

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-18-2

TO: Staff

FROM: Sarah Koreishi
Deputy Director for Well Being

DATE: February 26, 2018

RE: Immunizations at the Healthy Horizons Assessment Center for Children in Foster Care

If the immunization record of a child entering foster care is not readily available, it is often possible to reconstruct the child's immunization history by communicating directly with the parents and previous medical providers or reviewing previous medical records from schools or the [DC Department of Health Immunization Information System](#) (DOCIIS). If no (or insufficient) information is available, then children should be considered susceptible to preventable childhood diseases and immunized according to the American Academy of Pediatrics and Centers for Disease Control and Prevention (CDC) guidelines.

This administrative issuance outlines the immunization process for children entering or re-entering foster care. Questions regarding this issuance should be directed to the Health Services Administration.

Determining whether the Child's Immunizations are Current

1. The Healthy Horizons Assessment Center (HHAC) nurse practitioner shall review DOCIIS or available medical records to determine the immunization histories for children entering, re-entering, or changing a foster care placement.
2. If no immunization record or an incomplete record is found for a child through the Immunization Registry:
 - a. A nurse care manager will be assigned to assist the social worker in accessing the medical records from the child's previous medical provider.
 - b. The ongoing social worker shall ask the parents for the child's immunization history and records and if they are not able to provide the information, the social worker shall contact the school or child care center to request a copy of the most recent immunization record.

Obtaining Consent

1. The social worker shall have the parent sign the [Authorization for Immunization of a Minor form](#) (attached) and bring the form to the child's comprehensive assessment appointment. *For further information about the comprehensive assessment, see [Initial Evaluation of Children's Health Policy](#).*
 - a. If the parent refuses to have their child immunized for medical reasons, the social worker shall give the parent the [District of Columbia Universal Health Certificate](#) for completion by a private physician or a public health authority indicating that immunization is medically inadvisable for the child.

Note: The parent may elect to opt out of the Human Papillomavirus (HPV) vaccination program, for any reason, by signing a declaration provided by a private physician or a public health authority that states the parent has been informed of the HPV vaccination requirement and has elected not to participate.



- b. If the parent refuses to have their child immunized for religious reasons, the social worker shall direct the parent to the child's school to complete the *Annual Religious Immunization Exemption Certificate* form.
2. If the parent refuses to have their child immunized, and does not obtain a medical or religious exemption, the social worker shall document their efforts in FACES.net to assist the parent and contact the assistant attorney general to petition the court to obtain permission to vaccinate the child.
3. The social worker shall ensure the signed consent, medical or religious exemption certificate, or court order is included in the placement packet that is given to the foster parent.

Administering Immunizations

1. When parental consent or court-ordered permission is obtained, the HHAC nurse practitioner shall administer immunizations to all children who are not up-to-date with their vaccinations, based on the current [CDC Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger](#), at the 30-day comprehensive assessment for entries and re-entries and for youth on a case-by-case basis at the change in placement screening.
 - The HHAC nurse practitioner shall forward the information to the Department of Health for entry into the Immunization Registry.
2. Ongoing immunizations shall be administered by the child's primary care physician.

Note: A foster parent may not consent to the administration of immunizations for a child in foster care. Additionally, a foster parent may not prohibit immunizations of foster children based on religious or philosophical grounds. See [FAQ documents on Immunizations for Children and Youth in Foster Care](#).
3. The social worker shall inform the parent of the immunizations administered to the child.



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Authorization for Immunization of a Minor

Section 1: Information About Child Receiving Vaccines (please print)

Child's Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)
Parent/Legal Guardian's Last Name	First Name	Middle Initial	Phone Number
Address			
City	State	Zip	

Section 2: Consent For Child's Vaccination

During the early years of life, your children need vaccines to protect them from 14 diseases that can be serious, even life-threatening. This makes the decision to immunize your child an important one, especially since there are no effective alternatives to immunization. Making sure that children receive all their vaccinations on time is one of the most important things you can do as a parent to ensure your children's long-term health—as well as the health of family, friends, classmates, and others in your community.

Check all that apply:

_____ **I GIVE CONSENT** to CFSA to have my child named at the top of this form immunized according to the *CDC Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger*.

_____ **I GIVE CONSENT** to the CFSA Healthy Horizons Assessment Center and its staff to administer vaccines, if necessary, to my child named at the top of this form.

_____ **I DO NOT GIVE CONSENT** to the CFSA Healthy Horizons Assessment Center and its staff for my child, named at the top of this form, to be vaccinated. I want my child to receive any necessary vaccinations through their primary care physician.

_____ **I DECLINE** to have my child vaccinated by any medical provider for the following reason(s): _____

Parent/Guardian Signature _____ Date _____

Printed Name of Parent/Guardian _____ Relationship _____