

FY 2024 Immunization Contract Review Tool Instructions

Date of Contract Review: _____ Contract Review Period: _____

LHD: _____ Clinic/Site Visited: _____

Name and Title of Reviewer(s): _____ Meeting Type (In-Person or Virtual): _____

Required Activity	Activity	Review Criteria	YES	NO	NA/NR	Comments	Instructions
Section 1. Program and Contract Management							
1	1.1.03	Attend all required trainings for each Area of Work as specified in the Immunization Program Contractor's Guide. Ensure that the immunization program manager and TVFC and ASN Coordinator attend the annual Immunization Section mandatory in-person meeting.	Attend annual IPRE in-person meeting. Attend ImmTrac2 Training.				At least one LHD immunization staff member must register for and attend all required trainings for each area of work as specified in the Immunization Program Contractor's Guide. LHD maintains a list of required training. Training document includes the name(s) of attendees.
		Attend Perinatal Hepatitis B Prevention Program Summit.					
		Attend any other required trainings as required by DSHS.					

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
2	1.1.07	Develop and implement an employee immunization policy for Contractor's immunization program staff according to CDC recommendations.	Develop Employee Immunization Policy.					LHD has policy and protocols developed to ensure organizations have standard vaccine protocols for new and existing staff. The Immunization Policy should meet the CDC recommendations for the adult immunization schedule and should be incorporated into new staff orientation and annual immunization requirements. Policy should address: <ul style="list-style-type: none"> • How LHD assures that employees are immunized; and • Steps (including timeframes) that are taken to bring an employee up- to-date. • Immunization declinations should be kept on file for all employees that refuse/ decline immunizations. • The policy should include timeframes for reviewing employee immunization status.

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
3	1.1.08	Maintain a record of orientation (new staff) and ongoing training for existing contract-funded staff involved in providing immunization services.	Develop records of orientation and ongoing training for contract-funded staff.					All staff involved in providing immunization services received orientation and regular immunization updates. All staff training must be documented, tracked, and on file for audit. See the Contractor's Guide for a list of the minimum training requirements.
Section 1 – Summary and comments:								
Section 3. Managing TVFC and ASN Providers								
4	3.7.02	For personnel identified by DSHS, attend and/or complete the following trainings: <ul style="list-style-type: none"> • CDC Immunization Trainings • TVFC/ASN Annual Trainings • Annual RE Training • PHR Trainings 	Identified personnel attended/completed the following training.					Review training documentation for personnel designated to attend and/or complete the required training. Documentation should include the dates of training, title of training, and position title of attendee.
Section 3 – Summary and comments:								

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
Section 4. Epidemiology & Surveillance								
5	4.1.02	Determine the number of newborns that do not receive the first dose of the hepatitis B vaccine and/or HBIG and work with those facilities to ensure all at-risk infants receive the initial hepatitis B vaccine and HBIG within 12 hours of birth.	Document technical assistance provided to any facilities that did not provide appropriate post exposure prophylaxis (PEP).					<p>DSHS Central Office to provide a list of facilities to PHR prior to visit.</p> <p>Review documentation on technical assistance provided to the facility to prevent problems and/or take corrective action.</p>
6	4.1.03	Ensure timely follow-up and reporting of case status of possible HBsAg+ pregnant women within seven days of notification.	Provide information and feedback to DSHS Assessment, Compliance and Evaluation (ACE) Group on possible HBsAg+ pregnant women listed on vital stats/NBS/HBIG reports.					Use Peri Hep B Prevention Database reports to identify possible HBsAg+ pregnant women. LHD must provide documentation of attempts to determine eligibility and open case forms within seven days.

