



Rayna



PREVENT. PROMOTE. PROTECT.

Immunizations Unit

# Immunizations Unit School / Child Care Assessments and Compliance

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# Selection & Purpose

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The Texas Department of State Health Services (DSHS), Assessment, Compliance and Evaluation Group, randomly selects 20% of the licensed child-care centers and registered/licensed childcare homes in the regional area for a detailed immunization audit.



# Selection & Purpose

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On behalf of DSHS, the immunization audit team at Austin Public Health is tasked with conducting immunization compliance audits of the selected facilities in Travis County.

100% of the immunization records for each facility are audited to measure compliance with state immunization requirements. Compliance or non-compliance is reported to the Texas Health and Human Services Commission (HHSC) Childcare Licensing Division as part of an agreement between DSHS and HHSC to eliminate duplicative inspections of childcare facilities (HB 1555 of the 75<sup>th</sup> legislature).



# Audit Preparation

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## Upon receipt of the audit list from DSHS:

- Contact facility to inform of selection, provide audit overview & audit options (on site/in-office) audit
- Verify point of contact, enrollment count, age range of enrolled children, notification preference & ImmTrac the Texas Immunization Registry, a database with immunization records for Texas residents.
- Send official Intent to Audit letter via email/mail with current *Texas Minimum State Vaccine Requirements*. Facilities are given a deadline to respond to the letter.



# Audit Preparation

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## Once facility responds to the letter:

- Explain the audit process, answer questions and set the audit appointment date
- Discuss audit options (on site/in-office), documents needed and how documents will be sent (fax/mail)
- Discuss immunization record validation requirements
- Set a timeline for receipt of documents prior to the audit
- Email confirmation of appointment with additional resources.



# Day of Audit

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## Record review:

Acceptable vaccination records include those from State Immunization Registries, physician offices, or personal health records and must include:

- Date of birth
- Vaccination dates for each vaccine received (month, day & year)
- Validation of record to include the signature, initials or stamp of the physician or physician's designee or public health personnel for each vaccine on handwritten records
- Clinic/physician contact information and provider's signature/stamp for immunization records generated from electronic health record systems.

Valid (unexpired) State of Texas Exemption from Immunizations for Reasons of Conscience or a valid Medical Exemption document.



# 2024-2025

## Texas Minimum State Vaccine Requirements

### 2024 - 2025 Texas Minimum State Vaccine Requirements for Childcare and Pre-k Facilities

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements for childcare facilities by the Human Resources Code, Chapter 42.

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a childcare facility in Texas.

| Age at which child must have vaccines to be in compliance: | Minimum Number of Doses Required of Each Vaccine |             |                                 |  |   |   |                            |                                   |
|--|--|-------------|---------------------------------|--|---|---|----------------------------|-----------------------------------|
|  | Diphtheria / Tetanus / Pertussis (DTaP)          | Polio       | Hepatitis B (HepB) <sup>1</sup> | Haemophilus influenzae type b (Hib) <sup>2</sup> | Pneumococcal conjugate vaccine (PCV) <sup>3</sup> | Measles, Mumps and Rubella (MMR) <sup>1,4</sup> | Varicella <sup>1,4,5</sup> | Hepatitis A (HepA) <sup>1,4</sup> |
| Zero through two months                                    |  |             |                                 |  |   |   |                            |                                   |
| By three months  | One dose   | One dose    | One dose                        | One dose   | One dose  |   |                            |                                   |
| By five months   | Two doses  | Two doses   | Two doses                       | Two doses  | Two doses   |   |                            |                                   |
| By seven months  | Three doses                                      | Two doses   | Two doses                       | Two doses  | Three doses                                       |   |                            |                                   |
| By 16 months   | Three doses                                      | Two doses   | Two doses                       | Three doses                                      | Four doses  | One dose  | One dose                   |                                   |
| By 19 months   | Four doses                                       | Three doses | Three doses                     | Three doses                                      | Four doses  | One dose  | One dose                   |                                   |
| By 25 months   | Four doses                                       | Three doses | Three doses                     | Three doses                                      | Four doses  | One dose  | One dose                   | One dose                          |
| By 43 months   | Four doses                                       | Three doses | Three doses                     | Three doses                                      | Four doses  | One dose  | One dose                   | Two doses                         |

<sup>1</sup> Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.

<sup>2</sup> A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12 - 14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 - 59 months of age is in compliance with these specified vaccine requirements. Children 60 months of age and older are not required to receive Hib vaccine.

<sup>3</sup> If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required. Please reference the information below to assist with compliance:

- For children seven through 11 months of age, two doses are required.
- For children 12 - 23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
- Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, an additional dose is required. Children 60 months of age and older are not required to receive PCV vaccine.

<sup>4</sup> For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday. Vaccine doses administered within four days before the first birthday will satisfy this requirement.

<sup>5</sup> Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of child) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." The written statement will be acceptable in place of any, and all varicella vaccine doses required.



