

County of Riverside
Department of Public Health

CHDP Overview Workshop Presentations

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Child Health & Disability Prevention



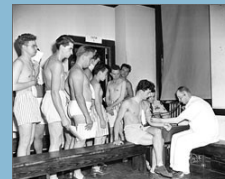
C.H.D.P. Program

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

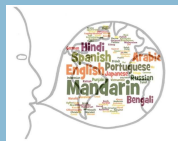
266 Percent of the 2021 Federal Poverty Guidelines
Effective January 1, 2021, through December 31, 2021
(For determinations of CHDP Gateway aid codes BW and SX only)

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? 4
 - How much money does your family make before taxes? \$4,300 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

7 Is this a medically necessary intergenerational health assessment? ☒ Yes ☐ No

8 Check the reason for the visit: Screening

9 Certification

10 Check this box to verify that the parent/legal guardian or emancipated minor has signed the application. ☒ Yes ☐ No

11 Signator's relationship to Patient: Parent

12 View Summary 13 Submit Application

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



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



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
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/O 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

Child Health and Disability Prevention (CHDP)
Gateway Program: Temporary Health Services Coverage

Your child now has temporary Medi-Cal insurance coverage.
Be sure you get a copy of the CHDP Gateway Pre-enrollment response. The CHDP Gateway Pre-enrollment response copy is your proof of temporary Medi-Cal.

What health services does my child get with temporary Medi-Cal?

• Doctor visits • Dental care: x-rays, cleanings and fillings • Vision care: eye glasses • Prescription medicines	• Specialty care • X-rays and • Lab tests • Other services as needed
--	---

How can my child use these services after today?

Make an appointment by calling a Medi-Cal doctor or dentist. If you need help finding a doctor or dentist, call your local CHDP program to help you.

Take the following to any appointment:

- CHDP Gateway Pre-enrollment response copy – the temporary record you get today or
- Medi-Cal Benefits Identification Card you get in the mail.

How can my child keep these health services?

You need to apply for Medi-Cal or Covered California to keep this health insurance.

- Apply for Medi-Cal or Covered California health insurance online at CoveredCA.com, over the phone by calling 1-800-366-1556, in person at your local social services office or by making a completed and signed application.
- Be sure to apply for full-scope Medi-Cal before temporary Medi-Cal's end date on receipt.
- Your child will continue to receive temporary Medi-Cal until a decision is made about their application.

Medi-Cal or Covered California provides low cost or no cost health insurance. Health insurance can help pay for the care your child needs to stay healthy. It can also help when your child is sick.

For more information, call your local CHDP program.

California Department of Health Care Services
http://www.dhs.ca.gov
Publication Postcard Flyer English 06/2017

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



American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Bright Futures™
prevention and health promotion for infants,
children, adolescents, and their families™

CHDP Health Assessment Guidelines

The purpose of the Child Health and Disability Prevention Program (CHDP) Health Assessment Guidelines is to set a standard for pediatric health assessments for children served by CHDP.

The Guidelines include the frequency and content of the examination, the definition of the test to be provided, and recommendations for anticipatory guidance.

CHDP Health Assessment Guidelines

Requirements & Expectations:

- ❑ All Medi-cal/Gateway eligible children between 0-21 years will receive all necessary assessments 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, including referrals if needed.
- ❑ All CHDP Providers are required to comply with the most recent AAP Bright Future Guidelines and Recommendations for Preventive Pediatric Health Care (Periodicity Schedule).
- ❑ All CHDP Providers are also required to comply with any additional state regulatory requirements for risk assessment and testing as outlined in the HAGs.



<https://www.dhcs.ca.gov/services/chdp/documents/HAG/1Introduction.pdf>

CHDP Health Assessment Guidelines

What the Guidelines include:

- ❑ Screening Requirements
- ❑ Frequency of the test or screening
- ❑ Anticipatory guidance
- ❑ Appropriate referrals for treatment



Guidelines



Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) 2022

This schedule reflects changes approved in November 2021 and published in July 2022. For updates and a list of previous changes made, visit www.brightfutures.aap.org

CHANGES MADE IN NOVEMBER 2021

HEPATITIS B VIRUS INFECTION

- Assessing risk for HBV infection has been added to occur from newborn to 21 years.

SUDDEN CARDIAC ARREST AND SUDDEN CARDIAC DEATH

- Assessing risk for sudden cardiac arrest and sudden cardiac death has been added to occur from 11 to 21 years.

DEPRESSION AND SUICIDE RISK

- Screening for suicide risk starting at age 12, has been added to the existing depression screening recommendation to be consistent with the GLAD-PC and AAP policy.



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“The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. We're committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.”

988lifeline.org




988
SUICIDE
& CRISIS
LIFELINE

If you or someone you know
needs support now,
call or text 988
or
chat 988lifeline.org

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) 2022

This schedule reflects changes approved in November 2021 and published in July 2022. For updates and a list of previous changes made, visit www.brightfutures.aap.org

CHANGES MADE IN NOVEMBER 2021

BEHAVIORAL/SOCIAL/EMOTIONAL

- Screen for behavioral and social-emotional problems annually from newborn to 21 years.

FLUORIDE VARNISH

- The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk.

FLUORIDE SUPPLEMENTATION

- If primary water source is deficient in fluoride, consider oral fluoride supplementation.



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This schedule reflects changes approved in November 2021 and published in July 2022. For updates and a list of previous changes made, visit www.brightfutures.aap.org

CHANGES MADE IN NOVEMBER 2020

DEVELOPMENTAL

- Screening should occur at 9, 18, and 30 months.

AUTISM SPECTRUM DISORDER

- Screening should occur at 18 and 24 months.

HEPATITIS C VIRUS INFECTION

- Screening for HCV infection has been added to occur at least once between the ages of 18 and 79 years.



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children, adolescents, and their families™

CHDP Health Assessment Guidelines

Website

► dhcs.ca.gov

2022-23 Budget Act

In June, 2022, Governor Gavin Newsom signed the state budget, which includes the budget for DHCS programs and services in the amount of \$144.8 billion. The DHCS budget builds on the Administration's previous investments and enables the Department to continue to transform Medi-Cal into a system that operates more efficiently and effectively for its millions of beneficiaries. [Learn more.](#)

California Advancing and Innovating Medi-Cal

CalAIM is a DHCS initiative to reform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members. Through CalAIM, DHCS will implement broad delivery system, program and payment reform across the Medi-Cal system, building upon the successful outcomes of various pilots. DHCS received approval on December 29, 2021 for both the CalAIM demonstration and waiver, effective through December 31, 2026.

COVID-19 Latest Updates

On May 17, 2022, the Department of Health Care Services (DHCS) released the [Medi-Cal COVID-19 Public Health Emergency \(PHE\) Operational Unwinding Plan](#). The two primary purposes of this document are to: 1) describe DHCS' approach to unwinding or making permanent temporary flexibilities implemented across the Medi-Cal program during the PHE; and 2) describe DHCS' approach to resuming normal Medi-Cal eligibility operations following the end of the PHE.

Monkeypox Update:

Updates on the response to the monkeypox virus public health emergency

- [DHCS Requests Federal Guidance on Monkeypox Vaccination](#)
- [Monkeypox Laboratory Billing Codes](#)
- [Approved CalAIM 1115 Demonstration & 1915\(b\) Waiver](#)
- [The Future of Cal MediConnect](#)
- [CalAIM 1115 Demonstration & 1915\(b\) Waiver Managed Care Plan Model Change Amendment Public Comment](#)
- [CalAIM Providing Access and Transforming Health Initiative \(PATH\)](#)

Medi-Cal COVID-19 Vaccination Rates

- [Appendix K for 1915\(c\) Waiver Approval Letter: HCBS Self-Directed Support Services](#)

MORE UPDATES

CHDP Health Assessment Guidelines

Website

► dhcs.ca.gov

Search Results

CHDP HAG

About 35 results (0.16 seconds)

HAG

[www.dhcs.ca.gov/services/chdp/Pages/HAG](#)

Mar 30, 2022 ... The purpose of the Child Health and Disability Prevention (CHDP) Program Health Assessment Guidelines (Guidelines) is to set CHDP provider ...

[Guideline # 14 Hearing Screening and Anticipatory Guidance](#)

[www.dhcs.ca.gov/services/chdp/Documents/HAG](#)

File Format: PDF/Adobe Acrobat

The Child Health and Disability Prevention (CHDP) Program supports the early identification of all children with a hearing loss, in concert with the ...

[CHDP Health Assessment Guidelines - Chapter 27 Vision](#)

[www.dhcs.ca.gov/services/chdp/Documents/HAG/Chapter27](#)

File Format: PDF/Adobe Acrobat

staff or another agency approved by their local CHDP program for certification in visual acuity screening. Certification must be renewed every four years. ...

[Guideline #6 Blood Lead Test And Anticipatory Guidance](#)

[www.dhcs.ca.gov/services/chdp/Documents/HAG/Chapter6](#)

File Format: PDF/Adobe Acrobat

children, such as CHDP, because the child is deemed to be at risk of lead poisoning. o The child does not receive services from a publicly funded program ...

[CHDP Provider Information Notice No. 17-03](#)

[www.dhcs.ca.gov/services/chdp/Documents/Letters/chdplin1703](#)

File Format: PDF/Adobe Acrobat

Jun 27, 2017 ... ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP) ... [http://www.dhcs.ca.gov/services/chdp/Pages/HAG.aspx](#) as they become available.

[Guideline # 18 ORAL HEALTH](#)

[www.dhcs.ca.gov/services/chdp/Documents/HAG](#)

File Format: PDF/Adobe Acrobat

(CHDP) Program children are classified as low socioeconomic status and are likely at high risk for caries. With regular professional dental care and daily ...

CHDP Health Assessment Guidelines

Website

► dhcs.ca.gov



CHDP Health Assessment Guidelines

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 Periodic Preventive Health Care \(Non-DHCS\)](#), 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

CHDP Health Assessment Guidelines

Website

► dhcs.ca.gov



Guideline*	Topic
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 Maltreatment
10.	Developmental, Socio-Emotional Behavioral 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.	Ova 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

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




smile, CALIFORNIA
MEDI-CAL HAS DENTAL COVERED

Medi-Cal Has Dental Covered

[LEARN MORE](#)

Riverside University HEALTH SYSTEM
 Public Health

smile, CALIFORNIATM

Medi-Cal Has Dental Covered

Medi-Cal Dental covers:

- dental check-ups,
- fluoride varnishes
- sealants

for children and teens up to 21 years of age.

SERVICES	BABIES	KIDS	TEENS	ADULTS
Exam*	✓	✓	✓	✓
X-rays	✓	✓	✓	✓
Teeth cleaning	✓	✓	✓	✓
Fluoride varnish	✓	✓	✓	✓
Fillings	✓	✓	✓	✓
Tooth removal	✓	✓	✓	✓
Emergency services	✓	✓	✓	✓
Sedation	✓	✓	✓	✓
Molar sealants**		✓	✓	✓
Root canals		✓	✓	✓
Orthodontics (braces)***			✓	✓
Crowns****			✓	✓
Partial and full dentures			✓	✓
Denture relines			✓	✓
Scaling and root planing			✓	✓

*Free or low-cost check-ups every six months for members under the age of 21, every 12 months for members over the age of 21.

**Molar sealants are covered for teens up to age 21.

***For those who qualify.

****Crowns on molars or premolars (back teeth) may be covered in some cases.



CHDP Health Assessment Guidelines

Areas where the HAG supersedes Bright Futures:

Lead Testing

- Required at 12 months & 24 months



CHILDHOOD LEAD POISONING PREVENTION BRANCH



CHDP Health Assessment Guidelines

Areas where the HAG supersedes Bright Futures:

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



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.



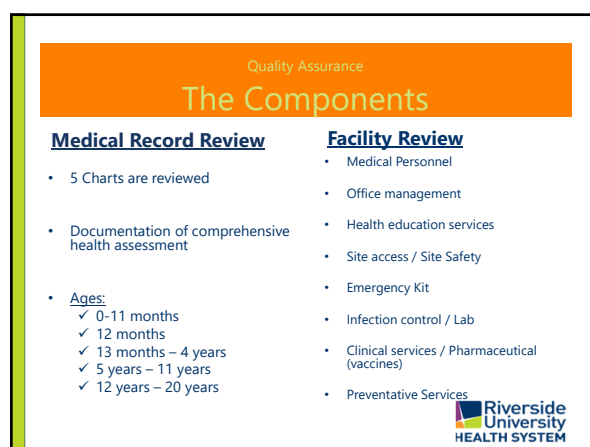
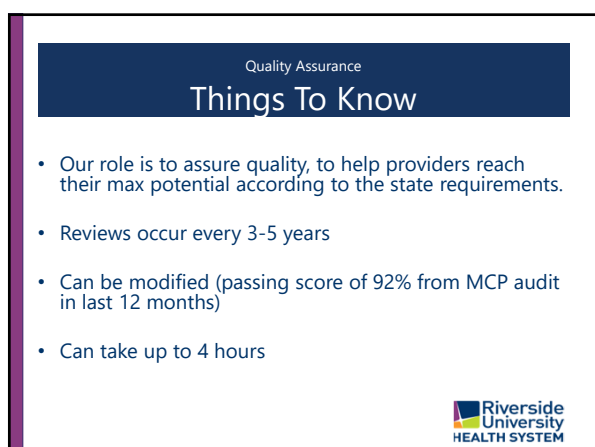
CHDP Health Assessment Guidelines

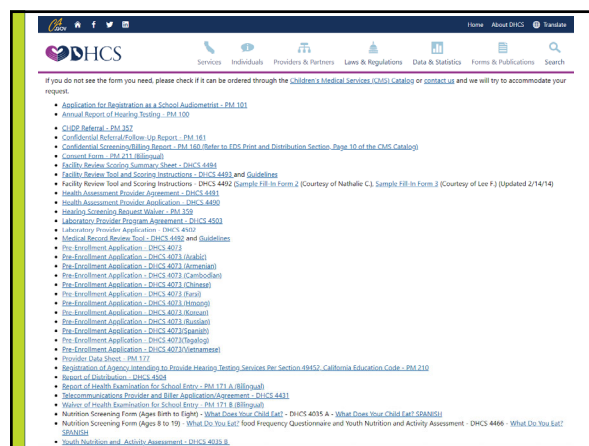
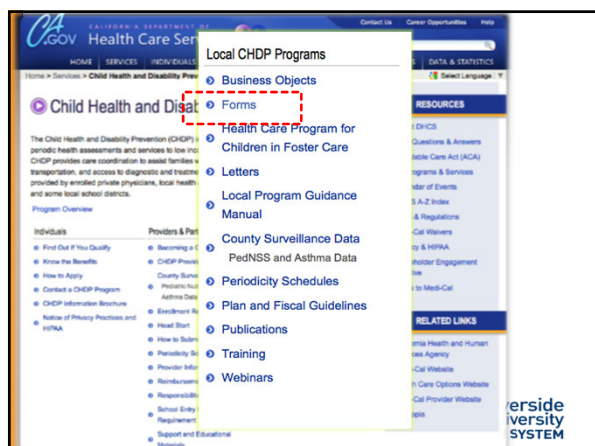
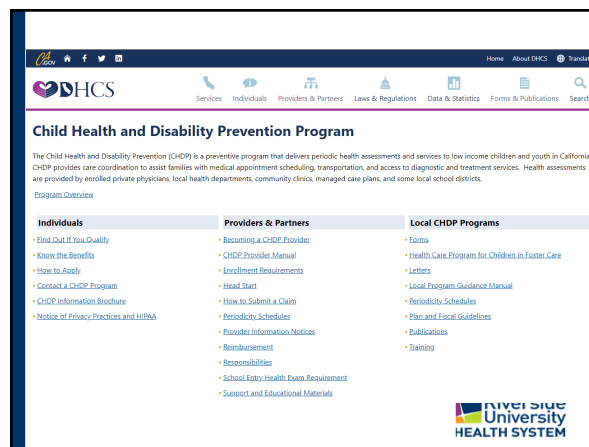
Quality care and comprehensive services for children and their families occur because of dedicated and concerned health care providers like you.



