School & Licensed Child Care Immunization Audits

Information for Local Public Health Agencies

Division of Public Health

August 12, 2026

IOWA Health and Human Services

Topics

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

Audit Preparation

IOWA Health and Human Services

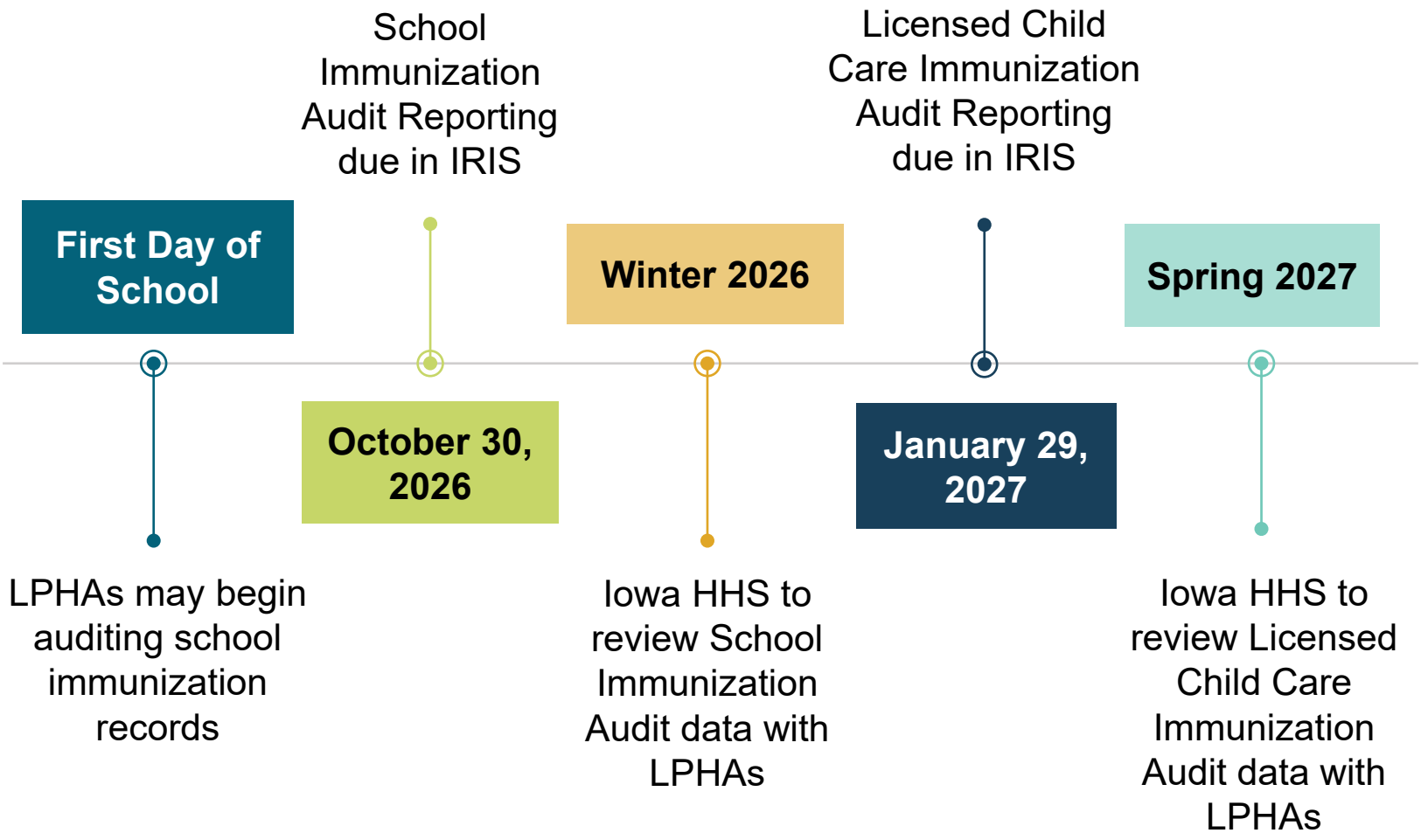
Audit Preparation Info

Due date for submitting audit data in IRIS:

- School audits: October 30, 2026
- Child Care audits: January 29, 2027

- Introductions
  - Contact school nurses and childcare providers early in the school year
- Scheduling
  - Allow sufficient time for completing the audits
- Gather resources

Audit Timeline



Reminder:

2024 Changes to Iowa Immunization Administrative Code

IOWA Health and Human Services

Iowa Immunization Administrative Code

Immunization requirements apply to all persons enrolled or attempting to enroll in a licensed childcare 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://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 childcare 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.

Immunization Requirements Chart

Licensed Child Care Center Immunization Requirements

IOWA Health and Human Services

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. **Routine vaccination begins at 2 months of age.**	
4 months through 5 months of age	Diphtheria/ Tetanus/ Pertussis	**1 dose**
	Polio[1]	**1 dose**
	haemophilus influenzae type B	**1 dose**
	Pneumococcal	**1 dose**
6 months through 11 months of age	Diphtheria/ Tetanus/ Pertussis	**2 doses**
	Polio[1]	**2 doses**
	haemophilus influenzae type B	**2 doses**
	Pneumococcal	**2 doses**
12 months through 18 months of age	Diphtheria/ Tetanus/ Pertussis	**3 doses**
	Polio[1]	**2 doses**
	haemophilus influenzae type B	**2 doses**; or **1 dose** received at 15 months of age or older.
	Pneumococcal	**3 doses**; or **2 doses** if both doses were received at 12 months of age or older.

1 July 2025

Immunization Requirements Chart

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

Documentation of a valid Certificate of Immunization Exemption (Religious or Medical) or Provisional Certificate of Immunization may be submitted in lieu of a Certificate of Immunization. Requirements for valid exemptions may be found in Iowa Code 139A.8 and Iowa Administrative Code 641-7.

[1] 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.

2 July 2025

IOWA Health and Human Services

School Immunization Requirements

[Immunization Requirements Chart]

IOWA Health and Human Services

Immunization Requirements

Elementary or Secondary School (K-12th 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 [2]	**5 doses** with at least 1 dose received on or after 4 years of age; or **4 doses** if the fourth dose was received on or after 4 years of age; and **1 dose** 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[1]	**4 doses** with at least 1 dose received on or after 4 years of age; or **3 doses** if the third dose was received on or after 4 years of age.
	Measles/Rubella	**2 doses**; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Hepatitis B	**3 doses**
	Varicella	**2 doses**; or the applicant has a reliable history of natural disease.
	Meningococcal (A, C, W, Y)	**1 dose** received on or after 10 years of age for applicants in grades 7 through 11; and **2 doses** with 1 dose received on or after 16 years of age for applicants in grade 12; or **1 dose** for applicants in grade 12 if the dose was received on or after 16 years of age.

Documentation of a valid Certificate of Immunization Exemption (Religious or Medical) or Provisional Certificate of Immunization may be submitted in lieu of a Certificate of Immunization. Requirements for valid exemptions may be found in Iowa Code 139A.8 and Iowa Administrative Code 641-7.

1 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.

2 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.

