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### VFC Provider Site Visit Checklist

**Provider Site Name:**

**Pin#:**

|                          |   |
|--------------------------|---|
| YES                      | Can we answer YES to all of the questions? If so, we are ready for our site visit.<br><b>We will need to provide the following to complete our visit.</b>   |
| <input type="checkbox"/> | Our <b>Maine Immunization Program Provider Agreement</b> has been reviewed, updated and signed bi-annually, when there are changes to staff and as needed.  |
| <input type="checkbox"/> | The primary and back-up VFC coordinators have completed the <b>Annual Education Requirement</b> for the current year. The two required training modules can be accessed here:<br><a href="https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/annual-education-requirement.shtml">https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/annual-education-requirement.shtml</a>          |
| <input type="checkbox"/> | All <b>Vaccine Information Statements (VIS)</b> are up to date. Only the most current VISs are provided to parents/patients. VIS's are provided to parents/patients at each immunization visit before vaccines are administered.<br><i>The most current VISs are available at:</i><br><a href="https://www.cdc.gov/vaccines/hcp/vis/current-vis.html">https://www.cdc.gov/vaccines/hcp/vis/current-vis.html</a> |
| <input type="checkbox"/> | Each <b>immunization record</b> has the following documented: name and address of the provider office, VFC eligibility category, the date vaccine(s) given, type of vaccine(s), site and route given, manufacturer name(s), lot number(s) (from the box), publication date of the VISs, date VISs provided to parent/patient; and the full name and title of the person administering the vaccine(s).           |
| <input type="checkbox"/> | Staff can clearly describe all <b>VFC eligibility categories</b> .  |
| <input type="checkbox"/> | I know how my clinic screens and documents VFC eligibility and I am able to clearly describe the process.   |
| <input type="checkbox"/> | Our clinic's <b>vaccine administration fee</b> for non-Medicaid, VFC eligible children is \$_____.<br>Our staff knows how to properly bill for vaccines and the administration fee.   |
| <input type="checkbox"/> | <b>VFC vaccines are clearly labeled and separated from our private vaccine.</b>   |
| <input type="checkbox"/> | We have <b>data loggers</b> and <b>valid calibration certificates</b> for all our data loggers used on all units that store VFC vaccines and they are available for review. Staff knows where our current back-up data logger is located, it is current and readily available to use, if  |

|                          |  |
|--------------------------|--|
|                          | <p>necessary. Our data loggers are properly placed on the middle shelves of each vaccine storage unit that stores VFC vaccines.<br/> Check calibration certificate dates.<br/> Fridge calibration date: _____ - _____ - _____ Freezer calibration date: _____ - _____ - _____<br/> Back-up thermometer calibration date: _____ - _____ - _____</p>   |
| <input type="checkbox"/> | <p><b>All data logger reports and temperature logs</b> for each refrigerator and freezer unit used to store VFC vaccines are available for review.<br/> All temperature logs are completed at the beginning of each work day with minimum and maximum temperatures. Documentation includes the exact time (i.e. 8:04 am) temperatures are taken, temperatures to the tenths place (i.e. 40.2°F), Fahrenheit or Celsius are indicated and the initials of the person taking the temperatures.</p> |
| <input type="checkbox"/> | <p>The Immunization Program Office was notified of <b>any</b> temperature excursions/incidents. Please ensure any <b>documentation regarding temperature excursions/incidents</b> is available for review.</p>   |
| <input type="checkbox"/> | <p>Our vaccines with the shortest expiration dates are placed in front of those with longer expiration dates.</p>  |
| <input type="checkbox"/> | <p>Our vaccines are stored in the center of the unit, away from any cold air vents, away from the wall; not stored in refrigerator or freezer doors, not on the top shelf, not on the floor, and not stored in the crisper drawers.</p>  |
| <input type="checkbox"/> | <p>There are water bottles located near the air vents, on the top shelf, on the bottom of the storage unit and in the doors of all refrigerators and freezers that store VFC vaccines, to prevent vaccines from being stored in these areas. Water bottles in the freezer are surrounding the VFC vaccines.</p>  |
| <input type="checkbox"/> | <p>We have a copy of the <a href="#">Maine Immunization Program’s Routine and Emergency Vaccine Storage and Handling Plan</a> posted on or near any refrigerator or freezer used to store MIP-supplied vaccine.</p>  |
| <input type="checkbox"/> | <p>We are able to locate the circuit breaker box to view the VFC “do not disconnect” sign.</p>   |
| <input type="checkbox"/> | <p>Please be aware that failure to be ready will not postpone the site visit.</p>  |

Please sign and return to your site visit reviewer by: \_\_\_\_\_  
(Date)

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_