THANK YOU
THANK YOU
THANK YOU
THANK YOU
THANK YOU







CA GOV 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/Medical - PM 101
- Annual Report of Hearing Testing - PM 100
- Business Objects Account Activation/Deactivation Request - DHCS 4074
- CHDP Patient - PM 357
- Conflicts
- Conflicts
- Consent from - PM 211 (3/18/16)
- 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 Nathalie G.) Sample Fill-in Form 3 (Courtesy of Lisa F.) (Updated 2/14/14))
- Health Assessment Provider Agreement - DHCS 4491
- Health Assessment Provider Application - DHCS 4490
- Hearing Screening Request Waiver - PM 359
- Laboratory Provider Program Agreement - DHCS 4302
- Laboratory Provider Application - DHCS 4302
- Medical Record Review Tool - DHCS 4492 and Guidelines
- Pre-Enrollment Application - DHCS 4073
- 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 (Vietnamese)

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 CHDP 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: _____ CHDP Provider category: _____ Comprehensive: _____ Health assessment only: _____

Visit Purpose: _____ History of Other DHCS Certifications: _____ Provider Types at Site: _____ Official Clinic Type: _____

Check all that apply - Add Functions: _____ Check all that apply: _____

Site Scores: _____ Scoring Procedures: _____ Compliance Threshold: _____

Approval Status: _____

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5. Infection Control/Lab (cont)

Infection Control Survey Criteria	WL	Yes	No	N/A	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 staff's 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 container(s).	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

WL	Yes	No	N/A	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

5. Infection Control/Lab

B. CHDP Tests

Lab Equipment

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

6. Clinical Services

A. Immunization (Drugs)

Immunizations are administered and stored according to State/Federal standards.

Reviewer Guidelines

Safety practices on site are followed in accordance with current/updated CGL-GSIA standards.

Random substance labeling: The manufacturer's label is not removed from a container (bag, bottle, box, can, cylinder, etc.) as long as the hazardous material is visible on the outside of the container. All secondary containers into which hazardous substances are transferred or prepared contain labels that provide the following information:

- Identity of hazardous substance
- Deception 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 physical or health hazard. Examples of physical hazard include substances that are a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, variable (reactive) or water reactive. Examples of health hazard include substances whose acute or chronic health effects may occur with exposure, such as carcinogens, toxic or highly toxic agents, irritants, corrosives, sensitizers and agents that damage the lungs, skin, eyes, or mucous membranes. All portable containers of hazardous chemicals require labeling. Exception: Labeling is not required for portable containers into which hazardous chemicals are transferred from labeled containers, and which are intended only for the immediate use of the individual who performs the transfer. All other portable containers must include proper labeling.

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

Expired Immunizations: Inquire 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. Provider must consult VFC for guidelines for returning expired or close to expired vaccine.

Chain of Custody: Ask provider office to show reviewer where vaccines are prepared. Office personnel should be able to explain that a VBS in given with each vaccine administered, in the appropriate language and how it is documented in the medical record. Since 1996, the National Childhood Vaccine Injury Act, Section 2126 of the Public Health Services Act, mandates that parent/guardian or adult client be informed before vaccination are administered.

Immunizing: Reviewer should assess for various syringes, if safety needles are being utilized and how they are stored. Needle type should be appropriate for type of injection. Provider should have 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. Drugs must be stored under appropriate conditions of temperature, humidity, and light so that the identity, strength, quality, and purity of the drug product are not affected (21CFR, section 21.141). A drug is considered "adulterated" if it has been held under unsuitable conditions that may have been contaminated with filth, or rendered ineffective or injurious (21CFR, Section 351).

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 their reach. Also acceptable if others, beyond those are locked.

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. Since 1996, the National Childhood Vaccine Injury Act, Section 2126 of the Public Health Services Act, mandates that parent/guardian or adult client be informed before vaccination are administered.

See <http://www.immunize.org/cdc/2822.pdf> for more current information.

Health care providers must have available a hard copy or electronically, the most recent VIS, in appropriate threshold languages, to clients prior to each vaccination dose. The date the VIS was given and the publication date of the VIS must be documented in the client's medical record. Reviewers shall interview personnel about standard practices on site regarding VIS distribution. The most current VISs are available from VFC, state immunization website or on local health department. They may also be downloaded from the following website at: www.immunize.org/vic/ or by calling the CDC Immunization Hotline at 800-CDC-3260.

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

CHDP Provider Name: _____ Office Contact Name(s): _____

Site Address: _____ Reviewer Name: _____

Clinician: _____ Date: _____

1. Format Criteria

Criteria met: 5 points	1	2	3	4	5	6	7	8	9	10	Score	Pass/Fail
1) Child/Truth identification is on each page.												
2) Individual personal demographic 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 child/patient has received a copy of the practitioner's notice of Privacy Practices.												

Comments: _____

Section 1 Total Possible Per Chart: _____

Section 1 Total: _____

Lead: _____

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Criteria met: Give full points.
Criteria not met: 1 point.
Criteria not applicable: N/A (Give full points)

	1	2	3	4	5	6	7	8	9	10	Score	Pass/Fail
3. Coordination and Continuity of Care (Cont'd)	WT											
E. Test results, reports, and referrals												
1) Consultation, test results, diagnostic reports, and referrals have explicit notation of review in the medical record.												
2) Test results, diagnostic reports, referrals, and consultation reports are discussed with parent(s), legal guardian, and/or child/youth with explicit notation in the medical record.												
3) If Health Assessment Only Provider, referred child/youth to a medical and dental home.												
Or												
4) If Comprehensive Health Provider, referred child/youth to a dental home.												
5) Age appropriate referral to WIC.												
6) Missed appointments and follow-up contacts/outreach efforts are documented.												
Total Possible Per Chart												
Section 3 Total												
Section 3 Sub-Total												
Section 3 Total												

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. Reviewers 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, inpatient 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 of 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.

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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
-  Riverside Community College



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									
Case Coordination / Follow up form									
Subject to the County CHDP Program within a 12-month period of time for children referred to District and/or other Medical Provider. If the child is not referred to the County CHDP Program within a 12-month period of time for children referred to District and/or other Medical Provider, the case will be closed. If the child is referred to the County CHDP Program within a 12-month period of time for children referred to District and/or other Medical Provider, the case will be closed.									
PATIENT INFORMATION									
Patient Name	DOB	Sex	Race	Referral Language	Date of Service				
Birthdate (mm/dd/yyyy)	Age	Gender	County of Residence	Telephone # (Area) (City)	Alternate Phone # (Area) (City)				
Responsible Person Name (Last)	(First)	(A/C) (Last) (C/O)	(C/I)						
Patient Consent	At Case	Identification Number (PID)							
☐ Yes ☐ No						Signature of Parent/Guardian Date			
A. Medical Assessment and Referral Decision									
(Yes/No Medical Problem Suspected) Significant Medical History or Special Conditions						(Yes/No) Specify			
CHDP ASSESSMENT: Problem Suspected						Referred to a Phase Number ☐ Referred Not Suspected			
CHDP ASSESSMENT: Problem Suspected						Referred to a Phase Number ☐ Referred Not Suspected			
CHDP ASSESSMENT: Problem Suspected						Referred to a Phase Number ☐ Referred Not Suspected			
CHDP ASSESSMENT: Problem Suspected						Referred to a Phase Number ☐ Referred Not Suspected			
B. Critical Assessment and Referral Decision									
(Low/High Risk Medical Problem) (Low/High Risk Medical Problem) (Low/High Risk Medical Problem)						(Low/High Risk Medical Problem) (Low/High Risk Medical Problem) (Low/High Risk Medical Problem)			
Medical problem not under doctor's supervision or under supervision of another provider.						Immediate referral for urgent dental treatment which can prevent dental treatment within 24 hours.			
Patient Verbal Assent (Yes/No) (Yes/No) both have not completed						(Dated/Ref. file to be signed)			
(Dated/Ref. file to be signed)						(Dated/Ref. file to be signed)			
C. Referring Provider Information									
Referring Provider Information Service Location: (City, State, Address, Zip Code) County of Residence Department of Public Health Child Health and Disability Prevention Program Mailing Address: P.O. Box 7000 Riverside, CA 92510-7000 Phone: 951-556-6611									

Biographical Information

PATIENT INFORMATION:									
Patient Name (Last)		(First)		(Initial)		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)	
Patient Eligibility	Aid Code	Identification Number (BIC)						Ethnic Code	☐ 1. White ☐ 2. Hispanic/Latino ☐ 3. Black/African American ☐ 4. Asian/Pacific Islander ☐ 5. Native Hawaiian ☐ 6. 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 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 _____			
☐ 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

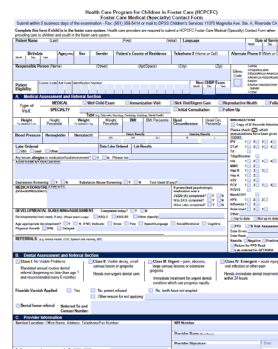


Helpful Tips

- ✓ 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 (HCPFC) Medical (Specialty) Contact Form



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



- 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

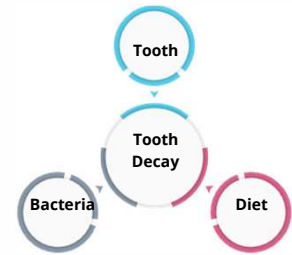
CALIFORNIA REPUBLIC

<http://cdph.ca.gov/assessment/2010-report-dental-disease-chronic-problem-among-low-income-population>
http://www.centerfororalhealth.ucsf.edu/OralHealth_Factsheet_2008_report.pdf

WHAT CAN YOUR OFFICE DO?



Start a Conversation



Tooth Decay Process

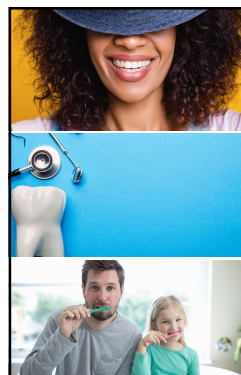


Healthy Foods Are A Better Option



Caries Risk Assessment Oral Health Assessment Documentation Treatment

Dental Assessment & Referral



1
Caries Risk
Assessment

2
Oral Health
Assessment

3
Documentation

4
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_to_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. This tool is designed to be used by pediatricians and pediatric dentists to assess the risk of dental caries in children and adolescents. The tool is based on the evidence that children and adolescents who are at high risk for dental caries are more likely to have dental caries than those who are at low risk. The tool is designed to be used by pediatricians and pediatric dentists to assess the risk of dental caries in children and adolescents. The tool is based on the evidence that children and adolescents who are at high risk for dental caries are more likely to have dental caries than those who are at low risk.

First Health Risk Assessment Tool Guidelines

Timing of First Assessment

The first health risk assessment should be performed at the first well-child visit. If the child is not seen for a well-child visit within the first 12 months of life, the first health risk assessment should be performed at the first well-child visit after the child is 12 months old.

Assessment of Oral Health Risk

The assessment of oral health risk is based on the following factors:

- Demographic Factors:** Age, sex, race/ethnicity, and insurance status.
- Parental Factors:** Parental history of dental caries, parental oral health status, and parental oral health behaviors.
- Child Factors:** Child's oral health status, child's oral health behaviors, and child's oral health history.

Risk Factors

Class I: No Visible Dental Problems

Class I: No visible dental problems. The child has no visible dental problems. The child's oral health status is good. The child's oral health behaviors are good. The child's oral health history is good.

Class II: Beginning Dental Problems

Class II: Beginning dental problems. The child has visible dental problems. The child's oral health status is fair. The child's oral health behaviors are fair. The child's oral health history is fair.

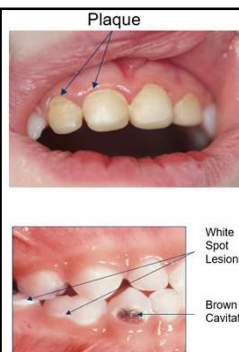
Class III: Urgent Dental Problems

Class III: Urgent dental problems. The child has visible dental problems. The child's oral health status is poor. The child's oral health behaviors are poor. The child's oral health history is poor.

Class IV: Emergent Dental Problems

Class IV: Emergent dental problems. The child has visible dental problems. The child's oral health status is very poor. The child's oral health behaviors are very poor. The child's oral health history is very poor.

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

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

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

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

Class I: No Visible Dental Problems

Class I: No visible dental problems. The child has no visible dental problems. The child's oral health status is good. The child's oral health behaviors are good. The child's oral health history is good.

Class II: Beginning Dental Problems

Class II: Beginning dental problems. The child has visible dental problems. The child's oral health status is fair. The child's oral health behaviors are fair. The child's oral health history is fair.

Class III: Urgent Dental Problems

Class III: Urgent dental problems. The child has visible dental problems. The child's oral health status is poor. The child's oral health behaviors are poor. The child's oral health history is poor.

Class IV: Emergent Dental Problems

Class IV: Emergent dental problems. The child has visible dental problems. The child's oral health status is very poor. The child's oral health behaviors are very poor. The child's oral health history is very poor.

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: _____

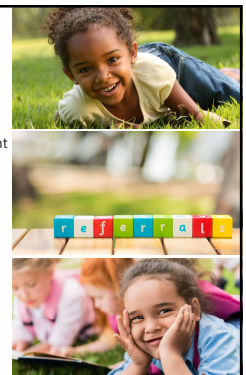
☐ Dental home referral Referred To & Phone Number: _____



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@rchealth.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/MDSD/AnnualDentalVisitsbyCounty.pdf>
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- Dental Health Foundation (2006). "Mommy it hurts to chew" The California smile survey: An oral health assessment of California's kindergarten and 3rd grade children. Retrieved from <https://www.centerfororalhealth.org/wp-content/uploads/2018/11/Mommy-It-Hurts-To-Chew.compressed.pdf>
- United States General Accounting Office. (2000). Dental disease is a chronic problem among low-income populations (GAO/HEHS-00-72). Washington, DC: U.S. Government Printing Office. Retrieved from <https://www.gao.gov/new.items/he00072.pdf>

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

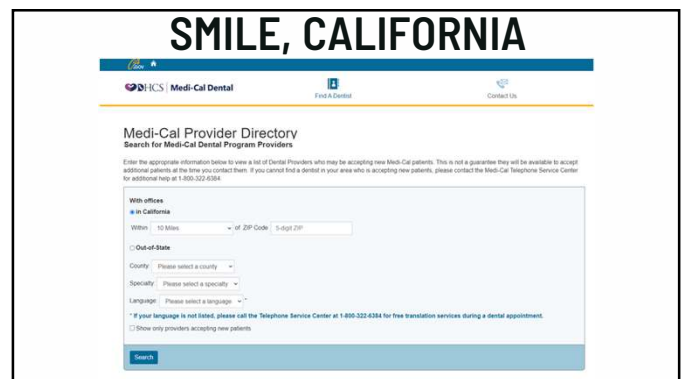
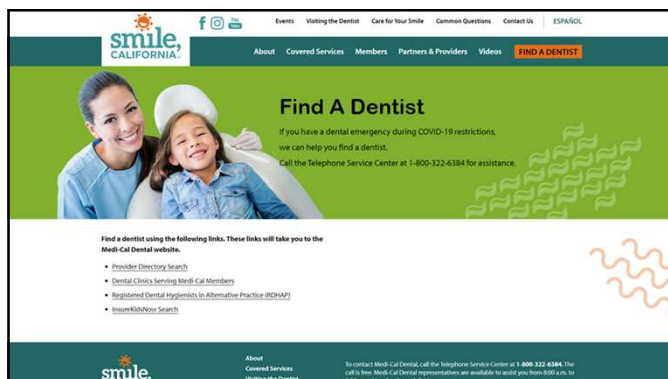


Oral Health Practice Tools
Performing an oral health risk assessment, giving nutrition and oral hygiene counseling, and applying fluoride varnish
www.aap.org

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



The Smile California App

[SmileCalifornia.org](https://smilecalifornia.org)



About
Provides an overview of Medi-Cal 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

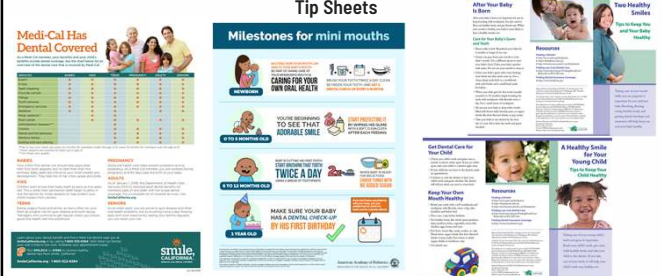
Videos
All of the site information in short video format

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

Resource Riverside County Oral Health Program

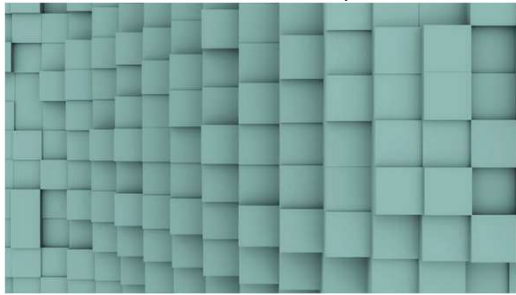
<https://www.rivcoph.org/Programs/Oral-Health>

Tip Sheets



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 ≥ 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?

