



TEXAS
Health and Human
Services

Texas Department of State
Health Services

DSHS Immunizations

Contract Review Tool

for Local Health Departments and Public Health Regions

Fiscal Year 2026



Fiscal Year 2026 Immunizations Contract Review Tool

Contract Review Tool Purpose and Instructions

The Contract Review Tool (CRT) is composed of required and suggested activities listed in the Fiscal Year 2026 Department of State Health Services (DSHS) Immunizations Contractor's Guide for Local Health Departments (LHDs) and Public Health Regions (PHRs) (dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/FY25-Contractor's-Guide.pdf). The CRT is utilized by LHD staff while preparing for on-site contract evaluation visits and by PHR staff while conducting on-site contract evaluation visits at LHDs. These on-site contract evaluation visits must occur between September 1, 2025 and August 31, 2026.

Required activities are critical parts of implementing the Infectious Disease Prevention Division's strategic goals to increase vaccine coverage levels. Suggested activities, while also important, are not required to be completed by LHDs. Regardless, all required and suggested activities that appear on the CRT must be reviewed by the PHR manager while conducting on-site contract evaluation visits.

PHR managers must mark "Yes," "No," or "NA" to indicate if an LHD has met each activity.

- If "Yes" is marked, the criteria in the Evaluation column must be fully met.
- If "No" is marked, it indicates that the criteria in the Evaluation column was not fully met. In this case, the discrepancy and any education or technical assistance provided must be described in the Comments column.
- If "NA" is marked, a justification must be provided in the Comments column.

The DSHS Contract Management Section (CMS) will request a Corrective Action Plan (CAP) from the LHD regarding any required activities that were unmet (marked as "No"). The LHD must then submit a CAP to the PHR manager and CMS within 30 calendar days after the date of the written notification. The PHR manager and DSHS central office staff will review and approve the CAP to ensure it addresses the findings noted on the CRT. The on-site contract evaluation visit will be considered complete once the CAP is approved.

Date of Contract Review: _____ **Contract Review Period:** Sept. 1, 2025 - Aug. 31, 2026

LHD: _____ **Meeting Type (In-Person or Virtual):** _____

Clinic/Site Visited: _____

Name and Title of Reviewer: _____

Name and Title of Reviewer: _____

Name and Title of Reviewer: _____

Name and Title of Reviewer: _____

Name and Title of Reviewer: _____

Name and Title of Reviewer: _____

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 1. Program and Contract Management							
1	1.1.04	Attend all required training for each Area of Work as specified in the DSHS Immunizations Contractor’s Guide for LHDs. Ensure that the immunization program manager and TVFC and ASN coordinator attend the annual Immunizations Section mandatory in-person meeting.	At least one immunization program staff must attend required training for each area of work. At a minimum, the immunization program manager and the TVFC and ASN coordinator must attend the required IPRE Training.				
2	1.1.05	Develop and implement an employee immunization policy for immunization program staff according to CDC recommendations.	Review the local Immunization Policy and ensure the policy meets CDC recommendations for adult immunization.				

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
3	1.1.06	Maintain a record of orientation (new staff) and ongoing training for tenured contract-funded staff involved in the provision of immunization services.	The LHD has orientation and training tracking records for all contract-funded staff involved in the provision of immunization services. LHD staff training meets the requirements under this activity. Training time frames depend on the metric associated with the specific training (e.g., annually, one-time, etc.).				

Section 1. Program and Contract Management – Summary and comments:

Required Activity	Activity	Evaluation	YES	NO	NA	Comments	
Section 2. Facility Immunization Assessments							
4	2.1.03	<p>Complete 100% of assigned public and private school audits and validation surveys in accordance with the DSHS Immunizations Contractor's Guide for LHDs. By the first business day in February of contract year, LHD staff will notify DSHS Central Office if a replacement school is needed for a validation survey. By the first business day in March of contract year, LHD staff will complete 100% of assigned validation surveys. By the third Friday in July of contract year, LHD staff will complete 100% of assigned school audits and submit electronically to PHR.</p>	<p>Submit 100% of completed validation surveys to the PHR by the first business day in March.</p> <p>Submit 100% of completed school audits to PHR by the third Friday in July.</p>				
Section 2. Facility Immunization Assessments – Summary and comments:							