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
7	4.2.01	Contact and provide case management to 100% of HBsAg+ pregnant women identified, along with their infants and contacts.	Contact and provide case management to 100% of the HBsAg+ pregnant women identified.					Review case documentation. Case management data should include the following: <ul style="list-style-type: none"> • Total number of HBsAg+ pregnant women identified, with the dates they were identified • Total number of HBsAg+ pregnant women case forms opened in the Peri Hep B Prevention Database • Date(s) case forms were opened
8	4.3.01	For all cases documented as 'lost-to-follow-up' in the Peri Hep B Prevention Database, the appropriate number and types of attempted activities performed in locating the mother or guardian of the infant are documented.	≥90% of 'lost-to-follow-up' cases have appropriate follow-up completed and documented in the Peri Hep B Prevention Database.					Review LTFU cases. Ensure they have appropriate documentation. If all do not, why not? Cases must have documentation of the case opening date.

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
9	4.4.01	Require Perinatal Hepatitis B Case Manager to attend the bi- annual conference.	Perinatal Hepatitis B Case Manager attends the bi- annual conference.					Documentation of training should include the following: <ul style="list-style-type: none"> • Case Manager name • Date of bi-annual conference • Additional staff attending conference
			If not, another staff attends on the Case Manager's behalf.					Documentation of training should include the following: <ul style="list-style-type: none"> • Case Manager name • Date of bi-annual conference • Additional staff attending conference
Section 4 – Summary and comments:								

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
Section 5. Providing a Vaccine Safety Net								
10	5.2.01	<p>Train all clinic staff on the policies outlined in the TVFC and ASN Provider Manual and LHD procedures for implementing policies. Procedures should include -</p> <ul style="list-style-type: none"> • storage and handling guidelines • vaccine management • use of the DSHS vaccine management system (VAOS) • compliance guidelines 	<p>Trained all clinic staff on policies outlined in the TVFC and ASN Provider Manual and the LHD procedures for implementing them.</p>					<p>Training should include the following:</p> <ul style="list-style-type: none"> • Training date(s) • Title/type of training • LHD staff that participated • Topic(s) discussed at a minimum – <ul style="list-style-type: none"> - storage and handling guidelines - vaccine management - use of DSHS vaccine management system (VAOS) - compliance guidelines • Resources provided • Total number of attendees

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
11	5.2.02	<p>Develop clinic staff education requirements. Ensure that persons who administer vaccines and staff that are involved in the vaccine administration process (including those who screen immunization records and administer vaccines) to follow ACIP standards for children and adults and are knowledgeable on immunizations and immunization practices.</p> <p>This can be accomplished by having staff complete the most current CDC Pink Book</p>						<p>Review policy to identify staff education requirements for new and existing staff. Employee education policy for new and current staff that are involved in the vaccine administration process (including those that screen records and administer vaccines) must include specific training topics. See Contractor's Guide for list of required training.</p>

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
12	5.2.03	Develop eligibility screening and documentation policy for all LHD clinics. Provide training to all staff on appropriate screening and documentation for TVFC eligibility to ensure TVFC vaccine is administered only to TVFC-eligible children. Implement policy and plan for routine adherence to eligibility policies.	Developed eligibility screening and documentation policy for all LHD clinics.					Review eligibility screening and documentation policy.
13	5.2.04	Develop and implement a policy on the use of the Texas Immunization Registry. Train LHD staff on conducting client searches in the Texas Immunization Registry and how to effectively enter client demographic and immunization information.	Developed and implemented a policy on the use of the Texas Immunization Registry.					Review policy on the use of the Texas Immunization Registry.

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
14	5.3.06	Maintain a list of current providers within the LHDs jurisdiction who accept children on Medicaid or CHIP and make this list available to clinic clients and families as needed. (STANDARD)	Maintain a list of current providers within the LHDs jurisdiction who accept children on Medicaid or CHIP and make this list available to clinic clients and families as needed.					Review list of current providers who accept children on Medicaid or CHIP. List must include providers in the local jurisdiction. Reviewers can observe client encounters.
15	5.3.07	Refer uninsured clients to Medicaid or the Children's Health Insurance Program (CHIP) as appropriate. (STANDARD)	Refer uninsured clients to Medicaid or the Children's Health Insurance Program (CHIP) as appropriate.					Review documentation or list of clients referred to Medicaid or CHIP. Reviewer can observe client encounters to validate that uninsured clients are made aware of and are referred to Medicaid or the Children's health Insurance program (CHIP) as appropriate.