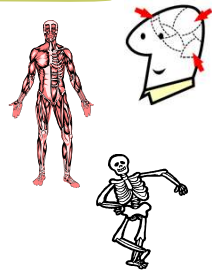
Blood

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



25



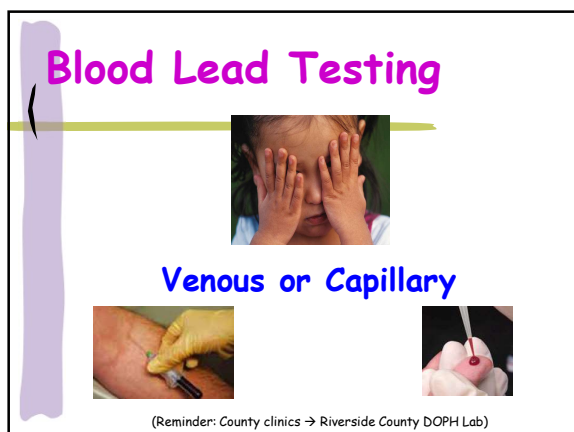
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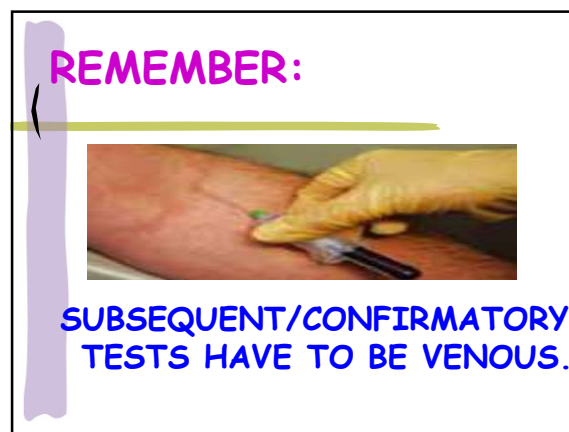
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28



29



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



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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.) *at least 30 days apart	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



20% LEAD
BY
WEIGHT



Imported Water from India



Traditional Home Remedies

GRETA



KOHL/SURMA

- Used to darken eyelids or as mascara
 - Believed to prevent eye ailments, protection from the glare of the sun
 - Believed to strengthen babies' eyes and protect them from the "evil eye."
 - Used in Religious Ceremonies
 - Also used on umbilical cord
- 



Sindoor

- Symbolizes marital status
- Primary use is religious ceremonies and cosmetic in India



7



43



44



45



46



47



48



49



50



51



52



53



54

Glasses Recalled Sept. 4, 2014

90798150C009 (Disney Cars)	90798150C009 (Disney Cars)	90798150C009 (Disney Cars)	90798150C009 (Disney Cars)
Blue/Red	Blue/Red	Blue/Red	Purple/Pink
Blue/Black	Blue/Black	Blue/Black	Pink/Black
Blue/Black	Blue/Black	Blue/Black	Pink/Black
90798150C009 (Disney Cars)	90798150C009 (Disney Cars)	90798150C009 (Disney Cars)	90798150C009 (Disney Cars)
Blue/Red	Blue/Red	Blue/Red	Purple/Pink
Blue/Black	Blue/Black	Blue/Black	Pink/Black
Blue/Black	Blue/Black	Blue/Black	Pink/Black
90798150C009 (Disney Cars)	90798150C009 (Disney Cars)	90798150C009 (Disney Cars)	90798150C009 (Disney Cars)
Blue/Red	Blue/Red	Blue/Red	Purple/Pink
Blue/Black	Blue/Black	Blue/Black	Pink/Black
Blue/Black	Blue/Black	Blue/Black	Pink/Black
90798150C009 (Disney Cars)	90798150C009 (Disney Cars)	90798150C009 (Disney Cars)	90798150C009 (Disney Cars)
Blue/Red	Blue/Red	Blue/Red	Purple/Pink
Blue/Black	Blue/Black	Blue/Black	Pink/Black
Blue/Black	Blue/Black	Blue/Black	Pink/Black
90798150C009 (Disney Cars)	90798150C009 (Disney Cars)	90798150C009 (Disney Cars)	90798150C009 (Disney Cars)
Blue/Red	Blue/Red	Blue/Red	Purple/Pink
Blue/Black	Blue/Black	Blue/Black	Pink/Black
Blue/Black	Blue/Black	Blue/Black	Pink/Black

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



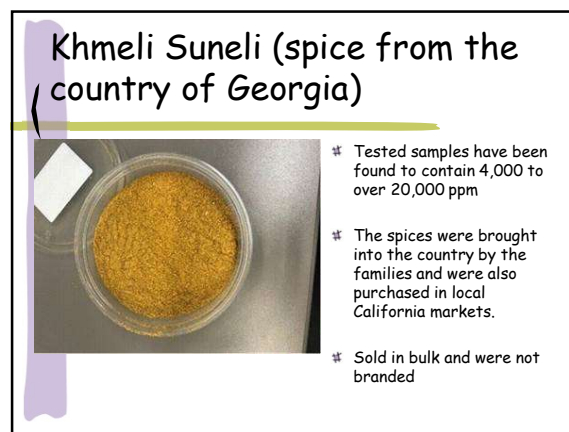
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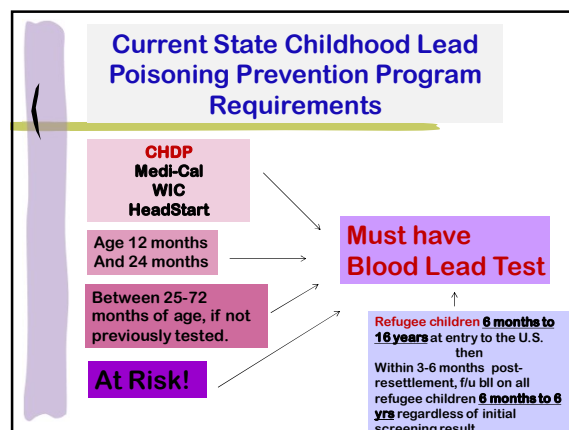
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65



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

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IMMUNIZATIONS OVERVIEW

Riverside University Health System-
Public Health, Immunization Branch

Vaccine Preventable Diseases



(Photos courtesy of WHO, CDC, American Academy Pediatrics, Children's Immunization Project)

IMMUNIZATION SCHEDULES

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
<i>Haemophilus influenzae</i> 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)	IIV	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FluMist® 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® Trumenba®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	IPOL®
Rotavirus vaccine	RV1 RV5	Rotarix® RotaTeq®
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	Pediarix®
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadracel®
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> 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

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 (IIV)	or				Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only				
Influenza (LAIV4)											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 ≥2years)			See Notes											1 st dose		2 nd dose	
Meningococcal B														See Notes			
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

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.**

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		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 <i>and</i> 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
<i>Haemophilus influenzae</i> 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 <i>and</i> first dose was administered at younger than age 7 months <i>and</i> at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks <i>and</i> age 12 through 59 months (as final dose) if current age is younger than 12 months <i>and</i> first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months <i>and</i> first dose was administered before the 1 st birthday <i>and</i> second dose was administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) <i>and</i> 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; tetanus, diphtheria, and 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 <i>and</i> 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 third 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

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	INDICATION									
	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count ¹		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
			<15% and total CD4 cell count of <200/mm ³	≥15% and total CD4 cell count of ≥200/mm ³						
Hepatitis B										
Rotavirus		SCID ²								
Diphtheria, tetanus, and acellular pertussis (DTaP)										
<i>Haemophilus influenzae</i> type b										
Pneumococcal conjugate										
Inactivated poliovirus										
Influenza (IIV) or Influenza (LAIV4)										
Influenza (LAIV4)						Asthma, wheezing: 2–4yrs ³				
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.
*Vaccinate after pregnancy.

Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction

No recommendation/not applicable

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/rr/rr6702a1.htm.

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

Routine vaccination

- ActHIB, Hiberix, 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 12–15 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

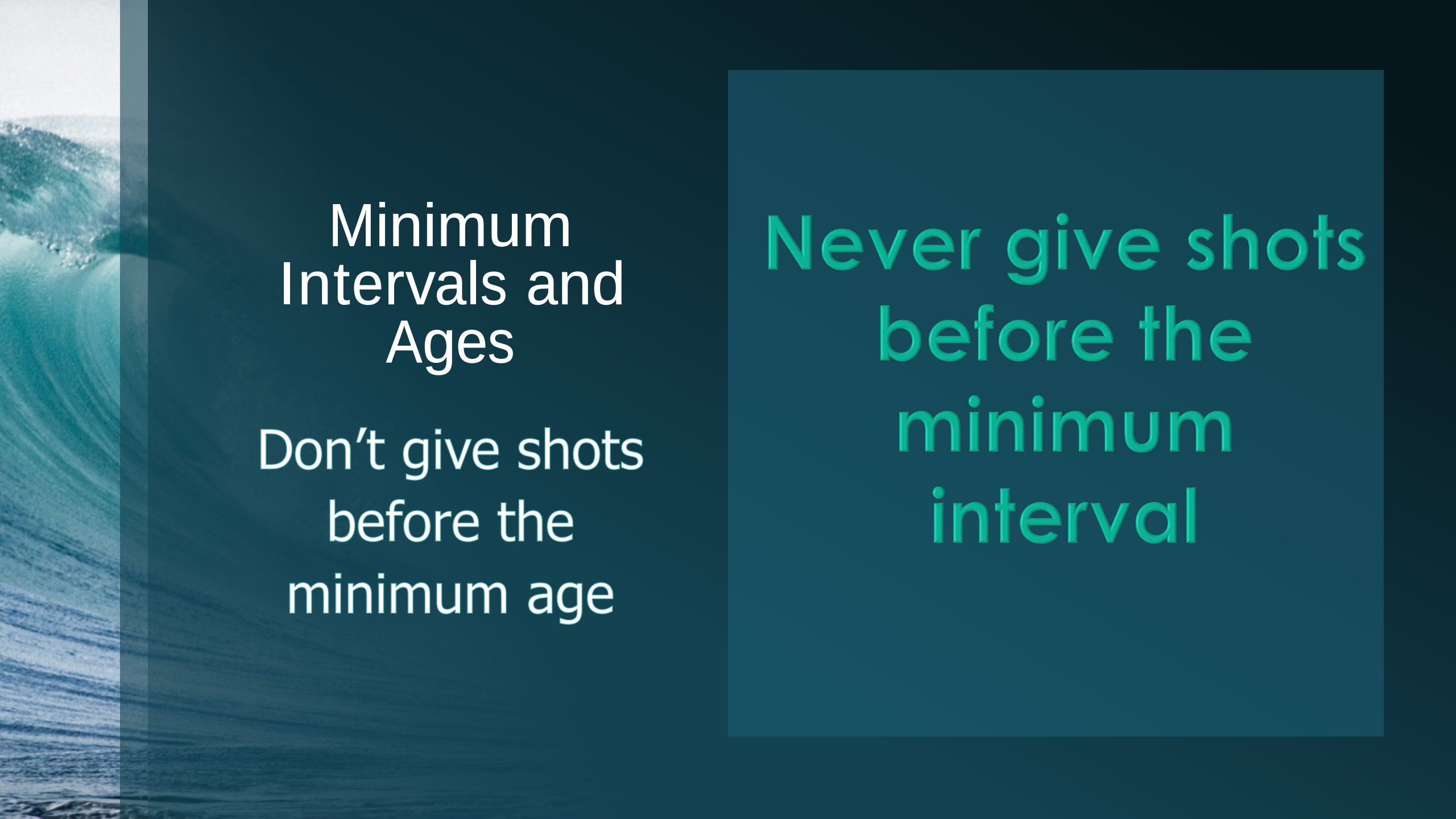
Unvaccinated persons age 5–18 years*

- 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

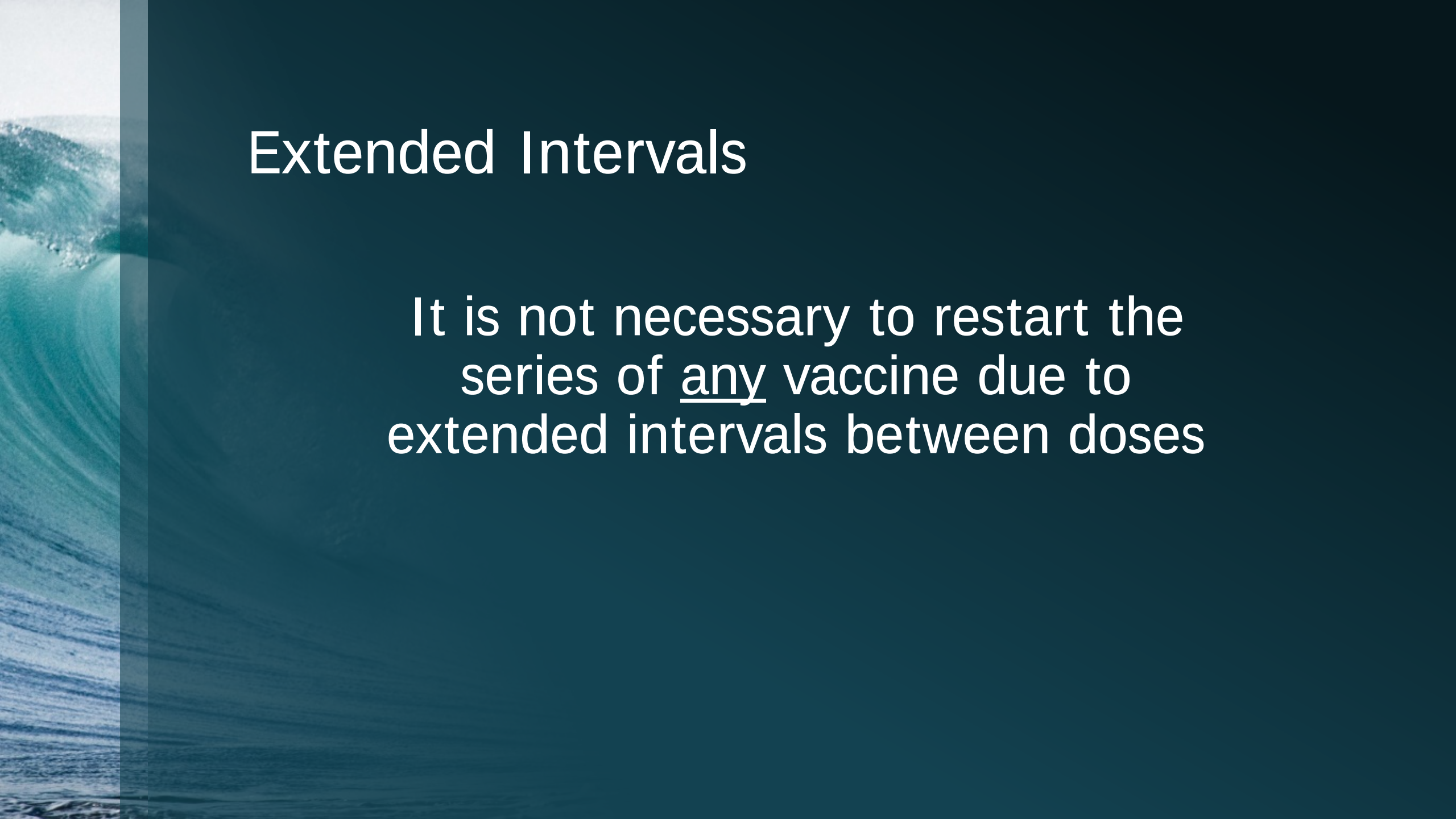
*Unvaccinated = Less than routine series (through age 14 months) OR no doses (age 15 months or older)



