2026 Requirements at a Glance

VFC California Vaccines for Children Program

Instructions: See "Requirement" column for itemized requirements from the **VFC Provider Agreement (PDF)** and California VFC Program **Provider Agreement Addendum (PDF)**. Refer to the **VFC Provider Operations Manual (PDF, 8 MB)** for detailed coverage of policies, best practices, and guidance to comply with requirements.

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Enrollment & Recertification

Category	Requirement
Provider Profile	• I will annually submit a provider profile representing the VFC-eligible populations served by my practice/facility and the privately insured (i.e., non-VFC eligible) population I plan to vaccinate. I will submit more frequently if a) the number of children served changes or b) the status of the facility changes during the calendar year. (VFC "Provider Agreement" #1) • Designate the on-site Provider of Record Designee, who is authorized to sign VFC Program documents and assume responsibility for VFC-related matters in the absence of the Provider of Record. (California VFC Program "Provider Agreement Addendum" #1A) • Designate the on-site **Vaccine Coordinator and Backup Vaccine Coordinator (PDF)**, who are responsible for updating and implementing the practice's **vaccine management plan (Word)**. (P.A.A. #1B) • 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. (P.A.A. #1C) • Immediately report to the VFC Program changes to the practice address or account ownership, which may require additional follow-up. (P.A.A. #1D) Definitions:

Category	Requirement
	• **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:** On-site staff designated by the Provider of Record with sufficient authority to assume responsibility for VFC-related matters in their absence. • **Vaccine Coordinator:** An on-site employee who is fully trained and responsible for implementing and overseeing the practices vaccine management plan. The **Vaccine Coordinator (PDF)** might be responsible for all vaccine management activities, including training other (especially new) staff. This role might be filled by medical assistants, LVN, RN, office manager, or other trained staff. • **Backup Vaccine Coordinator:** On-site staff who is fully trained in and fulfills the responsibilities of the Vaccine Coordinator in their absence. Optional Roles • **Organization Vaccine Coordinator:** Large organizations may assign this role to coordinate communications across locations and ensure staff are properly trained to implement their vaccine management plan. This role must complete all required training for the Vaccine Coordinator role. • **Additional Vaccine Coordinator:** Add an additional vaccine coordinator to share vaccine management responsibilities if needed. This role must complete all required training for the Vaccine Coordinator role and should be on-site when feasible. • **Immunization Champion:** A staff member who goes above and beyond their normal duties to promote immunizations to patients and in the community.
Training	Providers may take the **required EZIZ lessons** that satisfy educational requirements for enrollment and annual recertification once the California VFC Program has launched recertification, typically around mid-December. For recertification, look for annual program communications that announce available training test-out options. • Anyone acting in VFC roles (Provider of Record and Designee, Vaccine Coordinator and Backup, or the optional Organization Vaccine 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. (California VFC Program "Provider Agreement Addendum" #3A) • 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. (P.A.A. #3B) • 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 for administration and general billing guidelines. Ensure proper training of personnel, including admitting and billing personnel, on processes for screening and billing for administration fees. (P.A.A. #3C) **(Updated)**

Category	Requirement
	• 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. (P.A.A. #3D) • Train staff who are authorized to accept packages to immediately notify the Vaccine Coordinator when VFC-supplied vaccines are delivered. (P.A.A. #3E) • Conduct vaccine transport and temperature excursion response drills annually or more frequently as needed (e.g., when hiring new staff or staff errors are discovered) to maintain competency and readiness for emergencies. (P.A.A. #3F) **(Updated)**