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 3. Managing TVFC and ASN Providers							
5	3.5.01	Utilize the CDC PEAR system and directly enter data into PEAR to document TVFC unannounced storage and handling (USH) visits to a minimum of ten percent of providers within the LHD's jurisdiction.	Data for USH visits conducted at enrolled sites must be added in the public tracking spreadsheet and include the PIN, clinic name, date of the visit, and dated Acknowledgment of Receipt form submitted to the QAI team.				
6	3.7.02	All RE staff must 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 	Documentation and submission of required trainings.				
7	3.8.03	Ensure that providers within LHD's jurisdiction are adhering to the vaccine borrowing procedures outlined in the TVFC and ASN Provider Manual. Report the number of borrowing forms submitted by quarte	Number of borrowing forms submitted quarterly.				

Required Activity	Activity	Evaluation	YES	NO	NA	Comments
Section 3. Managing TVFC and ASN Providers – Summary and comments:						

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 4. Epidemiology and Surveillance							
8	4.1.01	Contact and provide case management to 95% of Hepatitis B surface antigen-positive pregnant women identified, along with their infants and contacts.	Case forms are opened via the online PHBPP Database within seven days of initial case report for 95% of possible cases.				
9	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 Hepatitis B vaccine series and HBIG within 12 hours of birth.	Document educational training provided to any facilities that did not provide appropriate PEP.				
10	4.1.03	Ensure follow up and reporting of case status of 90% of possible HBsAg-positive pregnant women within seven days of the receipt of report.	RE will follow-up on 90% of possible HBsAg-positive pregnant women within seven days of the receipt of report.				
11	4.2.01	For all cases documented as 'lost to follow-up', report the number and types of attempted activities performed in locating the mother or guardian of the infant to the DSHS Immunizations Section in the online PHB Prevention Database.	At least 90% of cases closed as "Lost to Follow-Up" will have the appropriate type and number of activities documented in the PHB Prevention Database.				

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
12	4.3.01	Require PHB case manager to attend the biennial conference/workshop.	Attendance rosters from the biennial PHBPP summit and workshop.				
13	4.6.02	Design an intervention to address the gaps in coverage rates or 'pockets of need' identified in the CNA in 4.6.01.	A completed Immunization CNA Report Form is submitted to Imm.Action@dshs.texas.gov.				

Section 4. Epidemiology and Surveillance – Summary and comments:

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 5. Providing a Vaccine Safety Net							
14	5.2.01	<p>Train all clinic staff on the policies outlined in the TVFC and ASN Provider Manual and LHD procedures for implementing them. These procedures include:</p> <ul style="list-style-type: none"> • Following storage and handling guidelines • Vaccine management • Using VAOS • Procedures for other compliance guidelines 	<p>Documentation of procedure and training conducted, including the following procedures:</p> <ol style="list-style-type: none"> 1. Following storage and handling guidelines 2. Vaccine management 3. Using VAOS 4. Other compliance guidelines 				
15	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. This can be accomplished by having staff complete the most current CDC Pink Book (EPI-VAC) training and appropriate Vaccine Education Online (VEO) modules.</p>	<p>Complete the certification of completion. Policy must be available for review.</p>				

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
16	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.	Documentation of current TVFC program policy. Policy must be available for review.				
17	5.2.04	Develop and implement a policy on the use of ImmTrac2. Train LHD staff on conducting client searches in ImmTrac2 and how to effectively enter client demographic and immunization information.	Documentation of TVFC program and ImmTrac2 policy. Policy must be available for review.				
18	5.3.05	Maintain a list of current providers within the LHD's jurisdiction who accept children on Medicaid or CHIP and make this list available to clinic clients and families as needed.	Staff is knowledgeable on Medicaid and CHIP policy and TVFC patient population policy.				
	5.3.06	Refer uninsured clients to Medicaid or CHIP as appropriate.					