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
16	5.3.10	Establish "standing orders" for vaccination in LHD Contractor's clinics that are consistent with legal requirements for standing orders (including, but not limited to, those found in the Texas Medical Practice Act).	Standing orders are available to review during On-Site Evaluation.					<p>Review copies of standing orders. The reviewer evaluates the agency Standing Delegation Orders (SDOs) to assure that the following criteria are followed:</p> <ul style="list-style-type: none"> • The SDOs are reviewed, updated, and signed annually by the authorizing physician. • SDOs specify which acts require a particular level of training and licensure and under what circumstances they are to be performed. • There is a method of maintaining a written record of those persons authorized to perform specific SDOs. • Decisions regarding contraindications should be documented. • Current copies of SDO manuals are present at all sites and accessible to staff.

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
17	5.3.19	Provide immunization services at times other than 8 a.m. to 5 p.m., Monday through Friday, at least once per month.	Provided immunization services at times other than 8 a.m. to 5 p.m., Monday through Friday, at least once per month.					Review the clinic hours to ensure immunization services must be provided at times other than 8:00 a.m. to 5:00 p.m., Monday through Friday. Alternative hours must be available at least one time a month. The policy should also address how the public is informed of clinic hours and services; e.g., hours are posted on clinic door.
Section 5 – Summary and comments:								

Required Activity	Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
Section 7. Education and Partnership							
18	7.3.02	Develop and implement a written communications and customer service plan for Contractor's staff to ensure customers receive consistent, correct immunization information and services in a courteous and friendly manner on a timely basis.	Developed and implemented a written communications and customer service plan.				Review customer service plan. The document includes instructions for answering caller questions made available for review that included the frequency of questions asked, a list of contacts for Regional and Central Office staff, and the date it was last updated. Interview staff who answer the phone regarding how the LHD ensures that information provided to callers is current and accurate, e.g., Do they have a Resource Guide that is revised periodically? Do they have up-to-date immunization schedules at the phone?
19	7.3.03	Educate healthcare workers on the importance of keeping themselves up-to-date with the vaccine schedule.	The LHD will distribute annual vaccine schedules as well as share pertinent education materials on vaccine schedule changes and recommended doses.				LHD will provide documentation of educational material distribution to healthcare workers.

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
20	7.4.01	Appoint an immunization coalition coordinator.	Appoint an Immunization Coalition Coordinator.					Verify the name(s) of staff. If vacant, was this vacancy reported?
			Document outreach activities.					Review outreach activities. Documentation includes the name(s) of group/individual participating in partnership.
21	7.4.02	Develop and maintain a planning group with the goal of forming long-term community partners.	Develop and maintain a planning group with the goal of forming long-term community partners.					Review documentation of the activities for outreach, coordination, and/or the plan for forming long-term partnerships.
22	7.4.03	Engage and recruit community groups and immunization stakeholders to form long-term partnerships	Engage and recruit community groups and immunization stakeholders to form long-term partnerships					Review outreach and recruitment activities to create community partnerships.
23	7.4.04	Facilitate and host partnership meetings.	Facilitate and host partnership meetings.					Review partnership meeting activities. Documentation should include: <ul style="list-style-type: none"> • Date(s) of partnership meeting • Total number of attendees • Meeting minutes/notes

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
24	7.4.05	Participate in monthly calls to provide updates on partner collaboration activities.	Participate in monthly calls to provide updates on partner collaboration activities.					Review attendance roster of conference call includes the name(s) of attendee..
25	7.4.13	Participate in special initiatives as directed by the DSHS Immunization Section.	Participated in special initiatives when directed by the DSHS Immunization Section.					Review the special initiative events that were required and ensure the date and partners/collaborators are documented. Partnership includes the following - <ul style="list-style-type: none"> • Contributing content for public education materials. • Distributing public education materials via LHD communication tools (newsletters, social media sites, email lists). • Engaging in coalitions • If DSHS did not explicitly request that the LHD participate in a special initiative, then this activity is considered complete. • NAIM, Cervical Cancer Awareness Month, etc.