Vaccine Management

Category	Requirement
Vaccine Management Plan	• Maintain a current and complete **vaccine management plan (Word)** for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and required EZIZ lesson completion dates for all key practice staff. (California VFC Program "Provider Agreement Addendum" #2A) • Staff with assigned vaccine-management responsibilities must review, sign, and date the vaccine management plan annually and each time it is updated, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change. (P.A.A. #2B) **(Updated)** • Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies. (P.A.A. #2C) • Store or post the vaccine management plan in a location easily accessible by staff ideally near the vaccine storage units; and ensure relevant staff are trained to follow guidance when needed. (P.A.A. #2D) **Resources:** **Mobile Vaccine Management Plan (PDF)**
Vaccine Storage Units	Providers agree to store all publicly 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 CDPH Field Representatives. • Do not store vaccine in dormitory-style units or in the freezer compartment of household combination units at any time. (VFC "Provider Agreement" #9B)

Category	Requirement
	• Store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet California Department of Health Vaccines for Children Program storage and handling recommendations and requirements. (P.A. #9C) • Have refrigerators and freezers that comply with CA VFC Program's **storage unit requirements:** Very high-volume provider locations must use purpose-built (pharmacy-grade, 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 units without doors, are allowed. **Notes:** (1) Exception for specialty provider locations such as birthing hospitals: Freezer units are not required. (2) Ultra-low temperature freezers are allowed for storage of Pfizer COVID-19 vaccines but are not required. (California VFC Program "Provider Agreement Addendum" #4A) • 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 **CA VFC-compliant digital data logger**. Never store VFC-supplied vaccines in a cooler while defrosting manual defrost freezers. (P.A.A. #4B) **(Updated)** • 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 combination refrigerator/freezers; manual-defrost refrigerators; convertible units; cryogenic (ultra-low) freezers; or any vaccine transport unit (including coolers and battery-operated units). (P.A.A. #4C) • Purchase new refrigerators (purpose-built) or freezers (any grade) if existing storage units malfunction frequently or experience frequent temperature excursions; update new storage unit information in myCAvax and the provider's vaccine management plan. (P.A.A. #4D) **(Updated)**
Storage Unit Configuration	• **Prepare vaccine refrigerators and freezers (PDF)** following CA VFC Program requirements. (California VFC Program "Provider Agreement Addendum" #5A) • Place water bottles (in refrigerators) and ice packs (in freezers only) to stabilize temperatures. (Exception for pharmaceutical grade and purpose-built, auto-dispensing units without doors. Follow manufacturer's guidance.) (P.A.A. #5B) • Place data logger buffered probes vertically in the center of refrigerators and freezers near vaccines. (Exception for purpose-built, auto-dispensing units without doors. Follow manufacturer's guidance.) (P.A.A. #5C) **(Updated)** • Place data logger digital displays outside vaccine storage units to allow temperature monitoring without opening vaccine storage unit doors. (Exception for purpose-built, auto-dispensing units without doors.) (P.A.A. #5D) • Plug in only one storage unit per electrical outlet that does not have built-in GFI circuit switches and is not controlled by light switches; never plug vaccine storage units into extension cords, or power strips or surge protectors with an on/off switch. (P.A.A. #5E)

Category	Requirement
	• Post **Do Not Unplug (PDF)** signs on electrical outlets and circuit breakers to prevent interruption of power. (P.A.A. #5F) • **Set up vaccine refrigerators and freezers (PDF)** following CA VFC Program requirements. (P.A.A. #5G) • Clearly identify unit space or containers that will store VFC-supplied and privately purchased vaccines. (P.A.A. #5H) • Group vaccines by pediatric, adolescent, and adult types. (P.A.A. #5I) • Allocate enough space to position vaccines or baskets 2-3 inches away from walls, storage unit floor, and other baskets to allow space for air circulation. (Exception for purpose-built, auto-dispensing units without doors.) (P.A.A. #5J) • Post the CDPH **universal temperature log (PDF)** on vaccine storage unit doors or in an easily accessible location. (P.A.A. #5K)
Digital Data Loggers (DDLs)	Continuous temperature monitoring is an essential component of each provider's vaccine management plan. All staff and supervisors who monitor storage unit temperatures or sign off on temperature logs must be properly trained in the use of the practice's digital data loggers. • Store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet California Department of Health Vaccines for Children Program storage and handling recommendations and requirements. (VFC "Provider Agreement" #9C) • Equip all refrigerators and freezers (primary, backup, overflow, or any other temporary unit) storing VFC-supplied vaccines with **CA VFC-compliant digital data loggers**. (For purpose-built, auto-dispensing units without doors: Built-in, internal data loggers must meet VFC Program requirements—except for buffered probes, which are not required.) (California VFC Program "Provider Agreement Addendum" #6A) • 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. **Note:** Ultra-low temperature freezers are not required but must be equipped with an air-probe or a probe designed specifically for ultra-cold temperatures. (P.A.A. #6B) **(Updated)** • 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. (P.A.A. #6C)

