2025 Program Participation Requirements at a Glance

*Note: For the purposes of the VFC program, the term 'vaccine' is defined as any FDA-authorized or licensed, ACIP-recommended product for which ACIP approves a VFC resolution for inclusion in the VFC program.

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 ***UPDATED!***	Designate and maintain key practice staff in the practice's profile. Immediately report in myCAvax any changes to key practice staff roles (Vaccine Coordinator or Backup, Provider of Record or Designee); any changes to the Provider of Record or Designee require an electronic signature by the Provider of Record. There are four required VFC key practice staff 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 practices 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)

<table>
<tr><th>Requirement</th><th>Summary</th><th>Resources/Job Aids</th></tr>
<tr><td></td><td>Optional Key Practice Staff:
Additional Vaccine Coordinator (optional): An on-site employee with similar vaccine management responsibilities to the primary and backup vaccine coordinators. This is an optional role that can be added to myCAvax.
Organization Vaccine Coordinator (optional): An employee responsible for managing multiple locations within an organization. This is an optional role that can be added to myCAvax.
Immunization Champion (optional): A staff member who goes above and beyond their normal duties to promote immunizations to patients and in the community.</td><td></td></tr>
<tr><td>Staff Training Requirements

UPDATED!</td><td>Anyone acting in VFC roles (Provider of Record and Designee, Vaccine Coordinator and Backup or the optional Organization Coordinator and Additional Vaccine Coordinator roles) must complete the required EZIZ lessons when hired and annually thereafter; staff must demonstrate competency in their assigned VFC roles. Any clinician who administers VFC-supplied vaccines must be knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products.

All staff who conduct VFC Program eligibility screening, documentation, and billing (e.g., front- or back-office staff) must be knowledgeable of all VFC eligibility categories, documentation, and billing requirements.

All staff and supervisors who monitor storage unit temperatures or sign off on temperature logs must complete the related EZIZ lesson when hired and annually thereafter; they must be fully trained on use of the practice’s data loggers and actions required after a temperature excursion is discovered.

Train staff who are authorized to accept packages to immediately notify the Vaccine Coordinator when VFC-supplied vaccines are delivered.

Conduct regular vaccine transport drills to maintain competency and readiness for emergencies.
<table>
<tr><th colspan="2">✓ = Required Lesson</th><th>When to Start Lesson</th><th colspan="4">Key Practice Staff</th></tr>
<tr><th colspan="2"></th><th></th><th>Vaccine Coordinator</th><th>Backup Vaccine Coordinator</th><th>Provider of Record</th><th>Provider of Record Designee</th></tr>
<tr><td rowspan="4">Lessons</td><td>VFC Program Requirements</td><td>Recertification Launch</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Storing Vaccines</td><td>Recertification Launch</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Monitoring Storage Unit Temperatures</td><td>Recertification Launch</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Conducting a Vaccine Inventory</td><td>Recertification Launch</td><td>✓</td><td>✓</td><td>Encouraged</td><td>Encouraged</td></tr>
</table></td><td>EZIZ Training Lessons

