

FACILITY NAME: \_\_\_\_\_  
 COVID-19 VACCINATION PLAN & TIMELINE  
 SPRING 2025



	Responsible Person	Complete by	Complete Y/N	Notes
<b>Step 1:</b> <b>Screen for eligibility</b> Timeline: January/February				
<b>Step 2:</b> <b>Provide Vaccine Education</b> Timeline: January/February				
<b>Step 3:</b> <b>Gathering Consent</b> Timeline: February/March				
<b>Step 4a:</b> <b>Schedule Vaccine Clinic</b> Timeline: March/April/May				
<b>Step 4b: (for SNFs only)</b> <b>Obtain Vaccine Supply*</b> Timeline: March/April/May				Pharmacy Name/Rep: Contact Information:  *Ensure adequate refrigeration storage.
<b>Step 5:</b> <b>Create a Plan for Ongoing Vaccinations</b>				