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	• Keep on hand at least one backup, battery-operated, digital data logger for use during recalibration, when primary device breaks, when primary device does not meet calibration requirements, or during emergency vaccine transport. Depending on size of the practice, additional devices might be needed. (P.A.A. #6D) **(Updated)** • Digital data loggers must have a current and valid **certificate of calibration (PDF)**, including backup digital data loggers. (P.A.A. #6E) **Resources:** **Pre-Purchase Worksheet (PDF)** • **Data Logger Feature Comparison Guide**
Data Logger Configuration & Maintenance	• **Configure key settings (PDF)** 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. (California VFC Program "Provider Agreement Addendum" #7A) • Store the backup 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 (Word)**. (Exception for purpose-built, auto-dispensing units without doors: Store the entire device in a cabinet.) (P.A.A. #7B) • Calibrate primary and backup devices (both device and probe together) every two to three years or according to the manufacturer's suggested timeline—ideally by a laboratory with accreditation from an International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (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. (P.A.A. #7C) • Certificates issued by non-accredited laboratories must meet CA VFC Program **requirements for certificates of calibration (PDF).** (P.A.A. #7D) • 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. (P.A.A. #7E) • Keep certificates of calibration on file and make available to the VFC Program upon request. (P.A.A. #7F) • 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.) Update new device information in myCAvax and the provider's vaccine management plan. (P.A.A. #7G) **(Updated)** **Resources**: **Data Logger Setup & Use (PDF)** • **Certificate of Calibration Quick Guide (PDF)** • **Find a Laboratory**
Vaccine Orders & Accountability	Providers submit vaccine order requests in **myCAvax** for all available vaccines including flu, RSV and COVID-19. Product offering may be impacted by vaccine supply. Vaccine orders should be carefully timed to minimize under-ordering (insufficient inventory to meet demand) and over-stocking (preventable loss if doses expire before use). • Order vaccine and maintain appropriate vaccine inventories. (VFC **"Provider Agreement"** #9A)

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	• For providers that plan to vaccinate any non-VFC eligible population according to their provider profile, I agree to purchase and maintain a separate vaccine inventory to vaccinate my non-VFC-eligible population. Non-VFC-eligible populations include: a) Fully insured children, b) Other underinsured children (served by a provider/facility that is not a FQHC/RHC or a deputized provider), c) Enrolled in CHIP. (P.A. #15) • Order in myCAvax all ACIP-recommended vaccines (including flu, 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. (California VFC "Provider Agreement Addendum" #8A) **(Updated)** • 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. (2) Any changes to vaccine brand ordering require a Vaccine Brand Change Request Form (PDF). (P.A.A. #8B) • 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) as reported to the California Immunization Registry (CAIR or CAIR/Healthy Futures) and the VFC doses on hand (at the time of the order). (P.A.A. #8C) **(Updated)** • Order vaccines according to the provider location's assigned order frequency or as guided by the CA 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. **Notes:** (1) Vaccines ordered solely to prevent account termination and are lost due to expiry will be considered a negligent loss. (2) Newly enrolled providers must order within 3 months to maintain their active enrollment in the VFC Program. (P.A.A. #8D) **(Updated)** • Order vaccines using the approved practice address for the provider PIN. (P.A.A. #8E) • Account for every dose of VFC-supplied vaccine ordered and received by the provider location. (P.A.A. #8F) • 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. (P.A.A. #8G) • Maintain accurate and separate stock vaccine records (e.g., purchase invoices, receiving packing slips) for privately purchased vaccines if vaccinating non-VFC patients with ACIP-recommended vaccines and make records available to the VFC Program upon request. (P.A.A. #8H) **(Updated)** **Resources**: Influenza Product Guide (PDF) • COVID-19 Product Guide (PDF) • Vaccine Fact Sheets
Receiving Vaccine Deliveries	• Never reject vaccine shipments. (California VFC Program "Provider Agreement Addendum" #9A) • Receive, inspect, and store vaccines and diluents within manufacturer-recommended ranges immediately upon delivery. (P.A.A. #9B) • Immediately report any shipment incidents in myCAvax; providers are encouraged to use the Vaccine Receiving Checklist (PDF) to gather the necessary reporting data. (P.A.A. #9C) • Keep packing slips for all vaccine shipments received, including publicly funded and private vaccine shipments. (P.A.A. #9D)

