

# School and Licensed Child Care Immunization Audits

WEBINAR FOR LOCAL PUBLIC  
HEALTH AGENCY PARTNERS

Shelly Jensen, RN, BSN Nurse Clinician

Jessica Schultz, MPH Epidemiologist

Division of Public Health

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# Topics

- ▶ Audit Preparation
- ▶ Changes to Iowa Immunization Administrative Code
- ▶ 2024 Certificates
- ▶ Immunization Record Review
- ▶ Entering Audit Results into IRIS
- ▶ Data Entry Errors to Avoid
- ▶ Q & A

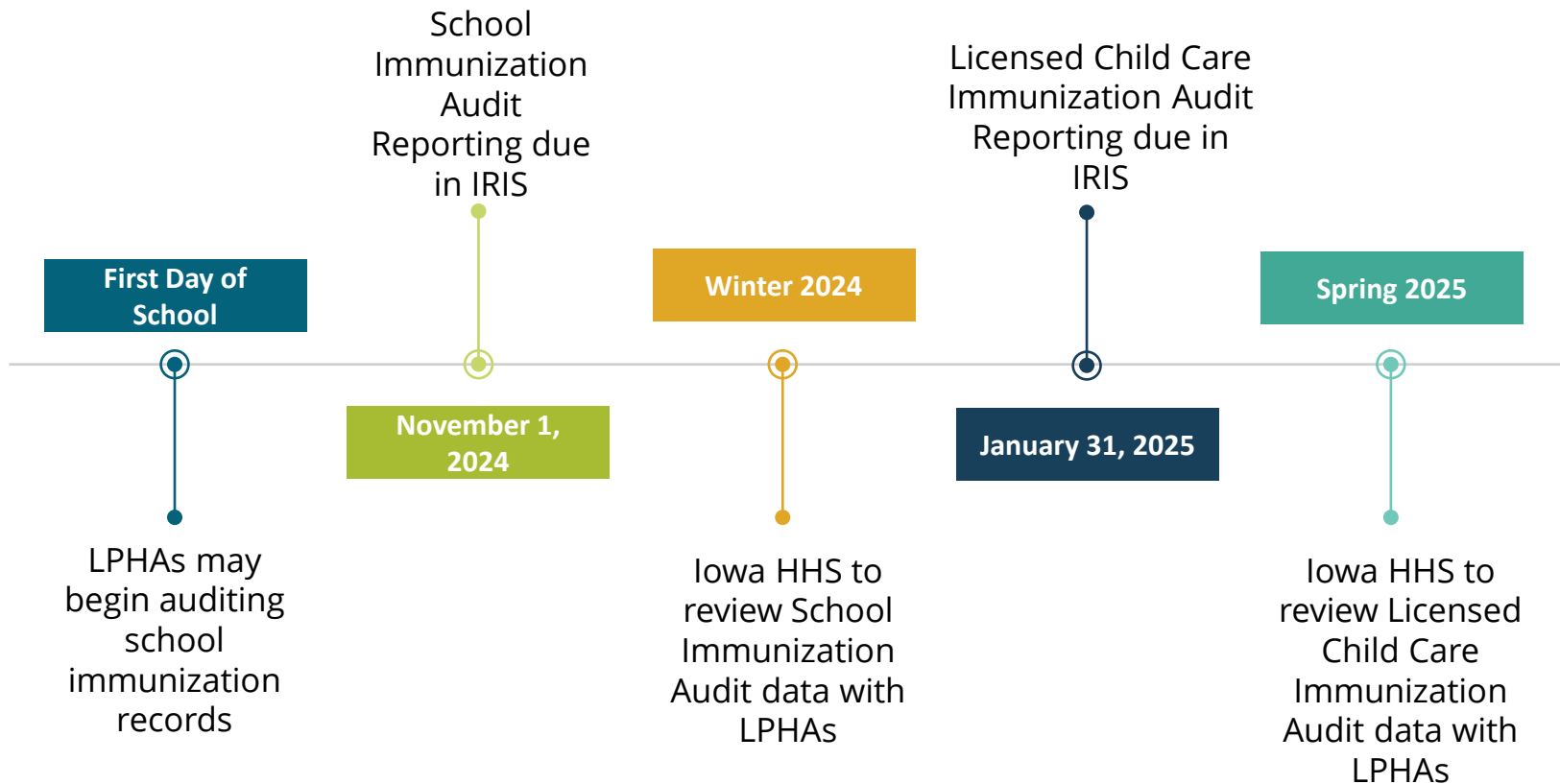
# Audit Preparation

# Audit Preparation

## DUE DATE FOR SUBMITTING AUDIT DATA IN IRIS:

- **School audits: November 1, 2024**
- **Child Care audits: January 31, 2025**
  
- ▶ **Introductions**
  - Contact school nurses and child care providers early in the school year
- ▶ **Scheduling**
  - Allow sufficient time for completing the audits
- ▶ **Gather resources**

