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| Click/tap to enter |
| **Submission Date** |

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| Click/tap here to enter |  | Click to enter |  | Click or tap here to enter text. |
| **LPHA Name** |  | **VFC Pin** |  | **Website** |

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| Click/tap to enter |  | Click/tap to enter |  | Click/tap to enter |
| **Preparer Name** |  | **Phone number** |  | **Email Address** |

**Monthly Progress Report**

Instructions: Please describe your current progress towards meeting objectives 1-6.

This form is to be completed and submitted by the 15th of each month.

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| **Objective 1** |
| **Increase COVID-19 Vaccination Capacity across jurisdiction, including among high-risk and underserved populations.** |
| 1. **Expand operations outside of normal operating times to increase throughput.** |
| Please describe your current progress. |

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| **Objective 2** |
| **Ensure high-quality and safe administration of COVID-19 vaccines.** |
| 1. **Designate an adult immunization coordinator and provide contact information by 8/1/2021.** |
| Please describe your current progress. |
| 1. **Ensure all personnel received training on vaccine storage and handling, monitoring vaccine temperatures, vaccine transportation, and specific vaccine considerations and administration.** |
| Please describe your current progress. |

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| **Objective 3** |
| **Ensure equitable distribution and administration of COVID-19 vaccines.** |

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| 1. **Develop outreach immunization logic model for high-risk and underserved populations including list of collaborating partners, population being assessed and designate how 10% of funding will be utilized for this population and submit by 9/1/2021. Choose one clinic method below:** | |
| **Chosen Clinic Method:** | Choose a clinic method. |

|  |  |
| --- | --- |
| Number of clinics held: | Enter number of clinics held. |
| Types of non-traditional clinics held: | Describe types of non-traditional clinics held. |
| Number of vaccinations administered: | Enter number of vaccinations administered. |
| Describe any challenges or barriers: | Describe any clinic challenges or barriers. |
| Please describe your current progress. | |

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| **Additional Clinic Method:** | Choose an additional clinic method (optional). |

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| Number of clinics held: | Enter number of clinics held. |
| Types of non-traditional clinics held: | Describe types of non-traditional clinics held. |
| Number of vaccinations administered: | Enter number of vaccinations administered. |
| Describe any challenges or barriers: | Describe any clinic challenges or barriers. |
| Please describe your current progress. | |

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| **Objective 4** |
| **Increase vaccine confidence through education, outreach and partnership.** |
| 1. **Partner, plan and implement vaccination activities with critical organizations.** |
| Please describe your current progress. |
| 1. **Promote COVID-19 and other adult vaccines to increase vaccine confidence in racial and ethnic minority groups and increase accessibility for people with disabilities.** |
| Please describe your current progress. |
| 1. **Enhance/amplify consistent messaging to promote COVID-19 vaccination among underserved populations.** |
| Please describe your current progress. |
| 1. **Provide vaccine education efforts on topics to address vaccine misinformation; increase vaccine confidence and vaccine uptake to racial and ethnic minority groups and to increase accessibility for people with disabilities.** |
| Please describe your current progress. |

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| **Objective 5** | |
| **Develop and implement community engagement strategies to promote COVID-19 and adult vaccination efforts.** | |
| 1. **Implement CDC COVID-19 Vaccine Confidence Rapid Community Assessment Guide identifying potential barriers and solutions to low vaccine uptake or vaccine confidence in communities of high social vulnerability.** | |
| Please describe your current progress. | |
| 1. **Engage in at least one quarterly bidirectional conversation with diverse communities to promote COVID-19 and adult vaccinations.** | |
| Please describe your current progress. | |
| 1. **Develop and implement community engagement strategies to promote COVID-19 and adult vaccinations. Choose at least one option below:** | |
| **Chosen Strategy:** | Choose a community engagement strategy. |
| Please describe your current progress. | |
| **Additional Strategy:** | Choose an additional community engagement strategy (optional). |
| Please describe your current progress. | |

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| **Objective 6** | |
| **Use immunization information systems to support efficient COVID-19 vaccinations and other adult vaccinations.** | |
| 1. **All COVID-19 doses administered have been documented in ShowMeVax.** | |
| Please describe your current progress. | |
| 1. **Develop a process to input all written vaccination records into the State IIS system including historical and administered doses by 1/30/2024** | |
| Please describe your current progress. | |
| 1. **Implement on of the following options. Choose at least one activity option below:** | |
| **Chosen Activity:** | Choose an activity. |
| Please describe your current progress. | |
| **Additional Activity:** | Choose an additional activity (optional). |
| Please describe your current progress. | |

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| **Administrative** | |
| Progress in hiring: | Click or tap here to enter text. |
| Progress in contracting: | Click or tap here to enter text. |
| Staff changes: | Click or tap here to enter text. |
| Other: | Click or tap here to enter text. |

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| **Budget Summary** | |
| Amount spent to date: | Click or tap here to enter text. |
| Amount spent to date on underserved populations: | Click or tap here to enter text. |
| Spending challenges: | Click or tap here to enter text. |
| Re-budget request:  Yes  No | |

*For Bureau of Immunizations Staff Only*

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| **Technical Assistance Provided** |
| Click or tap here to enter technical assistance provided during the call. |