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	• The provider location 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. (P.A.A. #9E) **Resources**: TagAlert Cooler Insert (PDF) • Dry Ice Safety (PDF)
Vaccine Storage	• Store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet California Department of Health Vaccines for Children Program storage and handling recommendations and requirements. (VFC "Provider Agreement" #9C) • 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. (California VFC Program "Provider Agreement Addendum" #10A) • 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. (P.A.A. #10B) • Store all other refrigerated vaccines between 36.0°F and 46.0°F (2.0°C and 8.0°C) according to manufacturer recommendations. (P.A.A. #10C) • Store vaccines in original packaging and allow space for air circulation. (P.A.A. #10D) • Store VFC-supplied and privately purchased vaccines separately and grouped by vaccine type. (P.A.A. #10E) • Do not store vaccines in doors, vegetable bins, floor, or near/under cooling vents. (P.A.A. #10F) **(Updated)** • Place vaccines with the earliest expiration dates toward the front of vaccine storage units and use first. (P.A.A. #10G) • Always store VFC-supplied vaccines at the approved location for the provider PIN. (P.A.A. #10H) **Resources:** Inventory Stickers (PDF)
Monitoring Storage Unit Temperatures	Monitoring storage unit temperatures consistently and accurately plays an important role in protecting the vaccines that protect your patients. Twice daily temperature monitoring helps to prevent loss of expensive vaccines and potential need for revaccination of patients by identifying out-of-range temperatures quickly and allowing for immediate corrective action. • I agree to replace vaccine purchased with federal funds that are deemed non-viable due to provider negligence on a dose-for-dose basis. (VFC "Provider Agreement" #13) • Record vaccine storage unit temperatures on the CDPH universal temperature log (PDF). (California VFC Program "Provider Agreement Addendum" #11A) • Monitor and record (PDF) current, minimum, and maximum temperatures twice each day: at the beginning and end of each business day. (P.A.A. #11B) • Temperature logs must be legible and completed accurately and in ink. (P.A.A. #11C) • Neatly cross out, correct, initial, and date any inadvertent documentation error immediately. (P.A.A. #11D) • Download temperature data files, review, and respond to any unreported out-of-range temperatures at the end of every two-week reporting period. (P.A.A. #11E) **(Updated)**