# Audit Timeline



# Changes to Iowa Immunization Administrative Code

# Iowa Immunization Administrative Code

- ▶ Immunization requirements apply to all persons enrolled or attempting to enroll in a licensed child care center or public or nonpublic elementary or secondary school in Iowa, including those who are provided competent private instruction.
  - Outlines the individual vaccine requirements and what is needed for a valid certificate of immunization
  - Defines requirements for a valid certificate of immunization exemption-religious or medical
  - Explains circumstances when a provisional certificate of immunization may be applicable

CHAPTER 7 IMMUNIZATION AND IMMUNIZATION EDUCATION: PERSONS ATTENDING ELEMENTARY OR SECONDARY SCHOOLS, LICENSED CHILD CARE CENTERS OR INSTITUTIONS OF HIGHER EDUCATION

<https://www.legis.iowa.gov/docs/ACO/chapter/641.7.pdf>

# 2024 Chapter 7 Immunization Requirements Update

## ▶ Immunization Requirements Table Language Changes:

- Language removed regarding the phased in approach of immunization requirements, incorporate footnotes into the table when possible and clarify vaccine dose requirements for vaccines with age indications based upon administration.
  - Vaccine and dose requirements for licensed child care and schools were not changed.
  - Vaccines previously phased in by date of birth now include all grades. The language regarding the phased approach is no longer necessary and was removed.



# Licensed Child Care Immunization Requirements



## IMMUNIZATION REQUIREMENTS LICENSED CHILD CARE CENTER

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Age	Vaccine	Total Doses Required
Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. <b>Routine vaccination begins at 2 months of age.</b>	
4 months through 5 months of age	Diphtheria/ Tetanus/ Pertussis	<b>1 dose</b>
	Polio <sup>1</sup>	<b>1 dose</b>
	<i>haemophilus influenzae</i> type B	<b>1 dose</b>
	Pneumococcal	<b>1 dose</b>
6 months through 11 months of age	Diphtheria/ Tetanus/ Pertussis	<b>2 doses</b>
	Polio <sup>1</sup>	<b>2 doses</b>
	<i>haemophilus influenzae</i> type B	<b>2 doses</b>
	Pneumococcal	<b>2 doses</b>
12 months through 18 months of age	Diphtheria/ Tetanus/ Pertussis	<b>3 doses</b>
	Polio <sup>1</sup>	<b>2 doses</b>
	<i>haemophilus influenzae</i> type B	<b>2 doses</b> ; or <b>1 dose</b> received at 15 months of age or older.
	Pneumococcal	<b>3 doses</b> ; or <b>2 doses</b> if both doses were received at 12 months of age or older.

Age	Vaccine	Total Doses Required
19 months through 23 months of age	Diphtheria/ Tetanus/ Pertussis	<b>4 doses</b>
	Polio <sup>1</sup>	<b>3 doses</b>
	<i>haemophilus influenzae</i> type B	<b>3 doses</b> if a dose was received on or after 12 months of age; or <b>2 doses</b> if the first dose was received on or after 12 months of age; or <b>1 dose</b> if the dose was received at 15 months of age or older.
	Pneumococcal	<b>4 doses</b> if a dose was received on or after 12 months of age; or <b>3 doses</b> if 1 or more doses were received on or after 12 months of age; or <b>2 doses</b> if both doses were received at 12 months of age or older.
	Measles/Rubella	<b>1 dose</b> ; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Varicella	<b>1 dose</b> ; or the applicant has a reliable history of natural disease.
24 months of age and older	Diphtheria/ Tetanus/ Pertussis	<b>4 doses</b>
	Polio <sup>1</sup>	<b>3 doses</b>
	<i>haemophilus influenzae</i> type B	<b>3 doses</b> if a dose was received on or after 12 months of age; or <b>2 doses</b> if the first dose was received on or after 12 months of age; or <b>1 dose</b> if the dose was received at 15 months of age or older. <b>Hib vaccine is not required for persons 60 months of age or older.</b>
	Pneumococcal	<b>4 doses</b> if a dose was received on or after 12 months of age; or <b>3 doses</b> if 1 or more doses were received on or after 12 months of age; or <b>2 doses</b> if the first dose was received on or after 12 months of age; or <b>1 dose</b> if the dose was received on or after 24 months of age. <b>Pneumococcal vaccine is not required for persons 60 months of age or older.</b>
	Measles/Rubella	<b>1 dose</b> ; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Varicella	<b>1 dose</b> ; or the applicant has a reliable history of natural disease.

<sup>1</sup> Doses of oral polio vaccine (OPV) administered on or after April 1, 2016, are not valid doses and do not count toward the polio vaccine requirement.

# School Immunization Requirements



## IMMUNIZATION REQUIREMENTS ELEMENTARY OR SECONDARY SCHOOL (K-12<sup>th</sup> GRADE)

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below.