Provider Operations Manual (IMM-1248) Chapter One</td></tr>
</table>

Requirement	Summary	Resources/Job Aids
	Review & Acknowledge: **Provider Operations Manual** — Recertification Launch: ✓ ✓ ✓ ✓ Review & Acknowledge: **Vaccine Management Plan** — Recertification Launch: ✓ ✓ ✓ ✓	
Vaccine Storage Units ***UPDATED!***	Participating provider locations agree to store all VFC-supplied vaccines in vaccine refrigerators and freezers that meet California VFC Program requirements. Adherence to storage and handing requirements is certified as part of annual provider recertification and during both routine and unannounced site visits conducted by VFC Field Representatives. • Have refrigerators and freezers that comply with VFC vaccine storage unit requirements: Very high-volume provider locations must use purpose-built (pharmacy-, biologic-, or laboratory-grade) refrigerators. Other provider locations may use refrigerators and freezers that are purpose-built (preferred) or commercial-grade (acceptable). Household-grade, stand-alone refrigerators are discouraged. Purpose-built combination units, including auto-dispensing doorless units, are allowed. NOTES: ○ Exception for specialty provider locations such as birthing hospitals: Freezer units are not required. ○ Ultra-low temperature freezers are allowed for storage of Pfizer COVID-19 vaccines but are not required. • Manual-defrost freezers are allowed for use if the practice has access to an alternate storage unit when defrosting the freezer (Note: Defrost manual-defrost freezers only when frost exceeds 1cm or the manufacturer's suggested limit). The alternate storage unit must have appropriate freezer temperatures and be monitored using a VFC-compliant digital data logger. Never store VFC-supplied vaccines in a cooler. • Never use any of the following for routine vaccine storage: household-grade combination refrigerator-freezers, compact household-grade stand-alone refrigerators (with capacity 11 cubic feet or less), dormitory-style or bar-style combined refrigerator/freezers, manual defrost refrigerators, convertible units, or cryogenic (ultra-low) freezers, or any vaccine transport unit (including coolers and battery-operated units). • Purchase new refrigerators (purpose-built) or freezers (any grade) if existing storage units malfunction frequently or experience frequent temperature excursions. **For provider locations designated solely as mass vaccinators**: Only use purpose-built vaccine transport units for transport and on-site storage.	EZIZ Vaccine Storage requirements Provider Operations Manual (IMM-1248) Chapter 3
Vaccine Storage Unit Configuration ***UPDATED!***	Prepare vaccine refrigerators and vaccine freezers following VFC Program requirements. • Place water bottles (in refrigerators) and ice packs (in freezers only) to stabilize temperatures. (Exception for purpose-built, auto-dispensing doorless units.) • Place data logger buffered probes in the center of refrigerators and freezers near vaccines. (Exception for purpose-built, auto-dispensing doorless units.) • Place data logger digital displays outside of the storage units to allow temperature monitoring without opening the vaccine storage unit door. (Exception for purpose-built, auto-dispensing doorless units.)	Preparing Vaccine Storage Units (IMM-962) Setting Up Vaccine Storage Units (IMM-963) Do Not Unplug Sign (IMM-744ES))

Requirement	Summary	Resources/Job Aids
	• Plug the refrigerator and freezer directly into nearby, dedicated wall outlets that do not have built-in GFI circuit switches and are not controlled by light switches; never plug storage units into extension cords, power strips, or surge protectors with an on/off switch. • Post "Do Not Unplug" signs on electrical outlets and circuit breakers to prevent interruption of power. Set up vaccine refrigerators and vaccine freezers following VFC Program requirements. • Clearly identify unit space or containers that will store VFC-supplied and privately purchased vaccines. • Group vaccines by pediatric, adolescent, and adult types. • Allocate enough space to position vaccines or baskets 2-3 inches away from walls, floor, and other baskets to allow space for air circulation. (Exception for purpose-built, auto-dispensing doorless units.) Post the CDPH universal temperature log on vaccine storage unit doors or in an easily accessible location.	Provider Operations Manual (IMM-1248) Chapter 3 CDPH Universal Temperature Log (IMM-1535)
Digital Data Loggers (DDLs)	All staff, including supervisors and new employees, must be properly trained on temperature monitoring including proper use of the practice's digital data loggers and the required corrective action for out-of-range temperatures. • Equip all refrigerators and freezers (primary, backup, overflow, or any other temporary unit) storing VFC-supplied vaccines with VFC-compliant digital data loggers. (For purpose-built, auto-dispensing doorless units: built-in, internal data loggers must meet VFC Program requirements except for buffered probes, which are NOT required.) • Only use data loggers that include the following minimum features: a digital display of current, minimum, and maximum temperatures; minimum accuracy of ±1.0°F (0.5°C); a buffered temperature probe (only use the probe that comes with the device) immersed in a vial filled with up to 60mL liquid (e.g., glycol, ethanol, glycerin), loose media (e.g., sand, glass beads), or a solid block of material (e.g., Teflon®, aluminum); an audible or visual out-of-range temperature alarm; logging interval of 30 minutes; a low-battery indicator; and memory storage of 4,000 readings or more. A battery source is required for backup devices used during vaccine transport. • Digital data loggers, including backup digital data loggers, must be able to generate a summary report of recorded temperature data since the device was last reset; summary reports must include minimum and maximum temperatures, total time out of range (if any), and alarm settings. Devices that only generate CSV data files or Excel spreadsheets are not acceptable. • Keep on hand at least one backup, battery-operated, DDL for emergency vaccine transport. Depending on the size of the practice, additional devices might be needed. • Digital data loggers must have a current and valid Certificate of Calibration, including backup digital data loggers.	EZIZ Data Logger Requirements Digital Data Logger Pre-Purchase Worksheet (IMM-1236) Data Logger Setup & Use (IMM-1206) Certificate of Calibration Quick Guide (IMM-1119) Provider Operations Manual (IMM-1248) Chapter 3
Digital Data Logger Configuration & Maintenance	Digital data loggers must be configured to meet VFC Program requirements. • Configure key settings for primary and backup digital data loggers, including device name, low and high temperature alarm limits, immediate notification of out-of-range temperatures, and a maximum logging interval of 30-minutes. • Store the backup digital data logger's buffered probe in the vaccine refrigerator and keep its digital display separately in a cabinet; document the device's location on the practice's vaccine management plan. (Exception for purpose-built, auto-dispensing doorless units: store the entire device in a cabinet.)	EZIZ Data Logger Requirements Provider Operations Manual (IMM-1248) Chapter 3 Certificate of Calibration Quick Guide