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
19	5.3.09	Establish standing orders for vaccination in LHD's clinics that are consistent with legal requirements for standing orders per TAC Title 22, Chapter 193, Standing Delegation Orders (SDOs).	Current copies of SDOs must be present at all clinic sites and accessible to all staff. SDOs must be signed and dated within the last year. SDOs must include all applicable immunizations administered by LHD clinics, including combination vaccine presentations. I.e., MMR SDO, Varicella SDO, ProQuad (MMRV) SDO. SDOs must be available for review.				
20	5.3.18	Provide immunization services at times other than between 8:00 a.m. and 5:00 p.m., Monday through Friday, at least once per month.	Review documentation of TVFC program policy.				
Section 5. Providing a Vaccine Safety Net – Summary and comments:							

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 6. Increased Use of ImmTrac2							
21	6.2.02	Conduct at least 12 outreach and educational activities focused on 18-year-olds in high schools, colleges, universities, and other institutions of higher learning in LHD's jurisdiction.	Complete 12 outreach and educational activities.				
22	6.3.02	Provide orientation to all new ImmTrac2 organizations within the LHD's jurisdiction within three months of their registration.	Provide education, training, and technical assistance to 100% of newly registered organizations.				
23	6.3.03	Conduct outreach to all ImmTrac2 organizations with an expired site agreement within the LHD's jurisdiction. Provide education and training on the importance of maintaining an active ImmTrac2 site agreement. Assist with completing site renewals.	Provide education, training, and technical assistance each quarter to 100% of organizations with expired site agreements.				
24	6.5.01 GIUTIR 6.6.01	Review the monthly PAR to identify organizations who are inactive or not routinely submitting immunization data or adding consented clients. Prioritize these organizations for outreach activities.	Increase the number of clients added online by end of fourth quarter.				

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
25	6.5.03 GIUTIR 6.6.03	Conduct ImmTrac2 organization ISRs each year as described in the GIUTIR.	Conduct ISRs with 25% of eligible providers within the LHD's jurisdiction. ISRs will be capped at 90 for LHDs with over 400 eligible provider organizations and at 45 for LHDs with more than 180 eligible providers but fewer than 400. Evaluate and improve ImmTrac2 practices and procedures for targeted organizations within the LHD.				
26	6.6.01 GIUTIR 6.7.01	Attend all IIS Monthly Regional Training Meetings.	Attend a minimum of 12 IIS Monthly Regional Training Meetings each FY.				
Section 6. Increased Use of ImmTrac2 – Summary and comments:							

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 7. Education and Partnerships							
27	7.1.01	Inform and educate the public about vaccines, VPDs, and TVFC and ASN programs.	Documentation of public information materials distributed and activities conducted.				
28	7.1.03	Use national immunization observances as opportunities to conduct specific education and promotional activities as applicable to give emphasis to the importance and benefits of vaccines: NIIW, NIAM, NIVW, and World Immunization Week (WIW).	Documentation of public information materials distributed and observance activities conducted.				

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
29	7.2.01	Educate and update providers on the most current ACIP recommendations for all age groups.	Documentation of communication to providers, including the following details: <ul style="list-style-type: none"> • • Provider name(s) (group/individual) or list of PINs from staff who attended, if applicable • Number of attendees trained, if applicable • Training/education content, if applicable • Date(s) of training/education event(s) or completed or information disseminated, if applicable • Tools/tactics used for disseminating information such as distribution of flyers, brochures, meetings, email blasts, newsletters, directing to website, etc. 				

Required Activity		Activity	Evaluation	YES	NO	NA	Comments
30	7.3.01	Appoint an IOC who will seek out community partnerships, plan collaboration activities, create a planning group, and be point of contact for DSHS Central Office stakeholder meetings.	Documentation of appointed IOC. This activity requires IOCs to show they have formed a planning group to promote vaccines.				
31	7.3.02	Develop and maintain a planning group with the goal of forming long-term immunization stakeholder relationships.	Documentation of activity. Documentation of identification of partners and outreach.				
32	7.3.05	Participate in special initiatives as directed by DSHS Central Office.	Documentation of attendance for events and dissemination of materials.				

Section 7. Education and Partnerships – Summary and comments:

Suggested Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 2. Facility Immunization Assessments							
1	2.3.01	Provide information and educate first responder facilities on the use of ImmTrac2 to assess first responder immunization records and forecast any future immunization needs.	Documentation of the education provided to first responder facilities and sites that are registered and participating in ImmTrac2.				
Section 2. Facility Immunization Assessments - Summary and comments:							

Suggested Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 3. Managing TVFC and ASN Providers							
2	3.1.03	Collaborate with medical societies and local health provider organizations to identify providers to recruit and enroll.	Increase in TVFC and ASN program enrollment.				
3	3.2.02	Promote TVFC and ASN provider achievements: <ul style="list-style-type: none"> • Implement incentives for provider sites that reach vaccination coverage rate goals • Implement incentives to recognize sites during national observances (i.e. National Infant Immunization Week (NIIW), Adolescent Immunization Action Week (AIAW), National Immunization Awareness Month (NIAM), and National Influenza Vaccination Week (NIVW)) 	Distribution of DSHS and CDC provided promotional material to providers.				
4	3.5.06	Review submitted reports to ensure data quality. This 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 	Submission of data quality report every quarter.				