Age	Vaccine	Total Doses Required
4 years of age and older	Diphtheria/Tetanus/Pertussis <sup>2</sup>	<b>5 doses</b> with at least 1 dose received on or after 4 years of age; or <b>4 doses</b> if the fourth dose was received on or after 4 years of age; and <b>1 dose</b> of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) received on or after 10 years of age for applicants in grades 7 and above, regardless of the interval since the last tetanus/diphtheria-containing vaccine.
	Polio <sup>1</sup>	<b>4 doses</b> with at least 1 dose received on or after 4 years of age; or <b>3 doses</b> if the third dose was received on or after 4 years of age.
	Measles/Rubella	<b>2 doses</b> ; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Hepatitis B	<b>3 doses</b>
	Varicella	<b>2 doses</b> ; or the applicant has a reliable history of natural disease.
	Meningococcal (A, C, W, Y)	<b>1 dose</b> received on or after 10 years of age for applicants in grades 7 through 11; and <b>2 doses</b> with 1 dose received on or after 16 years of age for applicants in grade 12; or <b>1 dose</b> for applicants in grade 12 if the dose was received on or after 16 years of age.

- <sup>1</sup> Doses of oral polio vaccine (OPV) administered on or after April 1, 2016, are not valid doses and do not count toward the polio vaccine requirement.
- <sup>2</sup> Applicants 7 through 18 years of age who received the first dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one dose received on or after 4 years of age.

# 2024 Chapter 7 Immunization Requirements Update

## ► Religious Certificate of Immunization Exemption

### Changes:

- Removal of language requiring a notary signature for the certificate to be valid.
- Clarification that language included on the religious certificate of immunization exemption referencing rule 641—7.3(139A) cannot be altered. Any edits or alterations to the certificate referencing rule 641—7.3(139A) will invalidate the certificate.

# 2024 Chapter 7 Immunization Requirements Update

- ▶ Previous versions of the immunization certificates remain valid and student records do not need to be updated.
- ▶ Updated immunization certificates available
  - New Certificate of Immunization only includes required vaccines and no other recommended vaccines
- ▶ [Letter outlining changes to Chapter 7](#)
- ▶ [Frequently asked questions document](#)
- ▶ Contact Jessica Schultz at [Jessica.Schultz@hhs.iowa.gov](mailto:Jessica.Schultz@hhs.iowa.gov) or Shelly Jensen at [Shelly.Jensen@hhs.iowa.gov](mailto:Shelly.Jensen@hhs.iowa.gov) with questions

# 2024 Certificates

# Certificate of Immunization



## Certificate of Immunization

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

A representative of the local Board of Health or Iowa Department of Health and Human Services may review this certificate for audit purposes.

Vaccine	Vaccine Type	Date Given	Source
<b>Diphtheria, Tetanus, Pertussis</b> DTaP/DTP/ DT/Td/Tdap			
<b>Polio</b> IPV/OPV			
<b>Measles, Rubella</b> MMR			
<b>Haemophilus influenzae type b</b> Hib			

Vaccine	Vaccine Type	Date Given	Source
<b>Hepatitis B</b> Hep B			
<b>Varicella*</b> Chickenpox			
<b>Pneumococcal</b> PCV			
<b>Meningococcal</b> MenACWY			

\* If patient has a history of natural disease, write "Immune to Varicella".

I certify the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Name (Print): \_\_\_\_\_  
Physician (MD, DO), Physician Assistant, Nurse, or Certified Medical Assistant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician (MD, DO), Physician Assistant, Nurse, or Certified Medical Assistant

July 2024

# Provisional Certificate of Immunization



## Provisional Certificate of Immunization

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The applicant shall submit this certificate to the admitting official of the school or child care center. A copy of this certificate should be provided to the applicant, parent or guardian.

This applicant qualifies for a provisional enrollment for one of the following reasons (select one):

- Has received at least one dose of each of the required vaccines but has not completed all the required immunizations or;
- Is a transfer student from another school system. A transfer student is an applicant seeking enrollment from one U.S. domestic elementary or secondary school to another.

The amount of time allowed for provisional enrollment shall be as rapidly as medically feasible but shall not exceed 60 calendar days. The period of provisional enrollment shall begin on the date the certificate is signed. To be valid, the certificate shall be completed in its entirety including an expiration date and list of remaining vaccines required to qualify for a Certificate of Immunization.

Certificate Expiration Date: \_\_\_\_\_

Remaining Vaccine(s) Required: \_\_\_\_\_

I certify that the above named applicant is hereby issued a Provisional Certificate of Immunization and I have informed the applicant, parent or guardian of the provisional enrollment requirements.

Name (Print): \_\_\_\_\_  
 Physician (MD or DO), Physician Assistant, Nurse,  
 or Certified Medical Assistant

Signature: \_\_\_\_\_  
 Physician (MD or DO), Physician Assistant, Nurse,  
 or Certified Medical Assistant

Date: \_\_\_\_\_

Record of Immunization			
Vaccine	Vaccine Type	Date Given	Source
<b>Diphtheria, Tetanus, Pertussis</b> DTaP/DTP/ DT/ Td/Tdap			
<b>Polio</b> IPV/OPV			
<b>Measles, Rubella</b> MMR			
<b>Haemophilus influenzae type b</b> Hib			
<b>Hepatitis B</b> Hep B			
<b>Varicella*</b> Chickenpox			
<b>Pneumococcal</b> PCV			
<b>Meningococcal</b> MenACWY			

\* If patient has a history of natural disease, write "Immune to Varicella".