July 2025

2024 Chapter 7 Immunization Requirements Update (2)

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 (3)

- 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

Frequently asked questions document

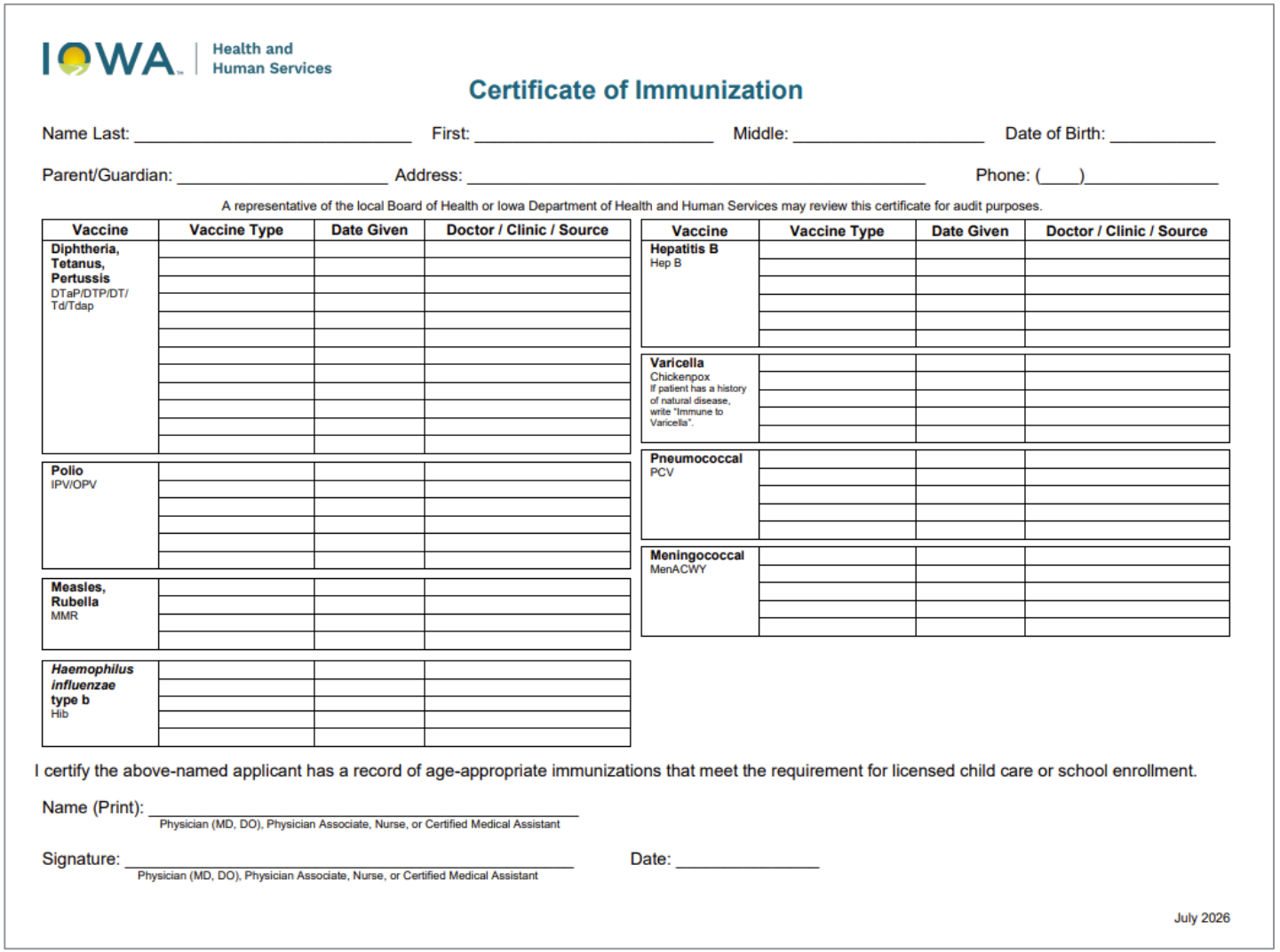
Immunization Certificates

IOWA Health and Human Services

SF 2190:
Definition of Physician Assistant

- **SF 2190**: A bill for an act relating to the use of the titles physician assistant and physician associate signed by the Governor April 9, 2026.
  - Physician Assistant changed to Physician Associate on applicable certificates
- Previous versions of the Certificate of Immunization remain valid for the 2026-27 school year and beyond.
- Updated Certificates of Immunization, Provisional Certificates of Immunization and Medical Certificates of Immunization Exemption available.

Certificate of Immunization



IOWA | Health and Human Services

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	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap			
Polio IPV/OPV			
Measles, Rubella MMR			
***Haemophilus influenzae* type b** Hib			

Vaccine	Vaccine Type	Date Given	Doctor / Clinic / Source
Hepatitis B Hep B			
Varicella Chickenpox If patient has a history of natural disease, write "Immune to Varicella".			
Pneumococcal PCV			
Meningococcal MenACWY			

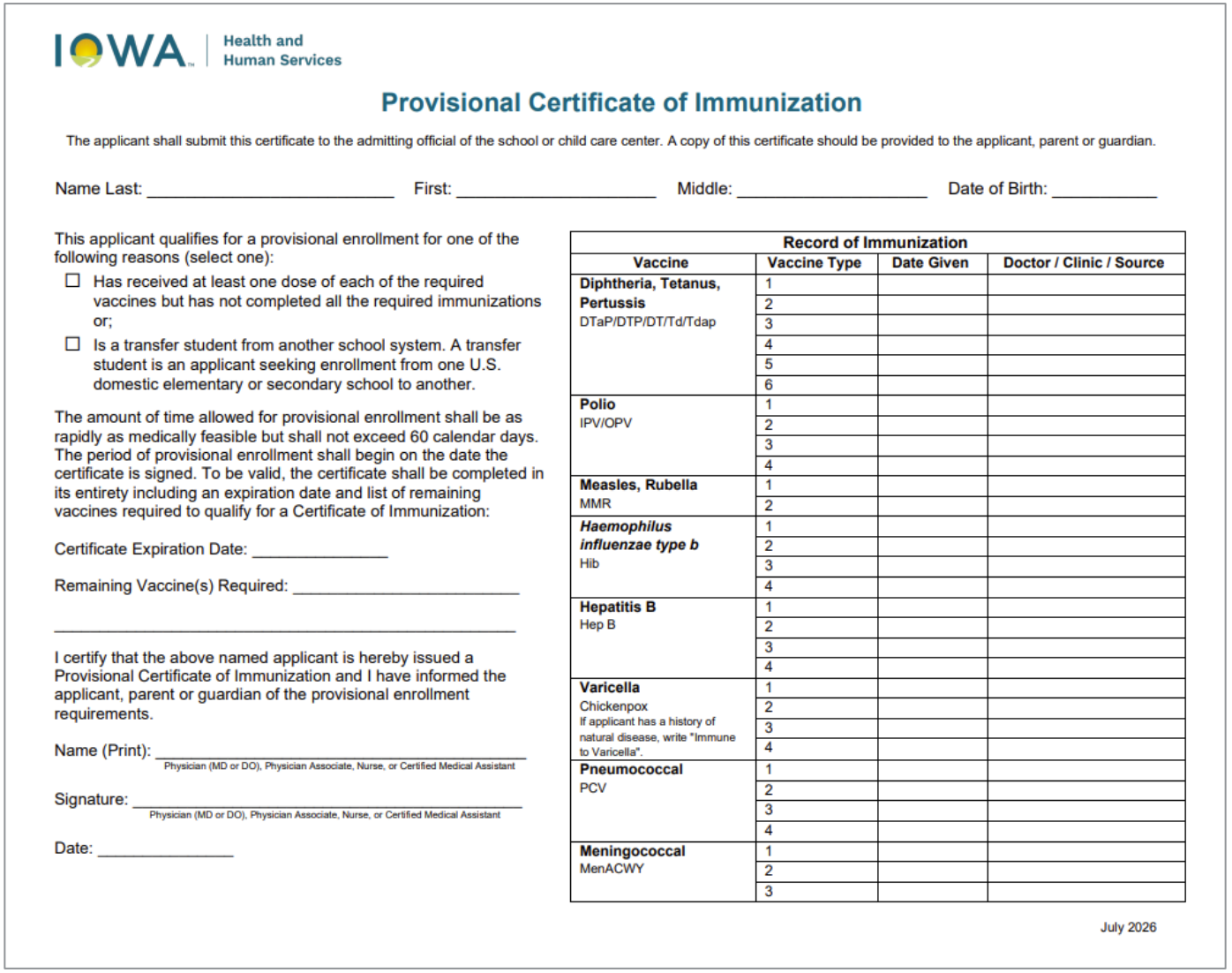
I certify the above-named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Name (Print): _____
Physician (MD, DO), Physician Associate, Nurse, or Certified Medical Assistant

Signature: _____ Date: _____
Physician (MD, DO), Physician Associate, Nurse, or Certified Medical Assistant

July 2026

Provisional Certificate of Immunization



IOWA | Health and Human Services

Provisional Certificate of Immunization

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.