Required Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instructions
26	7.5.01	Attend all TISWG and other designated stakeholder meetings. These meetings can be attended remotely.	Attended TISWG designated stakeholder meetings.					Review meeting agendas, date(s) attended.
			Attend any TISWG subgroup meetings - the LHD is encouraged to attend, but not required					Review documentation of subgroup meetings (e.g. title of meeting and date attended).
27	7.6.03	Promote ImmunizeTexas.com the Immunization Section's website; and any other Immunization Section newsletters to providers in the local jurisdiction.	Promoted ImmunizeTexas.com, the Immunization Section's website, and any other Immunization Section newsletters to providers in the local jurisdiction.					Review documentation of promotion - direct to website, email blast, etc.
28	7.6.05	Share available federal, state, and/or local adolescent vaccination coverage and/or vaccine-uptake-related data with partner organizations, adolescent immunization providers, and other stakeholders.	Distributed available federal, state, and/or local adolescent vaccination coverage and/or vaccine-uptake-related data with partner organizations, adolescent immunization providers, and other stakeholders.					Review documentation of vaccine coverage and vaccine- preventable disease information shared with partner organizations, providers, and stakeholders. Clinic observation of literature available. Is it current, accurate, and sufficiently available in the clinic(s)?
Section 7 – Summary and comments:								

Suggested activities

Suggested Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instruction
Section 1. Program and Contract Management								
1	1.1.12	Use the results of the community assessment conducted in activity 4.7.01 to review and address an immunization need within the LHD jurisdiction.	Complete a Community Needs Assessment.					Review the Community Needs Assessment document.
			Address at least one gap identified in the Community Needs Assessment.					Review the summary report addressing gap(s) identified in assessment.
Section 1 – Summary and comments:								
Section 2. Facility Immunization Assessments								
2	2.3.01	Educate and inform first responder facilities on the use of the Texas Immunization Registry to assess first responder immunization records and forecast any future immunization needs. Use the First Responder Immunization Toolkit (FRIT) to drive these activities.	Provide education to first responder facilities (using the DSHS FRIT).					Review training documentation including the following: <ul style="list-style-type: none"> • Name(s) of first responder facilities education • list of sites registered and participating • dates of education training(s) • resources used
Section 2 – Summary and comments:								

Suggested Activity		Activity	Review Criteria	YES	NO	NA/NR	Comments	Instruction
Section 3. Managing TVFC and ASN Providers								
3	3.1.03	Collaborate with medical societies and/or local health provider organizations to identify providers to recruit and enroll.	Collaborate with medical societies and/or local health providers to identify providers to recruit.					Show documentation of collaborations and the number of providers recruited.
4	3.2.02	Promote TVFC and ASN Provider achievements: <ul style="list-style-type: none"> • Implement incentives for provider sites that reach vaccine coverage goals • Implement incentives to recognize sites during national observances (i.e. NIIW, NIAM, and NIVW). 	Promote TVFC/ ASN provider achievements.					Show documentation of promotional activities.
			Implement incentives for provider sites that reach vaccine coverage goals					If awards are given, document provider name(s), vaccination coverage rate, and type of incentives provided. Incentives are not intended to have any monetary value or to be exchanged for any monetary value. For example, incentives could include recognition of TVFC provider with framed certificates of recognition or recognizing TVFC provider achievements on the LHD's website.
			Implement incentives to recognize sites during national observances					If awards are given, document provider name(s), vaccination coverage rate, and type of incentives provided.