# Certificate of Immunization Exemption- Medical



## Medical Certificate of Immunization Exemption

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The above named applicant qualifies for a medical exemption to immunization for the following reason (select one):

- In the opinion of a physician, nurse practitioner, or physician assistant the following required immunization(s) would be injurious to the health and well-being of the applicant or any member of the applicant's family or household (contraindication due to contact with family or household member applies only to MMR and Varicella vaccine). Select only those vaccines which are medically contraindicated:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hepatitis B (Hep B)                   | <input type="checkbox"/> <i>haemophilus influenzae</i> type b (Hib) | <input type="checkbox"/> Varicella (Chickenpox)                |
| <input type="checkbox"/> Diphtheria, Tetanus, Pertussis (DTaP) | <input type="checkbox"/> Pneumococcal (PCV)                         | <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (Tdap) |
| <input type="checkbox"/> Polio (IPV)                           | <input type="checkbox"/> Measles, Rubella (MMR)                     | <input type="checkbox"/> Meningococcal (MenACWY)               |

If, in the opinion of the physician, nurse practitioner, or physician assistant issuing the medical exemption, the exemption should be terminated or reviewed at a future date, an expiration date shall be recorded on the Certificate of Immunization Exemption.

- Administration of the following required vaccine(s) would violate minimum interval spacing of at least 28 days from a dose of a previously received live vaccine. In this circumstance, the exemption shall apply only to an applicant who has not received prior doses of exempted vaccine. An expiration date, not to exceed 60 days, shall be recorded on the certificate. Check only the immunizations which are medically contraindicated:
- |   |   |
|---|---|
| <input type="checkbox"/> Measles, Rubella (MMR) | <input type="checkbox"/> Varicella (Chickenpox) |
|---|---|

Certificate Expiration Date: \_\_\_\_\_

A child granted a medical exemption may be excluded from child care or school during a disease outbreak. The length of time a child is excluded from child care or school will vary depending on the type of disease and the circumstances surrounding the outbreak, and could range from several days to over a month. A Certificate of Immunization Exemption for medical reasons is valid only when signed by an Iowa licensed physician, nurse practitioner, or physician assistant.

The Medical Exemption shall be submitted by the applicant or, if the applicant is a minor, by the applicant's parent or guardian to the admitting official of the school or licensed child care center in which the applicant wishes to enroll.

By signing this certificate, I certify the immunizations specified on this certificate would be injurious to the health of the applicant, to a member of the applicant's family or household, or the required vaccine would violate the minimum interval spacing.

Name (Print): \_\_\_\_\_ Iowa Medical License Number: \_\_\_\_\_  
Physician (MD or DO), Physician Assistant, or Nurse Practitioner

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician (MD or DO), Physician Assistant, or Nurse Practitioner

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# Certificate of Immunization Exemption- Religious



## Religious Certificate of Immunization Exemption

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A religious exemption may be granted to an applicant only if immunization conflicts with a genuine and sincere religious belief. A Certificate of Immunization Exemption for religious reasons shall be signed by the applicant or, if the applicant is a minor, by the parent or guardian or legally authorized representative. By signing this certificate, you are attesting that the immunization conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations.

A child granted a religious exemption may be excluded from child care or school during a disease outbreak. The length of time a child is excluded from child care or school will vary depending on the type of disease and the circumstances surrounding the outbreak, and could range from several days to over a month.

By signing this form, I acknowledge the Iowa Department of Health and Human Services has published information regarding immunizations on the Department's website, including:

- Information that failure to complete the required immunizations increases the risk to my child and others of contracting, carrying, and spreading a vaccine-preventable disease; and
- Information that there are children with special health needs attending schools and child care who are unable to be vaccinated or who are at a heightened risk of contracting a vaccine-preventable disease and for whom such a disease could be life-threatening.

The Religious Exemption shall be submitted by the applicant or, if the applicant is a minor, by the applicant's parent or guardian to the admitting official of the school or licensed child care center in which the applicant wishes to enroll.

Name (Print): \_\_\_\_\_  
Applicant, Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant, Parent or Guardian

July 2024

# Immunization Record Review



Health and  
Human Services

# Reviewing the Immunization Certificates

1. Request a list of students for each grade level or child care program to assure each child is included in the total enrollment and has an immunization certificate or certificate of immunization exemption on file.
2. For reporting purposes, separate the number of valid immunization certificates, religious exemptions, medical exemptions, provisional certificates, and certificates that are not valid or are missing. This must be done for each grade level, home-schooled students, and child care age in months.

# Reviewing the Immunization Certificates

3. Assess the record for required elements (student name, date of birth, appropriate signatures, vaccines and dates administered, etc.).
4. Review the total number of doses required for each vaccine series based on the child's age in months (childcare) or K-12 grade level.
5. Review the minimum ages and minimum interval spacing requirements between doses in a vaccine series. (Iowa immunization requirements follow ACIP recommendations for minimum ages and intervals).