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

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 Associate, Nurse, or Certified Medical Assistant

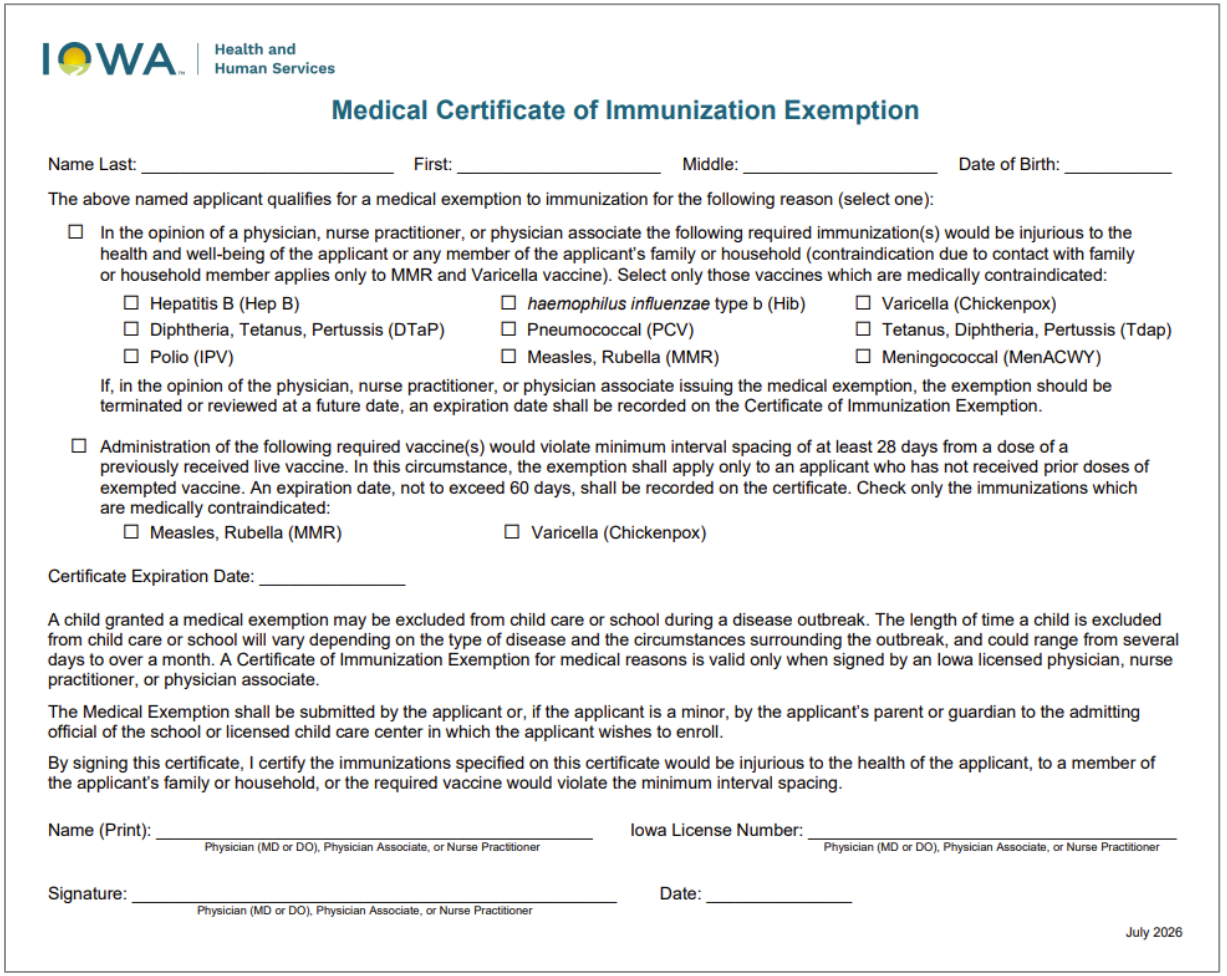
Signature: _____
Physician (MD or DO), Physician Associate, Nurse, or Certified Medical Assistant

Date: _____

Record of Immunization			
Vaccine	**Vaccine Type**	**Date Given**	**Doctor / Clinic / Source**
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/Td/Tdap	1		
	2		
	3		
	4		
	5		
	6		
Polio IPV/OPV	1		
	2		
	3		
	4		
Measles, Rubella MMR	1		
	2		
Haemophilus influenzae type b Hib	1		
	2		
	3		
	4		
Hepatitis B Hep B	1		
	2		
	3		
	4		
Varicella Chickenpox If applicant has a history of natural disease, write "Immune to Varicella".	1		
	2		
	3		
	4		
Pneumococcal PCV	1		
	2		
	3		
	4		
Meningococcal MenACWY	1		
	2		
	3		

July 2026

Certificate of Immunization Exemption – Medical



IOWA | Health and Human Services

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 associate 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:

- ☐ Hepatitis B (Hep B)
- ☐ *haemophilus influenzae* type b (Hib)
- ☐ Varicella (Chickenpox)
- ☐ Diphtheria, Tetanus, Pertussis (DTaP)
- ☐ Pneumococcal (PCV)
- ☐ Tetanus, Diphtheria, Pertussis (Tdap)
- ☐ Polio (IPV)
- ☐ Measles, Rubella (MMR)
- ☐ Meningococcal (MenACWY)

If, in the opinion of the physician, nurse practitioner, or physician associate 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:

- ☐ Measles, Rubella (MMR)
- ☐ 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 associate.

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.

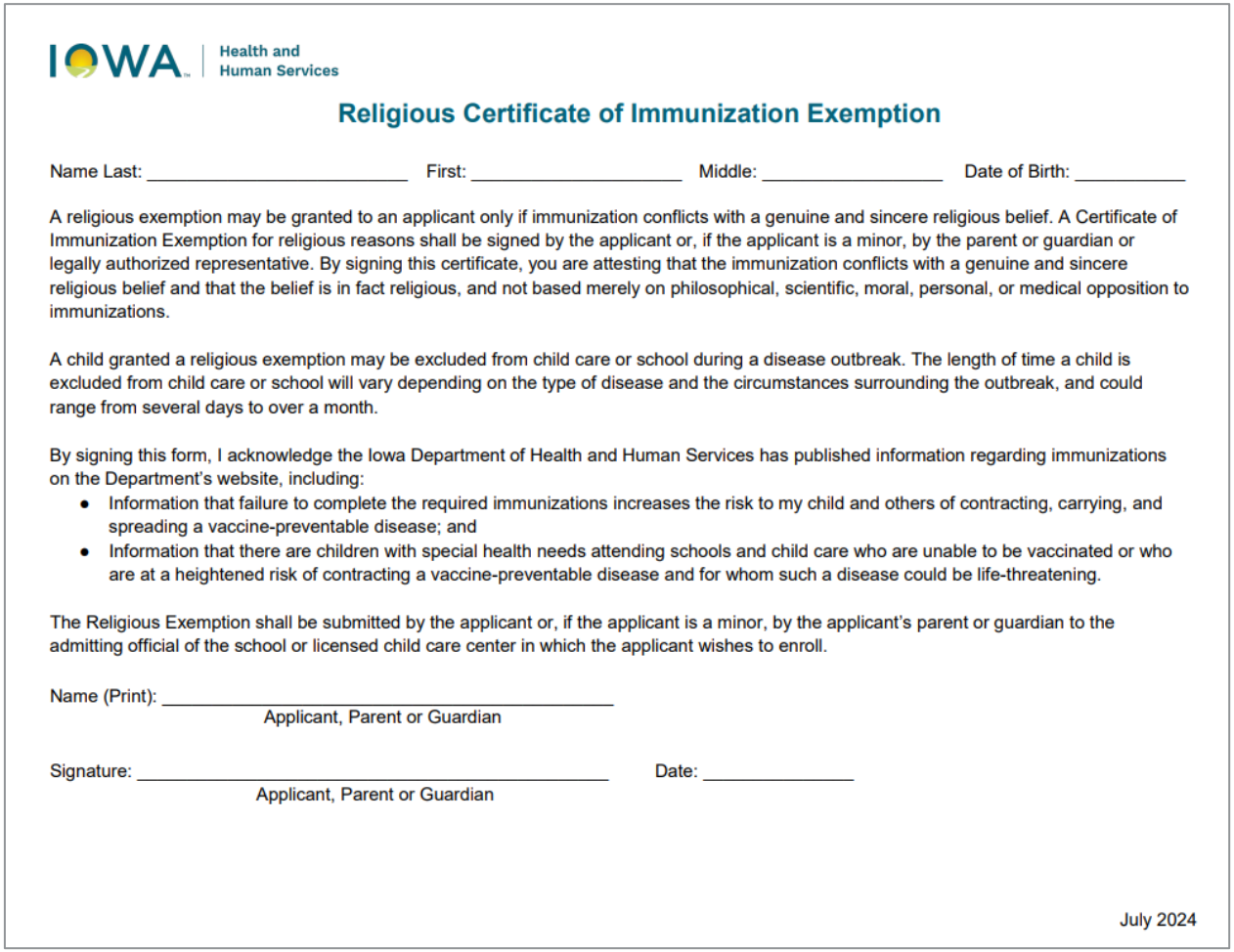
By signing this certificate, I certify the immunizations specified on this certificate would be injurious to the health of the applicant, to a member of the applicant's family or household, or the required vaccine would violate the minimum interval spacing.

Name (Print): _____ Iowa License Number: _____
Physician (MD or DO), Physician Associate, or Nurse Practitioner — Physician (MD or DO), Physician Associate, or Nurse Practitioner

Signature: _____ Date: _____
Physician (MD or DO), Physician Associate, or Nurse Practitioner

July 2026

Certificate of Immunization Exemption – Religious



IOWA | Health and Human Services

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

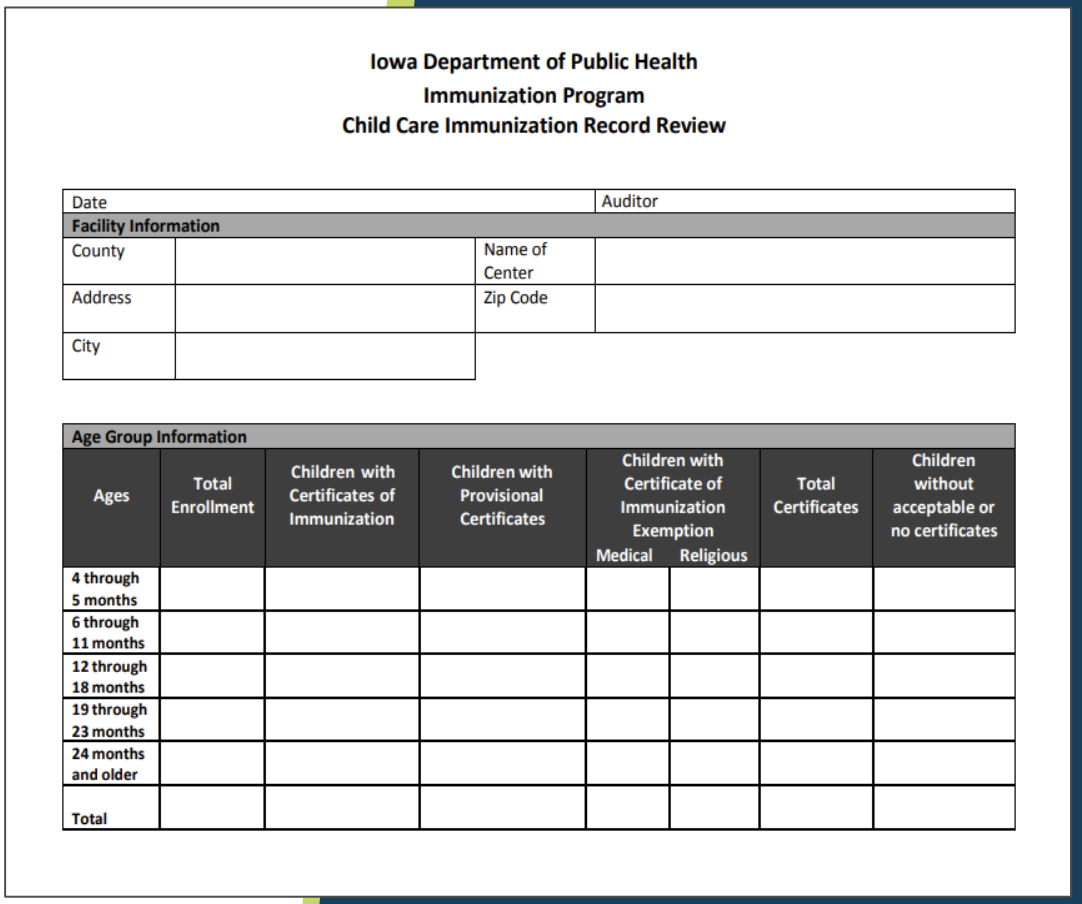
Immunization Record Review

IOWA Health and Human Services

Reviewing the Immunization Certificates

- Request a list of students enrolled for each grade or childcare age category to assure each child is included in the total enrollment and has an Iowa certificate of immunization, provisional certificate of immunization, or certificate of immunization exemption on file.
- 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 childcare age category in months.

Child Care Record Review Form



Iowa Department of Public Health
Immunization Program
Child Care Immunization Record Review

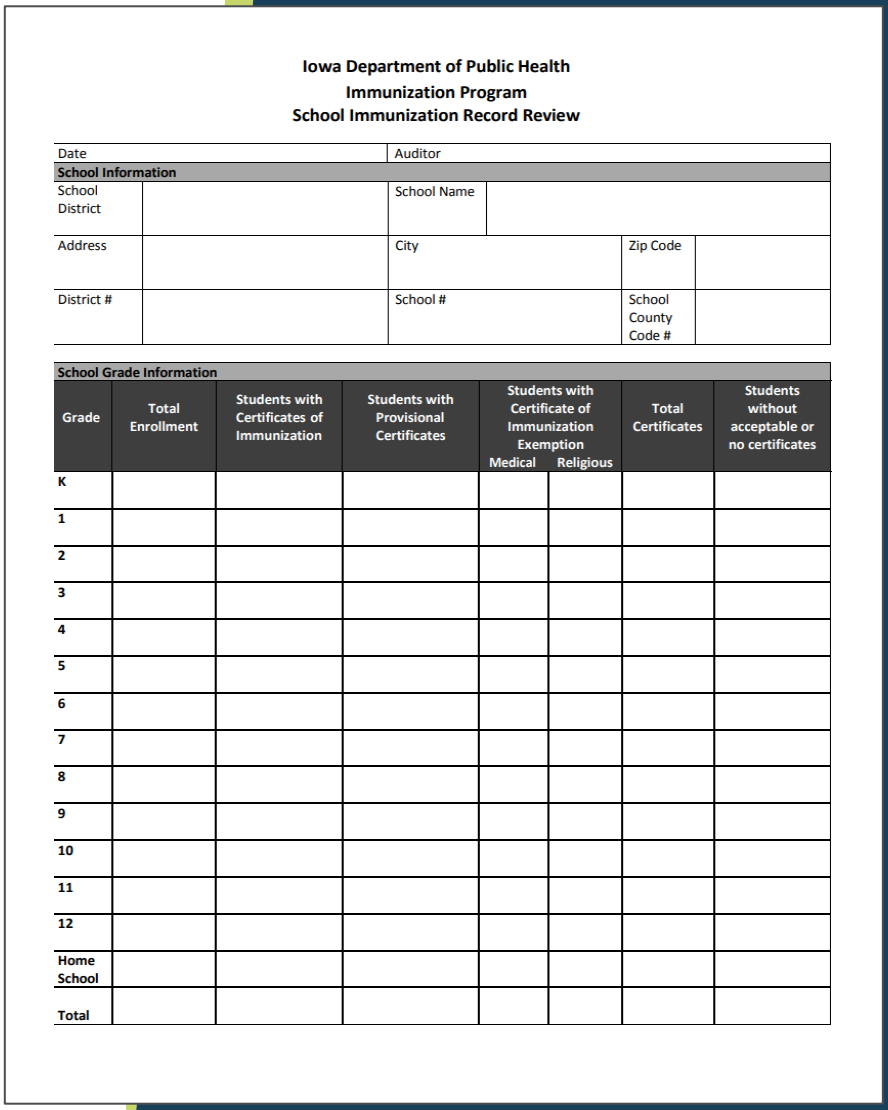
Date			Auditor
Facility Information			
County		Name of Center	
Address		Zip Code	
City			

Age Group Information

Ages	Total Enrollment	Children with Certificates of Immunization	Children with Provisional Certificates	Children with Certificate of Immunization Exemption		Total Certificates	Children without acceptable or no certificates
				Medical	Religious		
4 through 5 months							
6 through 11 months							
12 through 18 months							
19 through 23 months							
24 months and older							
Total							

IOWA Health and Human Services

School Record Review Form



Iowa Department of Public Health
Immunization Program
School Immunization Record Review

Date		Auditor			
School Information					
School District		School Name			
Address		City		Zip Code	
District #		School #		School County Code #	

School Grade Information

Grade	Total Enrollment	Students with Certificates of Immunization	Students with Provisional Certificates	Students with Certificate of Immunization Exemption		Total Certificates	Students without acceptable or no certificates
				Medical	Religious		
K							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Home School							
Total							

IOWA Health and Human Services

Reviewing the Immunization Certificates (2)

- Assess the certificate for required elements (student name, date of birth, appropriate signatures, vaccines and dates administered, etc.).
- 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.
- 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 (3)

- Look closely at the student's grade level and date of birth for certain school age requirements such as Meningococcal ACWY 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 5th dose of DTaP is not necessary if the 4th 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.
    - E.g. Tdap vs Td and MenACWY vs MenB

Licensed Child Care Center Immunization Requirements

IOWA Health and Human Services

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. **Routine vaccination begins at 2 months of age.**	
4 months through 5 months of age	Diphtheria/ Tetanus/ Pertussis	**1 dose**
	Polio[1]	**1 dose**
	haemophilus influenzae type B	**1 dose**
	Pneumococcal	**1 dose**
6 months through 11 months of age	Diphtheria/ Tetanus/ Pertussis	**2 doses**
	Polio[1]	**2 doses**
	haemophilus influenzae type B	**2 doses**
	Pneumococcal	**2 doses**
12 months through 18 months of age	Diphtheria/ Tetanus/ Pertussis	**3 doses**
	Polio[1]	**2 doses**
	haemophilus influenzae type B	**2 doses**; or **1 dose** received at 15 months of age or older.
	Pneumococcal	**3 doses**; or **2 doses** 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	**4 doses**
	Polio[1]	**3 doses**
	haemophilus influenzae type B	**3 doses** if a dose was received on or after 12 months of age; or **2 doses** if the first dose was received on or after 12 months of age; or **1 dose** if the dose was received at 15 months of age or older.
	Pneumococcal	**4 doses** if a dose was received on or after 12 months of age; or **3 doses** if 1 or more doses were received on or after 12 months of age; or **2 doses** if both doses were received at 12 months of age or older.
	Measles/Rubella	**1 dose**; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Varicella	**1 dose**; or the applicant has a reliable history of natural disease.
24 months of age and older	Diphtheria/ Tetanus/ Pertussis	**4 doses**
	Polio[1]	**3 doses**
	haemophilus influenzae type B	**3 doses** if a dose was received on or after 12 months of age; or **2 doses** if the first dose was received on or after 12 months of age; or **1 dose** if the dose was received at 15 months of age or older. **Hib vaccine is not required for persons 60 months of age or older.**
	Pneumococcal	**4 doses** if a dose was received on or after 12 months of age; or **3 doses** if 1 or more doses were received on or after 12 months of age; or **2 doses** if the first dose was received on or after 12 months of age; or **1 dose** if the dose was received on or after 24 months of age. **Pneumococcal vaccine is not required for persons 60 months of age or older.**
	Measles/Rubella	**1 dose**; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Varicella	**1 dose**; or the applicant has a reliable history of natural disease.

Documentation of a valid Certificate of Immunization Exemption (Religious or Medical) or Provisional Certificate of Immunization may be submitted in lieu of a Certificate of Immunization. Requirements for valid exemptions may be found in Iowa Code 139A.8 and Iowa Administrative Code 641-7.

[1] 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 Chart]

IOWA Health and Human Services

Immunization Requirements

Elementary or Secondary School (K-12th 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 [2]	**5 doses** with at least 1 dose received on or after 4 years of age; or **4 doses** if the fourth dose was received on or after 4 years of age; and **1 dose** 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[1]	**4 doses** with at least 1 dose received on or after 4 years of age; or **3 doses** if the third dose was received on or after 4 years of age.
	Measles/Rubella	**2 doses**; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Hepatitis B	**3 doses**
	Varicella	**2 doses**; or the applicant has a reliable history of natural disease.
	Meningococcal (A, C, W, Y)	**1 dose** received on or after 10 years of age for applicants in grades 7 through 11; and **2 doses** with 1 dose received on or after 16 years of age for applicants in grade 12; or **1 dose** for applicants in grade 12 if the dose was received on or after 16 years of age.

Documentation of a valid Certificate of Immunization Exemption (Religious or Medical) or Provisional Certificate of Immunization may be submitted in lieu of a Certificate of Immunization. Requirements for valid exemptions may be found in Iowa Code 139A.8 and Iowa Administrative Code 641-7.

1 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.

2 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.

July 2025

Recommended Minimum Ages and Intervals Between Vaccine Doses

Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
DEN4CYD-1	9-16 years	9 years	6 months	5 months after age at 1st dose
DEN4CYD-2	9-16 years	9 years + 5 months	6 months	5 months after age at second dose
DEN4CYD-3	9-16 years	9 years +10 months	—	—
DTaP-1[e]	2 months	6 weeks	8 weeks	4 weeks
DTaP-2	4 months	10 weeks	8 weeks	4 weeks
DTaP-3	6 months	14 weeks	6-12 months[f]	6 months[f]
DTaP-4	15-18 months	15 months[f]	3 years	6 months
DTaP-5[g]	4-6 years	4 years	—	—
HepA-1[e]	12-23 months	12 months	6-18 months	6 months
HepA-2	≥18 months	18 months	—	—
HepB-1[h]	Birth	Birth	4 weeks-4 months	4 weeks
HepB-2	1-2 months	4 weeks	8 weeks-17 months	8 weeks
HepB-3[i]	6-18 months	24 weeks	—	—
Hib-1[j]	2 months	6 weeks	8 weeks	4 weeks
Hib-2	4 months	10 weeks	8 weeks	4 weeks

[Timing and Spacing of Immunobiologics | Vaccines & Immunizations | CDC]

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2025

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Children age 4 months through 6 years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months** A fifth dose is not necessary if the fourth dose was administered at age 4 years or older ***and*** at least 6 months after dose 3
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix), Vaxelis or unknown **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; **OR** if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; **OR** if both doses were PedvaxHIB and were administered before the 1st birthday	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks** if current age is younger than 12 months ***and*** previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); **OR** if current age is 12 months or older ***and*** at least 1 dose was administered before age 12 months	**8 weeks (as final dose)** This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	

Four 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 two different 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



Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
DTaP Not OK	DTaP Not OK	DTaP OK	DTaP OK	DTaP OK	DTaP OK	DTaP Due

Four Day Grace Period

Dose 1 given 1/01/2026

Minimum interval for dose 2 = 4 weeks

January 2026						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Grace period in which dose counts

Grace Period

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
DTaP Not OK	DTaP Not OK	DTaP OK	DTaP OK	DTaP OK	DTaP OK	DTaP Due

Day 1

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
Diphtheria, Tetanus, Pertussis 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
Polio 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
Measles, Rubella MMR	MMR	12/03/2019	Iowa Immunization Clinic
	MMR	12/05/2022	Iowa Immunization Clinic
Haemophilus influenzae type 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
Hepatitis 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
Varicella * Chicken Pox	Varicella	12/03/2019	Iowa Immunization Clinic
	Varicella	12/05/2022	Iowa Immunization Clinic
Pneumococcal 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
Meningococcal 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

Physician (MD, DO), Physician Assistant, Nurse, or Certified Medical Assistant

Date: 8/16/2024

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
Diphtheria, Tetanus, Pertussis 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
Polio 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
Measles, Rubella MMR	MMR	12/03/2019	Iowa Immunization Clinic
	MMR	12/05/2022	Iowa Immunization Clinic
Haemophilus influenzae type 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
Hepatitis 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
Varicella * Chicken Pox	Varicella	12/03/2019	Iowa Immunization Clinic
	Varicella	12/05/2022	Iowa Immunization Clinic
Pneumococcal 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
Meningococcal 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

Physician (MD, DO), Physician Assistant, Nurse, or Certified Medical Assistant

Date: 8/16/2024

On this example:

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 four-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 – 7th 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/DTP/ DT/Td/Tdap	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
	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 Tdap and Meningitis ACWY vaccine 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*.

Audit Tips

- Stamp or mark school age certificates 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
- Prepare resources to take with you or be able to access when performing the audit

Resources

- 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
- Licensed Child Care Immunization Requirements & School Immunization Requirements brochures
- CDC Minimum Ages and Intervals Chart
- CDC Immunization Schedule (including catch up schedules)

Resources, 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)

Completion

Upon completion of the audit, provide the school or licensed child care program a copy of the audit report. Be available to answer questions as needed.

Enter audit results into IRIS if not completed.

Entering Audit Results into IRIS & Data Entry Errors to Avoid

IOWA Health and Human Services

LPHA staff must review IRIS instructions

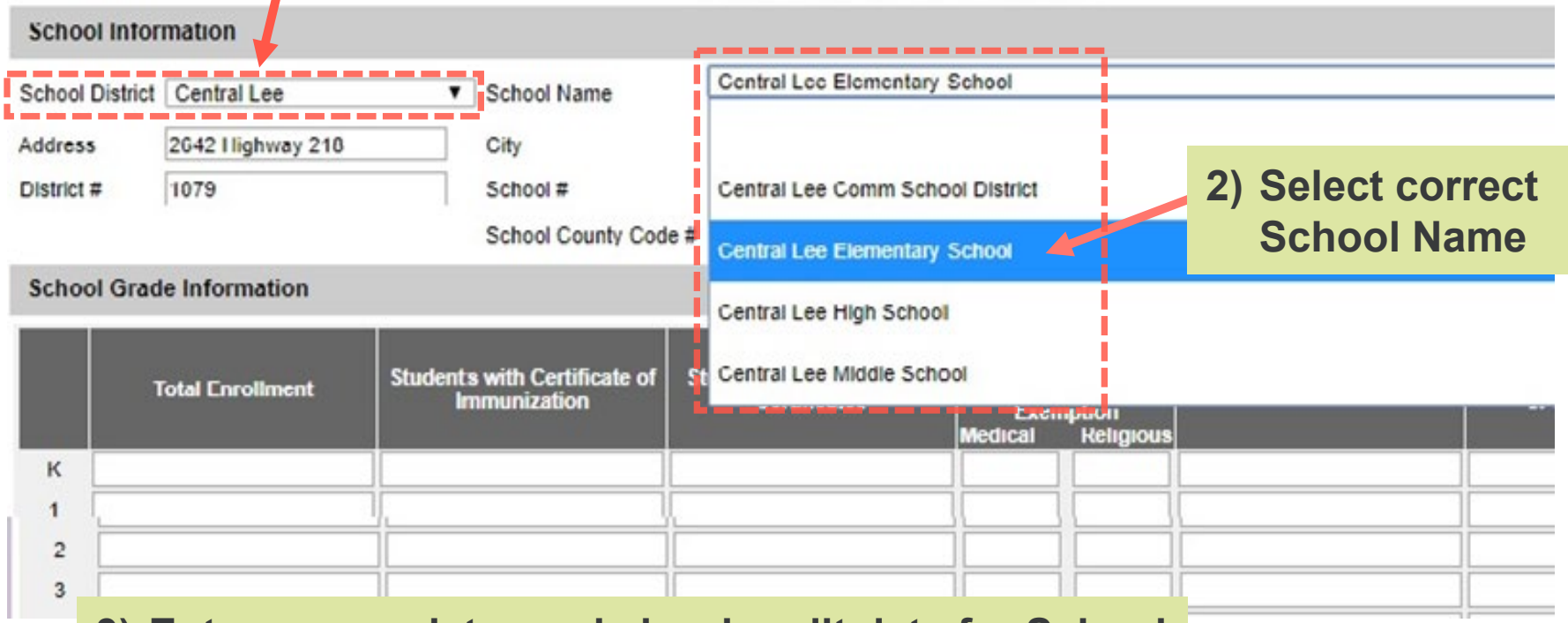
- To avoid common data errors, LPHA partners should review the 2026-2027 Immunization Audit Guide and IRIS instructions.
- Inappropriate reporting requires time-intensive follow up from Iowa HHS, and LPHAs will be asked to correct reporting errors.

Audit Data is Reported in IRIS

- 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 **IRISProgram@hhs.iowa.gov** for processing.
  - Current School Audit users do not need to resubmit an IRIS Authorized Site Agreement form.

Select the appropriate School Name:

1) Select School District Name



2) Select correct School Name

3) Enter appropriate grade level audit data for School

Enter Audit Data by Grade in the Correct School

- Enter school audit data under the appropriate school found in the School Name drop down menu.
- Review address information to confirm appropriate school.
- When multiple grades are in the same building, enter appropriate grade level audit data into the corresponding school name.

The school districts, school buildings and corresponding grades are available in the **Iowa Educational Directory**.

Report Home School Data in School District or Leave Blank



Do not report individual 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.*

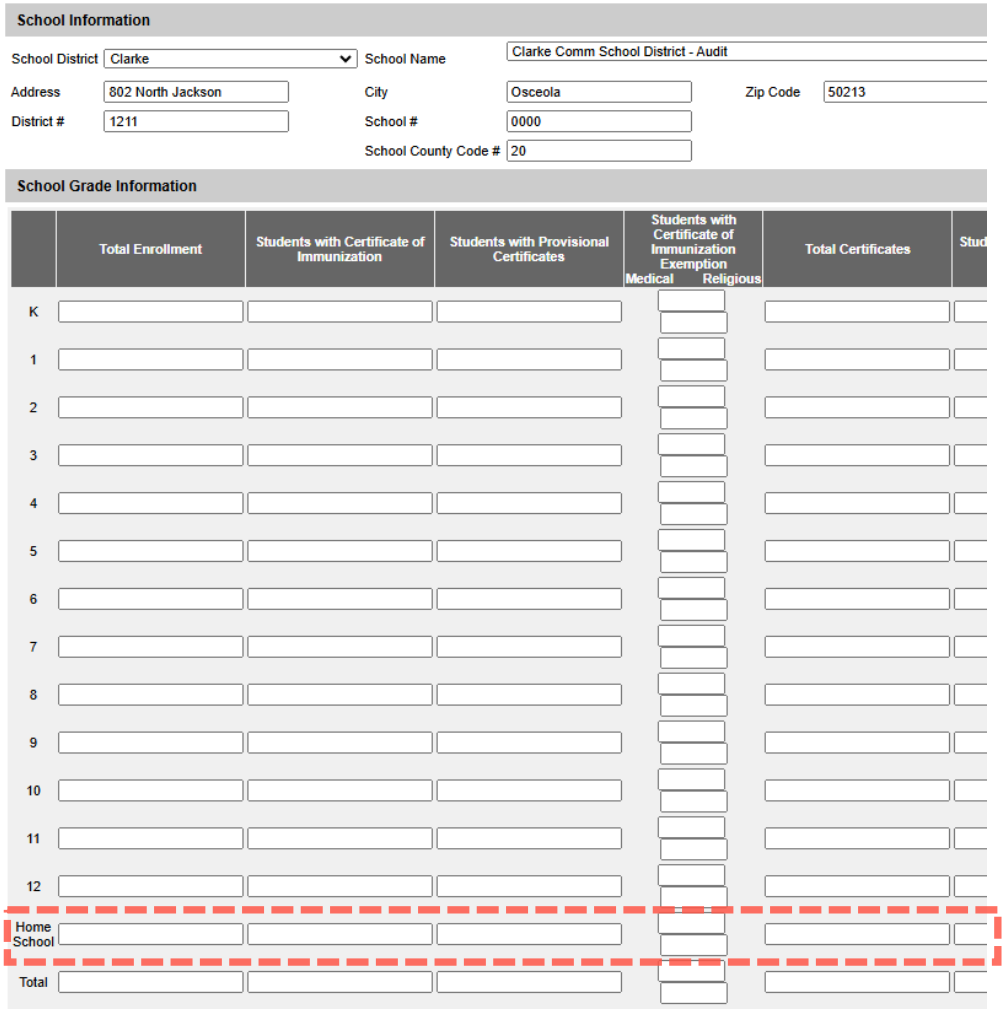
Home School Students: Competent Private Instruction (CPI)

- **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 Once

- 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

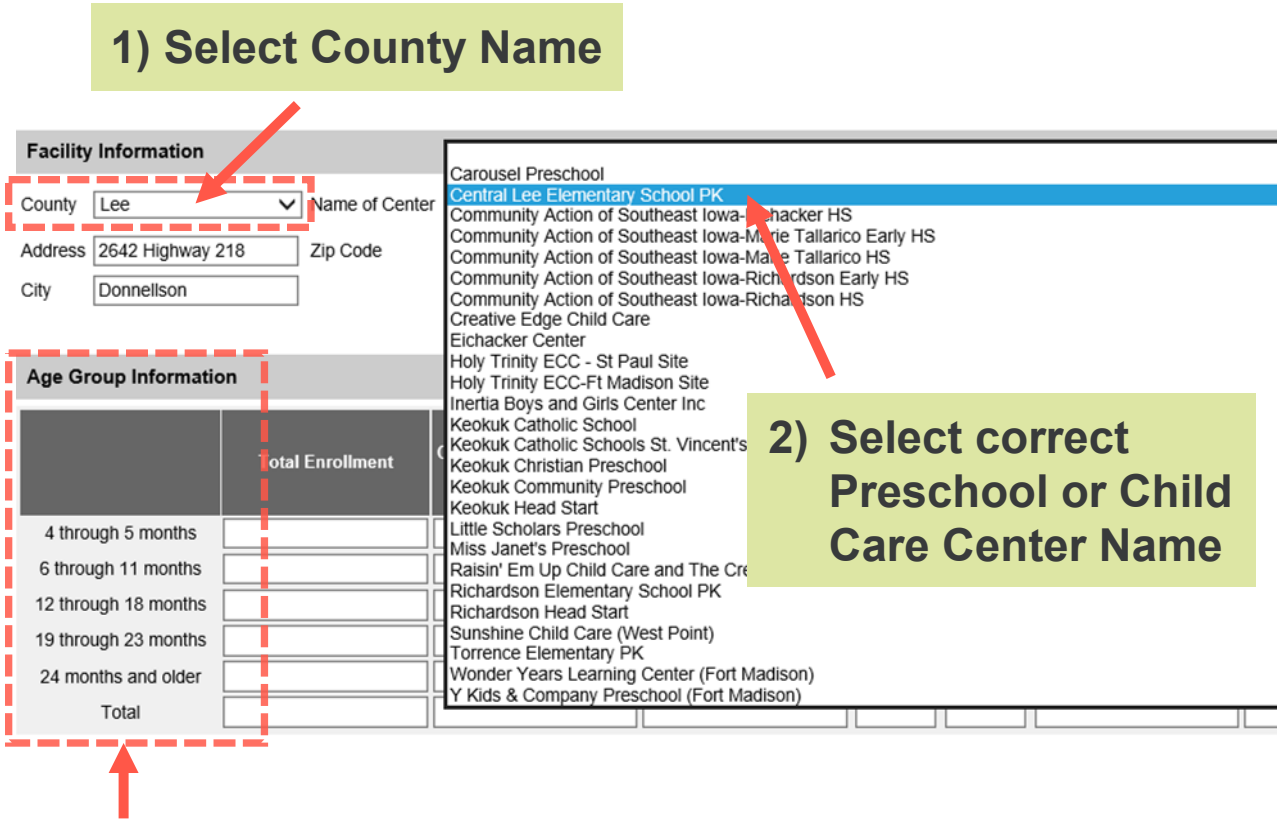
School District	Clarke	School Name	Clarke Comm School District - Audit		
Address	802 North Jackson	City	Osceola	Zip Code	50213
District #	1211	School #	0000		
		School County Code #	20		

School Grade Information

	Total Enrollment	Students with Certificate of Immunization	Students with Provisional Certificates	Students with Certificate of Immunization Exemption		Total Certificates	Stud
				Medical	Religious		
K							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Home School							
Total							

Entering Licensed Child Care and Preschool Data in IRIS

- Record data for preschool and license child care audits under *Child Care Audits*
- Select appropriate Center found in the *Name of Center* drop down menu



Enter Preschool Audit Data in Child Care Audit

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

- Preschool children should be assessed using Licensed Child Care Center requirements ≥ 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.