Suggested Activity		Activity	Evaluation	YES	NO	NA	Comments
5	3.5.07	Review monthly data logger reports for ten percent of providers in LHD's jurisdiction to validate the accuracy of provider submitted monthly temperature reporting forms.	LHD staff are required to annually conduct USH visits on ten percent of enrolled TVFC program clinics in their jurisdictions.				
6	3.5.09	Conduct a monthly review of ten percent of randomly selected providers in LHD's jurisdiction to identify vaccine loss report forms that were completed in VAOS but were not submitted.	Review ten percent of enrolled sites monthly.				
7	3.5.10	Conduct a quarterly review of 25% of providers in LHD's jurisdiction to identify those that have adjusted more than ten percent of their vaccine inventory.	One hundred percent of enrolled sites that adjusted more than ten percent of vaccine inventory are identified and educated.				
8	3.5.11	Conduct a quarterly review of 25% of providers in LHD's jurisdiction to ensure the reported patient population matches the number of doses ordered.	One hundred percent of enrolled sites are reviewed annually to ensure the patient population matches the number of doses ordered.				
9	3.7.03	Ensure that the TVFC and ASN coordinator conducts quality assurance on ten percent of the temperature recording logs that were reviewed by their staff each quarter.	Ten percent reviewed quarterly.				

Suggested Activity	Activity	Evaluation	YES	NO	NA	Comments
Section 3. Managing TVFC and ASN Providers – Summary and comments:						

Suggested Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 5. Providing a Vaccine Safety Net							
10	5.3.21	Participate in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders.	Documentation of RE staff participation in public health emergencies and exercises that may require vaccine administration in shelters to the public or first responders during emergencies.				
11	5.3.22	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.	Documentation of outreach activities conducted and the sites where clinics were held.				
12	5.3.23	Coordinate with community vaccinators to conduct annual employee-based vaccination clinics for influenza vaccine administration.	Document all employee-based influenza vaccination clinics conducted by the last day of the reporting quarter.				
Section 5. Providing a Vaccine Safety Net – Summary and comments:							

Suggested Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 6. Increased Use of ImmTrac2							
13	6.1.01	Conduct ImmTrac2 outreach to organizations regarding missing vaccinations for children and adults for whom consent has been granted but who do not have up-to-date immunization records.	Conduct outreach activities to 250 clients or three percent of the clients on the IPOS Client Listing Report (whichever is greater) or the up-to-date list (if your list is 250 or less).				
14	6.2.01	Conduct activities aimed at increasing the consent rate for all age groups, including (but not limited to) adults and individuals identified as recently moved in-state.	Perform 12 public outreach activities.				
15	6.4.02 GIUTIR 6.5.02	Provide education and technical assistance to birth registrars on the effective use of ImmTrac2.	Provide education and technical assistance to ten percent of birth registrars in LHD's jurisdiction. For LHDs with less than 10 organizations, a minimum of one birthing organization must be provided education and technical assistance.				

Suggested Activity		Activity	Evaluation	YES	NO	NA	Comments
16	6.4.03 GIUTIR 6.5.03	Collaborate with prenatal health care providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about ImmTrac2 and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate.	Collaborate with 12 entities in the LHD's jurisdiction.				

Section 6. Increased Use of ImmTrac2 – Summary and comments:

Suggested Activity		Activity	Evaluation	YES	NO	NA	Comments
Section 7. Education and Partnerships							
17	7.1.02	Promote the DSHS Immunizations Section website to providers, stakeholders, and the public in the LHD's jurisdiction.	Documentation of the distribution of public information materials and resources.				
Section 7. Education and Partnerships – Summary and comments:							

Summary Page

Provide other pertinent information noted during the on-site contract evaluation visit (i.e., best practices, successes, challenges, follow-up items).



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