# Reviewing the Immunization Certificates

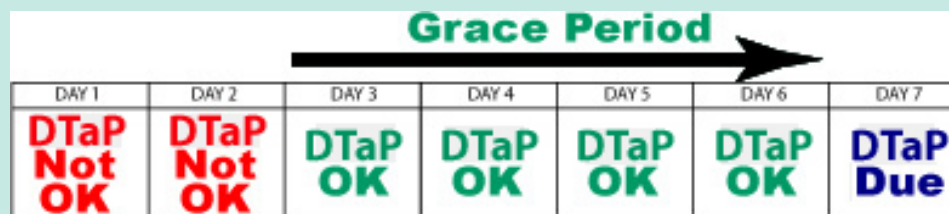
- ▶ It is important to look at the grade level of the student and date of birth for certain school age requirements such as Meningococcal (A, C, W, Y) vaccine
- ▶ When a child has fallen behind on immunizations, he or she may not need as many total doses in a vaccine series or may not need the vaccine at all (e.g., the 5<sup>th</sup> dose of DTaP is not necessary if the 4<sup>th</sup> dose was administered on or after 4 years of age; Hib and PCV vaccines are not required for children 60 months of age or older)
- ▶ Assure the vaccine listed on the Certificate of Immunization is the vaccine included in the requirement (Tdap vs Td)

# 4 Day Grace Period

- ▶ Iowa Immunization Code allows for a 4-day grace period. The 4-day grace period should not be applied to the interval between live vaccines.

*7.4(2) Vaccine doses administered less than or equal to 4 days before the minimum interval or age shall be counted as valid. Doses administered greater than or equal to 5 days earlier than the minimum interval or age shall not be counted as valid doses and shall be repeated as appropriate.*

- ▶ Day 1 is the day before the day that marks the minimum age or minimum interval for a vaccine



# Example Certificate – Kindergarten

**IOWA** | Health and Human Services

## Certificate of Immunization

Name Last: SMITH First: SEAN Middle: \_\_\_\_\_ Date of Birth: 12/05/2018  
 Parent/Guardian: SMITH, THOMAS Address: 321 E. 12TH STREET, DES MOINES, IA 50319 Phone: (555) 555-5555  
 A representative of the local Board of Health or Iowa Department of Health and Human Services may review this certificate for audit purposes.

Vaccine	Vaccine Type	Date Given	Source
<b>Diphtheria, Tetanus, Pertussis</b> DTaP/DTP/DT/Td/Tdap	DTaP, NOS	02/05/2019	Iowa Immunization Clinic
	DTaP, NOS	04/05/2019	Iowa Immunization Clinic
	DTaP, NOS	06/05/2019	Iowa Immunization Clinic
	DTaP, NOS	02/05/2020	Iowa Immunization Clinic
	DTaP, NOS	12/05/2022	Iowa Immunization Clinic
<b>Polio</b> IPV/OPV	Polio-Inject	02/05/2019	Iowa Immunization Clinic
	Polio-Inject	04/05/2019	Iowa Immunization Clinic
	Polio-Inject	06/05/2019	Iowa Immunization Clinic
	Polio-Inject	12/05/2022	Iowa Immunization Clinic
<b>Measles, Rubella</b> MMR	MMR	12/03/2019	Iowa Immunization Clinic
	MMR	12/05/2022	Iowa Immunization Clinic
<b>Haemophilus influenzae type b</b> Hib	Hib-PRP-T	02/05/2019	Iowa Immunization Clinic
	Hib-PRP-T	04/05/2019	Iowa Immunization Clinic
	Hib-PRP-T	02/05/2020	Iowa Immunization Clinic

Vaccine	Vaccine Type	Date Given	Source
<b>Hepatitis B</b> Hep B	HepB-Peds	12/05/2018	Iowa Immunization Hospital
	HepB-Peds	02/05/2019	Iowa Immunization Clinic
	HepB-Peds	04/05/2019	Iowa Immunization Clinic
<b>Varicella *</b> Chicken Pox	Varicella	12/03/2019	Iowa Immunization Clinic
	Varicella	12/05/2022	Iowa Immunization Clinic
<b>Pneumococcal</b> PCV/PP	PCV13	02/05/2019	Iowa Immunization Clinic
	PCV13	04/05/2019	Iowa Immunization Clinic
	PCV13	06/05/2019	Iowa Immunization Clinic
	PCV13	02/05/2020	Iowa Immunization Clinic
<b>Meningococcal</b> MenACWY			

\* If patient has a history of natural disease, write "Immune to Varicella".

I certify the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Name (Print): Jessica Jones, MD  
 Physician (MD, DO), Physician Assistant, Nurse, or Certified Medical Assistant

Signature: Jessica Jones MD Date: 8/16/2024  
 Physician (MD, DO), Physician Assistant, Nurse, or Certified Medical Assistant

Review the date of birth and the dates the MMR and Varicella were administered. Minimum age for the first dose of these vaccines is 12 months. These doses on the record qualify for the 4 day grace period and are valid doses of vaccine.

HepB: The child has the 3 required doses, but dose 3 was administered prior to the minimum age of 24 weeks.

# Example Certificate – 7<sup>th</sup> Grade

**IOWA** Health and Human Services

**Certificate of Immunization**

Name Last: SMITH First: SAMANTHA Middle: A Date of Birth: 08/16/2012  
 Parent/Guardian: SMITH, SALLY Address: 321 E. 12TH STREET, DES MOINES, IA 50319 Phone: (555) 555-5555

A representative of the local Board of Health or Iowa Department of Health and Human Services may review this certificate for audit purposes.