Minimum Intervals and Ages

Don't give shots
before the
minimum age

Never give shots
before the
minimum
interval

The background of the slide features a teal-colored ocean wave on the left side, with the rest of the slide being a solid dark teal color.

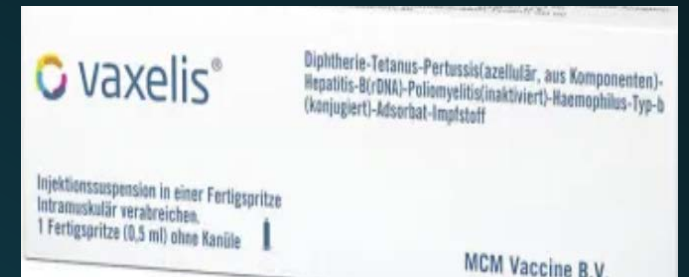
Extended Intervals

It is not necessary to restart the series of any vaccine due to extended intervals between doses

New Vaccines

Vaxelis® (DTaP-IPV-Hib-HepB)

- Licensed by the FDA on 12/21/2018
- ACIP included the product in the VFC Program on 06/26/2019
- Manufactured by Sanofi® and Merck®
- Hexavalent vaccine, first approved for use in the United States
- Not currently on the California VFC order list (coming soon)



Vaxelis® (DTaP-IPV-Hib-HepB)

- VAXELIS® is a vaccine indicated for active immunization to prevent diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, and Haemophilus influenzae type b.
 - ✓ Vaxelis® is licensed for use in children aged 6 weeks through 4 years (before the fifth birthday)
 - ✓ Vaxelis® can be used for the first 3 doses of the recommended DTaP series but should not be used for the fourth or fifth dose
 - ✓ Licensed for 3-dose series: 2,4, and 6 mos
 - ✓ First dose may be given as early as 6 weeks of age
 - ✓ 0.5ml administered intramuscularly (IM)
 - ✓ Available in single dose vials (SDV) and pre-filled syringes

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm>

<https://www.immunizationinfo.com/fda-approves-6-in-1-vaccine-from-merck-and-sanofi/>

<https://www.fda.gov/media/119465/download>

Vaxelis® - Series Completion

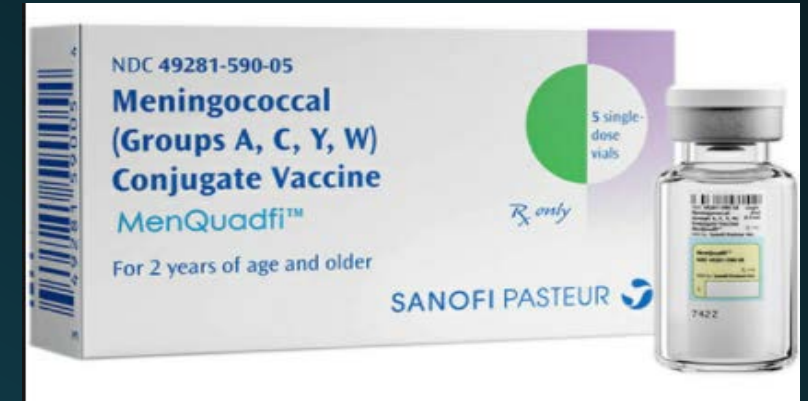
- Children who have received a 3-dose series of Vaxelis® should complete the primary and pertussis series with one of the following vaccine products:
 - Pentacel®
 - Quandracel®
 - DAPTACEL®

Vaxelis® Side Effects

- What are the most common side effects of VAXELIS®?
 - ✓ pain, redness, or swelling where the shot was given
 - ✓ fever (100.4°F or higher)
 - ✓ crying more than usual
 - ✓ eating less than usual
 - ✓ fussy more than usual
 - ✓ sleepy more than usual
 - ✓ throwing up

MenQuadFi® (A,C,W,Y-TT Conjugate Vaccine)

- Licensed by the FDA on May 15th, 2020
- VFC resolution passed on 06/24/2020
- Manufactured by Sanofi®
- ACIP has previously stated no brand preference of one product over another

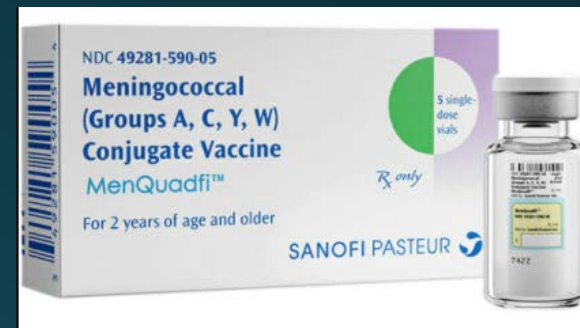


MenQuadFi® (A,C,W,Y-TT Conjugate Vaccine)

- MenQuadfi® is a vaccine indicated for active immunization for the prevention of invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, W, and Y. MenQuadfi® is indicated for use in individuals 2 years of age and older.
 - ✓ Routine vaccination at 2-dose series at 11–12 years, 16 years
 - ✓ Children with special medical conditions: Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
 - ✓ 0.5 ml injection intramuscularly
 - ✓ Catch-up vaccination at Age 13–15 years: 1 dose now and booster at age 16–18 years
 - ✓ Available in single dose vials (SDV)

<https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf>

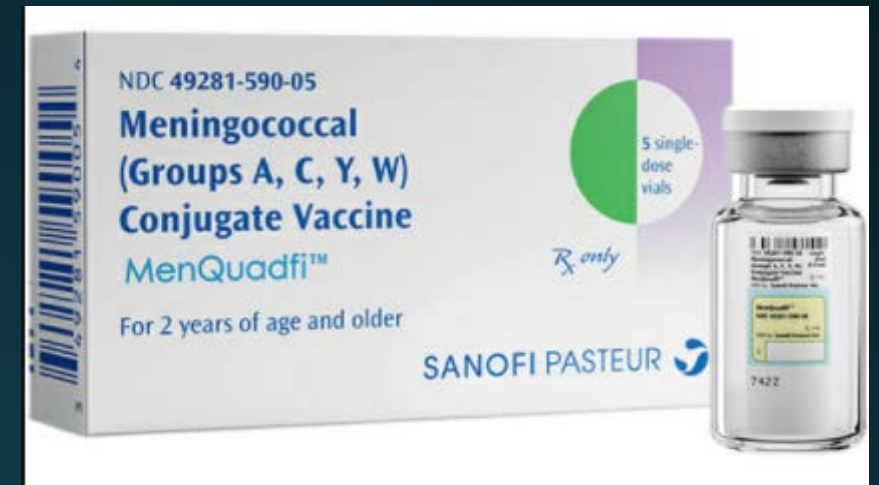
<https://www.fda.gov/media/137306/download>



MenQuadfi® (ACWY-TT Conjugate Vaccine)

- Side effects:

- ✓ Pain at injection site
- ✓ Redness and swelling at injection site
- ✓ Malaise
- ✓ Headache
- ✓ Fever



COVID-19 Vaccine

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 shows the top of the 'California COVID-19 Vaccination Program' website. On the left is a navigation menu with links: Program Updates, Program Enrollment, My Turn Onboarding, Vaccine Management, Vaccine Administration, Reporting Requirements, Archived Communications, and Patient Resources. The main content area is titled 'Program Updates' and contains text about accessing resources and assistance. Below this is a 'Program Education and Support' section with links to provider office hours, training sessions, and frequently asked questions. At the bottom of the main content area is an 'Alerts' section with a 'Holiday Schedule' for July 5-6.

This screenshot shows the 'Steps to Enroll' section of the website. It includes a 'Provider Support' sidebar with contact information for the COVID Call Center, myCAVax Help Desk, and Manufacturer Contacts. The main content area outlines two steps: '1. Review program requirements' and '2. Register with your local registry (CAIR, RIDE or SDIR)'. Step 1 includes a list of resources like 'Before You Enroll' and 'Provider Enrollment Worksheet'. Step 2 provides instructions on how to register with local registries and lists contact information for various counties. A 'myCAVax Help Desk' section is also visible on the left sidebar.

Children 12+ are Eligible for COVID-19 Vaccines

- As of 5/12/21, ACIP authorized and recommended for ages 12-15
 - ✓ Pfizer only current option for ages 12-17
- Pediatric COVID-19 vaccine clinical trials in progress for
 - ✓ Other vaccines (Janssen, Moderna)
 - ✓ Ages 6 months - 11 years



[COVID-19 Vaccine
Clinical Considerations](#)

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.html>

Pfizer COVID-19 Vaccine in Adolescents



COVID-19 Vaccine for Preteens and Teens

CDC recommends vaccination for everyone 12 years and older to help protect against COVID-19.

Why does my child need a COVID-19 vaccine?

COVID-19 vaccines help protect kids from getting COVID-19. Getting a COVID-19 vaccine will also help keep them from getting seriously ill even if they do get COVID-19.

When should my child be vaccinated?

All kids who are 12 years and older should get a COVID-19 vaccine. If your preteen or teen hasn't gotten their vaccine yet, talk to their doctor about getting it as soon as possible.

Are COVID-19 vaccines safe for my child?

Yes, COVID-19 vaccination provides safe and effective protection against the virus that causes COVID-19. The COVID-19 vaccines have been used under the most intensive safety monitoring in U.S. history.

The Pfizer-BioNTech COVID-19 Vaccine is now available for everyone ages 12 and older. In the clinical trial for children ages 12 through 15, the Pfizer-BioNTech vaccine was 100% effective at preventing COVID-19 with symptoms. In addition, children's immune systems responded to the vaccine in a way similar to those of older teens and young adults. No safety concerns were identified in the clinical trial.

All authorized and recommended COVID-19 vaccines:

- are safe,
- are effective
- help protect from severe illness

Before, during and after your child's vaccination

- Your child will need 2 shots given 3 weeks (21 days) apart to get the most protection.
- Tell the doctor or nurse about any allergies your child may have.
- Comfort your child during the appointment.
- To prevent fainting and injuries related to fainting, your child should be seated or lying down during vaccination and for 15 minutes after the vaccine is given.
- After your child's COVID-19 vaccination, you will be asked to stay for 15 minutes so your child can be observed in case they have a severe allergic reaction and need immediate treatment.

 www.cdc.gov/coronavirus/vaccines

CS02388-8 | 05/13/21

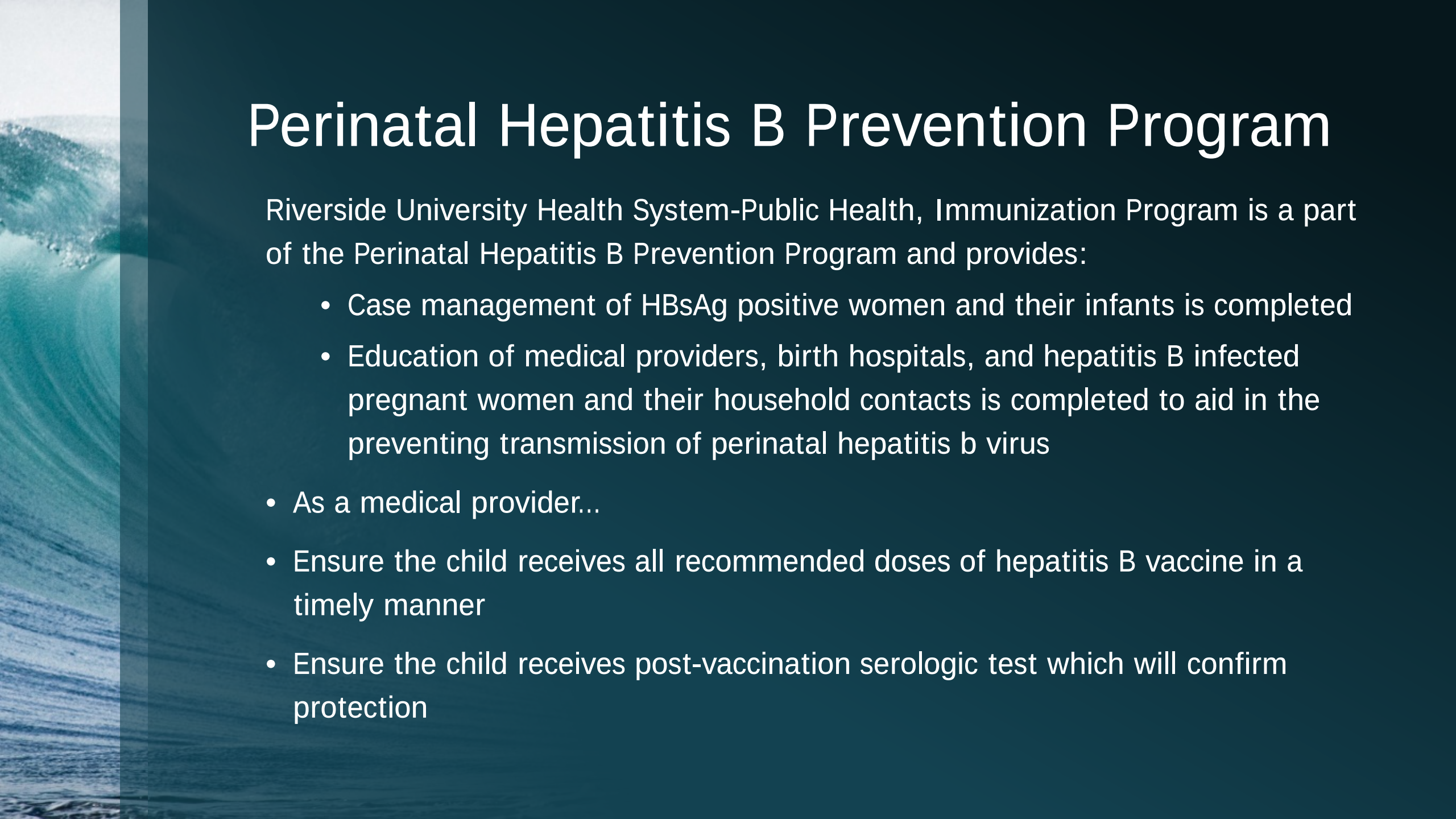
https://www.cdc.gov/coronavirus/2019-ncov/downloads/vaccines/toolkits/COVID-19-Vaccine-for-Preteens_Teens-508.pdf

Perinatal Hepatitis B Prevention Program



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



Perinatal Hepatitis B Prevention Program

Riverside University Health System-Public Health, Immunization Program is a part of the Perinatal Hepatitis B Prevention Program and provides:

- Case management of HBsAg positive women and their infants is completed
- 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



Perinatal Hepatitis B Prevention Program

- Monovalent hepatitis B vaccine is to be administered to all newborns within 24 hours of birth
- Infants born to HBsAg positive mothers - administer hepatitis B vaccine AND HBIG within 12 hours of birth (separate sites)
 - Complete post vaccination serologic testing (PVST) at age 9-12 months or 1 to 2 months after hepatitis B vaccine series completion
 - Testing should NOT be done before 9 months of age
 - Test ordered - HBsAg and antibody to hepatitis B surface antigen (anti-HBs)
 - Test should be quantitative (not qualitative)



EZIZ Update

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](#) 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](#) website.

[Subscribe to EZIZ Emails](#)

[EZIZ.org](https://eziz.org)

School Law

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR

K – 12TH GRADE (including transitional kindergarten)



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1-4, 9}				
K-12 Admission	4 Polio ⁴	5 DTap ³	3 Hep B ⁴	2 MMR ⁷	2 Varicella
(7th-12th) ⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement ^{5, 10}		1 Tdap ⁴			2 Varicella ¹⁰

1. Requirements for K-12 admission also apply to transfer pupils.
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP 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 DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
6. One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
7. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
8. 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.
9. For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
10. 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.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

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 beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.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 6051.
- A personal beliefs 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 6050).

MM-231 (11/19)

California Department of Public Health • Immunization Branch • [ShotsForSchool.org](https://shotsforschool.org)





SCREENING

Available at
www.immunize.org
in other languages

Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT NAME _____

DATE OF BIRTH _____
month / day / year

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?	☐	☐	☐
2. Does the child have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
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?	☐	☐	☐
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?	☐	☐	☐
6. If your child is a baby, have you ever been told he or she has had intussusception?	☐	☐	☐
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	☐	☐	☐
8. Does the child or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problems?	☐	☐	☐
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?	☐	☐	☐
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?	☐	☐	☐
11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	☐	☐	☐
12. Has the child received vaccinations in the past 4 weeks?	☐	☐	☐

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.



Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p4060.pdf • Item #P4060 (9/17)



Vaccine For Children (VFC) Program

The VFC program was created to meet the vaccination needs of 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)

The background is a solid dark teal color. On the far left, there is a vertical strip showing a close-up of a blue-green ocean wave with white foam, partially obscured by a semi-transparent teal overlay.

STORAGE & HANDLING

Sample Vaccine Refrigerators



Sample Vaccine Freezers



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.

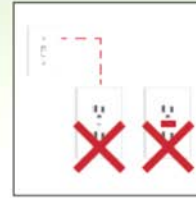
DO

- 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



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.

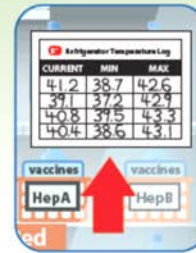
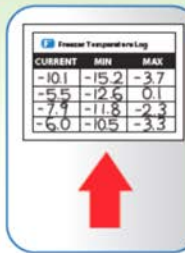
Set thermostat to below 0°F (18°C). If it has a dial, set it to the coldest.



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

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

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.

Sample Refrigerator

✓ Clearly label VFC and private vaccines.

✓ Group vaccines (pediatric, adolescent, adult).

✓ Label shelf space or baskets to make vaccines easy to find.

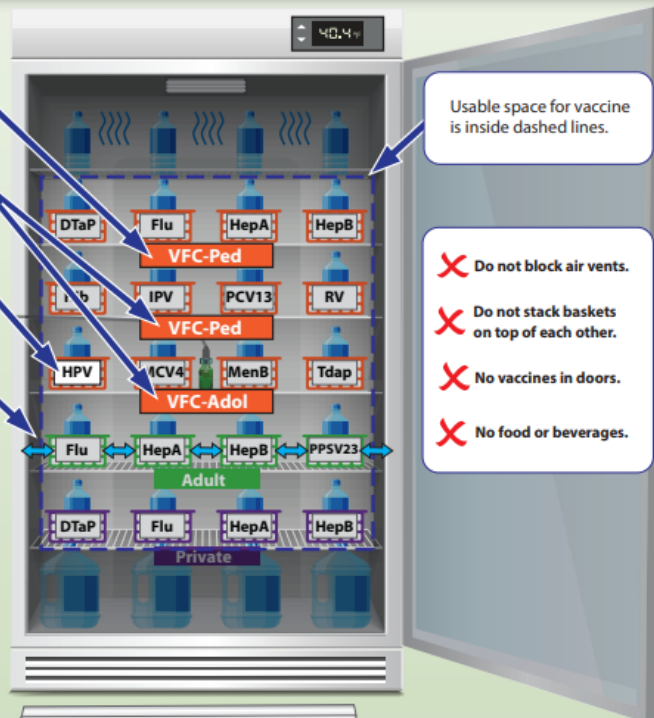
✓ Position vaccines or baskets 2-3 inches away from walls, floor, and other baskets.

✓ 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:



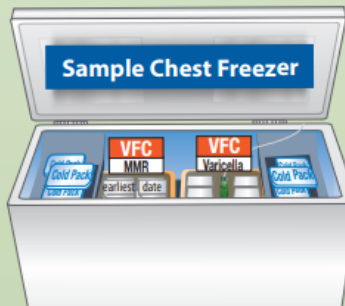
Usable space for vaccine is inside dashed lines.

✗ Do not block air vents.

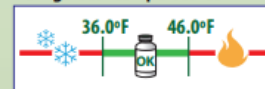
✗ Do not stack baskets on top of each other.

✗ No vaccines in doors.

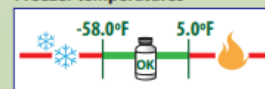
✗ No food or beverages.



Refrigerator temperatures



Freezer temperatures



Digital Data Logger Examples





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

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

13736 Goldenwest St Suite H Westminster, CA 92683 // ph. 657-227-8276 // meritcalibration.com

CERTIFICATE OF CALIBRATION

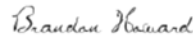
COMPANY:	THE CLINIC OF THE CITY	DATE CALIBRATED:	7-1-2020
ADDRESS:	12345 CITY DRIVE	CALIBRATION INTERVAL:	1 YEAR
CITY/STATE/ZIP CODE:	CITY/CA/92503	RECALL DATE:	7-1-2021
TECHNICIAN:	BRANDON HOWARD	INVOICE NUMBER:	1234

MERIT CALIBRATION INC. Certifies that the calibration performed conforms to ISO/IEC 17025. The calibration standards accuracies 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 Merit Calibration, INC.

MANUFACTURER:	LOGTAG/CONTROL SOLUTIONS	PROCEDURE:	MCP-1
INSTRUMENT:	DATA LOGGER THERMOMETER	RATED ACCURACY:	±1°F
MODEL NUMBER:	VFC400-2	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
	MFG/SN#/DUE DATE/TRACEABILITY	TEMPERATURE:	69.1°F
STANDARDS USED:	POLYSCIENCE/E11111111/02-04-21	RELATIVE HUMIDITY:	57%
	REED/11111111/02-03-21		

READINGS

TEST POINT	ACTUAL (STANDARD)		AS VERIFIED (UNIT UNDER TEST)	DIFFERENCE
		AS FOUND		±
	°F		°F	
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


X _____
Brandon Howard



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
Example	8:00 a.m.	NN		40.5	38.1	43.7	
	4:00 p.m.	NN	✓	37.4	33.0	39.2	12345
1	a.m.						
	p.m.						
2	a.m.						
	p.m.						
3	a.m.						
	p.m.						
4	0725 a.m.	NN		42.4	37.2	46.1	
	p.m.						
5	a.m.						
	p.m.						
6	a.m.						
	p.m.						
7	a.m.						
	p.m.						
8	a.m.						
	p.m.						
9	a.m.						
	p.m.						
10	a.m.						
	p.m.						
11	a.m.						
	p.m.						
12	a.m.						
	p.m.						
13	a.m.						
	p.m.						
14	a.m.						
	p.m.						
15	a.m.						
	p.m.						

Notes:



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

Instructions

Keep refrigerator in OK range.



Check temperatures twice a day.

- Fill out month, year, refrigerator ID, and PIN.
- Record the time and your initials.
- Record a check if an alarm went off.
- Record Current, MIN, and MAX.

If no alarm:

- Clear MIN/MAX.
- Ensure data logger is in place and recording.



IF ALARM WENT OFF:

- Clear MIN/MAX and alarm symbol.
- Post "Do Not Use Vaccines" sign.
- Alert your supervisor.
- Report excursion to SHOTS at MyVFCvaccines.org.
- Record assigned SHOTS ID.
- Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☒ Month/year/fridge ID/PIN are recorded.
- ☒ Temperatures were recorded twice daily.
- ☒ I reviewed data files for all the days on this log to find any missed excursions.
- ☒ Date downloaded: 1/16/2020
- ☒ Any excursions were reported to SHOTS at MyVFCvaccines.org.
- ☒ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name:

Minnie Mouse, RN-MM

Signature: Minnie Mouse, RN

Date: 1/16/2020

Staff Names and Initials:

Nancy Nurse, LVN - NN

C° Refrigerator Temperature Log

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

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	8:00 a.m.	NN		4.3	2.4	5.7	
	4:00 p.m.	NN	✓	7.6	4.0	9.1	12345
1	a.m.						
	p.m.						
2	a.m.						
	p.m.						
3	a.m.						
	p.m.						
4	a.m.						
	p.m.						
5	a.m.						
	p.m.						
6	a.m.						
	p.m.						
7	a.m.						
	p.m.						
8	a.m.						
	p.m.						
9	a.m.						
	p.m.						
10	a.m.						
	p.m.						
11	a.m.						
	p.m.						
12	a.m.						
	p.m.						
13	a.m.						
	p.m.						
14	a.m.						
	p.m.						
15	a.m.						
	p.m.						

Notes:



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

Instructions

Keep refrigerator in OK range.



Check temperatures twice a day.

- Fill out month, year, refrigerator ID, and PIN.
- Record the time and your initials.
- Record a check if an alarm went off.
- Record Current, MIN, and MAX.

If no alarm:

- Clear MIN/MAX.
- Ensure data logger is in place and recording.



IF ALARM WENT OFF:

- Clear MIN/MAX and alarm symbol.
- Post "Do Not Use Vaccines" sign.
- Alert your supervisor.
- Report excursion to SHOTS at MyVFCvaccines.org.
- Record assigned SHOTS ID.
- Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge ID/PIN are recorded.
- ☐ Temperatures were recorded twice daily.
- ☐ I reviewed data files for all the days on this log to find any missed excursions.
- ☐ Date downloaded: ____/____/____
- ☐ Any excursions were reported to SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name:

Signature: _____

Date: ____/____/____

Staff Names and Initials:

IMM-1127 Page 1 (12/17)

Temperature Logs
Refrigerator

Temperature Logs - Freezer

F° Freezer Temperature Log

MONTH & YEAR		FREEZER LOCATION/ID		VFC PIN			
DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	8:00 a.m.	NN		-10.3	-20.2	-9.1	
	4:00 p.m.	NN	✓	2.4	-9.0	6.2	12345
1	a.m.						
	p.m.						
2	a.m.						
	p.m.						
3	a.m.						
	p.m.						
4	a.m.						
	p.m.						
5	a.m.						
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6	a.m.						
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7	a.m.						
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	p.m.						
9	a.m.						
	p.m.						
10	a.m.						
	p.m.						
11	a.m.						
	p.m.						
12	a.m.						
	p.m.						
13	a.m.						
	p.m.						
14	a.m.						
	p.m.						
15	a.m.						
	p.m.						

Notes:



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1126 Page 1 (12/17)

Instructions

Keep freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

If no alarm:

1. Clear MIN/MAX.
2. Ensure data logger is in place and recording.



IF ALARM WENT OFF:

1. Clear MIN/MAX and alarm symbol.
2. Post "Do Not Use Vaccines" sign.
3. Alert your supervisor.
4. Report excursion to SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer ID/PIN are recorded.
 - ☐ Temperatures were recorded twice daily.
 - ☐ I reviewed data files for all the days on this log to find any missed excursions.
- Date downloaded: ____/____/____
- ☐ Any excursions were reported to SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name:

Signature: _____

Date: ____/____/____

Staff Names and Initials:

C° Freezer Temperature Log

MONTH & YEAR		FREEZER LOCATION/ID		VFC PIN			
DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	8:00 a.m.	NN		-26.1	-29.1	-23.8	
	4:00 p.m.	NN	✓	-23.6	-26.2	-14.3	12345
1	a.m.						
	p.m.						
2	a.m.						
	p.m.						
3	a.m.						
	p.m.						
4	a.m.						
	p.m.						
5	a.m.						
	p.m.						
6	a.m.						
	p.m.						
7	a.m.						
	p.m.						
8	a.m.						
	p.m.						
9	a.m.						
	p.m.						
10	a.m.						
	p.m.						
11	a.m.						
	p.m.						
12	a.m.						
	p.m.						
13	a.m.						
	p.m.						
14	a.m.						
	p.m.						
15	a.m.						
	p.m.						

Notes:



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1128 Page 1 (12/17)

Instructions

Keep freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

If no alarm:

1. Clear MIN/MAX.
2. Ensure data logger is in place and recording.



IF ALARM WENT OFF:

1. Clear MIN/MAX and alarm symbol.
2. Post "Do Not Use Vaccines" sign.
3. Alert your supervisor.
4. Report excursion to SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer ID/PIN are recorded.
 - ☐ Temperatures were recorded twice daily.
 - ☐ I reviewed data files for all the days on this log to find any missed excursions.
- Date downloaded: ____/____/____
- ☐ Any excursions were reported to SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name:

Signature: _____

Date: ____/____/____

Staff Names and Initials:

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

A "Supervisor's Review" form is shown. It includes a title "Supervisor's Review", a section "When log is complete, check all that apply:" with four checkboxes, and fields for "Date downloaded:", "On-Site Supervisor's Name", "Signature", "Date", and "Staff names and initials".

Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge ID/ID's are recorded.
- ☐ Temperatures were recorded twice daily
- ☐ Reviewed data files for all the days on this log to find any missed excursions.
- ☐ Any excursions were reported to SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

Date downloaded: _____

On-Site Supervisor's Name: _____

Signature: _____

Date: _____

Staff names and initials: _____

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					
Provider of Record Designee					
Vaccine Coordinator					
Backup Vaccine Coordinator					
Immunization Champion (optional)					
Receives vaccines					
Stores vaccines					
Handles shipping issues					
Monitors storage unit temperatures					

USEFUL EMERGENCY NUMBERS

Service	Name	Phone #	Alt Phone #	E-mail
VFC Field Representative				
VFC Call Center		1-877-243-8832		
Utility Company				
Building Maintenance				
Building Alarm Company				
Refrigerator/Freezer Alarm Company				
Refrigerator/Freezer Repair				
Point of Contact for Vaccine Transport				

www.ezit.org 1 IMM-1122 (12/18)

UPDATED

- 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

Vaccine Management Plan Specifics (Continued)

Sections 1-4 Cover Routine Management and Include:

Section 1: Important Contacts

- Key practice staff and roles
- Useful emergency numbers

Section 2: Equipment Documentation

- Vaccine Storage Units - Location / Maintenance
- Digital Data Loggers - Location of Files / Maintenance

Section 3: Summary of Key Practice Staff Roles & Responsibilities

Section 4: Management Plan for Routine Situations

(review with all staff in detail)

Vaccine Management Plan Specifics (Continued)

Sections 5-6 Cover Emergency Management and Include:

Section 5: Worksheet for Emergency Vaccine Management

- Info for who to contact

Section 6: Management Plan for Emergencies

- Checklist to be followed before/during/after emergency
- or vaccine relocation

Section 7: Training Log for Required VFC EZIZ Lessons

Section 8: Annual Signature Log

(review with all staff in detail)

Mobile Unit Vaccine Management Plan

Mobile Unit Vaccine Management Plan

KEEP YOUR MANAGEMENT PLAN IN THE MOBILE UNIT

Practices using mobile units to administer VFC vaccines must complete this vaccine management plan to itemize equipment and record practice protocols specific to mobile units. This requirement applies to mobile-only clinics and clinics with mobile units.

Instructions: Complete this form and make sure key practice staff sign and acknowledge the signature log whenever your plan is revised. Keep it in the mobile unit and available for review by VFC Field Representatives during site visits. (Complete the VFC "[Vaccine Management Plan](#)" to itemize equipment and record practice protocols specific to stationary clinics, if applicable.)

Section 1: Key Requirements

Practices using mobile units to administer VFC vaccines must follow all requirements in the VFC "[Provider Agreement](#)" and "[Provider Agreement Addendum](#)." Additionally, they agree to these VFC Program requirements for operating mobile units:

1. Review and update this document at least once a year to ensure that all content in each section is up to date.
2. Maintain a copy of this document in an easily accessible place on the mobile unit.
3. Make the mobile unit and all relevant equipment and documentation available when VFC representatives conduct compliance visits.
4. Assign a VFC Vaccine Coordinator to travel with the mobile unit when it goes into the field. The Vaccine Coordinator must complete all EZIZ lessons before traveling in the mobile unit. (The Vaccine Coordinator may be different from the VFC Vaccine Coordinator identified in the "[Vaccine Management Plan](#).")
5. Follow VFC [guidelines for transporting refrigerated](#) (IMM-983) and [frozen vaccines](#) (IMM-1130) every time vaccines are transported between the stationary clinic and the mobile unit.
6. Complete VFC [vaccine transport logs for refrigerated vaccines](#) (IMM-1132) and [frozen vaccines](#) (IMM-1116) every time vaccines are transported between the stationary clinic and the mobile unit.
7. **In the event of a temperature excursion:** Report all out-of-range temperatures to SHOTS at [MyVFCvaccines.org](#) as soon as possible and follow the standard requirements for responding to temperature excursions.

Mobile-only clinics or clinics with mobile units must maintain a separate Mobile Unit Vaccine Management Plan and keep it in the mobile unit

2021 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan	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. Review and update the VMP at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change. Designate a staff member responsible for updating the practice's VMP. Staff with assigned vaccine-management responsibilities must review, sign, and date the VMP annually and each time it is updated. Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies. Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units. 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.	Vaccine Management Plan (IMM-1122) Provider Operations Manual (IMM-1248) Chapter 3 Mobile Unit Vaccine Management Plan (IMM-1276)
Key Practice Staff	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. There are four required VFC roles: 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. 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. Vaccine Coordinator: An on-site employee who is fully trained and responsible for implementing and overseeing the practice's vaccine management plan. 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.	Vaccine Coordinator Roles & Responsibilities (IMM-968) VFC Key Practice Staff Change Request Form (IMM-1166)

ADMINISTERING VACCINE

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

VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.hhs.gov/vaccine.
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.hhs.gov/vaccine.

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 dies.

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 (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 needlesticks or other sharp instruments

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

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

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:

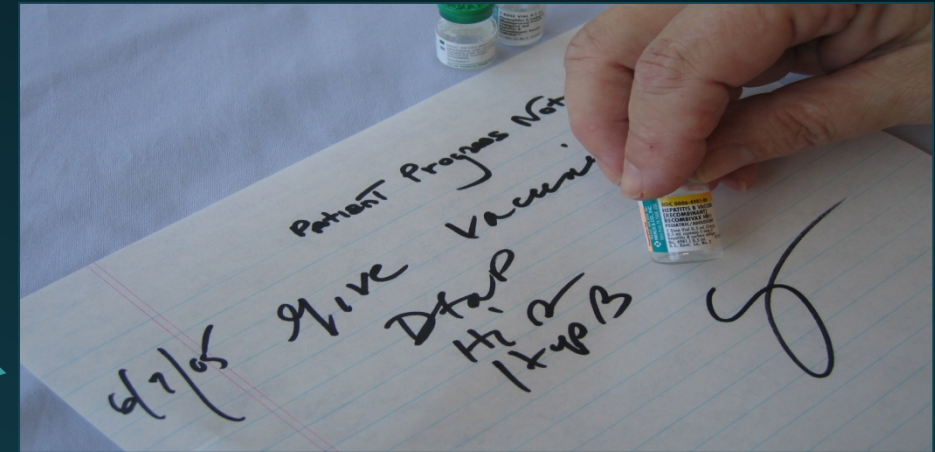
- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection 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.



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

Make Sure Order Matches Vaccine



Vaccine Acronyms & Abbreviations for Providers

Vaccine names are often abbreviated. Here are some common ones. California Immunization Registry (CAIR2) codes may differ for certain vaccines. Use this chart as a reference.*

CDC Abbreviation	CAIR2 Code	Brand Name	Vaccine
BCG	BCG-TB		Bacillus Calmette-Guérin (Tuberculosis)
DT	DT-Peds	several manufacturers	Diphtheria & Tetanus
DTaP	DTaP	Daptacel®, Infanrix®	Diphtheria, Tetanus, & Pertussis
DTP	DTP		Diphtheria, Tetanus, & Pertussis
DTaP-HepB-IPV	DTaP-HepB-IPV	Pediarix®	Diphtheria, Tetanus, Pertussis, Hepatitis B, & Polio
DTaP-IPV	DTaP-IPV	Kinrix™, Quadracel™	Diphtheria, Tetanus, Pertussis, & Polio
DTaP-IPV/Hib	DTaP-IPV/Hib	Pentacel®	Diphtheria, Tetanus, Pertussis, Polio, & Haemophilus influenzae type b
HepA	HepA	Havrix®, VAQTA®	Hepatitis A
HepB	HepB	Engerix-B®, Recombivax HB®	Hepatitis B
HepA-HepB	HepA-HepB	Twinrix®, Twinrix Junior®	Hepatitis A & Hepatitis B



Vaccine Expiration Dates

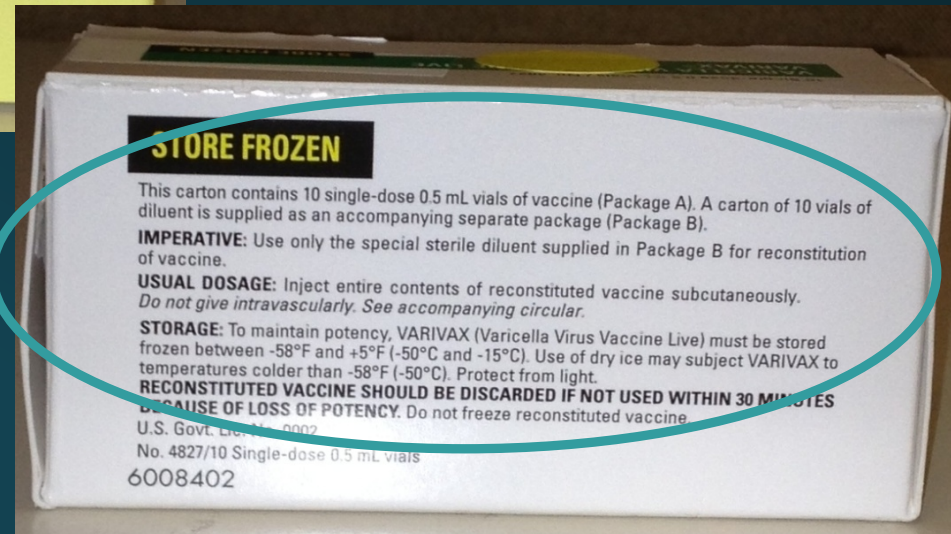
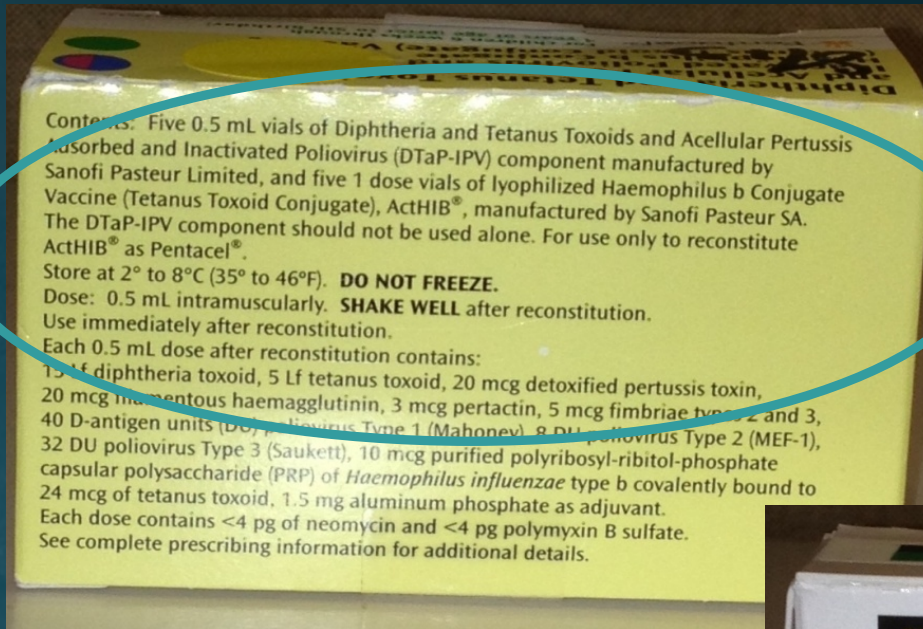


Month/Day/Year



Day/Month/Year

Vaccine Box



Tdap / DtaP Resource

Tdap or DTaP

Tdap

Tetanus toxoid, Reduced Diphtheria toxoid, Acellular Pertussis vaccine

7 YEARS OR OLDER

7 years or older



ADACEL™
Sanofi Pasteur, Inc.

7 years or older



Boostrix®
(GlaxoSmithKline)

DTaP

Diphtheria and Tetanus toxoid, Acellular Pertussis vaccine

6 WEEKS – 6 YEARS

DTaP only

Ages 6 weeks – 6 years



DAPTACEL®
(sanofi pasteur)

Ages 6 weeks – 4 years



Infanrix®
(GlaxoSmithKline)

Combination: DTaP + Others

DTaP + HepB + IPV
Ages 6 weeks – 6 years



Pediatrix®
(GlaxoSmithKline)

Indicated for use as a 3-dose series.

DTaP + IPV + Hib
Ages 6 weeks – 4 years



Pentacel®
(sanofi pasteur)

DTaP + IPV
Ages 4 years – 6 years



Kinrix®
(GlaxoSmithKline)

Booster Dose Only

Ages 4 years – 6 years



Quadracel™
(sanofi pasteur)

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



IMM-506 (7/17)

Flu Vaccine Identification Guide

PEDIATRIC/ADULT INFLUENZA VACCINE 2020-2021

		DOUBLE-CHECK THE DOSE!		
			6-35 months	3+ years
6-35 MONTHS OLD	 Afluria® Quadrivalent Seqirus 0.25 mL single-dose syringe	Afluria® syringes	0.25mL	0.5mL
		Fluarix® syringes	0.5mL	0.5mL
		FluLaval® syringes		
		Fluzone® syringes		
Administer the entire dose to appropriate age—do not split 0.5mL dose for multiple uses.				
6 MONTHS & OLDER	 Fluarix® Quadrivalent GlaxoSmithKline Biologicals 0.5 mL single-dose syringe	 FluLaval® Quadrivalent GlaxoSmithKline Biologicals 0.5 mL single-dose syringe		
	 Fluzone® Quadrivalent Sanofi Pasteur, Inc. 0.5 mL single-dose syringe	 Fluzone® Quadrivalent Sanofi Pasteur, Inc. 0.5 mL single-dose vial		
3 YEARS & OLDER	 Afluria® Quadrivalent Seqirus 5.0 mL multi-dose vial	 Afluria® Quadrivalent Seqirus 0.5 mL single-dose syringe		
	 FluLaval® Quadrivalent GlaxoSmithKline Biologicals 5.0 mL multi-dose vial	 Fluzone® Quadrivalent Sanofi Pasteur, Inc. 5.0 mL multi-dose vial		
4 YEARS & OLDER	 Flucelvax® Quadrivalent Seqirus 0.5 mL single-dose syringe	 Flucelvax® Quadrivalent Seqirus 5.0 mL multi-dose vial		
2-49 YEARS OLD & HEALTHY	 FluMist® Quadrivalent MedImmune Vaccines, Inc. 0.2 mL single-dose nasal sprayer			
18 YEARS & OLDER	 FluBlok® Quadrivalent Protein Sciences 0.5 mL single-dose syringe			
		 FLUAD™ Adjuvanted Quadrivalent Seqirus 0.5 mL single-dose syringe		
		 Fluzone® High-Dose Quadrivalent Sanofi Pasteur, Inc. 0.5 mL single-dose syringe		

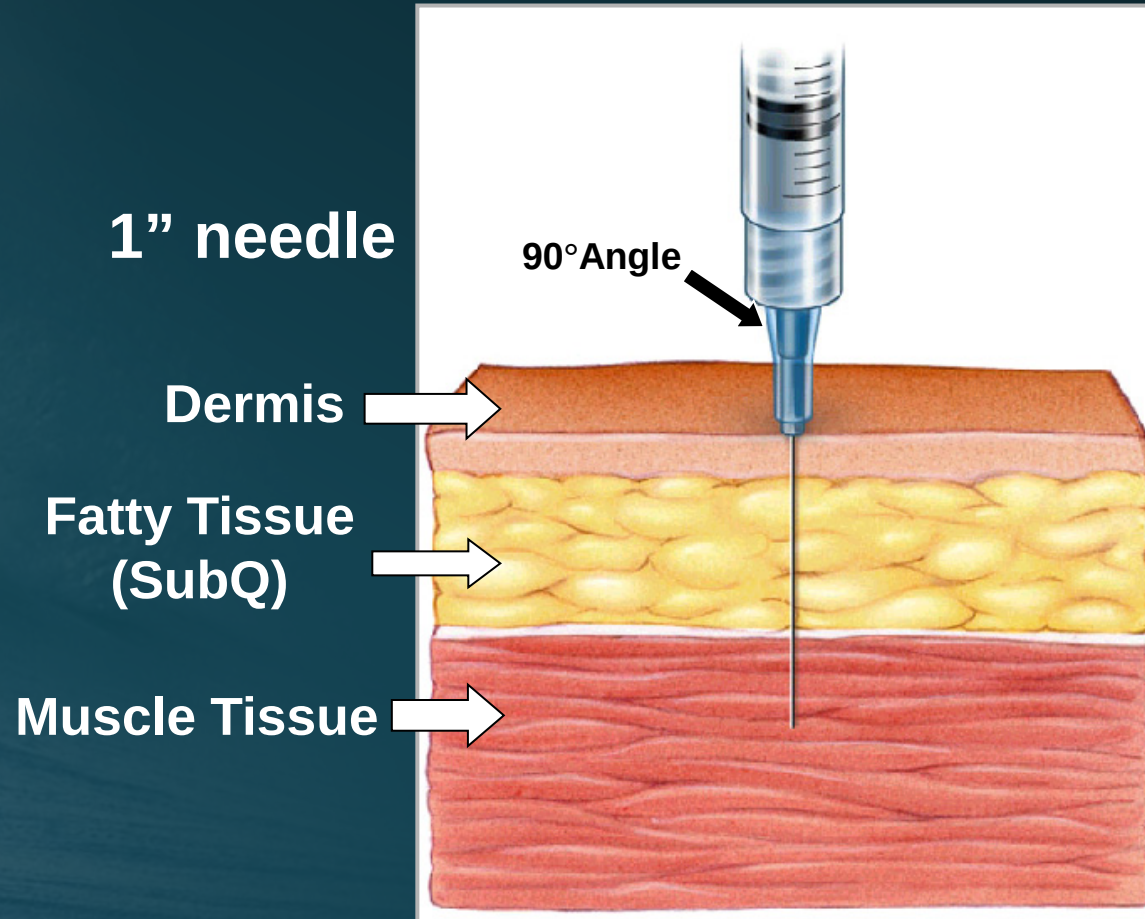
STORE ALL INFLUENZA VACCINES IN THE REFRIGERATOR.