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	• The supervisor must certify and sign that temperatures were recorded twice daily, staff printed names and initials, and any temperatures excursions were documented with corrective actions taken for each completed temperature log sheet. (P.A.A. #11F) **(Updated)** • Replace vaccines (on a dose-for-dose basis) as instructed by the CA 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. (P.A.A. #11G) • Retain temperature logs and temperature data files for three years—even if the provider is no longer participating in the CA VFC Program due to provider-initiated withdrawal or VFC-initiated termination. (P.A.A. #11H) **(Updated)** **Resources**: How to Record Temperatures (PDF) • Reading a Digital Display (PDF)
Taking Action for Temperature Excursions	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. Staff must immediately prevent use of vaccines exposed to out-of-range temperatures and notify relevant staff. The data collected when reporting temperature excursions is used to determine whether a vaccine is likely to be viable and can be administered to patients. • Take immediate action to prevent vaccine spoilage and correct any improper storage condition for all out-of-range storage unit temperatures. (California VFC Program "Provider Agreement Addendum" #12A) • Respond to all data logger alarms and temperature excursions. Quarantine and do not administer vaccines exposed to out-of-range temperatures until vaccine viability has been determined. (P.A.A. #12B) **(Updated)** • 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 temperature excursions to vaccine manufacturers if instructed by myCAvax. (P.A.A. #12C) **(Updated)** • Never discard affected vaccines unless advised by vaccine manufacturers, the CA VFC Program, or Field Representatives. (P.A.A. #12D) **(Updated)** • Transport vaccines in the event of extended power outages or unit malfunctions following the guidelines for proper refrigerated (PDF) and frozen vaccine transport (PDF). (P.A.A. #12E) **Resources**: How to Record Temperatures (PDF) • Do Not Use Vaccines (PDF) • Reporting Temperature Excursions
Vaccine Inventory Management	Careful inventory management ensures providers maintain an adequate vaccine supply for all patients represented in their profile. A physical count of vaccines might be required if the number of VFC doses on hand doesn't match the quantities reported on previous vaccine orders. Remove spoiled or expired vaccine immediately to minimize administration errors. • Conduct a physical vaccine inventory at least monthly, and before ordering vaccines, using the Vaccine Inventory Form (PDF) or equivalent electronic or paper form. (California VFC Program "Provider Agreement Addendum" #13A) • Never borrow VFC-supplied vaccines to supplement private or other publicly funded vaccine stock, or vice versa. (P.A.A. #13B) **(Updated)**

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	• For vaccines that will expire within 6 months and cannot be used, follow VFC Program requirements to notify and transfer short-dated doses to another active VFC provider to prevent a negligent vaccine loss. **Note:** For providers with expired vaccines who ordered the minimum quantity or ordered seasonal vaccines (e.g., COVID-19, flu, and RSV), vaccines will not be considered a negligent loss. (P.A.A. #13C) **(Updated)** • Remove spoiled, expired, deauthorized, and wasted vaccines from storage units to prevent inadvertent use. (P.A.A. #13D) **(Updated)** • Monitor vaccine storage units regularly and purchase additional storage units if capacity cannot accommodate the inventory in a manner consistent with CA VFC Program requirements. (P.A.A. #13G) **Resources**: How to Do a Physical Inventory (PDF) • Prevent Vaccine Loss flyer (PDF)
Reporting Waste & Returns	• Return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration. (VFC "Provider Agreement" #9D) • Report in myCAvax all spoiled, expired, or wasted doses of VFC-supplied vaccines prior to submitting a new vaccine order. (California VFC Program "Provider Agreement Addendum" #13E) **(Updated)** • Confirm with vaccine manufacturers and/or the CA VFC Program before reporting any VFC-supplied vaccine as spoiled. (P.A.A. #13F) **Resources**: Reporting & Return of Nonviable Vaccines
Vaccine Transfers & Transports	Vaccine transfer can be minimized by consistent inventory management, but providers might need to transfer vaccines to another active VFC providers if vaccines will expire within six months and are likely expire before administration or in the event of an emergency. • Contact the VFC Call Center to obtain approval to transfer VFC-supplied vaccines; only transfer VFC vaccines to another active VFC provider. (California VFC Program "Provider Agreement Addendum" #14A) **(Updated)** • Transfer VFC supplied vaccines only when necessary. Vaccines should never be routinely transferred to and from an existing location. (P.A.A. #14B) • Report in myCAvax all transfers in and out of inventory. (P.A.A. #14C) **(New)** • Transport vaccines only when necessary and follow the guidelines for proper refrigerated (PDF) and frozen vaccine transport (PDF) each time vaccines are transported. (P.A.A. #14D) • Complete a vaccine transport log (PDF) each time vaccines are transported. (P.A.A. #14E) • In case of an emergency, only transport VFC-supplied vaccines to alternate storage locations equipped with vaccine storage units and digital data loggers that meet CA VFC Program requirements. Temporary storage of vaccines in a cooler is unacceptable. (P.A.A. #14F) **(Updated)** • Never transport VFC-supplied vaccines to personal residences. (P.A.A. #14G)