Vaccine	Vaccine Type	Date Given	Source
Diphtheria, Tetanus, Pertussis	DTaP, NOS	10/16/2012	Iowa Immunization Clinic
	DTaP, NOS	12/16/2012	Iowa Immunization Clinic
	DTaP, NOS	02/16/2013	Iowa Immunization Clinic
	DTaP, NOS	08/16/2014	Iowa Immunization Clinic
	DTaP, NOS	08/16/2016	Iowa Immunization Clinic
DTaP/DTP/DT/Td/Tdap	Td (adult),	08/16/2023	Iowa Immunization Clinic
Polio IPV/OPV	Polio-Inject	10/16/2012	Iowa Immunization Clinic
	Polio-Inject	12/16/2012	Iowa Immunization Clinic
	Polio-Inject	02/16/2013	Iowa Immunization Clinic
	Polio-Inject	08/16/2016	Iowa Immunization Clinic
Measles, Rubella MMR	MMR	08/16/2013	Iowa Immunization Clinic
	MMR	08/16/2014	Iowa Immunization Clinic
Haemophilus influenzae type b Hib			

Vaccine	Vaccine Type	Date Given	Source
Hepatitis B Hep B	HepB-Peds	08/16/2012	Iowa Immunization Hospital
	HepB-Peds	10/16/2012	Iowa Immunization Clinic
	HepB-Peds	08/16/2014	Iowa Immunization Clinic
Varicella * Chicken Pox	Varicella	08/16/2013	
	Varicella	08/16/2016	Iowa Immunization Clinic
Pneumococcal PCV/PP			
Meningococcal MenACWY	Meningococcal,	10/27/2020	Iowa Immunization Clinic

\* If patient has a history of natural disease, write "Immune to Varicella".

I certify the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Name (Print): Jessica Jones, MD  
 Physician (MD, DO), Physician Assistant, Nurse, or Certified Medical Assistant

Signature: Jessica Jones MD Date: 8/16/2024  
 Physician (MD, DO), Physician Assistant, Nurse, or Certified Medical Assistant

On this example, review the date of birth and the Tdap and Meningitis requirements. A Td was administered instead of a Tdap. This does not meet the Tdap requirement.

The MenACWY vaccine was administered when the child was 8 years of age. For the requirement, the vaccine must be administered on or after 10 years of age.

The 2<sup>nd</sup> MMR was received prior to age 4 (typical administration age) but it was received greater than 28 days from the first dose, which is acceptable under Iowa Immunization Law.



# Audit Tips

- ▶ Stamp or mark school age records that have been audited as valid certificates meeting the immunization requirements
- ▶ When an updated certificate of immunization is received or printed, attach it to the previously audited or stamped record if possible
- ▶ Construct a resource kit to take with you when performing the audit

# Resource Kit Suggestions

- ▶ Iowa Immunization Administrative Code Chapter 7
- ▶ Iowa Immunization Requirements Chart
- ▶ School and Child Care Immunization Audit Q&A
- ▶ Child Care Immunization Record Review Form
- ▶ School Immunization Record Review Form
- ▶ Blank copies of the Certificate of Immunization, Provisional Certificate of Immunization, Medical Exemption Certificate, Religious Exemption Certificate
- ▶ Iowa Immunization Law and You brochures
- ▶ CDC Minimum Ages and Intervals Chart
- ▶ 2024 CDC Immunization Schedule (including catch up schedules)

# Resource Kit Suggestion, Cont.

- ▶ A preprinted stamp for marking records as valid
- ▶ Extra pens
- ▶ Calculator
- ▶ Sticky notes
- ▶ Laptop
- ▶ Access to IRIS
- ▶ Iowa Immunization Program phone number:  
**1-800-831-6293** (for questions as you are auditing)

# Final Thoughts

Upon completion of the audit, provide the school or licensed child care a copy of the audit report.

# Entering Audit Results into IRIS & Data Entry Errors to Avoid

# IRIS Reporting Reminders

- ▶ All audits must be submitted in IRIS. Do not mail or fax audit forms to Iowa HHS.
- ▶ New audit staff need to complete an [IRIS Authorized Site Agreement-Organization Form](#) and select “LPHA Org Admin” or “LPHA Standard User” under the Planned Use of IRIS, School Audit section. Send completed form to [IRISenrollment@hhs.iowa.gov](mailto:IRISenrollment@hhs.iowa.gov) for processing.
  - Current School Audit users do not need to resubmit an IRIS Authorized Site Agreement form.
- ▶ Use IRIS Reporting Instructions and review common errors to ensure successful reporting

# Common IRIS Data Entry Error #1

## ▶ Do not report grade level audit data for a school district.

- School districts should *only* be used to report audit data for **home-schooled** student records maintained at the school district office, in the Home School Row.
- If no home-school records are maintained at school district office, leave School District entry **blank**.
- *LPHAs will be asked to make corrections for data incorrectly entered in school districts.*

# Common IRIS Data Entry Error #2

## ▶ Do not report grade level audit data in the incorrect school building.

- Enter school audit data under the appropriate school found in the *School Name* drop down menu.
- When multiple grades are located in the same building, enter appropriate grade level audit data into the corresponding school.