Suggested Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instruction
5	3.5.06	Review submitted reports to ensure data quality. The review includes: <ul style="list-style-type: none"> • Quarterly, review 25% of enrolled sites to ensure contacts are listed correctly in VAOS. • Quarterly, review 25% of enrolled sites and provide education for the Vaccine borrowing and Vaccine transfer forms. 	Using monthly reports, provide education for the Vaccine borrowing and Vaccine transfer forms for 25% of enrolled sites, quarterly.					Review documentation of the LHD's review of the Data Quality Report. Documentation should include the following: <ul style="list-style-type: none"> • Total number of enrolled sites • List of PINS, dates of education events, and the resources provided
6	3.5.07	Review monthly data logger reports for 25% of providers in LHD contractor's jurisdiction to validate the accuracy of provider submitted monthly temperature reporting forms.	Review monthly data logger reports for 25% of providers to validate the accuracy of provider submitted monthly temp reporting forms.					Review documentation of the LHD's review of data logger reports to monthly temperature recording logs to validate accuracy of submitted temperature recording forms. Documentation should include the total number of monthly data logger reports with PINS/Names and dates.

Suggested Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instruction
7	3.5.09	Conduct a monthly review of 10% of randomly selected providers in LHD contractor's jurisdiction to identify vaccine loss report forms that were completed in VAOS but were not submitted.	Conduct a monthly review of 10% of randomly selected providers to identify vaccine loss report forms that were completed in VAOS but not submitted.					Review documentation of the LHD's review, including the list of randomly selected providers' vaccine loss report forms completed in VAOS but not submitted. Documentation should include the total number of monthly reviews conducted with PINS/ Names and dates.
8	3.5.10	Conduct a quarterly review of 25% of providers in LHD contractor's jurisdiction to identify those that have adjusted more than 10% of their vaccine inventory.	Conduct a quarterly review of 25% of providers to identify those that have adjusted more than 10% of their vaccine inventory.					Review documentation of the LHD review of providers that have adjusted more than 10% of their vaccine inventory. Report should include the total number of quarterly reviews conducted with PINS/Names and dates.
9	3.5.11	Conduct a quarterly review of 25% of providers in LHD contractor's jurisdiction to ensure the reported patient population matches the number of doses ordered.	Conduct a quarterly review of 25% of providers to ensure they reported patient population matches the number of doses ordered.					Review documentation of the LHD's review of patient population from providers. Documentation includes the number of reviews of providers conducted with PINS/names and dates.

Suggested Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instruction
10	3.7.03	Ensure that the TVFC / ASN Coordinator conducts quality assurance on 10% of the temperature recording logs that were reviewed by their staff each quarter.	TVFC/ASN Coordinator conducts QA on temperature recording logs.					Review QA checks on temperature reading logs. Documentation includes the total number of QA checks completed on temperature reading logs recorded this quarter.
Section 3 – Summary and comments:								
Section 5. Managing TVFC and ASN Providers								
11	5.3.24	Participate in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders.	Participate in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders.					Review documentation of jurisdiction exercises or LHD’s participation in public health emergencies.
12	5.3.25	Conduct outreach activities to raise the immunization coverage levels of uninsured adults by visiting sites such as homeless shelters, halfway houses, day labor sites or other locations.	Conducted outreach activities to raise immunization coverage levels of uninsured adults by visiting the sites.					Review documentation of LHD’s outreach to uninsured adults.

Suggested Activity		Activity	Review Criteria	YES	NO	NA/NR	Comments	Instruction
13	5.3.26	Coordinate with community vaccinators to conduct annual employee-based vaccination clinics for influenza vaccine administration.	Coordinate with community vaccinators to conduct annual employee-based vaccination clinics for influenza vaccine administration.					Review documentation of all LHD's employee-based influenza vaccination clinics, which should have been conducted by the last day of the reporting quarter.
Section 5 – Summary and comments:								
Section 6. Increased Use of the Texas Immunization Registry								
14	6.1.01	Conduct Texas Immunization Registry (the Registry) outreach to organizations regarding missing vaccinations for children and adults for whom consent has been granted but who do not have complete immunization records.	Conducted Texas Immunization Registry outreach to organizations regarding missing vaccinations for whom consent has been granted but who do not have complete immunization records.					Review documentation of outreach to organizations missing consent forms for vaccinations for children and adults. Documentation should include the total numbers for the following: clients on the outreach list, clients for whom outreach was attempted and shots validated, clients entered in ImmTrac2, and clients brought up-to-date based on the ACIP schedule.