Category	Requirement
	• Use backup, battery-operated, digital data loggers to monitor temperatures during vaccine transport. (P.A.A. #14H) **(Updated)** • If instructed by the CA VFC Program, agree to replace any vaccines that were transported without proper temperature monitoring documentation on a dose-for-dose basis. (P.A.A. #14I) **(Updated)**

Vaccine Administration

Category	Requirement
Eligibility Screening & Documentation	The VFC Program is an entitlement program. Children must meet federal VFC eligibility criteria to receive publicly funded vaccines. Providers must document screenings to prove compliance and ensure vaccines are going to the intended populations. Document screening date, VFC eligibility (Y/N), and any eligibility criterion if met. If multiple eligibility criteria apply, select the criterion that requires the least amount of out-of-pocket expenses for the parent or guardian. • I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories: **Federally Vaccine-Eligible Children (VFC eligible):** a) Are an American Indian or Alaska Native; b) Are enrolled in Medicaid; c) Have no health insurance; d) Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); a child whose insurance does not include first-dollar coverage for a vaccine. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement. **State Vaccine-Eligible Children:** a) In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible," I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses to such children. Children aged 0 through 18 years that do not meet one or more of the federal vaccine eligibility categories (VFC-eligible), are not eligible to receive VFC-purchased vaccine. (VFC "Provider Agreement" #2) • For specialty providers, such as pharmacies, urgent care, school-located vaccine clinics, or birthing hospitals, I agree to: a) Vaccinate all "walk-in" VFC-eligible children and b) Will not refuse to vaccinate VFC-eligible 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,

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	then the policy would apply to VFC patients as well. "Walk-in" may also include VFC-eligible newborn infants at a birthing facility. (P.A. #12) **Resources:** Eligibility Screening & Documentation Requirements • Patient Eligibility Screening Record (PDF) • Does Your Child Qualify (PDF)
Vaccine Administration	Providers are 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. • For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC Program unless: a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child; and b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions. (VFC "Provider Agreement" #3) • I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee. (P.A. #7) • I will distribute the current Vaccine Information Statement (VIS) or Immunization Information Statement (IIS) each time a vaccine is administered and maintain records in accordance with the National Vaccine Injury Compensation Program (VICP), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). Note: For any ACIP recommended vaccine or immunization product that does not yet have a Vaccine (or Immunization) Information Statement available, a provider may use the manufacturer's package insert, written FAQs, or any other document – or produce their own information materials – to inform patients about the benefits and risks of that vaccine. Once a VIS is available it should be used; but providers should not delay use of a vaccine because of the absence of a VIS. If the vaccine is under an Emergency Use Authorization (EUA), the EUA Fact Sheet for Recipients should be made available. For VFC monoclonal antibody immunizing products (e.g., nirsevimab), when not co-administered with other vaccines, report all suspected adverse reactions to MedWatch. Report suspected adverse reactions following co-administration of a VFC monoclonal antibody immunizing products (e.g., nirsevimab) with any vaccine to the Vaccine Adverse Event Reporting System (VAERS). (P.A. #8) **(Updated)** • Administer all VFC-supplied vaccines at the approved practice address for the provider PIN; do not refer patients to other facilities where they might be charged for vaccine administration. (California VFC Program "Provider Agreement Addendum" #15A) **(Updated)** • Recommend non-routine, ACIP-recommended vaccines when indicated or when requested. (P.A.A. #15B) • Acknowledge and follow VFC Program and manufacturer guidance, including revaccination, if non-viable vaccines have been administered to patients. (P.A.A. #15C)