The school districts, school buildings and corresponding grades are available in the [Iowa Educational Directory](#).



# Select the appropriate audit site name

1) Select School District Name

**School Information**

School District:  School Name:

Address:  City:

District #:  School #:

School County Code #:

**School Grade Information**

	Total Enrollment	Students with Certificate of Immunization	St	Exemption		
				Medical	Religious	
K	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2) Select Correct School Name**

**3) Enter appropriate grade level audit data**

# Common IRIS Data Entry Error #3

## ▶ Do not dual enter home school student audit data in a school district and individual school.

- Report aggregate home-schooled student data in the Home School row of the location where immunization records are maintained:

- Document in the school where immunization records are maintained

**OR**

- Document in the School District if records are maintained at the school district office

# Competent Private Instruction (CPI)

## ▶ Includes:

- Non-accredited nonpublic schools
- Home Schooled children – not enrolled in Independent Private Instruction (IPI)

## ▶ Must provide immunization certificate or exemption:

- CPI Option 1 children
- CPI Option 2 children who are dually enrolled
- Include in audit

## ▶ Exempt from immunization requirements:

- Independent Private Instruction (IPI)
- Do not include in audit

# Reporting Home-Schooled Student Audit Data

- Report **home school** records in *only one* location
- Record where immunization record is maintained
  - **School Building**
  - OR
  - **School District**
- Document aggregate grades in the Home School row
- Do not report individual home school grades

**School Information**

School District:  School Name:

Address:  City:

District #:  School #:

School County Code #:

**School Grade Information**

	Total Enrollment	Students with Certificate of Immunization	Students without acceptable immunization certificates	Exemption		Total
				Medical	Religious	
K						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Home School						
Total						

# Common IRIS Data Entry Error #4

## ▶ Do not enter school-based preschool audit data for a school.

- Preschool children should be assessed using Licensed Child Care Center requirements  $\geq$  24 months of age
- Preschool children who attend a school system shall be entered in the Child Care Audit under the appropriate preschool found in the Name of Center drop down menu.

# Entering Preschool Data in IRIS

- ▶ Record data for preschool children in a school system under *Child Care Audits*
- ▶ Select appropriate preschool found in the *Name of Center* drop down menu

Facility Information		Name of Center	
County	Lee	<ul style="list-style-type: none"> <li>Carousel Preschool</li> <li><b>Central Lee Elementary School PK</b></li> <li>Community Action of Southeast Iowa-Eichacker HS</li> <li>Community Action of Southeast Iowa-Marie Tallarico Early HS</li> <li>Community Action of Southeast Iowa-Marie Tallarico HS</li> <li>Community Action of Southeast Iowa-Richardson Early HS</li> <li>Community Action of Southeast Iowa-Richardson HS</li> <li>Creative Edge Child Care</li> <li>Eichacker Center</li> <li>Holy Trinity ECC - St Paul Site</li> <li>Holy Trinity ECC-Ft Madison Site</li> <li>Inertia Boys and Girls Center Inc</li> <li>Keokuk Catholic School</li> <li>Keokuk Catholic Schools St. Vincent's School PK</li> <li>Keokuk Christian Preschool</li> <li>Keokuk Community Preschool</li> <li>Keokuk Head Start</li> <li>Little Scholars Preschool</li> <li>Miss Janet's Preschool</li> <li>Raisin' Em Up Child Care and The Crew</li> <li>Richardson Elementary School PK</li> <li>Richardson Head Start</li> <li>Sunshine Child Care (West Point)</li> <li>Torrence Elementary PK</li> <li>Wonder Years Learning Center (Fort Madison)</li> <li>Y Kids &amp; Company Preschool (Fort Madison)</li> </ul>	
Address	2642 Highway 218	Zip Code	
City	Donnellson		

Age Group Information	
	Total Enrollment
4 through 5 months	
6 through 11 months	
12 through 18 months	
19 through 23 months	
24 months and older	
Total	

Select Correct Preschool or Child Care Name

Enter appropriate age group audit data

# Common IRIS Data entry error #5

## ▶ Do not exclude school age children in before or after-school child care program audits.

- All children shall provide valid immunization certificate upon enrollment in a licensed child care center
- All records must be available for audit
- Assess school-age children using Licensed Child Care Center requirements  $\geq$  24 months of age
- School-age children are counted twice using the two requirements (school & child care)

# Review of Common Errors

- ▶ **Do not enter:** grade level audit data for a School District. If applicable, enter Home School records maintained at district office, otherwise leave blank.
- ▶ **Do not enter:** grade level audit data in the incorrect school building.
- ▶ **Do not dual enter:** home school student audit data in a school district and individual school. Report where records are maintained.
- ▶ **Do not enter:** school-based preschool audit data for a school. Enter preschool data in child care audit.
- ▶ **Do not exclude:** school age children in before or after-school child care program audits. Audit all children enrolled in a licensed child care center.