VFC Questions:
Call 877-2Get-VFC
(877-243-8832)

- Multi-dose vials contain preservative and typically cannot be given to children younger than 3 years of age and pregnant women per California law (Health and Safety Code 124172).
- Children under 9 years of age with a history of fewer than 2 doses of influenza vaccine are recommended to receive 2 doses this flu season. See bit.do/fluVFCACIP
- Vaccines with the VFC logo are available through the Vaccines for Children Program in 2020-2021 and can only be used for VFC eligible children (≤18 years of age).

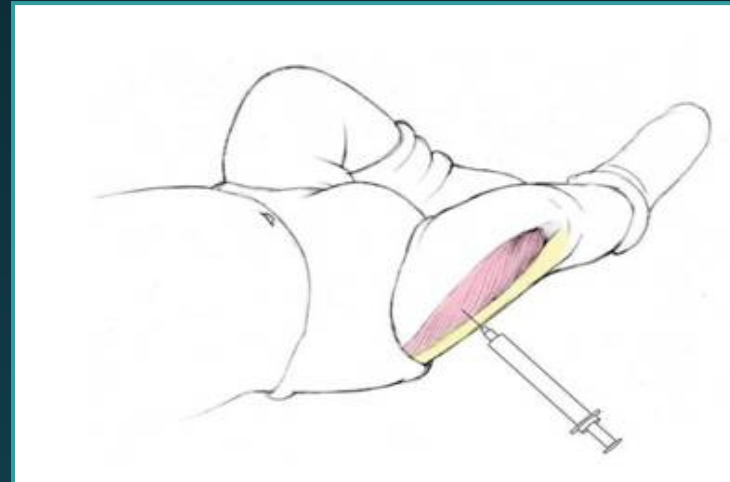
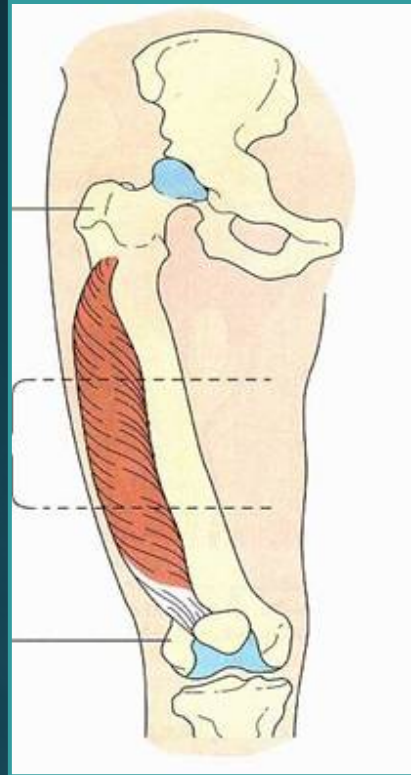
Vaccine Administration Sites

Intramuscular (IM) Tissue



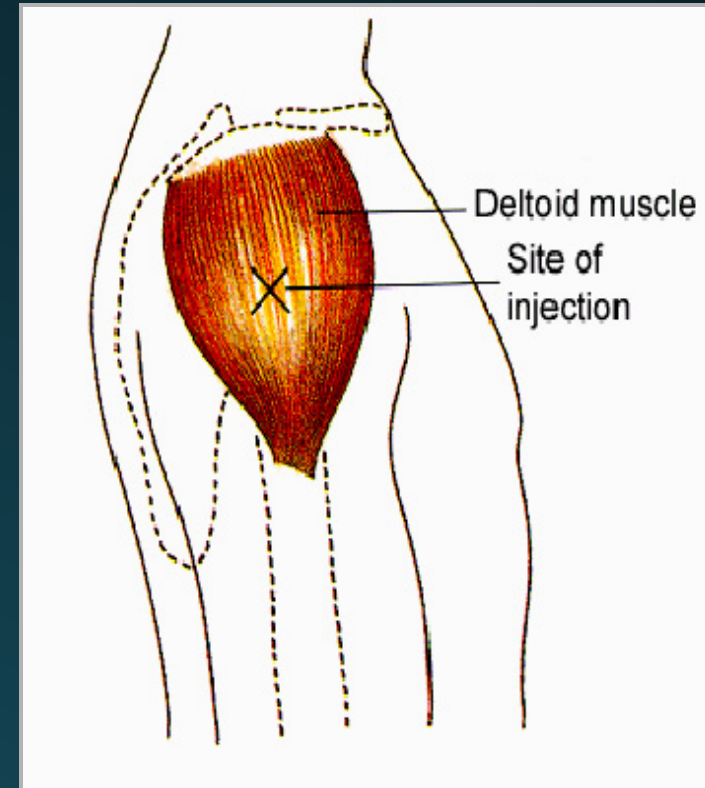
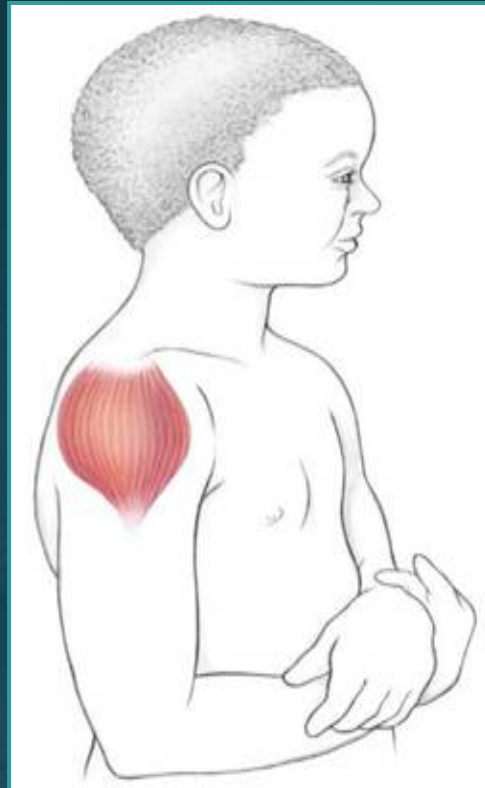
IM Site - Infant/Toddler

**Site of
Injection**



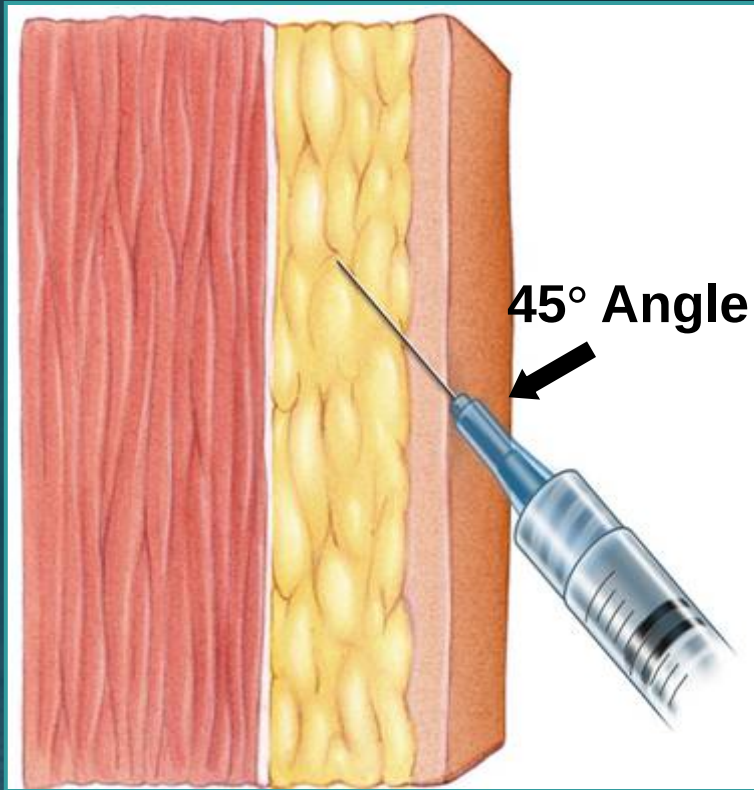
Anterolateral Thigh (vastus lateralis muscle)

IM Site - Child/Adolescent/Adult



Vaccine Administration Sites

Subcutaneous (SC) Tissue



A 5/8" 25 gauge needle is the best over all needle length for subcutaneous (SC) immunizations

Subcutaneous Injection Technique





DOCUMENTATION

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

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

Immunization Record and History

PATIENT NAME (Last, first, middle initial) **LYNCH, H. DEVANTE** NUMBER **77-77-7777**

BIRTHDATE **3/10/00** SEX **M** KNOWN REACTIONS TO VACCINES/ALLERGIES **NKA** PRACTICE NAME/ADDRESS **JAY JONES, M.D.
123 ANGEL RD
WHOSTOWN, CA 9999**

VACCINES FOR CHILDREN (VFC) ELIGIBILITY (marked with X)
☒ Child-Med-Cal Eligible ☐ No health insurance ☐ American Indian/Alaska Native ☐ Don't know/verify and mail health record health insurance card on form 505 ☐ Not eligible

If a combination vaccine (e.g., DTP + Hib or HepB + Hib) is used, record dose in each section.

VACCINE	DATE GIVEN	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE VIS I.D.#	VACCINE	DATE GIVEN	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE VIS I.D.#
OPV 1	5/20/00	ADVENTIS-PAST LOT 756-2	CN	LT 1/1/00	MMR 1				
OPV 2	7/6/00	ADVENTIS LOT 756-2	CN	LT 1/1/00	MMR 2				
OPV 3	10/13/00	ADVENTIS T0245-2	ON	LT 1/1/00	Hep B 1	3/10/00	TRANSCRIBED		
OPV 4					Hep B 2	5/20/00	CONVAX 1580K	CN	RT 12/16/98
DTaP1	5/20/00	SKB DTA1234	CN	LT 8/15/97	CONVAX 10/13/00	MERCK 1990K	ON		RT 12/16/98
DTaP2	7/30/00	SKB DTA1234	CN	LT 8/15/97	Vaccines 1				
DTaP3	10/13/00	SKB DTA5678	ON	LT 8/15/97	Vaccines 2				
DTaP4									
DTaP5									
10 Booster									
CONVAX 1	5/20/00	MERCK 1580K	CN	RT 12/16/98	Pneumococ 1	5/20/00	WYETH 345-678	CN	RT 5/3/00
CONVAX 2	7/30/00	ADVENTIS 1990K	CN	RT 12/16/98	Pneumococ 2	7/30/00	WYETH 345-679	CN	RT 5/3/00
CONVAX 3	10/13/00	MERCK	ON	RT 12/16/98	Pneumococ 3	10/13/00	LEDERLE 345-677	ON	RT 5/3/00
HIB 4					Pneumococ 4				

Check here if patient had skin tests and does not need vaccine.

SKIN TESTS			
DATE GIVEN	TYPE	DATE READ	IMPRESSION
	☐ MMR		☐ Negative ☐ Positive (mm)
	☐ MMR		☐ Negative ☐ Positive (mm)
	☐ MMR		☐ Negative ☐ Positive (mm)
	☐ MMR		☐ Negative ☐ Positive (mm)

Please add dates of doses given elsewhere and write in "elsewhere" or "transcribed" or name of provider.

* Date given indicates date vaccine administered and the Vaccine Information Statement (VIS) was given to the patient/parent. If VIS given at other date, write in date VIS given as well.
** Vaccine Site: (S) = Left Shoulder, (R) = Right Shoulder, (F) = Right thigh.
† VIS-Vaccine Information Statement; appropriate VIS must be given to parent/patient before each dose of vaccine is administered. Each VIS is identified by the vaccine name and the VIS form date.

DATE ENTERED 1/1/01 C.N. Candy Nurse, RN O.N. Ofelia Nurse, RN

California Immunization Record (CIR) "Yellow Card"

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
INFLUENZA	11/9/13	☐ TIV ☐ LAVI	Dr. Smiley
	11/5/14	☐ TIV ☐ LAVI	Dr. Smiley
	12/2/15	☐ TIV ☐ LAVI	Dr. Smiley
		☐ TIV ☐ LAVI	
		☐ TIV ☐ LAVI	
HUMAN PAPILLOMAVIRUS (HPV)	1		
	2		
	3		
MENINGOCOCCAL (meningitis)	1	☐ MCV ☐ MPV	
		☐ MCV ☐ MPV	

DT/Td = diphtheria, tetanus [difteria, tétano]
DtaP/Tdap = diphtheria, tetanus, and pertussis (whooping cough) [difteria, tétano, y tos ferina]
Hib = Hib meningitis [Haemophilus influenzae type b] [meningitis Hib]
HPV = human papillomavirus [virus del papiloma humano]
IPV = inactivated polio vaccine [vacuna antipoliomielítica inactivada]
LAIV = nasal spray influenza vaccine [vacuna intranasal viva contra la influenza]
MCV = meningococcal conjugate vaccine [vacuna meningocócica conjugada]
MMR = measles, mumps, rubella [sarampión, paperas y rubéola [sarampión alemán]]
MPV = meningococcal polysaccharide vaccine [vacuna meningocócica polisacárida]
OPV = oral polio vaccine [vacuna oral contra la polio]
PCV = pneumococcal conjugate vaccine [vacuna neumocócica conjugada]
PPV = pneumococcal polysaccharide vaccine [vacuna polisacárida contra el neumococo]
RV = rotavirus [rotavirus]
TIV = flu shot [vacuna desactivada contra la influenza]

TEST*	Type**	Date given	Given by	Date read	Read by	mm indur	Interpretation
TB SKIN TESTS	☐ PPD-Mantoux	/ /	/ /	/ /			☐ Pos
	☐ Other	/ /	/ /	/ /			☐ Neg
Proveas de la Tuberculosis	☐ PPD-Mantoux	/ /	/ /	/ /			☐ Pos
	☐ Other	/ /	/ /	/ /			☐ Neg

* A chest x-ray may be indicated if skin test is positive.
** If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY (Radiografía)
(Necessary if skin test positive)
Film date: ____/____/____ Interpretation: ☐ Normal ☐ Abnormal
Person is free of communicable tuberculosis: ☐ yes ☐ no
Signature/Agency: _____

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.
Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Manténgalo este Comprobante, lo necesitará.

