



MASSACHUSETTS DEPARTMENT OF  
**Children & Families**

# **COVID 19 Vaccination** **i-FamilyNet Documentation Guide** for Congregate Care Providers



*Last Updated: 01/14/2021*

To document COVID-19 vaccines administered to a youth/young adult in your congregate care setting, go to the Children and Families page and:

- 1 Click on the **youth/young adult's** name. You will be on the Information tab for the youth/young adult.
- 2 Click the **Health/Behavioral Information** button.

Family Member	Organization Details					
Adams, William	Name	ID	143697	Address	Phone	
LN11150050, FN11150050 MN	Person Details					
LN11424033, FN11424033	Name	William Adams	Person ID	11562814	Date of Birth	01/01/2003
LN11635494, FN11635494 MN					Gender	Male
LN11868188, FN11868188 MN	Information	Assessments	Planning	Delivery	Progress	Incidents
LN11895915, FN11895915	Information					
LN12051635, FN12051635	Ethnicity	Not Hispanic/Latino		Race		
LN12158735, FN12158735	Primary Language	English		Country Of Origin	United States of America	
LN12174794, FN12174794 MN	Home Address	2545 POST Street, San Francisco, MA 94115		Home Phone		
LN12179609, FN12179609	Cell Phone	(781)555-1212		Work Phone		
LN12259729, FN12259729 MN	Case ID	3706758		DCF Worker	Juli Jones	
LN12300891, FN12300891	Area Office	Greater Lowell Area Office		Area Office Phone	(978)275-6800	
LN12323194, FN12323194	Lead Agency	Lowell Lead Agency/ M.S.P.C.C.		Division Name		
LN12823866, FN12823866	RRC					
				Placement Settings	Health/Behavior Information	

- The Health/Behavioral Information page lists the documented health conditions/behaviors and medications for the youth/young adult.

Person Details						
Name	William Adams	Person ID	11562814	Date of Birth	01/01/2003	Gender Male
Conditions and Behaviors						
Type	Condition/Behavior	Observed / Diagnosed	Last Updated By	Last Updated Date	Open	
Medical/Psychological	Asthma	Diagnosed	Doe, Gary	01/12/2021	+	
						Add New
Medications						
Medication	Start Date	End Date	Physician	Last Updated By	Last Updated Date	Open
Albuterol	11/02/2020			Doe, Gary	01/12/2021	+
						Cancel Add New

- Click the **Add New** button under the medications list.

Enter the details of the vaccine administered as follows, then click **Save**.

- Medication: Specify the vaccine dose administered using the language below. *It is important to use this exact language.*
  - COVID-19 1<sup>st</sup> dose (Moderna)
  - COVID-19 1<sup>st</sup> dose (Pfizer)
  - COVID-19 2<sup>nd</sup> dose (Moderna)
  - COVID-19 2<sup>nd</sup> dose (Pfizer)
- Start Date: Enter the date the vaccine was administered.
- Comments: Enter the name and address of where the vaccine was administered.

Person Details							
Name	William Adams	Person ID	11562814	Date of Birth	01/01/2003	Gender	Male

  

Medication	
Medication *	COVID-19 1st dose
Start Date *	01/12/2021 <input type="text"/> MM/DD/YYYY <input type="checkbox"/> Date Unknown
End Date	<input type="text"/> MM/DD/YYYY
Physician	<input type="text"/> <a href="#">Find Person</a>
Comments ?	ABC Location 123 Main Street Anytown, MA 01234

Upon save, the vaccine will show in the list of medications.

Person Details							
Name	William Adams	Person ID	11562814	Date of Birth	01/01/2003	Gender	Male

Conditions and Behaviors					
Type	Condition/Behavior	Observed / Diagnosed	Last Updated By	Last Updated Date	Open
Medical/Psychological	Asthma	Diagnosed	Doe, Gary	01/12/2021	

Medications						
Medication	Start Date	End Date	Physician	Last Updated By	Last Updated Date	Open
COVID-19 1st dose (Pfizer)	01/12/2021			Providers, Patty	01/12/2021	
Albuterol	11/02/2020			Doe, Gary	01/12/2021	

If a youth/young adult will NOT be vaccinated, add a medication with the following information and click Save.

- Medication: Enter '**Not Administering COVID-19 Vaccine**'. It is important to use this exact language.
- Start Date: Enter the date you are recording the information (today's date).
- Comments:
  - Medical Reason: If the individual cannot have the vaccine for a medical reason, enter 'Medical Reason' and any applicable comments.
  - Refused: If the individual refused the vaccine, enter 'Refused' and any applicable comments.

Person Details							
Name	William Adams	Person ID	11562814	Date of Birth	01/01/2003	Gender	Male

  

Medication	
Medication*	<input type="text" value="Not Administering"/>
Start Date*	<input type="text" value="01/14/2021"/> <small>MM/DD/YYYY</small> <input type="checkbox"/> Date Unknown
End Date	<input type="text"/> <small>MM/DD/YYYY</small>
Physician	<input type="text"/> <a href="#">Find Person</a>
Comments ?	<div>Medical Reasons - William has known history of severe allergic reaction to components of the vaccine. His allergist Dr. Smith and PCP Dr. Jones both recommended that he not be vaccinated at this time.</div>

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