Requirement	Summary	Resources/Job Aids
	• Calibrate primary and backup devices every two to three years or according to the manufacturer's suggested timeline (both device and probe together) ideally by a laboratory with accreditation from an ILAC MRA signatory body. **NOTES**: ○ If the manufacturer supplies a pre-calibrated replacement probe upon device calibration expiration, the device and probe do not need to be calibrated together. ○ New devices that only generate CSV data files or Excel spreadsheets are not acceptable. If your current device only generates CSV data files or Excel spreadsheets, it must be replaced with a digital data logger that meets current VFC Program requirements. ○ Practices are required to keep on hand at least one backup, battery-operated digital data logger for use during recalibration, when the primary device breaks, when the primary device does not meet calibration requirements, or during emergency vaccine transport. • Certificates issued by non-accredited laboratories must meet all VFC Program requirements for certificates of calibration. • Calibrate primary and backup devices on different schedules to ensure all refrigerators and freezers storing VFC-supplied vaccines are equipped with data loggers at all times. • Keep certificates of calibration on file and make them available to the VFC Program upon request. • Purchase a new data logger if existing device or probe malfunctions, is damaged, or if device provides repeated, inaccurate temperature readings. (Exception for replacement probes recommended and replaced by the device manufacturer)	
Vaccine Orders & Accountability ***UPDATED!***	Trained and authorized clinic staff must submit vaccine orders through the practice's account on myCAvax following VFC Program requirements. • Order all ACIP-recommended vaccines (including flu, COVID-19, RSV and special-order vaccines), and non-routine vaccines when indicated or requested, to meet the needs of the total VFC-eligible patient populations reported for the provider PIN. • Order only one brand and formulation for each vaccine to avoid administration errors. NOTES: ○ Under limited circumstances, providers may be allowed to order more than one brand or formulation with VFC Program approval. ○ Any changes to vaccine brand ordering require a submitted vaccine change request form. • Order all vaccine doses in sufficient quantities to last until the next order period; order quantities must factor in VFC vaccine doses administered (since the previous order) and the VFC doses on hand (at the time of the order). • Order vaccines according to the provider location's assigned order frequency or as guided by the VFC Program; provider locations who have not ordered and administered all ACIP-recommended vaccines for their patient population in the past 12 months will be terminated from the VFC Program. Vaccines ordered solely to prevent account termination and are lost due to expiry will be considered a negligent loss. ○ Note: Newly enrolled providers must order within 3 months to maintain their active enrollment in the VFC Program. • Order vaccines using the approved practice address for the provider PIN.	Vaccine Ordering Worksheet (IMM-1246) Vaccine Physical Inventory form (IMM-1052) Vaccine Brand Change Request Form (IMM-1377) **Usage Logs:** VFC Daily Usage Log (IMM-1053) Private Daily Usage Log (IMM-1053P) Flu Daily Usage Log (IMM-1053F)