IMMUNIZATION RECORD Comprobante de Inmunización

Name
nombre Aubrey Tucker

Birthdate
fecha de nacimiento 10/11/12

Allergies
alergias

Vaccine Reactions
reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
HEPATITIS B	1 10/11/12	- in hospital -	
	2		
	3		
ROTAVIRUS (RV)	1 12/30/12	Dr. Smiley	
	2 2/28/13	Dr. Smiley	
	3 4/26/13	Dr. Smiley	
DIPHTHERIA TETANUS PERTUSSIS	1 12/30/12	☐ DTaP ☐ Tdap ☐ DTaP ☐ Tdap ☐ DTaP	Dr. Smiley
	2 2/28/13	☐ DTaP ☐ Tdap ☐ DTaP ☐ Tdap ☐ DTaP	Dr. Smiley
	3 4/26/13	☐ DTaP ☐ Tdap ☐ DTaP ☐ Tdap ☐ DTaP	Dr. Smiley
	4 11/1/13	☐ DTaP ☐ Tdap ☐ DTaP ☐ Tdap ☐ DTaP	Dr. Smiley
	5	☐ DTaP ☐ Tdap ☐ DTaP ☐ Tdap ☐ DTaP	
	6	☐ DTaP ☐ Tdap ☐ DTaP ☐ Tdap ☐ DTaP	
HAEMOPHILUS INFLUENZAE TYPE B (HIB)	1 12/30/12	Dr. Smiley	
	2 2/28/13	Dr. Smiley	
	3 11/1/13	Dr. Smiley	
PNEUMOCOCCAL	1 12/30/12	☐ PCV ☐ PPV	Dr. Smiley
	2 2/28/13	☐ PCV ☐ PPV	Dr. Smiley
	3 4/26/13	☐ PCV ☐ PPV	Dr. Smiley
	4 11/1/13	☐ PCV ☐ PPV	Dr. Smiley
POLIO	1 12/30/12	☐ IPV ☐ OPV	Dr. Smiley
	2 2/28/13	☐ IPV ☐ OPV	Dr. Smiley
	3 4/26/13	☐ IPV ☐ OPV	Dr. Smiley
	4	☐ IPV ☐ OPV	
MEASLES MUMPS RUBELLA (MMR)	1		
	2		
VARICELLA (chickenpox)	1 11/1/13	Dr. Smiley	
	2		
HEPATITIS A	1 11/1/13	Dr. Smiley	
	2 5/5/14	Dr. Smiley	

PH 298 (1/07) www.cdph.ca.gov

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



RESOURCES & TOOLS

Online Training: www.eziz.org



Google Custom Search

A one-stop shop for immunization training and resources.

Home

EZIZ Training

VFC Program

Storage & Handling

Resources

Contact VFC

Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-329-9832

Find a VFC field representative in your area

Find other VFC provider offices in your area

Send us your comments at ImmunizationBranch@cdph.ca.gov

Sign up to receive EZIZ news and VFC letters via email

Frequently Asked Questions

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 (19 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. View the [US Map](#) for links to other states' immunization programs and protocols.

About EZIZ | www.getimmunizedca.org

Resources

For Trainers

EZIZ Promo Flyer

EZIZ Quick-start Cards

CAIR 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

Handouts For Staff and Patients

CAIR Training

Training by Other Organizations

Interactive Training Modules

EZIZ Lesson: Storing Vaccines

Recommended Vaccine Storage Temperatures

Click the blue buttons to explore the topics.

Temperature Scale

Temperature Ranges



Page 4 of 22

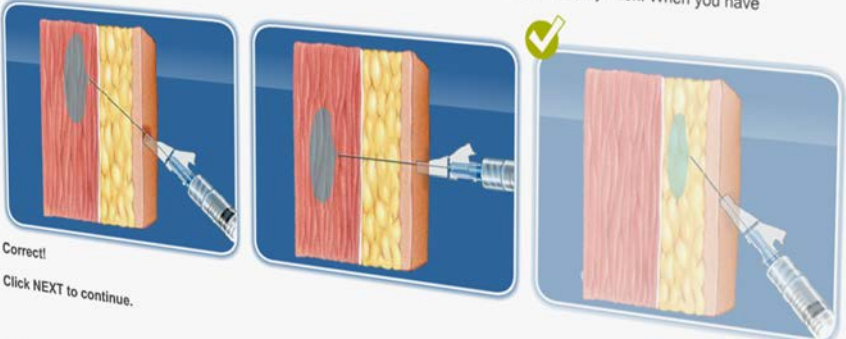
EZIZ Online Immunization Training

Lesson: Administering vaccines

Lesson Map Glossary References Help Close X

Practice Exercise: Giving SC Injections

Instructions: Click the image that shows the correct needle angle and route for a subcutaneous (SC) injection. When you have finished, check your answer.



Correct!

Click NEXT to continue.

Page 10 of 11

Back Next

Thank You For Making A Difference !





Families grow healthy with WIC

What is the WIC Program?

WIC was established in 1974



It is a health and nutrition program for Women, Infants, and Children funded by the U.S. Department of Agriculture (USDA)

It helps families buy healthy foods

Families grow healthy with WIC

WIC's Mission

"To give our most vulnerable children the best possible start by providing nutrition education and healthy foods during the critical stages of fetal and childhood development to achieve optimal nutritional status for children before they start school."



Families grow healthy with WIC

Riverside County WIC Program



18 WIC offices
72,990 participants/month

Families grow healthy with WIC

WIC Professionals

Registered Dietitian
Degreed Nutritionist
Health Education Assistant
Health Services Assistant
Peer Counselor for BF Support
International Board-Certified Lactation Consultant (IBCLC)



Families grow healthy with WIC

Who Qualifies?

- **Category** served by WIC
 - Pregnant women
 - Postpartum women
 - Infants or children under age five
 - Foster parents, grandparents, fathers
- Reside in **California** --- may cross County lines
- Applicants may qualify even if they are **employed**
- **Immigration** status has no effect on eligibility
- Meet **income** guidelines:
 - Adjunctively Eligible if on TANF and/or Medical
 - 185% of the Federal Poverty Level

Families grow healthy with WIC

Income Guidelines Effective May 1, 2021 - June 30, 2022



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

Families grow healthy with WIC

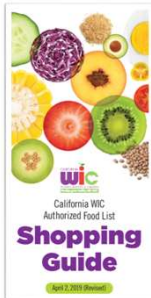
California WIC Card

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



Families grow healthy with WIC

WIC Offers Healthy Foods



- Whole grains
- Fruits and vegetables
- Cereals: iron-fortified and low sugar
- Eggs, milk, cheese & yogurt
- Tofu and soy beverages
- Peanut butter
- Dried beans/peas
- Tuna, salmon, sardines, mackerel

Families grow healthy with WIC

Farmers' Market



\$28 to buy fruits and vegetables at an **authorized**
Farmers Market from June-November

Families grow healthy with WIC

Nutrition Assessment & Education



4g = 1 teaspoon = 15 calories
total grams ÷ 4 = total teaspoons
61 ÷ 4 = 15.25 teaspoons

Nutrition Facts	
5 servings per container	
Serving size 1/3 box (100g)	
Amount per serving	
Calories	450
	% Daily Value*
Total Fat 15g	20%
Saturated Fat 9g	41%
Trans Fat 1g	
Cholesterol 30mg	11%
Sodium 310mg	13%
Total Carbohydrate 77g	28%
Dietary Fiber 4g	5%
Total Sugars 61g	79%
Includes 40g Added Sugars	
Protein 20g	
Vitamin D 2mcg	8%
Calcium 151mg	10%
Iron 12mg	70%
Potassium 115mg	2%

Families grow healthy with WIC

How many teaspoons of sugar?



Families grow healthy with WIC

Nutrition Assessment & Education Materials



Now available in mobile friendly versions
www.cdph.ca.gov

Families grow healthy with WIC

Breastfeeding Support and Information



WIC **promotes** breastfeeding
 as the **first choice** for an infant's optimal nutrition

Families grow healthy with WIC

Lactation Services Mission



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

Families grow healthy with WIC

Breastfeeding Support and Information

- Local WIC Clinic Breastfeeding Support and Education
- 24 Hour Breastfeeding Helpline
- Breastfeeding Friendly Physician program
- Peer Counselors: Sistah Connection/WIC @ Work
- Regional Breastfeeding Liaison
- Breastfeeding Friendly Child Care and Employers
- Grow Our Own IBCLC's- Riverside County

loving support
 makes breastfeeding work

Families grow healthy with WIC

Breast Pump Program

- Manual pumps
- Electric pumps
 - Hospital pump for babies in NICU
 - WIC @ Work
- Hospital Pump Program



Families grow healthy with WIC

Understanding Newborn Baby Behavior



Families grow healthy with WIC

Infant Formula

- Contracted formula
- Therapeutic Formula
 - WIC is payer of last resort
 - Pediatric Referral completed and signed by MD

Families grow healthy with WIC

Pediatric Referral

sample of section 1

Families grow healthy with WIC

Pediatric Referral

sample of section 1

Families grow healthy with WIC

Referrals

WIC encourages participants to receive regular preventive health care and makes referrals to medical providers for pediatric, perinatal, and community services.



Families grow healthy with WIC

www.rivhero.com



Families grow healthy with WIC

California WIC App



Families grow healthy with WIC

www.cdph.ca.gov



WOMEN, INFANTS & CHILDREN PROGRAM

COVID-19 Information

If you are concerned about waiting to an office, let your local WIC office know. WIC locations have procedures to help you get WIC benefits as quickly as possible as some locations may be closed to the public. Please call for information before visiting.

Families grow healthy with WIC

WIC Really Works!
Families enrolled on WIC



Are less likely to:

- Deliver prematurely
- Have low birth weight babies

Resource and Referral Services

Mom's receive breastfeeding support

Children have decreased rate of obesity and anemia

\$1.00 spent on WIC → MediCal saves \$1.77 - \$3.13

Families grow healthy with WIC

What questions do you have?



Families grow healthy with WIC

Thank you!



Eva Arreola, HSA, IBCLC
Nutrition and Health Promotion Branch
Riverside University Health System - Public Health
EArreola@ruhealth.org

History of WIC
<https://youtu.be/Ot7FGXdTrY4>

Families grow healthy with WIC

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)

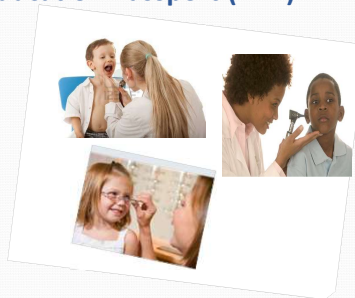


Goal of the HCPCFC program

- 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



HCPCFC 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.

HCPCFC Foster Care Medical (Specialty) Contact Form

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

Submitted to the County HCPCFC Program within 8 business days of the examination. Fax: (951) 358-5414 or mail: [Address]

Complete this form if child is in the foster care system. Health care providers are required to submit a HCPCFC Foster Care Medical (Specialty) Contact Form when:

- Admission into the foster care system.
- Transfer from one foster care setting to another.
- Discharge from the foster care system.

Child's Name: [First, Last, Middle Initial] Date of Birth: [MM/DD/YYYY] Sex: [Male/Female] Race: [] Ethnicity: [] Language: []

Responsible Person (Mother): [Name] Relationship: [] Address: [] City: [] State: [] Zip: []

Provider: [Name] Address: [] City: [] State: [] Zip: []

Form sections include: Patient Information, Medical History, Physical Examination, Laboratory Tests, Immunization Status, Developmental Screening, and Referrals.

HCPCFC Health Exam Forms

Report of Medical/Dental Exam

REPORT OF MEDICAL EXAM | REPORT OF DENTAL EXAM

Form sections include: Patient Information, Medical History, Physical Examination, Laboratory Tests, Immunization Status, Developmental Screening, and Referrals.

Importance of HCPCFC PHN

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

**Foster Care Nurses
Helping one child at a time**



Craig Demers, ANM

HCPCFC 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



Maternal, Child, and Adolescent Health Branch

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



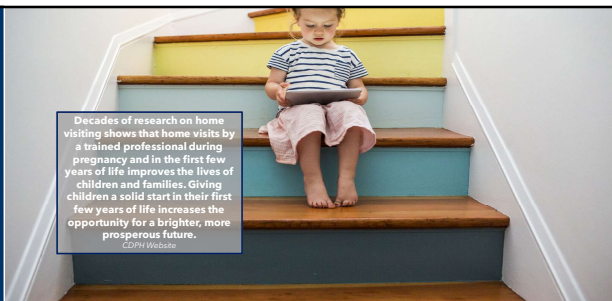
Riverside University HEALTH SYSTEM

WHO WE ARE



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

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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.

Overview of MCAH Home Visitation Programs

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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 (BHV).

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.

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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

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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)




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Video Clip

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



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Video Clip

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

"Providers"
Your referrals
make the
Difference!



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THANK YOU

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

Riverside University HEALTH SYSTEM



Help Me Grow Inland Empire



**There are 366,609 children 0-5 in
Riverside and San Bernardino
Counties.**

**We need our early childhood systems
to promote the healthy development
of each and every one of them.**

 **Help Me Grow**
Inland Empire

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.

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.

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

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

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

**HMGIE is Ready to
Support Your Work!**





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



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)

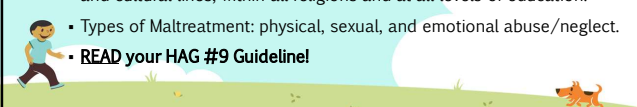
EISENHOWER MC (Rancho Mirage)

Barbara Sinatra Center for Abuse Children (BSCC)



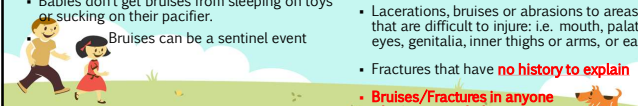
Health Assessment Guidelines (HAG) #9 Child Maltreatment

- 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**

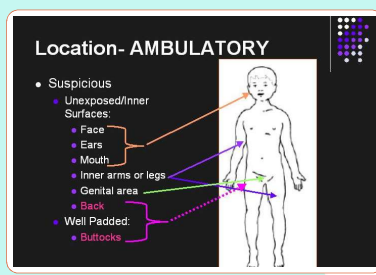


Location- AMBULATORY

- Suspicious
 - Unexposed/Inner Surfaces:
 - Face
 - Ears
 - Mouth
 - Inner arms or legs
 - Genital area
 - Back
 - Well Padded:
 - Buttocks

Locations of suspicious bruises in ambulatory children

- 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
- Or
- 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)

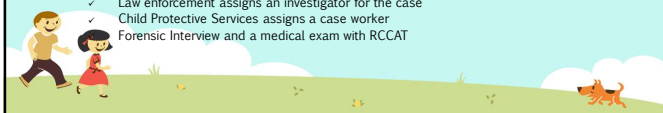
NON-ACUTE
Greater than 24 hours for 0-17 years old

- 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



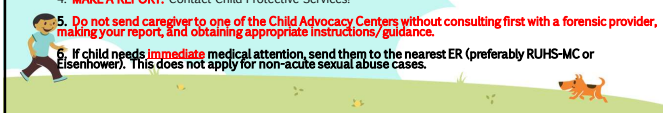
TAKE ACTION!

- 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@ruhshealth.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