Category	Requirement
	• Record information about each immunization given, including: (1) the name of the vaccine, (2) the date it was given, (3) the route and administration site, (4) the lot number and manufacturer, (5) the name and title of the person who administered it, (6) the practice's name and address and (7) the VIS publication date and date VIS was provided. (National Vaccine Injury Compensation Program) **Resources:** CDPH IZ Timing Guide (PDF) • CDPH IZ Schedule with Combination Vaccines (PDF) • ACIP IZ Schedules • Screening for Contraindications (PDF) • AAP Refusal to Vaccinate • Instructions for Using VIS (PDF) • CDC VISs • VAERS, VERP and MedWatch flyer (PDF) • My DVR • Administration Job Aids
Reporting Doses Administered	Providers should have a backup system when conducting off-site clinics or any time the reporting system is not accessible. Providers may use the vaccine usage logs (PDF) to collect administration data for later entry into CAIR. • I will enter all vaccines doses administered in my practice, regardless of patient's age or eligibility status, into the California Immunization Registry (CAIR), or an approved Immunization Information system, in accordance with all specified elements of AB 1797. Vaccine administration submission shall include specifics about the vaccine (including manufacturer, lot number, and NDC), funding source, patient's eligibility category by dose, and should occur within the same day of administration, but no later than 14 days, and prior to submission of vaccine orders. Doses administered reported as part of vaccine ordering should match quantities reported to the immunization registry. (VFC "Provider Agreement" #14) **(Updated)** • Report all VFC-supplied vaccine doses administered to the California Immunization Registry (CAIR or CAIR/Healthy Futures) under the Registry ID for the corresponding provider PIN receiving vaccines; data must include all required VFC screening and administration elements. (California VFC Program "Provider Agreement Addendum" #15D) **(Updated)** **Resources**: Reporting Doses Administered • AB 1797 Immunization Registry FAQ
Billing for Vaccine Administration	• I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine. (VFC "Provider Agreement" #5). • I will not charge a vaccine administration fee to non-Medicaid federally-vaccine eligible children that exceeds the administration fee cap of $26.03 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans. (P.A. #6) • I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee. (P.A. #7) • For specialty providers, such as pharmacies, urgent care, school-located vaccine clinics, or birthing hospitals, I agree to: a) Vaccinate all "walk-in" VFC-eligible children and b) Will not refuse to vaccinate VFC-eligible 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,

Category	Requirement
	then the policy would apply to VFC patients as well. "Walk-in" may also include VFC-eligible newborn infants at a birthing facility. (P.A. #12) • **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. (California VFC Program "Provider Agreement Addendum" #15E) • **For Medi-Cal children:** Never bill the difference between Medi-Cal's administration fee and the administration fee cap to the parent/guardian. (P.A.A. #15F) **Resources**: Billing Resources

Program Integrity

Category	Requirement
Site Visits	• I will participate in VFC Program compliance site visits, including unannounced visits and other educational opportunities associated with VFC Program requirements. (VFC "Provider Agreement" #11) • Clinic staff must conduct themselves in an ethical, professional, and respectful manner in all interactions with VFC Program staff. (California VFC Program "Provider Agreement Addendum" #16A) • Providers agree to allow CDPH Field Representatives to conduct visits without requiring personal information about CDPH staff. (P.A.A. #16B) **(Updated)** • Make all vaccine administration records (privately and publicly funded) available to representatives from the California Department of Public Health Immunization Branch and VFC Program. (P.A.A. #16D) • 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 and/or placement on a conditional enrollment. Failure to complete required annual recertification may lead to program termination. (P.A.A. #16E) • Acknowledge that failure to meet conditional enrollment conditions may lead to permanent termination from the VFC Program. (P.A.A. #16F)
Fraud & Abuse	• I agree to operate within the VFC Program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program: **Fraud:** an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law. **Abuse:** provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an