Requirement	Summary	Resources/Job Aids
	• Account for every dose of VFC-supplied vaccine ordered and received by the provider location. • Report all VFC vaccine doses administered (since the previous order) and doses on hand (at the time of the order) on each vaccine order. Vaccine doses administered must be based on actual vaccine administration logs or registry/EMR administration summary reports. • Maintain accurate and separate stock records (e.g., purchase invoices, receiving packing slips) for privately purchased vaccines and make them available to the VFC Program upon request.	Provider Operations Manual (IMM-1248) Chapter 4
Receiving & Inspecting Vaccine Deliveries ***UPDATED!***	Follow VFC Program requirements: • Never reject vaccine shipments. • Receive, inspect, and store vaccines and diluents within manufacturer-recommended ranges immediately upon delivery. • Immediately report any shipment incidents in myCAvax; providers are encouraged to use the "Vaccine Receiving Checklist" to gather the necessary reporting data. • Keep packing slips for all vaccine shipments received, including publicly funded and private vaccine shipments. • The practice must be open with staff available to receive vaccines at least one day a week (other than Monday) and for at least four consecutive hours.	Vaccine Receiving Log and Checklist (IMM-1112) Provider Operations Manual (IMM-1248) Chapter 3
Vaccine Storage	Dedicate vaccine refrigerators and freezers to the storage of vaccines only; if storage of medications or biologics is necessary, store below vaccines on a different shelf. • Store all frozen vaccines (Merck MMR, MMRV, Varicella, and Moderna COVID-19) between -58.0°F and 5.0°F (-50.0°C and -15.0°C) according to manufacturer recommendations. • Store all other refrigerated vaccines between 36.0°F and 46.0°F (2.0°C and 8.0°C) according to manufacturer recommendations. • Store vaccines in original packaging and allow space for air circulation. • Store VFC-supplied and privately purchased vaccines separately and grouped by vaccine type. • Do not store vaccines in storage unit doors, drawers, or bins. • Place vaccines with the earliest expiration dates toward the front of the storage unit and use first. • Always store VFC-supplied vaccines at the approved location for the provider PIN. (**For practices conducting outreach clinics**: Obtain VFC approval at least 4 weeks prior to the scheduled outreach clinics.)	EZIZ Storing Vaccines lesson Provider Operations Manual (IMM-1248) Chapter 3
Monitoring Storage Unit Temperatures ***UPDATED!***	Monitoring storage unit temperatures consistently and accurately plays an important role in protecting the vaccines that protect your patients. • Record vaccine storage unit temperatures on the CDPH universal temperature log. • Monitor and record current, minimum, and maximum temperatures twice each day: at the beginning and end of each business day. (For VFC-approved outreach clinics: Special event clinics, health fairs, special school clinics, and mass vaccination clinics must monitor and record current, minimum, and maximum temperatures on the “Hourly Vaccine Temperature Log” and every hour; attach the data logger download or summary report if available to the " Vaccine Transport Log". • Temperature logs must be legible and completed accurately in ink. • Neatly cross out, correct, initial, and date any inadvertent documentation error immediately.	EZIZ Monitoring Storage Unit Temperatures lesson Recording Refrigerator & Freezer Temperatures (IMM-1029) CDPH Universal Temperature Log (IMM-1535)

