



I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with all VFC Program requirements listed below.

1. Vaccine Management Plan

- A. Maintain a current and completed [vaccine management plan](#) (IMM-1122) 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.
- B. Review and update the plan at least once a year, when VFC Program requirements change, and when staff with designated vaccine management responsibilities change.
- C. Designate a staff member responsible for updating the management plan; ensure staff with assigned vaccine management responsibilities review, sign, and date the vaccine management plan annually and each time it is updated.
- D. The vaccine management plan must be easily accessible, ideally near the vaccine storage units.
- E. Conduct regular vaccine management drills to maintain competency and readiness for emergency procedures, such as vaccine transport.

2. Training & Staffing

- A. Designate an on-site Provider of Record Designee authorized to sign VFC Program documents and assume responsibility for VFC-related matters in the absence of the Provider of Record.
- B. Designate fully trained on-site Vaccine Coordinator and Backup Vaccine Coordinator as detailed in "[Vaccine Coordinator Roles & Responsibilities](#)" (IMM-968).
- C. Ensure Provider of Record and Designee, Vaccine Coordinator and Backup, and other key practice staff comply with federal VFC educational requirements, such as annual EZIZ trainings; ensure staff demonstrate competency in their assigned VFC responsibilities.
- D. Ensure staff, including supervisors and new employees, are properly trained on temperature monitoring, including proper use of the practice's temperature monitoring devices and the required corrective actions for out-of-range temperatures.
- E. Ensure staff authorized to accept packages are trained to immediately notify the Vaccine Coordinator when vaccines are delivered.
- F. Immediately report to the VFC Program any changes in key practice staff who have immunization-related responsibilities; a change in the Provider or Record or Designee requires a signed "[Key Practice Staff Change Request Form](#)" (IMM-1166).
- G. Ensure that staff are knowledgeable of and familiar with ACIP-recommended immunizations, including schedules, indications, dosages, and new products.

3. Vaccine Storage Units

- A. Use only refrigerators or freezers that comply with [VFC vaccine storage unit requirements](#). Very high volume providers must use pharmacy- or biologic-grade refrigerators. Other providers may use refrigerators and freezers that are pharmacy- or biologic-grade, commercial-grade, and household-grade stand-alone.
- B. Never use any of the following for 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 for routine storage (including coolers and battery-operated units).

- C. 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.
- D. Purchase new vaccine refrigerators or freezers if existing storage units do not meet VFC Program requirements, or in the event of storage unit malfunctioning that resulted in spoiled vaccines.

4. Digital Data Loggers (Continuous Temperature Monitoring Devices)

- A. Use or purchase data loggers that comply with [VFC temperature monitoring device requirements](#); one device for each vaccine storage unit plus at least one backup device; ensure each device has a [valid certificate of calibration](#) (IMM-1119).
- B. Never use these devices for vaccine temperature monitoring: thermometers (e.g., round dial thermometers, fluid-filled and/or min-max bar thermometers, household-use and kitchen thermometers, infrared temperature guns, alcohol or mercury thermometers, and bi-metal stem thermometers); chart recorders; or data loggers with probes that aren't immersed in a vial filled with liquid, loose media, or a solid block of material.
- C. Purchase and use digital data loggers to monitor vaccine storage unit temperatures upon expiration of the certificate of calibration of the current device (primary and backups):
- D. Ensure all data loggers include the following minimum features: a digital display of current, minimum, and maximum temperatures; minimum accuracy of $\pm 1.0^{\circ}\text{F}$ (0.5°C); a buffered temperature probe (use only the one 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 out-of-range temperature alarm; logging interval of at least 30 minutes; and memory storage of 4,000 readings or more.
- E. Replace with digital data loggers any primary or backup thermometers deemed no longer accurate within $\pm 1.0^{\circ}\text{F}$ ($\pm 0.5^{\circ}\text{C}$).
- F. Store the backup device's buffered probe in the vaccine storage unit; store the digital display in a cabinet and document its location on the practice's [vaccine management plan](#) (IMM-1122).
- G. [Calibrate primary and backup devices](#) (device and probe) annually, or every other year when manufacturers recommend a period longer than two years—ideally by a laboratory with accreditation from an ILAC MRA signatory body.
- H. Ensure certificates issued by non-accredited laboratories are [valid certificates of calibration](#) (IMM-1119).
- I. Keep certificates of calibration on file and make them available to VFC Field Representatives upon request.
- J. If data logger or probe is damaged, replace the entire device, or the damaged part if done through the device manufacturer.

5. Vaccine Refrigerator & Freezer Configuration

- A. [Prepare vaccine refrigerators](#) (IMM-962) and [vaccine freezers](#) (IMM-965) following VFC Program requirements.
- B. Place water bottles in vaccine refrigerators and ice packs in vaccine freezers to stabilize temperatures.
- C. Place buffered probes in the center of the refrigerator and freezer near vaccines.
- D. Place the data logger's digital display outside of the storage unit to allow temperature monitoring without opening the vaccine storage unit door.
- E. Plug the vaccine refrigerator and freezer directly into a nearby, dedicated wall outlet that does not have built-in circuit switches and is not controlled by a light switch; never plug vaccine storage units into extension cords, or power strips or surge protectors with an on/off switch.
- F. Post "Do Not Unplug" signs on the electrical outlets and circuit breakers to prevent interruption of power.



- G. [Set up vaccine refrigerators](#) (IMM-963) and [vaccine freezers](#) (IMM-966) following VFC Program requirements.
- H. Designate and label separate shelf space (or mesh baskets) for VFC-supplied and privately purchased vaccines.
- I. Clearly label shelves or baskets to group vaccines by pediatric, adolescent, and adult types.
- J. 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.
- K. Post [VFC temperature logs](#) on vaccine storage unit doors or in an easily accessible location.

6. Vaccine Orders & Accountability

- A. Account for every dose of VFC-supplied vaccine ordered and received by the provider's practice.
- B. Order routine ACIP-recommended vaccines according to the provider population, category, order frequency, vaccine usage, and on-hand inventory.
- C. Order all vaccines for each order period in accordance with the practice's patient estimates and in sufficient quantities to last until the next order period; individual vaccine orders are not permitted.
- D. Stock one brand and formulation for each vaccine to avoid administration errors.
- E. Keep track of VFC vaccine doses administered since the previous order (including influenza) using the VFC "[Daily Usage Log](#)" (IMM-1053), "[Flu Usage Log](#)" (IMM-1053F), an immunization registry, or equivalent electronic or paper form.
- F. Conduct a physical vaccine inventory before ordering routine vaccines to determine current doses on hand.
- G. Report on each vaccine order the VFC vaccine doses administered since the previous order and the current doses on hand.
- H. Maintain accurate and separate stock records (e.g., purchase invoices, receiving packing slips) for privately purchased vaccines and make them available upon request.

7. Receiving & Inspecting Vaccine Deliveries

- A. Never reject vaccine shipments.
- B. Receive, inspect, and store vaccines and diluent within manufacturer recommended ranges immediately upon delivery.
- C. Inspect vaccines for out-of-range temperatures and shipping times during transport.
- D. Check package contents to ensure funding source, brands, and quantities match the packing slip and approved VFC order.
- E. Report immediately all shipment issues using the VFC "[Vaccine Receiving Log and Checklist](#)" (IMM-1112).
- F. Keep packing slips for all vaccine shipments received, including publicly funded and private vaccine shipments.
- G. Providers must be on site with appropriate staff available to receive vaccines at least one day a week other than Monday, and for at least four consecutive hours during the day.

8. Vaccine Storage

- A. Vaccine storage at alternate off-site locations requires prior VFC approval; always store and administer vaccines at the approved location for the VFC PIN.
- B. Store frozen vaccines (MMR, MMRV, and VAR) between -58.0°F and 5.0°F (-50.0°C and -15.0°C) according to manufacturer recommendations.
- C. Store all other vaccines between 36.0°F and 46.0°F (2.0°C and 8.0°C) according to manufacturer recommendations.
- D. Store vaccines in original packaging and within closed boxes to protect from light and allow for air circulation.



- E. Store VFC-supplied and privately purchased vaccines separately and grouped by vaccine type.
- F. Do not store vaccines in the doors, drawers, or bins.
- G. Place vaccines with the earliest expiration dates toward the front of the vaccine storage unit and use first.
- H. For mobile units, follow all VFC Program requirements including vaccine storage, transport, and temperature monitoring.
- I. Do not store food or beverages in vaccine storage units.

9. Temperature Monitoring

- A. Ensure vaccine storage unit temperatures are recorded on [VFC temperature logs](#).
- B. Monitor and record current, minimum and maximum temperatures ([Fahrenheit](#) IMM-1029 | [Celsius](#) IMM-1029C) in vaccine refrigerators and freezers twice each day, at the beginning and end of each business day—even though using digital data loggers; for any VFC-approved mass vaccination clinics, monitor and record temperatures every hour and attach to the transport log the data logger download (or summary report if available).
- C. Download and analyze temperature data files at the end of every two-week period—or sooner if an excursion is identified. Look for temperature trends that might indicate storage unit performance issues.
- D. Acknowledge that if temperatures are not monitored and documented, or if temperature logs are missing or falsified, all affected vaccines will be automatically deemed non-viable and considered a negligent vaccine loss.
- E. Ensure VFC temperature logs are legible, completed accurately, and in ink.
- F. Immediately cross out, correct, initial, and date neatly any inadvertent documentation error.
- G. Ensure the supervisor certifies and signs that temperatures were recorded twice daily, staff printed names and initials, and corrective actions were taken when the VFC temperature log is complete for each 15-day period.
- H. Acknowledge that temperature logs missing during a VFC site visit but found at a later date will not be accepted.
- I. Retain paper logs and electronic files related to temperature monitoring for three years.

