MICHIGAN VFC ENROLLMENT SITE VISIT CHECKLIST (For Site Reviewers)

Provider Name: ______ PIN: _____ Date of Visit: _____

VFC Primary Coordinator: ______ VFC Backup Coordinator: _____

PEAR Q 1: Provider has VFC staff and adequate training in place to maintain requirements of the VFC Program.

Instructions: This checklist is for site reviewers to utilize in performing a VFC Enrollment Visit. Each section aligns with the six questions assessed in PEAR "Enrollment Visit" which is located via "Tools" → "Provider Management." All enrollment requirements must be "Met" within three months. Once all are "met" and documented in PEAR, notify the MDHHS VFC team for final activation.

Email:

Provider Staff and Training

Email:

	AREA OF ASSESSMENT & EDUCATION			N/A
1.	Primary & Backup designated on-site and in MCIR; review how to report changes to LHD			
2.	Bookmark VFC Resource Guide <u>www.Michigan.gov/VFC</u> and <u>VFC Provider Manual</u>			
3.	Review of VFC Annual Training requirement			
4.	Review annual VFC re-enrollment: sign agreement, update storage unit, profile data, etc.			
5.	MCIR VIM training completed (or scheduled to occur)			
6.	Review VFC Compliance Site Visit requirements/frequency			
igik	pility and Screening			
PE	EAR Q 2: Provider understands the different VFC eligibility categories and the associated bil	ling pr	actices	i.
	AREA OF ASSESSMENT & EDUCATION	YES	NO	N/A
1.	VFC Eligibility Criteria – screening in place and all eligibility categories can be described			
2.	How to bill for cost of vaccine (do not bill) and administration fees + new billing policy			
3.	Borrowing guidelines and how to document – in MCIR and via borrowing logs			
4.	VIS – Always using Michigan/MCIR-specific VISs, not CDC			
5.	VAERS reporting			
6.	Dose documentation fields in place: Name of vaccine administered; Address of clinic where vaccine was administered; Manufacturer AND lot number of vaccine administered; Date dose administered; Name and title of the individual administering the vaccine; Date when VIS was given AND VIS publication date; Eligibility			
7.	Documentation in MCIR within 72 hours of administration			
PE.	ment Maintenance AR Q 3: Provider understands and has processes in place to maintain documentation for th C-related activities including: eligibility screening; dose documentation; borrowing; Vaccine atements (VIS); and reporting of adverse vaccine events through VAERS.	-		
	AREA OF ASSESSMENT & EDUCATION	YES	NO	N/A
1.	Maintain for three years : Screening & eligibility documentation; Documentation of administration and billing; Temp logs and downloads, including excursion follow-up; Annual training certificates; Accountability records: packing slips, borrow logs, etc.			

Management and Emergency Response Plan

PEAR Q 4: The Provider has a Vaccine Management Plan & Emergency Plan that meets VFC Requirements.					
	AREA OF ASSESSMENT & EDUCATION	YES	NO	N/A	
1.	An appropriate Vaccine Management & Emergency Response Plan is in place (ensure				
	backup location in place and emergency plans are appropriate)				
2.	Awareness to update management and emergency plan at least yearly				

Storage, Handling, and Temperature Documentation

Unit (Refrig./Freezer)	Description (Model #)	Unit Type (Stand-alone, Combo, Pharma)	Data Logger ID	DDL Calibration Date	DDL Expiration	Current Temp.	Min/ Max

Backup Data Logger

Backup DDL ID	DDL Calibration Date	DDL Expiration Date

PEAR Q 5: The Provider has vaccine storage equipment (i.e. storage units and data loggers) consistent with CDC and MDHHS requirements including: sufficient space; proper placement; current and valid certificate of calibration testing; proper temperature documentation; "Do not disconnect" labels on plugs and circuit breakers; knowledge of what to do in the event of a temperature excursion.

	AREA OF ASSESSMENT & EDUCATION	YES	NO	N/A
1.	Appropriate temperature documentation; understands monthly submission to LHD			
	Educate on weekly downloads			
	 30 days of temperatures required before placing first order 			
2.	Understands actions to take in an emergency, packing vaccine, backup location, etc.			
3.	Unit meets MDHHS VFC requirements			
4.	Unit is large enough to accommodate largest annual stock without overcrowding			
5.	Vaccine: appropriate placement, stock separation, rotation for soon-to-expire, etc.			
6.	Water bottle placement is appropriate, if applicable			
7.	Posted: "Do Not Disconnect" signs			
8.	Posted: Vaccine Storage & Handling Table & Vaccine Preparation & Administration			
9.	Data Loggers meet requirements – certified and calibrated up-to-date with certificates,			
	including backup DDL			
10.	Provider understands DDL configuration settings (intervals, download requirements)			

Inventory, Ordering, and ACIP-Recommendations

PEAR Q 6: Provider has processes in place to: maintain a separate VFC inventory; place orders on time to maintain appropriate stock to serve population; offer all ACIP-recommended vaccines.						
AREA OF ASSESSMENT & EDUCATION	YES	NO	N/A			
Stock and offer all ACIP-recommended vaccines for populations seen						
2. Vaccinate according to ACIP and Standards for Pediatric Immunization Practices						
3. Borrowing must be rare and unplanned ; VFC flu vaccine must never be borrowed. All borrows and replacements must be documented in MCIR and on the borrowing log.						
 4. Understands how to place orders via MCIR "E-ordering": a. Guidance on <u>E-ordering & adding e-order contact</u> b. Guidance on <u>Adding MCIR users and associating to provider site</u> 						
5. Understands monthly balancing requirement, calling LHD with questions – when there are count discrepancies, how to find "lost" doses, etc.						
6. "Supporting Documents" for submission to LHD with all orders: Ending Inventory Report; Physical Inventory Report; Temp Logs; Borrowing Logs						
 7. Procedures for expired/wasted/spoiled vaccine – physically and in MCIR a. How to create a ret/waste report in MCIR b. Soon-to expire vaccine: Run recall, notify LHD 3-6 months prior to expir. 						

NOTES: