



Scott County Health Department

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Director's Report to the Board of Health October 9, 2026

Director's Attended External Meetings –

- CDC Response Team: All State, Territorial, Local, & Tribal Health Department Update
- City of Davenport Animal Services Joint Transition Committee
- City of Princeton
- Community Health Care, Inc.
- District 7 Public Health Planning Partners
- Enterprise Permitting and Licensing Software Kickoff
- Iowa Counties Public Health Association
- Iowa Health and Human Services (HHS) Behavioral Health Town Hall
- Iowa HHS Public Health Office Hours
- Live Lead Free Quad Cities
- Local Public Health Collaborative
- Scott County Kids Decategorization Fiscal Committee
- Stay Covered, Stay Health QC Launch
- Syndemic Prevention Outreach and Testing (SPOTS) Program Update
- Vaccines for Children Onsite Visit

Recognition of Years of Service with the Department:

Jodi Jorgensen, Community Dental Consultant	4 years	October 3 rd
Roma Taylor, Per Diem Nurse	5 years	October 20 th
Katie DeLaRosa, Disease Intervention Specialist	10 years	October 3 rd
Carole Ferch, Community Dental Consultant	10 years	October 31 st
Michelle Fitzjarrell, Senior Office Assistant	13 years	October 28 th
Brenda Schwarz, Senior Administrative Assistant	18 years	October 20 th

Welcome to New Employee

Abby Kakac, Environmental Health Specialist	October 5 th
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Departure of Employees

Rosi Monzon, Public Health Nurse	September 18 th
Lydia Amissah-Harris, Family Health Coordinator	October 2 nd

Assessment

Assess and monitor population health status, factors that influence health, and community

needs and assets

Community Health Assessment Planning Continues

The Community Health Assessment (CHA) Steering Committee continued its planning for the 2027 CHA. The committee discussed potential changes in the geography of the study, plans for the qualitative portion of the assessment, and overall requirements and timelines for each partner. A proposal will be finalized soon for Professional Research Consultants (PRC), who have conducted the quantitative analysis for several cycles of the CHA.

Investigate, diagnose, and address health problems and hazards affecting the population

Communicable Disease Program

Fifteen confirmed communicable diseases were reported during September. These included two cases of cryptosporidiosis, three E. coli cases, one legionellosis case, three pertussis cases, five salmonellosis cases, and one shigellosis case.

Animal Bite Program

In September, ten individuals required rabies risk assessments after exposure to six dogs, two cats, and two bats. Eight victims were recommended to have rabies prevention treatment for high-risk exposure or a bite above the shoulders, and two victims started treatment.

Sexually Transmitted Disease Program

Sixty-three individuals received sexual health services at the department during September.

Positive Results	Sexual Health Clinic	Express Clinic	Total Cases Reported in Scott County
Chlamydia	1	0	80
Gonorrhea	3	1	36
Syphilis	0	0	10
HIV	0	0	0

There were 18 additional syphilis cases and one HIV case investigated and determined to be out of jurisdiction, not identified as a case, or had a pending result. These cases were closed, referred, or remained open pending additional results.

Childhood Lead Poisoning Prevention Program

In September, there were 12 lead poisoned children on the department's caseload. The children receive public health nursing case management services until three blood lead levels equal to or below 15 ug/dL or two consecutive blood lead levels equal to or below 10 ug/dL are obtained.

Blood Lead Level	Number on Caseload
Greater than 20 ug/dL	1
15-19 ug/dL	4
10-14 ug/dL	4
Less than 10 ug/dL	3

Eleven children utilizing the department's immunization clinic accepted lead testing services at their September appointments. There were no new positive cases identified during these efforts.

Staff completed two dust wipe clearance inspections at a Davenport property associated with a child with an elevated blood lead level. The first clearance results found that two of the four samples failed. Additional clearance testing was performed following further cleaning by the contractor and laboratory results found that all samples from the property passed the lead clearance thresholds. The property has now been deemed lead-safe.

Child Care Visits Following Licensing Consultant Referrals

Staff and a Child Care Resource and Referral consultant visited a child care center following a referral for unsafe playground supervision from their Iowa Department of Health and Human Services (HHS) licensing consultant. They assessed current practices and provided education for staff at the center. Materials and resources were provided to the center regarding playground supervision. The staff at the center expressed an understanding of playground supervision for the children at the center.

Staff provided onsite consultation at two child care centers following HHS licensing consultant referrals for unsafe infant sleep. They assessed current practices and shared educational materials and resources to promote safe infant sleep. The child care staff expressed an understanding of safe sleep for infants.

Policy Development

Communicate effectively to inform and educate people about health factors that influence it, and how to improve it

Serv Safe Certified Food Protection Manager Course

Food Program staff facilitated a three-day/15-hour Serv Safe Certified Food Protection Manager course. Eighteen food service employees completed the Serv Safe examination at the conclusion of the course, and 15 of the 18 successfully passed the exam, earning certification. The average passing score was 82%. Iowa Code requires that the person in charge of a food establishment be a certified food protection manager.

Education to Students Working in Preschool Setting

Staff provided education to high school students about the Child Care Nurse Consultant (CCNC) Program and caring for children with food allergies. The students and their teacher work with preschool aged children in a preschool lab setting for their Career and Technical Education (CTE) coursework. Best practice guidance and resources shared will impact the overall health safety of preschool children that attend.

Child Care Resource and Referral Quarterly Training

Staff presented *Immunizations and Child Care* virtually to ten child care providers. This training highlights the importance of vaccines to protect children from vaccine preventable diseases. It

reviews Iowa immunization requirements, the diseases the vaccines protect against, vaccine safety, and how to address common myths about vaccines with parents. Participants are encouraged to develop an immunization record keeping policy for the child care business.

Family Event at Madison Elementary School

Staff attended Madison Elementary School (Davenport) Family Engagement event for 1st graders and their families. This family event helped attendees understand what subjects the students would be learning during the school year and how they can work with their student(s) to help them learn. During this event, staff hosted a table to share information about Family Health Services which included I-Smile and Hawki/Medicaid insurance.

Food Rescue Partnership Food Rescue Workshop

The Food Rescue Partnership (FRP) hosted its biennial Food Rescue Workshop; there were 38 attendees. The workshop provided an overview of food waste and food insecurity in the Quad Cities, highlighting key challenges and opportunities to address these issues. The keynote speaker from River Bend Food Bank also discussed the potential impact of upcoming SNAP benefit cuts and what they may mean for local families, food assistance programs, and the broader community moving forward. The Food Rescue in Action Panel featured industry experts and local Quad Citizens who shared how restaurants and stores are reducing food waste and donating extra food to reduce costs and feed those in need. Attendees also learned about access to nourishing food from local non-profit leaders at Tapestry Farms and NEST Cafe on the Community Panel.

A returning feature to the FRP event was the announcement of the Quad Cities Food Rescue Warrior and Member of the Year. The 2026 Member of the Year was awarded to Tapestry Farms. Last year, Tapestry Farms joined the extension offices, River Bend Food Bank, and the QC Community Foundation to launch GIFT Gardens, a program that matches growers to food-relief sites. Christa Andersen from Davenport Community Schools was named 2026 Food Rescue Warrior for her vision to serve and feed those in need. Ms. Andersen started collecting leftover food so Davenport schools can donate produce, milk, and more to a variety of local non-profit hunger relief agencies.

Quad City Senior Expo

Staff attended the Quad City Senior Expo and provided over 700 attendees with information about the impact of tobacco use/quitting and the importance of oral health/regular dental care. Attendees were also provided with resources for cessation and oral health.

Strengthen, support, and mobilize communities, and partnerships to improve health

United Way Day of Caring

Several staff members spent a morning volunteering at the YWCA Quad Cities Iowa Empowerment Center as part of the United Way Day of Caring. Staff helped with landscape work on the property. The department has worked to build a relationship with this community partner over the last year since they presented at the department's All Staff meeting.

Tobacco Free Quad Cities Coalition

Staff facilitated the quarterly Tobacco Free Quad Cities Coalition meeting. Members recapped summer outreach that took place, the TFQC annual review to be released in October, updates with youth programming, and upcoming education in the community.

Quad Cities HEARTSafe Coalition Education Continues

The Quad Cities HEARTSafe Coalition (QCHC) continues to provide free Hands-Only CPR and AED trainings. In September, 338 people learned the steps to Hands-Only CPR and several received a free American Heart Association Family & Friends Anytime kit with a DVD and mini rescue Annie for additional training/practice.

Iowa Public Health Association Executive Director Search Underway

Brooke Barnes has been asked to join the search committee for the Iowa Public Health Association (IPHA) executive director. She will represent local public health on the committee and works closely with the executive director as co-chair of the IPHA Advocacy Committee. IPHA's Executive Committee will make the final decision on the candidates. IPHA has remained a strong partner in addressing public health policy topics and an effective executive director will help maintain the work and collaboration that has been taking place.

Lutheran Social Services Program to Support Child Care Home Providers

Staff met with Lutheran Social Services representatives to learn about their program that assists immigrants and refugees to become registered child care home providers. This grant-funded program assists participants through the application process, HHS registration, and will advertise for them once registered. Staff were able to share information about department services. The CCNC can be a resource for new child care providers for health and safety support.

Quad Cities Breastfeeding Coalition/Taskforce

Staff attended the Quad Cities Breastfeeding Coalition/Taskforce where the group heard a presentation about baby wearing and breastfeeding from Angelique Warner, founder of GoGoVie (baby carrier). Ms. Wartner works with some hospitals to encourage breastfeeding and distribute baby-wearing products. The QC Breastfeeding Coalition donated GoGoVie carriers as prizes at the August Community Baby Shower in Davenport.

Create, champion, and implement policies, plans, and laws that impact health

CHANGE Tool Work

Staff met with Nathan Unsworth, Scott County Conservation, to complete the community-at-large Community Health Assessment and Group Evaluation (CHANGE) Tool reassessment. Over the past year, Scott County Conservation implemented several assessment recommendations:

- Finalized their Strategic Plan
- Expanded an effort to partner with local organizations to host various physical activity and corporate events
- Offered Quitline Iowa materials
- Added Stop the Bleed tourniquets
- Hosted the local Resource Enhancement & Protection (REAP) Program Assembly and attended REAP Congress

Staff met with the Human Resources team at Ascentra Credit Union to review the workplace wellness CHANGE Tool results and recommendations. The Ascentra team expressed interest in several of the CHANGE Tool recommendations and plans to present those to the executive leadership team for input. Staff offered to provide free technical assistance.

Staff met with the Human Resources team at Family Resources to review the workplace CHANGE Tool results and recommendations. Staff provided Family Resources with the requested walking maps and Quitline Iowa materials for their three locations. Staff also offered free technical assistance to implement additional CHANGE Tool recommendations.

Utilize legal and regulatory actions designed to improve and protect the public's health

Immunization Audits Underway

Immunization audits began in public and non-public schools in September. The North Scott and Pleasant Valley school districts have been completed, with Davenport and Bettendorf scheduled for October. Non-public school audits are being conducted throughout both months. All school audit results are due to HHS by October 30, 2026.

Food Program

Members of the Food Team continue to participate in database transition planning and training in anticipation of the SAFHER food inspection database transition in October 2026. This included data clean-up, providing access to the test site for all team members, and change management conversations with the team. A detailed timeline for implementation has been provided by the Iowa Department of Inspections, Appeals, and Licensing (DIAL). Staff are being encouraged to spend time learning about the new system through the test site and considering how they will use the new functions once the system goes live in October.

Additional work is taking place to provide information to license holders. An email message was sent to inform them of the database change and of the future requirement that license renewal payments be made in the new system. They were also informed that future license renewal reminders will be sent to them through their accounts in the new system. The department's website is being updated with this information and staff will also provide written information to license holders when conducting inspections.

Verified Food Service Complaints

Facility	Reason	Status
Embers of Phoenix, West 2 nd Street, Davenport	General Facility Sanitation/Pest Control	Resolved
Walmart #1241, Elmore Avenue, Davenport	Pest Control	Resolved
L & B Gyros, Competition Drive, Bettendorf	Contaminated Equipment/Cross Contamination	Resolved

Temporary Events

Event	Number of Inspections	Status
LeClaire Farmers Market	2	Violations corrected On Site

Tattoo Program

Two new tattoo establishments (Davenport and Muscatine) were inspected and approved for state permits. Additionally, one temporary tattoo booth was inspected and approved at The Picklebash at the Mississippi Valley Fairgrounds.

Verified Hotel Complaints

Facility	Reason	Status
I-80 Inn & Suites, Northwest Boulevard, Davenport	General Facility Sanitation	Resolved
Motel 6, West 65 th St, Davenport	General Facility Sanitation	Resolved
Baymont Inn, Jason Way, Davenport	General Facility Sanitation	Resolved
Ramada, Utica Ridge Rd, Bettendorf	General Facility Sanitation	Resolved

Assurance

Assure an effective system that enables access to the individual services and care needed to be healthy

Care For Yourself Program Meeting

Staff attended the Care For Yourself – Breast and Cervical Cancer Prevention Quarter 1 meeting with Iowa HHS and MercyOne-Genesis who administers the program as the department's subcontractor. Successes, challenges, and programmatic updates were discussed.

Oral Health Programming

September was a busy month of services for children's dental services as families settled back into their fall routines and participation in activities increased. I-Smile visited 11 locations (schools, daycares, Head Starts and WIC) and saw 346 kids for dental screenings and 55 received education.

Staff attended the Davenport District Dental Meeting and provided program updates for I-Smile, I-Smile@School, and I-Smile Silver. Staff solicited volunteers willing to partner with schools for 9th grade dental screenings.

Outreach Testing

During September, STI/HCV/HIV education and testing was conducted at Rosecrance, Center for Alcohol & Drug Services, Scott County Jail, and Youth Justice and Rehabilitation Center. Ten individuals were provided with services. Anyone who received a positive result was treated in-house or referred for treatment.

	Chlamydia	Gonorrhea	Syphilis	HIV	HCV
Positive Results	1	1	0	0	0

Immunization Program

The HHS Immunization Program conducted the Vaccines for Children (VFC) Program Compliance Site Visit, which is required by the Centers for Disease Control and Prevention (CDC) every 24 months. The visit included a review of VFC program procedures, staff training and eligibility screening documentation, the Vaccine Storage and Handling Plan, and vaccine temperature logs. The HHS auditor also inspected the vaccine storage refrigerator and freezer units and the breaker box controlling associated electrical outlets. No compliance issues were identified (Attachment 2).

Staff attended the nursing student-led St. Ambrose influenza vaccine clinic. St. Ambrose students, faculty, and staff were invited to receive their influenza vaccine at the event, which provided an opportunity for nursing students to practice their vaccine administration skills and for physician assistant students to practice their assessment skills. There were 95 vaccines administered over the course of two days.

In September, the department's Immunization Program received the 2026–2027 influenza vaccine and began offering it to children during immunization clinic who meet VFC eligibility criteria.

Build and support a diverse and skilled public health workforce

Cross-Program Training on Tobacco and Vaping

Family Health staff participated in refresher training on tobacco and vaping from the department's tobacco consultant. The training is required by the Maternal Health grant and was a helpful refresher on how to guide clients through an Ask-Advise-Connect conversation. Staff received an update regarding tobacco and vaping trends in youth and in maternal health populations. Staff were provided with information on Quitline Iowa and My Life My Quit to share throughout the community.

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

Trust in Public Health Authorities Dissertation Research

Staff and I participated in a research study with a student from the University of Massachusetts Amherst to share perspectives on shaping and strengthening community trust in public health. Results from the study will be used to create tools or frameworks to guide local health departments in building trust within their communities. The doctoral student is in the Health Policy and Management program and previously worked at the Dubuque County Health Department.

Midwest Standards Network Collaboration

Staff participated in the Midwest Standards Network September meeting. This collaborative network functions as peer support for food programs enrolled in the FDA's Retail Food Program Standards. The department is continuing its work related to the Retail Food Program Standards, so this network will be beneficial over the next few months. The department's five-year self-assessment of the nine Retail Food Program Standards is due in November 2027; current work

is focusing on standards related to foodborne illness preparedness and response and program assessment.

Build and maintain a strong organizational infrastructure for public health

Enterprise Permitting & Licensing Software Kickoff

Environmental Health staff and I participated in a two-day kickoff for the new Enterprise Permitting & Licensing software (EP&L). The software will replace Scott County custom developed and maintained databases for the department's Septic, Water Well, Tanning, Tattoo, and Public Health Nuisance Programs. Additionally, the software will be leveraged for permitting, licensing, and enforcement activities for Planning & Development, Secondary Roads, and Conservation. The next phase of software development is "assess and define" where Tyler, the software company, will assist Scott County in identifying and establishing processes for each activity in each program. These meetings will require significant time from staff to develop a robust system that meets all needs. This phase is expected to last through the end of November.

District 7 Lead Entity Planning

Brooke and I participated in additional District 7 Lead Entity planning meetings. Additionally, we reviewed and provided feedback on Black Hawk County Public Health's workplan. The proposal was strong in its description of maintaining local autonomy, partnering with HHS, and giving voice to all counties in the district during the planning and implementation phases.

Introduction to Scott County's New Risk Manager

The department's Leadership Team hosted Scott County's new risk manager as well as the Human Resources director. The meeting helped to establish a relationship with the new risk manager as well as describe the ways in which the department engages with the risk manager in planned and unexpected situations. The Risk Management Program has moved from the Scott County Attorney's Office to the Human Resource Department. The departments will work collaboratively to address department needs; work is underway to define the roles of each.

Department Infrastructure Teams

Health Equity Committee

The Health Equity Committee is partnering with Black Hawk, Linn, and Johnson Counties to development and implement new employee health equity training. Plans for implementation are being finalized. An educational session for recent new staff will be hosted in November.

Health Promotion Team

The Health Promotion Team reviewed the ongoing Health Promotion Strategies and discussed ideas for FY27. The team reviewed the updated Public Health Accreditation Board (PHAB) standards and measures related to Health Promotion Strategies to ensure that the department's current strategies meet the new requirements and that new ones chosen would align with the best practices. The team also reviewed the content for the FY26 Annual Report and discussed event planning.

Public Health Policy Committee

The Public Health Policy Committee has been updating existing Board of Health position statements for review by the Board. As the committee discussed the review of the statements, there was discussion regarding aligning position reviews with the Community Health Assessment cycle. More discussion will occur, but the concept would be that position statements would align with community health priorities. A linkage could be referenced on the position statement as appropriate. For example, water fluoridation aligns with the oral health area of opportunity.

Quality Improvement Council

The Quality Improvement (QI) Council is exploring what other health departments are using for customer satisfaction surveys and is exploring text and email capabilities for sending a survey link. The Council is planning for upcoming opportunities for staff education related to quality improvement.

Workplace Culture Committee

The Workplace Culture Committee's focus is developing the Workplace Culture Plan which will capture the department's long-term vision, priorities, and frameworks used to cultivate a healthy organizational culture.

Workforce Development Committee

The Workforce Development Committee continued its work to update the Workforce Development Plan. The committee is in the process of planning its "Workforce Workshops" for the year. A survey was sent to the department to gauge areas of interest.

Meetings Attended by Staff

Ascentra Credit Union
Behavioral Health Town Hall
Bettendorf Wellness Committee
Bi-State Regional Trails Committee
Care For Yourself – Breast and Cervical Cancer Prevention Quarter 1 Meeting with HHS and MercyOne-Genesis
Cecelia Bailey, Quad Cities Open Network
City of Davenport and Humane Society of Scott County
Community Health Assessment Steering Committee
Community Health Care
Davenport District Dental Society
Dementia Friendly Action Team
District 7 Lead Entity
Early Childhood Community Partners
Family Resources
Food Rescue Partnership
Health Department and Waste Commission Collaboration
Healthy Child Care Iowa Child Care Nurse Consultants
Iowa Academy of Science Chapter
Iowa Health Initiative Coalition

Iowa Hunger Coalition
Iowa Public Health Association (IPHA) Executive Director Search Committee
IPHA Social Media Community of Practice
Kelly Meyer, OnMedia (2)
Molly Rumburg, Scott County Emergency Management Agency
Live Lead-Free QC
Maternal Health Contractors
Midwest Standards Network
Overdose Data to Actions in States (OD2A-S) Local Public Health Community of Practice
OD2A-S Peer Recovery Coach Community of Practice
Oral Health Iowa Coalition
Quad Cities Behavioral Health Coalition Innovation Team
Quad Cities Breastfeeding Coalition
Quad Cities Centers for Medicare/Medicaid Certified Entity Disaster Planning Committee
Quad Cities HEARTSafe Coalition Board
Quad Cities Regional Incident Management Team
Quad Cities Substance Abuse Prevention Coalition
Quad Cities Trauma Informed Consortium
Quad Cities Youth Conference Planning Committee
Quad City Emergency Planning Committee
Quad City Local Emergency Preparedness Committee
Quad City Regional Disaster Conference Committee
River Way Steering Committee
Rodney Tatum, Central High School
SAFHER First Cut-Locals
Samantha Kloft, University of Massachusetts, Amherst
Scott County Conservation
Service Area 5 Executive Committee
Steve Gustafson, Partners of Scott County Watersheds
Tobacco Free Quad Cities
Tobacco Prevention Open Office Hours
United Way Day of Caring
YMCA of the Iowa Mississippi Valley Child Care and Family Services Board

Attachment 1: Report regarding the education the department provided to the community and education the department provided to service providers

Attachment 2: Scott County Health Department VFC Provider Summary and Follow-Up Plan



Education provided between September 1, 2026 and September 30, 2026

<i>Education To:</i>	<i>Presentation Date</i>	<i>Total Audience</i>	<i>Requesting Organization</i>	<i>Description</i>
<i>Community</i>				
	9/1/2026	15	DeWitt Library	Oral Hygiene
	9/1/2026	14	DeWitt Library tot time	Oral Hygiene Instruction
	9/2/2026	10	Visit Quad Cities	Hands-Only CPR & AED
	9/14/2026	34	Pleasant Valley High School	CCNC Program and Caring for Children with Food Allergies
	9/15/2026	54	City of Bettendorf	Hands-Only CPR & AED
	9/16/2026	37	Food Rescue Partnership	Food Rescue Workshop
	9/21/2026	40	Cedar County Coordinated Childcare	Oral Hygiene

<i>Education To:</i>	<i>Presentation Date</i>	<i>Total Audience</i>	<i>Requesting Organization</i>	<i>Description</i>
	9/24/2026	8	Youth Justice & Rehabilitation Center	Tobacco and Vaping
	9/28/2026	25	United Way Madison School coalition	I-Smile, and Hawki/Medicaid
<i>Service Providers</i>				
	9/16/2026	10	Child Care Resource and Referral	Immunizations and Child Care
	9/29/2026	14	Food Rescue Partnership	Food Rescue Partnership at ServSafe

VACCINES FOR CHILDREN PROGRAM (VFC)

VFC Site Visit Follow-Up Plan

Site Visit #:10012026IAAP82001

Provider PIN:IAAP82001

Doses Distributed in 2025: 2,275

Cost of Doses Distributed in 2025: \$189,497.36

LOUIS KATZ MD
Scott County Health Department
600 W 4th St
4TH Floor
Davenport, IA 52801

10/1/2026

Dear LOUIS KATZ MD,

Thank you for participating in a VFC Site Visit on 10/01/2026. We hope you found the visit to be informative and educational.

Congratulations: no compliance issues were identified during this visit! We appreciate your efforts to upholding the standards of the VFC Program. Below, you will find the following:

1. Notes from your site visit reviewer (if applicable)
2. A full listing of all VFC Program Requirements and Recommendations assessed during the visit

On behalf of the Iowa Immunization Program, I thank you for your participation in the VFC Program and your continued efforts to ensure that all children are fully immunized. Please do not hesitate to contact me if you have any questions.

Sincerely,

John Fiedler
Iowa Department of Health and Human Services
321 E. 12th Street
Lucas State Office Building
Des Moines, Iowa 50319
(800) 831-6293
john.fiedler@hhs.iowa.gov

REVIEWER'S SITE VISIT NOTES

There are no notes for this visit.

2026-2027 CDC VFC Compliance Visit Requirements & Recommendations

ELIGIBILITY & DOCUMENTATION

CHANGES TO KEY STAFF

All changes in key staff must be communicated to the immunization program in the manner and timeframe defined by the immunization program. Key staff include: the medical director or equivalent who signed the provider agreement, the vaccine coordinator, and the backup coordinator. VFC providers are required to ensure that all key staff are fully trained on VFC program requirements at all times. All training must be documented.

VFC ELIGIBILITY CATEGORIES

VFC providers must possess a working knowledge of ALL VFC eligibility criteria and use those criteria to screen children prior to administering VFC vaccines. To receive VFC vaccine, a patient must be under the age of 19 and must be at least one of the following: (1) **Medicaid-eligible**; (2) **uninsured** (i.e., child has no health insurance); (3) **underinsured** and (4) **American Indian OR Alaska Native (AI/AN)**.

***Underinsured (as of July 1, 2025):** A child 18 years or younger who has health insurance, but the insurance does not cover any Advisory Committee on Immunization Practices (ACIP) recommended vaccines; a child whose insurance covers only selected ACIP-recommended vaccines; or a child whose insurance does not provide first-dollar coverage for vaccines—first-dollar coverage includes copays, coinsurance, or deductibles. This means that copays, coinsurance, or deductibles will not apply for the administration of any ACIP-recommended vaccines purchased using VFC funding. This applies only to the cost of the vaccine not to any administration fee or office visit fee (which may have a separate co-pay or co-insurance). Children who are underinsured for selected vaccines are VFC eligible for non-covered vaccines when served at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or other site with an approved deputization agreement.

BILLING PRACTICES

VFC providers must adhere to proper billing practices for vaccine administration fees and clearly understand that VFC vaccine is provided at no cost to either the VFC provider or eligible children. At no time should billing occur for the cost of

VFC vaccine. When administering VFC vaccine, providers should **never** bill two different “payers” (i.e., patient, Medicaid, insurance) for the same vaccine administration fee amount. For Medicaid-eligible children, Medicaid should be billed for the vaccine administration fee. For all other VFC-eligible populations, the patient may be billed for an amount within the state/territory cap established by the Centers for Medicare and Medicaid Services (CMS); however, patients cannot be turned away or reported to collections for inability to pay the administration fee. Providers who choose to bill for the vaccine administration fee of a non-Medicaid, VFC-eligible child after the date of service may issue only a single bill to the patient within 90 days of vaccine administration.

VACCINE ADMINISTRATION FEE

The VFC provider’s vaccine administration fee for non-Medicaid, VFC-eligible children must not exceed the state/territory vaccine administration fee cap established by the Centers for Medicare & Medicaid Services (CMS). For current fee caps, refer to www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf.

ELIGIBILITY SCREENING & DOCUMENTATION

VFC providers must screen for and document VFC eligibility for EACH immunization visit. Documentation must include the date of the visit and the child’s specific eligibility category. VFC providers must use screening results to ensure that only VFC-eligible children receive VFC vaccine and that administration fees are billed for as appropriate. Eligibility status must be readily available to staff administering vaccine prior to selecting which vaccine stock to use. Comprehensive certificates are no longer allowed in the VFC program.

VACCINE DOSE DOCUMENTATION

In accordance with federal law, VFC providers must maintain immunization records that include ALL of the following elements: (1) name of vaccine administered; (2) date vaccine was administered; (3) date VIS was given; (4) publication date of VIS*; (5) name of vaccine manufacturer; (6) vaccine lot number; (7) name and title of person who administered the vaccine; (8) address of clinic where vaccine was administered. *For any vaccines included in the [National Vaccine Injury Compensation Program \(NVICP\)](#), [HRSA](#) that does not yet have a Vaccine Information Statement available, a provider may use the manufacturer’s package insert, written FAQs, or any other document – or produce their own information materials – to inform patients about the benefits and risks of that vaccine. Once a VIS is available it should be used; but providers should not delay use of a vaccine because of the absence of a VIS.

RECORD RETENTION

VFC providers are required to maintain all records related to the VFC program for a minimum of three years (or longer if required by state law) and upon request make these records available for review. VFC records include, but are not limited

to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records. Digital or electronic storage of records is allowable.

VACCINE MANAGEMENT PLAN

VFC providers must maintain and implement a Vaccine Management Plan for routine and emergency vaccine management. The plan should consist of clearly written, detailed, and up-to-date storage and handling standard operating procedures (SOPs). The plan must contain the name and contact information for the current vaccine coordinator and backup coordinator; proper storage and handling practices; shipping and receiving procedures; emergency procedures for equipment malfunctions, power failures, or natural disasters; vaccine ordering procedures; inventory control (e.g., stock rotation); procedures for handling vaccine loss and waste; staff training/documentation on vaccine management, storage, and handling; and procedures for ensuring vaccines exempt from stocking requirement are available for VFC-eligible vaccines. The plan must be reviewed/updated annually or more frequently if changes occur. A review date and signature are required on all plans to validate they are current.

VIS & VAERS

VFC providers are required to distribute the current VIS each time a vaccine dose included in the [National Vaccine Injury Compensation Program | HRSA](#) is administered and to maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).

For any vaccine included in the [National Vaccine Injury Compensation Program \(NVICP\) | HRSA](#) that does not yet have a Vaccine Information Statement available, a provider may use the manufacturer's package insert, written FAQs, or any other document – or produce their own information materials – to inform patients about the benefits and risks of that vaccine. Once a VIS is available it should be used; but providers should not delay use of a vaccine because of the absence of a VIS.

For RSV monoclonal antibody products (e.g., nirsevimab, clesrovimab), when not co-administered with other vaccines, VFC providers should report all suspected adverse reactions to MedWatch. Providers should report suspected adverse reactions following co-administration of RSV monoclonal antibody products with any vaccine to the Vaccine Adverse Event Reporting System (VAERS).

Borrowing Documentation / Reasons

VFC Providers are expected to maintain an adequate inventory of vaccine for all patients served - it is the responsibility of the Provider to appropriately schedule and place vaccine orders and ensure vaccine stock is properly rotated to ensure timely use of short-dated vaccine. Borrowing of vaccine between private and

public inventories must be a rare, unplanned occurrence and CANNOT serve as a replacement system for a Provider's privately purchased vaccine inventory. All instances of borrowing must be properly documented, reported and replaced.

STORAGE & HANDLING

STORAGE UNIT GRADE [Recommendation]

CDC recommends the following vaccine storage unit types (in order of preference): pharmaceutical-grade stand-alone, purpose-built or combination units (preferred); household/commercial stand-alone units; household/commercial combination units using the refrigerator section only. Vaccine storage units that conform to NSF/ANSI Standard 456 (which have been tested rigorously to be used for the storage of vaccines) are also recommended as an option.

Any currently enrolled provider who is using both compartments of a household combination unit that is consistently maintaining the required temperature ranges may continue to do so. If temperature excursions occur that can't be attributed to another cause (e.g., power outage), the provider must discontinue use, even if it requires the purchase of a separate freezer unit. Any newly enrolled providers after July 1, 2024, will not be allowed to use the freezer compartment of a household combination unit.

TEMPERATURE-MONITORING DEVICE IN THE UNIT

VFC providers MUST have a working calibrated temperature monitoring device with a current and valid certificate of calibration testing. All certificates of calibration testing must contain the model number, serial number, date of calibration, and measurement results indicating that the unit passed testing. Documentation that uncertainty is within suitable limits (recommended uncertainty = ± 1 degree Fahrenheit or 0.5 degree Celsius) and the name of the device are recommended but not required.

TEMPERATURE-MONITORING DEVICE TYPE

All VFC providers must use continuous temperature-monitoring devices (i.e., digital data loggers) to monitor vaccines administered to VFC-eligible children. Provider locations should have access to at least one continuous temperature monitoring device on site. Routine review and accessibility of temperature data are critical for determining whether vaccine has been properly stored and for assessing usability of vaccine involved in a temperature excursion. To meet VFC program requirements, the device must also be equipped with:

- A temperature probe (if ultracold freezers are in use, use a DDL with an air probe, or a probe designed specifically for ultra-cold temperatures)
- An active temperature display that can be easily read from outside of the unit

- The capacity for continuous monitoring and recording the data to be routinely downloaded

Additional recommended features for these devices that may be required by your Immunization Program:

- Alarm for out-of-range temperatures
- Current, minimum, and maximum temperatures display
- Low battery indicator
- Accuracy of +/- 1°F (0.5°C)
- Memory storage of at least 4,000 readings
- User programmable logging interval (or reading rate) recommended at a maximum time interval of every 30 minutes
- Use of a probe that best reflects the temperature of the vaccine (such as a buffered probe)

CERTIFICATE OF CALIBRATION TESTING

Certificate of calibration testing provide confidence that the temperature-monitoring device is measuring temperatures accurately. All units storing VFC vaccines MUST have a calibrated temperature-monitoring device with a current and valid certificate of calibration testing. All certificates of calibration testing must contain the model number, serial number, date of calibration, and measurement results indicating the unit passed testing. Documentation that uncertainty is within suitable limits (recommended uncertainty = +/-1 degree Fahrenheit or 0.5 degree Celsius) and the name of the device are recommended but not required.

TEMPERATURE-MONITORING DEVICE PLACEMENT

The temperature monitoring device (or probe) must be placed in a central area of the storage unit directly with the vaccines to properly measure vaccine temperature. Devices should not be placed in the doors, near or against the walls, close to vents, or on the floor of the unit. For pharmaceutical-grade units with a built-in temperature monitoring device or a dedicated port for a probe that is not in the center of the storage unit, consult your immunization program for guidance on placement.

TEMPERATURE DOCUMENTATION

Vaccines must be stored at appropriate temperatures as described in the manufacturer package inserts at all times. The acceptable temperature ranges vary by vaccine type, and the range is 36° F and 46° F (2° C and 8° C), for refrigerated vaccines and -58° F and +5° F (-50° C and -15° C) for frozen vaccines. For ultra-cold vaccines (e.g., Pfizer-BioNTech COVID-19 Vaccine), the range is -130° F and -76° F (-90° C and -60° C) until the expiration date. Exposure to temperatures outside of the ranges detailed in the package inserts

could affect vaccine viability and, ultimately, leave children unprotected against vaccine-preventable diseases. To maintain awareness of storage unit temperatures and ensure that vaccines are being stored at appropriate temperatures at all times, VFC Providers are required to monitor and document temperatures for all vaccine storage units AT LEAST once per day. Temperature documentation must contain: (1) at least one minimum/maximum temperature readings per day, (2) the date and time of each reading and (3) the name (or initials) of the person who assessed and recorded the readings.

TEMPERATURE EXCURSIONS

The provider must document all excursions and actions taken including the following: (1) Quarantine and label vaccines as "DO NOT USE"; (2) Place vaccines in a unit where they can be stored under proper conditions (3) Contact the Immunization Program to report an excursion; and (4) Contact the vaccine manufacturer to obtain documentation supporting the usability of the vaccine

VACCINE PLACEMENT [Recommendation]

Vaccines should be stored in their original manufacturer (or CDC centralized distributor) packaging. They should be placed in the middle of the unit with space between the vaccines and the side/back of the unit to allow cold air to circulate. Vaccines SHOULD NOT be stored in the doors, vegetable bins, or on the floor of the unit, or under or near cooling vents, and there should not be any food in the unit. Unless otherwise specified by the manufacturer of a pharmaceutical-grade unit, water bottles (for refrigerators) or frozen water bottles (for freezers) should be placed throughout each storage unit to: (1) stabilize or extend temperatures during a power outage and (2) serve as physical blocks preventing the placement of vaccines in areas of the unit at higher risk for temperature excursions (such as in doors, or vegetable bins, on floor, or near/under cooling vents Note: Water bottles are recommended for household-grade units and are not recommended for use with the majority of pharmaceutical-grade and purpose-built units. For such units, follow the manufacturer's guidance.

DISCONNECTION FROM POWER SOURCE

VFC providers must take steps to protect the power source for all vaccine storage equipment by having clear warning labels on both the plug and the circuit breaker associated with all vaccine storage units. Large hospitals, health care systems, and retail pharmacies can meet this requirement by demonstrating they have comprehensive policies and standard operating procedures to prevent vaccine storage units from being disconnected from the power supply.

DORM-STYLE UNITS

Dorm- and bar-style units are prohibited for vaccine storage. Vaccines stored in dorm-style units are considered nonviable and must be returned to the centralized distributor. CDC recommends the following vaccine storage unit types

(in order of preference): pharmaceutical-grade stand-alone or combination units (preferred), household/commercial stand-alone units, or household/commercial combination units using the refrigerator section only. Use of the freezer compartment of a household combination unit is discouraged.

STORAGE UNIT SPACE AVAILABILITY

VFC Providers must have sufficient storage space to accommodate vaccine stock at the busiest time of year (including anticipated new vaccines) without overcrowding.

EXPIRED VACCINES

Vaccines should be rotated weekly and whenever a new shipment arrives so that longer-dated vaccines are stored behind shorter-dated vaccines. If vaccines expire, they can no longer be stored in the same storage unit with viable vaccines. They must be placed in a container or bag clearly labeled "Do not use" and separated from viable vaccines to prevent inadvertent use. Expired vaccine must be returned to the centralized distributor within six months of expiration.

BACK-UP TEMPERATURE MONITORING DEVICE

VFC Providers must have a readily available continuous temperature monitoring backup device (e.g. digital data logger) with a current and valid certificate of calibration testing. To prevent the certificates of calibration testing of the primary and backup devices from expiring at the same time, the date of calibration testing (or issue date) of the backup device should be different from the date of calibration testing (or issue date) of the primary device.

PREPARATION OF VACCINE [Recommendation]

"CDC recommends preparing vaccines immediately prior to administration to assure viability of vaccine and prevent vaccine wastage. Vaccines that are not administered immediately are at risk of exposure to temperatures outside of the required range, which can affect vaccine viability and, ultimately, can leave children unprotected against vaccine-preventable diseases.

EMERGENCY TRANSPORT OF VACCINE [Recommendation]

CDC recommends providers keep on hand or have ready access to the supplies needed for emergency transport. Appropriate materials include:

- Portable vaccine refrigerator/freezer units (preferred option)
- Qualified containers and packouts
- Hard-sided insulated containers or Styrofoam™ (Use in conjunction with the Packing Vaccines for Transport during Emergencies† tool. This system is only to be used in an emergency.)
- Coolant materials such as phase change materials (PCMs) or frozen water

- bottles that can be conditioned to 4° C to 5° C
- Insulating materials such as bubble wrap and corrugated cardboard—enough to form two layers per container
- TMDs for each container

INVENTORY

INVENTORY COMPARISON

VFC Providers must order and stock routine vaccines in accordance with their most recent provider profile in order to prevent missed vaccination opportunities. Having sufficient amounts of all stocks helps prevent the inadvertent use of VFC vaccines for non-VFC-eligible patients and vice versa.

ACIP-RECOMMENDED VACCINES

VFC providers agree to comply with immunization schedules, dosages, and contraindications that are established by ACIP for the vaccines identified and agreed upon in the provider agreement and profile UNLESS:

- In the VFC provider's medical judgment, and in accordance with accepted medical practice, the VFC provider deems such compliance to be medically inappropriate for the individual child.
- The particular requirements contradict state law, including laws pertaining to religious and/or other exemptions.

VFC providers are required to stock all ACIP-recommended vaccines for VFC-eligible patients, though some vaccines are exempt for this stocking requirement. VFC vaccines exempt for the stocking requirement include:

- COVID-19 vaccine
- Dengue vaccine
- Monkeypox vaccine
- Pneumococcal polysaccharide (PPSV23) vaccine
- Respiratory syncytial virus (RSV) maternal vaccine

Although stocking these VFC-covered vaccines at all times may not be a viable option for all provider facilities, award recipients should support providers by sharing alternative options to making these vaccines available to VFC-eligible children, including:

- Maintaining a limited amount of stock at provider facilities that serve a large volume of VFC-eligible children
- Establishing methods for providers to order vaccines exempt for the stocking requirement, as needed
- Establishing a process in which local health departments serve as referral locations and “safety nets” for access to VFC vaccines exempt from the

stocking requirement

If a VFC provider does not routinely stock certain VFC vaccines exempt from the stocking requirement for VFC-eligible children, the provider location's Vaccine Management Plan must cover the procedure(s) for making these vaccines available to VFC- eligible patients.

SEPARATION OF STOCK

To ensure that VFC vaccines are administered only to VFC-eligible children, VFC providers serving both VFC and non-VFC-eligible children must maintain vaccine inventories in such a way that they can clearly differentiate public stock from private stock.