10. Reporting Storage & Handling Incidents

- A. Take immediate action to prevent vaccine spoilage and correct any improper storage condition for all out-of-range storage unit temperatures.
- B. Mark as “Do Not Use” any vaccines exposed to out-of-range temperatures; do not administer vaccines until vaccine viability has been determined by the vaccine manufacturers.
- C. Download and review temperature data files for every temperature excursion.
- D. Report and document all out-of-range temperatures to SHOTS (Storage and Handling Online Triage System) on [MyVFCvaccines.org](#).
- E. Transport vaccines in the event of extended power outages or unit malfunctions following the guidelines for proper [refrigerated vaccine transport](#) (IMM-983) and [frozen vaccine transport](#) (IMM-1130).

11. Vaccine Inventory Management

- A. Conduct a physical vaccine inventory at least monthly and before ordering routine vaccines using the VFC ["Vaccine Physical Inventory Form"](#) (IMM-1052) or equivalent electronic or paper form.
- B. Never borrow VFC-supplied vaccines to supplement private stock, or vice versa.



- C. For vaccines that will expire within 6 months and cannot be used, notify the VFC Call Center prior to transferring to another VFC provider to prevent negligent provider loss.
- D. Remove spoiled, expired, and wasted vaccines from storage units immediately to prevent inadvertent use.
- E. Report all VFC-supplied spoiled, expired, or wasted vaccines prior to submitting a new vaccine order.
- F. Monitor vaccine storage units regularly and purchase additional units if capacity cannot accommodate the inventory in a manner consistent with VFC Program requirements.

12. Vaccine Transfers & Transports

- A. Contact the VFC Call Center prior to transferring vaccines and only transfer to an alternate location that has vaccine storage units and temperature monitoring devices that meet VFC Program requirements.
- B. Never routinely transfer VFC-supplied vaccines to other VFC providers.
- C. Never transfer VFC-supplied vaccines to non-VFC providers.
- D. Store VFC-supplied vaccines only at facilities designated in the provider profile; never store VFC vaccines in personal residences.
- E. Transport vaccines only when necessary and follow the guidelines for proper [refrigerated vaccine transport](#) (IMM-983) and [frozen vaccine transport](#) (IMM-1130).
- F. Use digital data loggers to monitor temperatures during vaccine transport and at mass vaccination clinics, ideally using portable, battery-operated or other temporary-powered coolers for off-site clinics.
- G. Complete the VFC "[Refrigerated Vaccine Transport Log](#)" (IMM-1132) or "[Frozen Vaccine Transport Log](#)" (IMM-1116) each time vaccines are transported.
- H. Acknowledge that vaccines transported without proper documentation of temperature monitoring may be deemed non-viable.

13. Vaccine Administration

- A. For non-Medi-Cal VFC-eligible children, waive the administration fee if the parent/guardian is unable to pay.
- B. For Medi-Cal children, never bill the difference between Medi-Cal's administration fee and the administration fee cap to the parent/guardian.
- C. Acknowledge and follow VFC Program and manufacturer guidance if non-viable vaccines have been administered to patients.
- D. Administer VFC vaccine doses at the approved location for the VFC PIN; administration of VFC-supplied doses outside the approved location (e.g., special event clinics, health fairs, special school clinics, or mass vaccination clinics) is not routinely allowed and requires special approval from the VFC Program in advance.

14. Program Integrity

- A. Ensure that I and my staff conduct ourselves in an ethical, professional, and respectful manner in all interactions with VFC Program staff.
- B. Never destroy, alter, or falsify immunization or VFC Program-related records.
- C. Acknowledge that providers must make all vaccine administration records (private and publicly funded) available to representatives from the California Department of Public Health Immunization Branch and VFC Program.

To receive VFC-supplied vaccines, confirm acknowledgement of this agreement.

Failure to comply with any of the above could lead to negligent vaccine loss and be grounds for vaccine reimbursement and/or suspension of vaccine ordering privileges and termination from the VFC Program.