I. Policy:

Local agencies shall ensure that WIC infants and children up to the age of two are screened and referred for immunizations using a documented immunization history.

II. Procedure(s):

A. When a certification visit is scheduled for a child under the age of two, an applicant is:
   1) Advised that documented immunization records are needed as part of the WIC certification and health screening process.
   2) Advised to bring the infant / child’s documented immunization records to the certification visit.
   3) Informed that documented records include but are not limited to the parent’s hand-held immunization record, an immunization registry, an automated data system, or a client chart.

B. If an applicant is seeking to enroll an infant / child or infants / children under two years of age:
   1) S/he is asked to provide a documented record of the infant / child’s immunizations to date.
   2) All participant rights and responsibilities are explained.
   3) The infant / child’s immunization is screened by counting the number of doses of DTaP (diphtheria and tetanus toxoids and a cellular pertussis) vaccines he/she has received in relation to his/her age, according to the following table:
      a. By 3 months of age, the infant/child should have at least 1 dose of DTaP.
      b. By 5 months of age, the infant/child should have at least 2 doses of DTaP.
      c. By 7 months of age, the infant/child should have at least 3 doses of DTaP.
      d. By 19 months of age, the infant/child should have at least 4 doses of DTaP.
   4) If the documented immunization record is not provided by the parent / legal guardian or caretaker, information regarding the recommended
immunization schedule appropriate to the infant / child’s current age is provided to the parent / legal guardian or caretaker. The parent / legal guardian or caretaker is encouraged to provide the documented immunization record on his/her next visit.

5) When appropriate, the parent / legal guardian / or caretaker is referred to infant / child’s usual source of medical care.

6) This policy reflects the maximum to be funded by WIC. Local agencies may cover a greater level of screening if performed by non-WIC personnel or if greater level of screening is funded by another source.

7) Immunization services funded by WIC only include screening of DTaP in accordance with ADM 03.5 and ADM 03.6.