# School District Resource

<https://educate.iowa.gov/directories#iowa-pk-12-schools>

## Iowa PK-12 Schools

- [2024-25 Iowa Public School District Directory](#) [.xlsx](#) (7-29-24)
- [2024-25 Iowa Public School Building Directory](#) [.xlsx](#) (7-29-24)
- [2024-25 Iowa Nonpublic School Building Directory](#) [.xlsx](#) (7-29-24)

# Locate Licensed Child Care Resources

<https://ccmis.dhs.state.ia.us/CLIENTPORTAL/PROVIDERSEARCH.ASPX>

**Child Care Families: Provider Search**

**Search By Name**

Provider Business Name:

First Name:

Last Name:

**Search By Location**

County: **Black Hawk**

City:

Zip Code:

Near This Address:

Near This City:

Distance:

**Search by Type of Provider**

Any

Exempt from Licensing

Licensed Center

Non-Registered Child Care Home

Registered Child Development Home A

Registered Child Development Home B

Registered Child Development Home C

**Search by Special Services**

Any

Accepts CCA Children

Accepts Children With Special Needs

Provides Weekend Care

Provides Evening/Overnight Care

Provides Transportation

Language Spoken:

Quality Rating:

**How to Find a Child Care Provider to Meet Your Needs**

For the search to work you must at least enter something in the "Search by Name" or "Search by Location" box. Then you may narrow your search by adding as many other conditions as you like to locate a child care provider that will meet your needs.

If you enter a ZIP code or an address and city the search will locate providers within a certain distance of that ZIP code or address. You can specify the distance in the "Select Distance" dropdown.

When you are through, click the Search button at the bottom of the screen to locate child care providers that meet your requirements.

To erase all your requirements and start over, click the Clear button.

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This website is NOT intended to be used as a referral source. For further assistance in finding a child care provider who can meet the unique needs of your family, please contact the Child Care Resource & Referral Agency (CCR&R) serving the county you live in by using either their state website at <http://www.iowaccrr.org/> or call (toll free) 877-216-8481.

If you have questions about any of these providers, you can also contact the DHS Centralized Child Care Assistance Unit in Des Moines by email at [crsacca@dhs.state.ia.us](mailto:crsacca@dhs.state.ia.us) or call (toll free) 866-448-4605.

For more information about Quality Ratings, click this link <http://www.dhs.state.ia.us/qrs/>.

For information about the different types of child care providers operating in Iowa, click here <https://ccmis.dhs.state.ia.us/providerportal/ChildCareRequirements.aspx>.

For information about whether a child care provider has had a complaint or compliance report filed with DHS, click this link: [https://secureapp.dhs.state.ia.us/dhs\\_titan\\_public/ChildCare/ComplianceReport](https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport).

# Changes to Schools & Child Care Centers Listed in IRIS

- ▶ Department of Education releases building, grade, and school changes each year. Changes are made to IRIS upon publishing this list.
- ▶ Iowa HHS publishes directory of licensed child care centers. Changes are made in IRIS periodically.

\*If you have additional changes, email edits to:

[Jessica.Schultz@hhs.iowa.gov](mailto:Jessica.Schultz@hhs.iowa.gov)

# Immunization Resources:

<https://hhs.iowa.gov/immunization>

## Immunization Requirements

[Iowa Code, Chapter 139a.8\(6\)](#) [↗](#)

[Iowa Immunization Administrative Code - Chapter 7](#) [↗](#)

[Executive Order 10 - Letter to Partners](#) [.pdf](#)

[Executive Order 10 - Frequently Asked Questions](#) [.pdf](#)

[School Immunization Requirements Letter- Superintendents](#) [.pdf](#)

[Immunization and School Exclusion Memo - September 2019](#) [.pdf](#)

## Program Documents

[Immunization Requirements Chart](#) [.pdf](#)

[Iowa Immunization Law and You Brochure](#) [.pdf](#)

## Immunization Certificates

- [Certificate of Immunization](#) [.pdf](#)
- [Certificate of Immunization Exemption-Medical](#) [.pdf](#)
- [Certificate of Immunization Exemption-Religious](#) [.pdf](#)
- [Provisional Certificate of Immunization](#) [.pdf](#)
- [Statement of Approval for Alternative Certificate of Immunization](#) [.pdf](#)

## Auditor Information

### Audit Information - updated 8.8.2024

[2024-2025 Immunization Audit Guide](#)

[School](#) [.pdf](#) and [Child Care Audit](#) [.pdf](#) Forms

[Iowa Educational Directory](#)

[Iowa HHS Licensed Child Care Centers](#) [↗](#)

# Audit Materials Guide for Local Public Health Agencies



## 2024-2025 School and Licensed Child Care Immunization Audit Materials for Local Public Health Agencies

AUGUST 2024



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<https://hhs.iowa.gov/immunization>

[2024-2025 Immunization Audit Guide](#)

# Questions

Shelly Jensen, RN, BSN  
Immunization Nurse Consultant  
1-800-831-6293  
Shelly.Jensen@hhs.iowa.gov

Jessica Schultz, MPH  
Epidemiologist  
1-800-831-6293  
Jessica.Schultz@hhs.iowa.gov



Health and  
Human Services