Suggested Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instruction
15	6.2.01	Conduct activities aimed at increasing the consent rate for all age groups, including adults and individuals identified as recently moved in-state.	Perform outreach activities aimed at increasing the consent rate for all age groups, including adults and individuals identified as recently moved in-state.					Review outreach activities. Documentation should include the following: <ul style="list-style-type: none"> • Date of activity • Organization name(s) • Total number of attendees ImmTrac2 Org Code(s) (if applicable) • Description of content of educational materials provided • Outcome of outreach

Suggested Activity		Activity	Review Criteria	YES	NO	NA/NR	Comments	Instruction
16	6.3.02	Provide orientation to all new Texas Immunization Registry organizations within the LHD Contractor's jurisdiction at least once a year and maintain documentation of all technical assistance provided (e.g., telephone logs).	Provided orientation to all new Texas Immunization Registry organizations within the LHD Contractor's jurisdiction at least once a year and maintain documentation of all technical assistance provided.					Review orientation activities. Documentation should include the following: <ul style="list-style-type: none"> • Date(s) of outreach • ImmTrac2 Org Code(s) (if applicable) • Total number of new users trained
		Provide education and training on the effective use of the Texas Immunization Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry. Identify and assist newly registered providers and new users reporting to the Registry.	Provide education and training on the effective use of the Texas Immunization Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry.					Review education and training activities. Documentation should include the following: <ul style="list-style-type: none"> • Date of education event(s)/training(s) • ImmTrac2 Org Code(s) (if applicable) • Total number of attendees

Suggested Activity		Activity	Review Criteria	YES	NO	NA/NR	Comments	Instruction
17	6.4.02	Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry.	Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry.					Review education and outreach activities. Documentation should include the following: <ul style="list-style-type: none"> • Number of birth registrars receiving education and technical assistance • Total number of birth registrars in jurisdiction from previous quarter/year • If $\leq 10\%$ provided, why?
18	6.4.03	Collaborate with prenatal healthcare providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about Texas Immunization Registry and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate.	Collaborate with 12 entities in awardee jurisdiction.					Review documentation of collaborations. Documentation should include the following: <ul style="list-style-type: none"> • Date of activity(ies) • Organization name(s) • Event/attendance/volume • ImmTrac2 Org Code(s) (if applicable) • Description of content • Educational materials provided • Outcome of collaboration
Section 6 – Summary and comments:								

Suggested Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instruction
Section 7. Education and Partnership								
19	7.2.01	Educate and update providers on the most current ACIP recommendations for all ages.	Educate providers on the most current ACIP recommendations.					Review education and outreach activities. Documentation should include the following: <ul style="list-style-type: none"> • Date of education event(s) • Total number of attendees • List of PINs from staff that attended • Content of training(s) • Date completed or date of information dissemination • Total number of attendees (if applicable)

Suggested Activity		Activity	Review Criteria	YES	NO	NA/NR	Comments	Instruction
20	7.2.02	<p>Inform and highly recommend to the medical community and local providers within the LHD Contractor's jurisdiction the most current CDC Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC) training (www.cdc.gov/vaccines/ed/webinar-epv/index.html).</p> <p>The most current "Pink Book", titled Epidemiology and Prevention of Vaccine-Preventable Diseases, can be found on the CDC website at cdc.gov/vaccines/pubs/pinkbook/index.html.</p> <p>Provide training and technical assistance (on-site/virtual) to providers.</p>	Provide training and technical assistance (on-site/virtual) to providers.					<p>Review training and outreach activities, indicated by a certificate of training completion or documentation including the following:</p> <ul style="list-style-type: none"> • Date of education event(s) • Total number of attendees • List of PINs from staff that attended • Content of training(s) • Date(s) completed or date of information dissemination • Total number of attendees (if applicable)

