Spectrum Disorder
 - 5th Category: Disabling condition closely related to Intellectual Disability

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Qualifying Diagnosis



- Dx must originate before age eighteen
- Be likely to continue indefinitely
- **AND** Constitute a substantial disability for the individual
 - Major impairment
 - Significant functional limitations in 3 or **more** areas of life
 - Self-care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency

Disabilities can not be:

1. Solely psychiatric disorders
2. Solely learning disabilities
3. Solely physical in nature

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Opening a Case with IRC



- How do I open a case?
 - What paperwork is needed
 - Online Referral Options
 - Who can make referrals?
 - Parents
 - Educational Rights
 - Unconserved Adults

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Contact Information



- IRC Website: www.inlandrc.org
- Main Number: (909) 890-3000
- Program Manager:
 - Jonathan Eckrich: (909) 382-4693
 - jeckrich@inlandrc.org
- Senior Training Specialist
 - Ruth Armstead: (909) 890-3359
 - rarmstead@inlandrc.org

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