Audit school-aged children for school and licensed child care

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 ≥ 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 in the incorrect school.
- **Do not enter** grade level audit data for a School District.
- **Do not enter** home school student audit data in a school district and individual school.
- **Do not enter** school-based preschool audit data for a school.
- **Do not exclude** school age children in before or after-school child care program audits.
- **Do** check the school name and address prior to entering data.
- **Do** enter Home School records maintained at district office in a School District if applicable, **otherwise leave blank.**
- **Do** report aggregate home school data once, where the home school records are maintained.
- **Do** enter preschool data in the child care audit.
- **Do** audit *all* children enrolled in a licensed child care center.

School District Resource

https://educate.iowa.gov/directories

Iowa PK-12 Schools

Public

- **2026-27 Preliminary Iowa Public School District Directory (67 KB)** .xlsx 8-4-26 (final coming October 2026)
- **2026-27 Preliminary Iowa Public School Building Directory (244.25 KB)** .xlsx 8-4-26 (final coming October 2026)

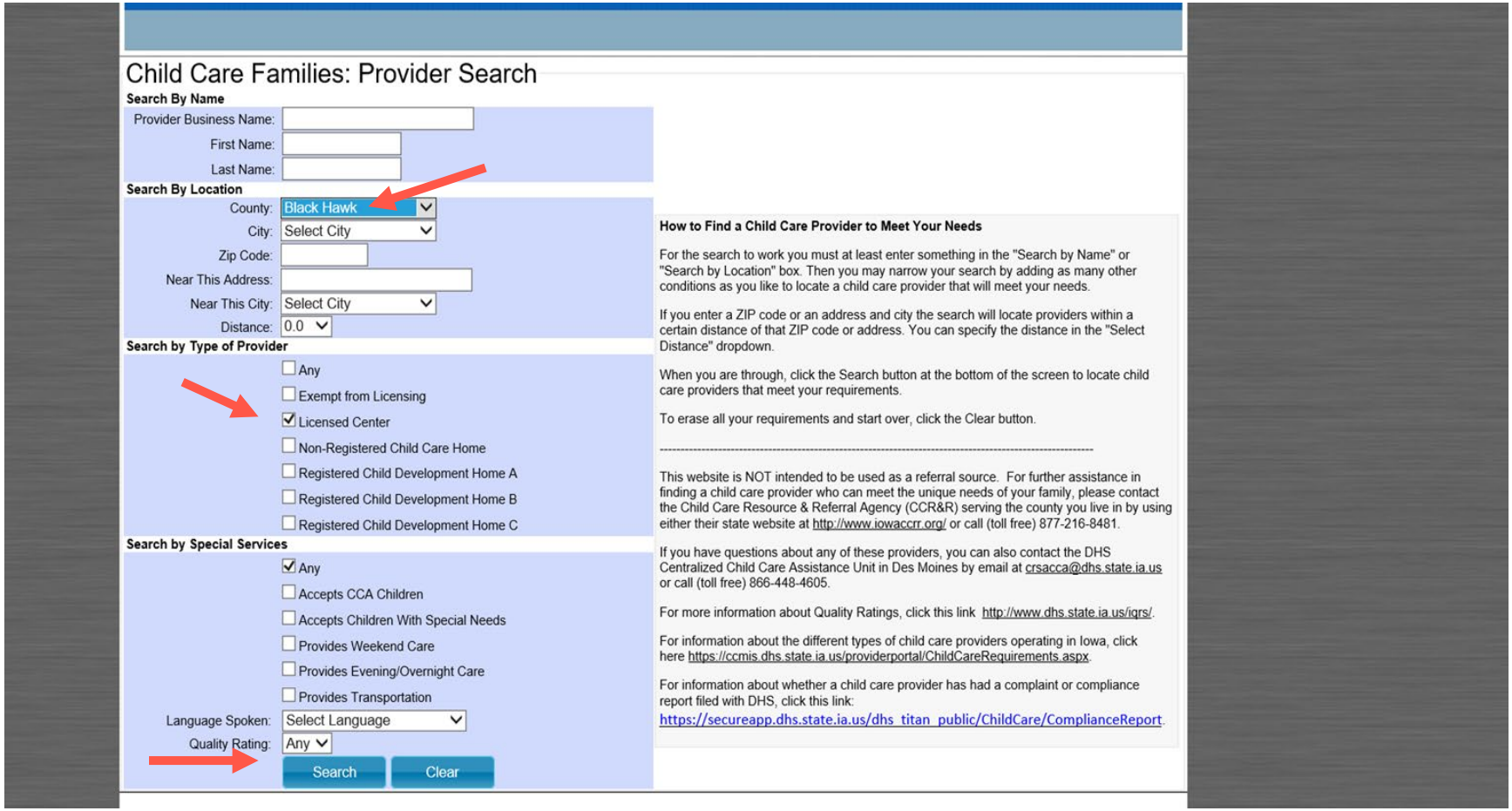
Nonpublic

- **2026-27 Preliminary Iowa Nonpublic School Building Directory (60.23 KB)** .xlsx 8-4-26 (final coming October 2026)

Iowa Educational Directory

Locate Licensed Child Care Resources

https://ccmis.dhs.state.ia.us/clientportal/ProviderSearch.aspx



Changes to Schools & Child Cares 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

Immunization Resources

Immunization Requirements

Iowa Code, Chapter 139a.8(6)

Iowa Immunization Administrative Code - Chapter 7

School Immunization Requirements Memo (121.73 KB) .pdf

Executive Order 10 - Frequently Asked Questions (1.03 MB) .pdf

Program Documents

Immunization Requirements Chart (245.88 KB) .pdf

Immunization Certificates

- Certificate of Immunization (219.18 KB) .pdf
- Certificate of Immunization Exemption-Medical (144.08 KB) .pdf
- Certificate of Immunization Exemption-Religious (116.71 KB) .pdf
- Provisional Certificate of Immunization (168.9 KB) .pdf
- Statement of Approval for Alternative Certificate of Immunization (161.44 KB) .pdf

Auditor Information

Audit Information - updated 8.6.2026

2026-2027 Immunization Audit Guide (1.07 MB) .pdf

2025-2026 Immunization Audit Training

2024-2025 Immunization Audit PowerPoint (3.15 MB) .pdf

School (66.74 KB) .pdf and Child Care Audit (65.03 KB) .pdf Forms

Iowa Educational Directory

Iowa HHS Licensed Child Care Centers

https://hhs.iowa.gov/health-prevention/vaccines-immunizations

Audit Materials Guide for Local Public Health Agencies



2026-2027 School and Licensed Child Care Immunization Audit Materials for Local Public Health Agencies

AUGUST 2026

IOWA | Health and Human Services

IOWA | Health and Human Services

TABLE OF CONTENTS

Executive Summary 2
Immunization Record Review – K-12 Schools 3
Immunization Record Review – Licensed Child Care 6
Audit Tips and Reminders 8
Immunization Registry Information System (IRIS) Reporting Instructions 10
Common Audit Errors to Avoid 20
Frequently Asked Questions 21

https://hhs.iowa.gov/health-prevention/vaccines-immunizations

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

IOWA Health and Human Services