Suggested Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instruction
21	7.2.03	Provide information to community healthcare employers (hospitals, clinics, doctor offices, long-term care facilities) about the importance of vaccination of health care workers.	Provide information to community healthcare employers about the importance of vaccination of healthcare workers.					Review outreach activities. Documentation should include the following: <ul style="list-style-type: none"> • Provider name(s) or PINs (group/individual) • Type of content distributed (flyers, brochures, newsletter articles, etc.) • Meeting minutes from training(s), if applicable • Total number of attendees
22	7.4.09	Plan partnership activities with local Women, Infants, and Children (WIC) programs to ensure that children participating in WIC are screened and referred to their "medical home" for vaccination using a documented immunization history in accordance with the Standards for Child and Adolescent Immunization Practices.	Coordinate education and other activities with local WIC programs.					Review education and collaboration activities with WIC. Documentation should include: <ul style="list-style-type: none"> • Type of event or activity/date/numbers reached • Group(s) in attendance • Topic discussed • Resources provided • Total number of attendees

Suggested Activity		Activity	Review Criteria	YES	NO	NA/ NR	Comments	Instruction
23	7.4.1	Offer educational opportunities to all WIC programs in the service area, including information about online and satellite-broadcast continuing education opportunities from the CDC Continuing Education web site at https://www.cdc.gov/vaccines/ed/index.html .	Offer and publicize education opportunities to all WIC programs in the service area, including information about online and satellite-broadcast continuing education opportunities from the CDC Continuing Education website.					Review educational opportunities offered to WIC programs. Documentation should include: <ul style="list-style-type: none"> • Type of event or activity/date/numbers reached • Training content/outreach material distributed • Date completed or date of information dissemination • Total number of attendees
24	7.5.02	Host at least one immunization stakeholder meeting per quarter, in person or virtually, (four per contract year).	Host at least one immunization stakeholder meeting, either in person or remotely, this quarter.					Review planning activities or meeting notes. Documentation should include: <ul style="list-style-type: none"> • Total number of attendees • Meeting minutes
Section 7 – Summary and comments:								

Summary Page

(Provide other pertinent information noted during the review (e.g. successes, best practices, challenges, follow-up items, etc.)

Form Instructions

This tool is based on the activities listed in the Fiscal Year 2024 DSHS Immunization Contractors Guide and should be used for desk reviews after August 1, 2023. Each activity is noted as one of the following:

- Required – activities essential to the implementation and/or operation of an Immunization Program. These activities are assigned performance metrics.
- Standard (Universal) – activities that are normal/standard to the implementation and/or operation of an Immunization Program. Performance measures are not required.
- Suggested – activities recommended but not required.

For each item reviewed, the reviewer must select Yes, No, Not Applicable (N/A) or Not Reviewed (N/R) where appropriate.

- Yes - standard met fully; reviewer can acknowledge successes and best practices in the comment section.
- No - standard met; reviewer must describe the discrepancy and note any education or technical assistance provided.
- NA - item was not applicable or not reviewed at site visit.
- NR – provide a brief explanation of why the item was not reviewed.

The local health department (LHD) must provide a written response for each item checked “No” that is not immediately corrected during the site visit and produce a Corrective Action Plan (CAP) as directed by DSHS that encompasses proposed solutions for all items marked as “No.” The CAP should be submitted within 30 days of the site or desk review.

Any additional information such as issues, concerns, challenges, successes, collaborations, etc. should also be documented in the tool. Naming convention - please save the document as LHD_FY Year_Contract Review Tool.