Requirement	Summary	Resources/Job Aids
	• Download temperature data files and review for any unreported out-of-range temperatures at the end of every two-week reporting period. • The supervisor must certify and sign that temperatures were recorded twice daily, staff printed names and initials, and corrective actions were taken for each completed temperature log sheet. • Replace doses (on a dose-for-dose basis) as instructed by the VFC Program if storage unit temperatures are not monitored and documented, if temperature logs or temperature data files are falsified, or if temperature logs or temperature data files are missing during a site visit. • Retain temperature logs and temperature data files for three years, even after your provider location is no longer participating in the VFC Program (due to provider-initiated withdrawal or VFC-initiated termination).	Hourly Temperature Log for Off-Site Clinics (IMM-1315) Vaccine Transport Log (IMM-1132) Provider Operations Manual (IMM-1248) Chapter 3
Taking Action for Temperature Excursions ***UPDATED!***	Vaccines stored out of range might be deemed non-viable and considered a negligent vaccine loss. A temperature excursion does not automatically mean that exposed vaccines are non-viable or unusable. Follow VFC Program requirements: • Take immediate action to prevent vaccine spoilage and to correct any improper storage condition for all out-of-range storage unit temperatures. • Staff must respond to all data logger alarms and out-of-range temperatures. • Quarantine and do not administer any vaccines exposed to out-of-range temperatures until their viability has been determined by vaccine manufacturers. • Identify and report in myCAvax every temperature excursion from any data logger that is recording temperatures for a unit storing VFC-supplied vaccines and comply with any instructions provided. • Communicate every temperature excursion to vaccine manufacturers if instructed by the myCAvax system. • Transport vaccines in the event of extended power outages or unit malfunctions following the guidelines for proper refrigerated vaccine transport and frozen vaccine transport.	Transporting Refrigerated Vaccines: Guidelines for Emergency Vaccine Transport and Short-Term Storage (IMM-983) Transporting Frozen Vaccines: Guideline for Emergency Vaccine Transport and Short-Term Storage (IMM-1130) Provider Operations Manual (IMM-1248) Chapter 3
Vaccine Inventory Management (Spoiled, Expired, & Wasted Doses) ***UPDATED!***	Vaccine inventory management is an essential practice that can prevent inadvertent vaccine loss. • Conduct a physical vaccine inventory at least monthly and before ordering vaccines. Use the VFC Vaccine Physical Inventory Form or equivalent electronic or paper form. • Never borrow VFC-supplied vaccines to supplement private stock, or vice versa. • **For vaccines that will expire within 6 months and cannot be used**: Notify the VFC Call Center to obtain approval prior to transferring short-dated doses to another active VFC provider location to prevent negligent vaccine loss. ○ Note: For providers with expired vaccines who ordered the minimum quantity or ordered seasonal vaccines (e.g., flu and RSV), vaccines will not be considered a negligent loss. • Remove spoiled, expired, and wasted vaccines from storage units after identification to prevent inadvertent use. • Report all spoiled, expired, or wasted vaccines doses of VFC-supplied vaccines prior to submitting a new vaccine order. • Confirm with vaccine manufacturers and/or the VFC Program before reporting any VFC-supplied vaccine as spoiled.	EZIZ Conducting a Vaccine Inventory lesson Provider Operations Manual (IMM-1248) Chapter 3 **Inventory:** How to Do a Physical Inventory (IMM-1090) Vaccine Inventory Form (IMM-1052) Prevent Vaccine Loss flyer (IMM-1113)

Requirement	Summary	Resources/Job Aids
	• Monitor vaccine storage units regularly and purchase additional storage units if capacity cannot accommodate the inventory in a manner consistent with VFC Program requirements.	
Vaccine Transfers & Transports ***UPDATED!***	Vaccine transfers can be minimized by consistent inventory management, but provider locations might need to transfer vaccines to other VFC provider locations if vaccines are likely to expire before administration or in the event of an emergency. If vaccines need to be transferred, follow VFC Program Requirements: • Contact the VFC Call Center prior to transferring VFC-supplied vaccines. • If transfers are approved, only transfer VFC-supplied vaccines to other VFC provider locations. • Report all vaccine transfers at myCAvax. • Never routinely transfer VFC-supplied vaccines to/from other VFC provider locations. • Transport vaccines only when necessary and follow the guidelines for proper refrigerated vaccine transport and frozen vaccine transport. • Complete the "Vaccine Transport Log" each time vaccines are transported. • **In case of emergency**: Only transport VFC-supplied vaccines alternate storage locations equipped with vaccine storage units and temperature monitoring devices that meet VFC Program requirements. • Never transport VFC-supplied vaccines to personal residences. • Use backup, battery-operated, digital data loggers to monitor temperatures during vaccine transport and at VFC-approved off-site clinics—ideally using a portable vaccine refrigerator (if a portable vaccine refrigerator is not available, use qualified containers and pack-outs) for off-site clinics. • Replace any vaccines that were transported without proper documentation of temperature monitoring on a dose-for-dose basis as instructed by the VFC Program.	Vaccine Transport Log (IMM-1132) Transporting Refrigerated Vaccine job aid (IMM-983) Transporting Frozen Vaccines job aid (IMM-1130) Vaccine Management Plan (IMM-1122) Provider Operations Manual (IMM-1248) Chapter 3
VFC Eligibility Screening & Documentation	For children to receive vaccines through the VFC Program, provider locations must screen for and document VFC Program eligibility in the child's permanent medical record — at each immunization visit. Follow VFC Program requirements for patient eligibility screening and documentation: • Screen all children from birth through 18 years of age for VFC eligibility (Medi-Cal eligible, uninsured, American Indian/Alaska Native, and underinsured children seen at a FQHC or RHC) prior to vaccine administration—at every immunization visit. • Document all elements of VFC's "Patient Eligibility Screening Record" form, including the screening date, VFC eligibility (Y/N), and any eligibility criterion (or criteria) if met. • Keep all VFC eligibility records on file for three years, even after your provider location is no longer participating in the VFC Program (due to provider-initiated withdrawal or VFC-initiated termination).	VFC Patient Eligibility Screening Record form (IMM-1111) VFC's Who's Eligible flier (IMM-1088) VFC Eligibility & Documentation Requirements (IMM-1161) Provider Operations Manual (IMM-1248) Chapter 2
ACIP Recommendations & Standards	The VFC Program entitles eligible children to all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). As a VFC Program participant, your practice is also required to ensure that VFC-eligible children have access to ACIP-recommended vaccines not routinely administered, such as Meningococcal Group B (MenB) and Pneumococcal polysaccharide (PPSV23) vaccines and make them available when indicated or requested.	CDC Recommended Immunization Schedules Non-Routine Vaccine Availability Plan (IMM-1263)