Category	Requirement
	unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. It also includes recipient practices that result in unnecessary cost to the Medicaid program. (VFC "Provider Agreement" #10)
Record Retention	• I will maintain all records related to the VFC Program for a minimum of three years, and upon request, make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records. (VFC "Provider Agreement" #4) • Retain temperature logs and temperature data files for three years—even if the provider is no longer participating in the CA VFC Program due to provider-initiated withdrawal or VFC-initiated termination. (California VFC Program "Provider Agreement Addendum" #11H) • Never destroy, alter, or falsify immunization or VFC Program-related records. (P.A.A #16B)
Enrollment, Recertification & Termination	Prospective providers must assign key practice staff to VFC roles, complete all required training, enroll in the California Immunization Registry, and comply with storage equipment requirements before enrolling in myCAvax. Enrolled providers are responsible for all VFC-supplied vaccines received in their practice. **Recertification.** Providers must recertify their participation in the VFC Program each year by updating their information, completing or testing out of required EZIZ training, and signing new provider agreements. Failure to recertify will lead to termination from the VFC Program. A waiting period to request re-enrollment may apply. **Termination.** Providers may voluntarily withdraw from the VFC Program, which may also terminate a provider's VFC "Provider Agreement" for failure to comply with program requirements. In both cases, the Provider of Record must return spoiled/expired vaccine or transfer all unused VFC-supplied vaccines to another active VFC provider. • I understand this facility, or the California Department of Health Vaccines for Children Program, may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the California Department of Health Vaccines for Children Program. (VFC "Provider Agreement" #16) **Resources:** Participation Withdrawal Request Form (PDF) • Recertification FAQs (PDF)

Temporary Mobile & Off-Site Clinics

Category	Requirement
Mobile Clinics **(New)**	• The CA VFC Program must approve use of mobile units administering VFC-supplied vaccines. (California VFC Program "Provider Agreement Addendum" #17A) • Providers must designate a Vaccine Coordinator to travel with the mobile unit when it goes into the field. Vaccine Coordinators must complete all required training before traveling in mobile units. (P.A.A. #17B) • Mobile clinics must maintain a current and complete **mobile vaccine management plan (Word)** and keep it in the mobile unit. (P.A.A. #17C) • Providers must make mobile units and all relevant equipment and documentation available during CDPH site visits. (P.A.A. #17D) • Mobile clinics must monitor and record current, MIN, and MAX temperatures on the **universal temperature log (PDF)** at the beginning and end of each clinic day. (P.A.A. #17E) • Mobile clinics must report temperature excursions in myCAvax as soon as possible and follow requirements for responding to excursions. (P.A.A. #17F) • Mobile clinics must report doses administered to the regional immunization registry the same day but no later than 15 days after the end of the clinic. (P.A.A. #17G)
Off-Site Clinics **(New)**	• Providers must obtain approval from the CA VFC Program at least four weeks **prior** to any off-site clinic. (California VFC Program "Provider Agreement Addendum" #17A) • Off-site clinics must administer all VFC vaccines offered at the event for which the child is eligible. Frozen vaccines may not be administered off-site unless there is prior approval from the CA VFC Program. (P.A.A. #17B) • Provider locations designated solely as mass vaccinators must use purpose-built, vaccine transport units for transport and on-site storage. (P.A.A. #17C) • Off-site clinics must complete a **vaccine transport log (PDF)** every time vaccines are transported in and out of the stationary clinic. (P.A.A. #17D) • Off-site clinics must use backup, battery-operated, digital data loggers to monitor temperatures—ideally using a portable vaccine refrigerator (if not available, use qualified containers and pack outs). (P.A.A. #17E) • Off-site clinics must monitor and record current, MIN, and MAX temperature on the **hourly temperature log (PDF)** and every hour; attach data logger download or summary report to the vaccine transport log. (P.A.A. #17F) • Off-site clinics must report temperature excursions in myCAvax as soon as possible and follow requirements for responding to excursions. (P.A.A. #17G) • Off-site clinics must report doses administered to the regional immunization registry the same day but no longer than 15 days after the end of the clinic. (P.A.A. #17H)