Requirement	Summary	Resources/Job Aids
	Follow VFC Program requirements: • Comply with recommendations about immunization schedules, dosages, and contraindications as established by the ACIP and included in the VFC Program. Offer all age-appropriate vaccines according to patient populations served. • Administer VFC-supplied vaccines only to children who meet VFC eligibility criteria. • Distribute the current Vaccine Information Statements (VIS) (or Immunization Information Statement for nirsevimab) before vaccine administration. • Maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). • Note: Until a COVID-19 Vaccine Information Statement (VIS) becomes available, provide information prior to vaccination as follows: EUA Fact Sheet for Recipients, Emergency Use Instructions (EUI), or BLA package insert, as applicable. • For nirsevimab when not co-administered with other vaccines, report all suspected adverse reactions to MedWatch. Report suspected adverse reactions following co-administration of nirsevimab with any vaccine to the Vaccine Adverse Event Reporting System (VAERS). • Acknowledge that revaccination is recommended if non-viable vaccines have been administered to patients. Record information about each immunization given, including: • the name of the vaccine • the date it was given • the route and administration site • the lot number and manufacturer • the name and title of the person who administered it • the practice's name and address • the VIS publication date and date VIS was provided	Instructions for using VIS Current Vaccine Information Statements VAERS, VERP and MedWatch flyer (IMM-1153) Provider Operations Manual (IMM-1248) Chapter 1
Vaccine Administration ***UPDATED!***	Administer all VFC-supplied vaccines at the approved practice address for the provider PIN; do not refer VFC-eligible patients to other facilities; vaccinate all VFC-eligible children within your facility. (**For VFC-approved outreach clinics:** Special event clinics, health fairs, special school clinics, and mass vaccination clinics require prior approval from the VFC Program at least 4 weeks before the scheduled event; frozen vaccines may not be administered off-site; the practice must submit a summary report that includes doses administered within 15 days after the end of the clinic.) Recommend non-routine, ACIP-recommended vaccines when indicated or when requested. Acknowledge and follow VFC Program and manufacturer guidance, including revaccination, if non-viable vaccines have been administered to patients. Report all VFC-supplied vaccine doses administered to an immunization registry (CAIR or RIDE/Healthy Futures) under the Registry ID for the corresponding provider PIN receiving vaccines; data must include all required VFC screening and administration elements.	Daily Usage Log (IMM-1053) Flu Usage Log (IMM-1053F) Provider Operations Manual (IMM-1248) Chapter 2

Requirement	Summary	Resources/Job Aids
	Note: documentation into an electronic health/medical record (EHR/EMR) system is sufficient if data is transmitted from your system to CAIR or RIDE/Healthy Futures.	
Billing for Vaccine Administration	Immunize all VFC-eligible children with VFC-supplied vaccines at no charge to the patient for vaccines. Do not deny vaccine administration because the parent/guardian is unable to pay the administration fee. Provider locations may charge VFC-eligible children not covered by Medi-Cal (i.e. uninsured, American Indian/Alaska Natives, and underinsured children seen at a FQHC or RHC) up to the current federal maximum regional administration charge of $26.03 per dose (not antigen) of vaccine. **For non Medi-Cal, VFC-eligible children:** Waive the administration fee if the parent/guardian is unable to pay. Never bill parents who are unable to pay the waived administration fees. **For Medi-Cal children**: Bill Medi-Cal for vaccine administration fees and accept reimbursement rates set by Medi-Cal or the contracted Medi-Cal health plans. Never bill the difference between Medi-Cal's administration fee and the administration fee cap to the parent/guardian. Specialty providers, such as pharmacies, urgent care, school-located vaccine clinics, or birthing hospitals must agree to vaccinate all "walk-in" VFC-eligible children and not refuse to vaccinate these children based on a parent's inability to pay the administration fee. Note: *"Walk-in" refers to any VFC-eligible child who presents requesting a vaccine, not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive vaccinations, then the policy would apply to VFC patients as well. "Walk-in" may also include VFC-eligible newborn infants at a birthing facility.*	Provider Operations Manual (IMM-1248) Chapter 2
Program Enrollment, Recertification, Withdrawal, & Termination	Prospective provider locations must specify key practice staff; complete necessary training requirements; download and review job aids; comply with storage unit requirements; and complete and submit the online Provider Enrollment Form. Each year the Provider of Record must recertify their participation in the VFC Program by updating their information, completing required EZIZ training, and signing new requirement agreements. Failure to recertify will lead to termination. A waiting period to request re-enrollment will apply. Provider locations may voluntarily withdraw from the VFC Program. The VFC Program also may terminate a VFC "Provider Agreement" and remove the provider location from the VFC Program for failure to comply with program requirements. In both cases, the Provider of Record must return spoiled/expired viable vaccine or transfer all unused VFC-supplied vaccines. Enrolled provider locations are responsible for all VFC-supplied vaccines in their practice until their Provider Agreement has been officially terminated.	EZIZ VFC Enrollment Page EZIZ Recertification Page Participation Withdrawal Request Form Provider Operations Manual (IMM-1248) Chapter 1
Fraud & Abuse	Provider locations agree to participate in a manner intended to avoid fraud and abuse. Fraud and/or abuse of VFC-supplied vaccines will require restitution and may lead to termination from the VFC Program. • Fraud is an intentional deception or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or other person. Fraud results in a financial gain for the provider location but with an inadvertent cost to the VFC Program. • Abuse is a provider practice inconsistent with sound fiscal, business, or medical practice which results in unnecessary costs to the Medicaid program. Abuse results in inadvertent costs to the VFC Program and	Provider Operations Manual (IMM-1248) Chapter 5

Requirement	Summary	Resources/Job Aids
	consists of any actions that lead to negligent loss. Provider locations agree to replace all vaccines deemed non-viable due to provider negligence.	
Documentation & Record Retention Requirements	Maintain all paper-based and electronic records related to the VFC Program for a minimum of three (3) years. Make records available to public health officials, including local health jurisdictions, CA Dept. of Public Health, and Department of Health and Human Services, upon request. Records includes patient screening/eligibility verification, temperature logs, vaccine ordering records, medical records which verify vaccine administration, vaccine purchase and accountability records, VFC training records, vaccine management plan, recertification forms, etc.	Provider Operations Manual (IMM-1248) Chapter 5
Site Visits	Enrolled provider locations agree to site visits from VFC Program staff, including scheduled compliance visits, unannounced storage and handling visits, and visits for educational and programmatic support. Provider locations must immediately report changes in their practice address or account ownership, which may require additional follow-up. Unannounced storage and handling visits serve as spot checks to ensure VFC-supplied vaccines are administered to VFC-eligible children and are managed and stored according to VFC Program requirements. Provider of Record or the Designee must sign and acknowledge receipt of site visit findings and agree to complete required follow up within specified periods.	Provider Operations Manual (IMM-1248) Chapter 5
Program Integrity ***UPDATED!***	Clinic staff must conduct themselves in an ethical, professional, and respectful manner in all interactions with VFC Program staff. Never destroy, alter, or falsify immunization or VFC Program-related records. For providers that serve any non-VFC eligible population according to their provider profile: agree to purchase and maintain a separate vaccine inventory to vaccinate non-VFC eligible population. Make all vaccine administration records (privately and publicly funded) available to representatives from the California Department of Public Health Immunization Branch and the VFC Program. Comply with all mandatory corrective actions and the timeline provided by the VFC Program. Unresolved mandatory corrective actions may result in prevention of completion of recertification process and/or placement on a conditional enrollment. Failure to complete required recertification may lead to program termination. Acknowledge that failure to meet conditional enrollment conditions may lead to permanent termination from the VFC Program.	