# Recommended and Catch-Up Immunization Schedules

## Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES  
2024

### Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule\*

| Monoclonal antibody   | Abbreviation(s)          | Trade name(s)   |
|---|--------------------------|---|
| Respiratory syncytial virus monoclonal antibody (Nirsevimab)                                    | RSV-mAb                  | Beyfortus™  |
| Vaccine   | Abbreviation(s)          | Trade name(s)   |
| COVID-19  | 1vCOV-mRNA               | Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine<br>Spikevax®/Moderna COVID-19 Vaccine |
|   | 1vCOV-aPS                | Novavax COVID-19 Vaccine  |
| Dengue vaccine  | DEN4CYD                  | Dengvaxia®  |
| Diphtheria, tetanus, and acellular pertussis vaccine  | DTaP                     | Daptace®<br>Daptrace®<br>Infanrix®  |
| <i>Haemophilus influenzae</i> type b vaccine  | Hib (PRP-T)              | ActHib®<br>Hiberix®<br>Pediax-HIB®  |
|   | Hib (PRP-OMP)            | Havrix®<br>Vaxta®   |
| Hepatitis A vaccine   | HepA                     | Engerix-B®<br>Recombivax HB®  |
| Hepatitis B vaccine   | HepB                     | Gardasil 9®   |
| Human papillomavirus vaccine  | HPV                      | Multiple  |
| Influenza vaccine (inactivated)   | IV4                      | FluMist® Quadrivalent   |
| Influenza vaccine (live, attenuated)  | LAIV4                    | M-M-R II®   |
| Measles, mumps, and rubella vaccine   | MMR                      | Priorix®  |
| Meningococcal serogroups A, C, W, Y vaccine   | MenACWY-CRM              | Menveo®   |
|   | MenACWY-TT               | MenQuadri®  |
| Meningococcal serogroup B vaccine   | MenB-4C                  | Bexsero®  |
|   | MenB-FHbp                | Trumenb®  |
| Meningococcal serogroup A, B, C, W, Y vaccine   | MenACWY-TT/<br>MenB-FHbp | Penbraya®   |
| Mpox vaccine  | Mpox                     | Jynneos®  |
| Pneumococcal conjugate vaccine  | PCV15                    | Vaxneuvance™  |
|   | PCV20                    | Prenvac 20®   |
| Pneumococcal polysaccharide vaccine   | PPSV23                   | Pneumovax 23®   |
| Poliovirus vaccine (inactivated)  | IPV                      | Ipol®   |
| Respiratory syncytial virus vaccine   | RSV                      | Abrysvo™  |
| Rotavirus vaccine   | RV1<br>RV5               | Rotarix®<br>RotaTeq®  |
| Tetanus, diphtheria, and acellular pertussis vaccine  | Tdap                     | Adacel®<br>Boostrix®  |
| Tetanus and diphtheria vaccine  | Td                       | Teniva®<br>Tchax™   |
| Varicella vaccine   | VAR                      | Varivax®  |
| Combination vaccines (use combination vaccines instead of separate injections when appropriate) |                          |   |
| DTaP, hepatitis B, and inactivated poliovirus vaccine   | DTaP-HepB-IPV            | Pediarix®   |
| DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine                  | DTaP-IPV/Hib             | Pentacel®   |
| DTaP and inactivated poliovirus vaccine   | DTaP-IPV                 | Kinrix®<br>Quadriacel®  |
| DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine     | DTaP-IPV-Hib-HepB        | Vaxelis®  |
| Measles, mumps, rubella, and varicella vaccine  | MMRV                     | ProQuad®  |

\*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

### How to use the child and adolescent immunization schedule

- 1** Determine recommended vaccine by age (Table 1)
- 2** Determine recommended interval for catch-up vaccination (Table 2)
- 3** Assess need for additional recommended vaccines by medical condition or other indication (Table 3)
- 4** Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)
- 5** Review contraindications and precautions for vaccine types (Appendix)
- 6** Review new or updated ACIP guidance (Addendum)

Recommended by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip)) and approved by the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), American Academy of Pediatrics ([www.aap.org](http://www.aap.org)), American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)), American College of Nurse-Midwives ([www.midwife.org](http://www.midwife.org)), American Academy of Physician Assistants ([www.aapa.org](http://www.aapa.org)), and National Association of Pediatric Nurse Practitioners ([www.napnaps.org](http://www.napnaps.org)).

### Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

### Questions or comments

Contact [www.cdc.gov/cdc-info](http://www.cdc.gov/cdc-info) or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays



Download the CDC Vaccine Schedules app for providers at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html)

### Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- ACIP Shared Clinical Decision-Making Recommendations: [www.cdc.gov/vaccines/acip-scdm-facts.html](http://www.cdc.gov/vaccines/acip-scdm-facts.html)
- General Best Practice Guidelines for Immunization (including contraindications and precautions): [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Vaccine information statements: [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): [www.cdc.gov/vaccines/pubs/surv-manual](http://www.cdc.gov/vaccines/pubs/surv-manual)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



CS10020-D

## Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2024

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.

| Vaccine   | Minimum Age for Dose 1                                     | Children age 4 months through 6 years   |   |  |  |
|---|--|---|---|--|--|
|   |  | 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 to at least 16 weeks after first dose<br>minimum age for the final dose is 24 weeks   |  |  |
| Rotavirus                                       | 6 weeks<br>Maximum age for first dose is 14 weeks, 6 days. | 4 weeks   | 4 weeks<br>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<br>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 |
| <i>Haemophilus influenzae</i> type b            | 6 weeks  | No further doses needed<br>if first dose was administered at age 15 months or older.<br>4 weeks<br>if first dose was administered before the 1 <sup>st</sup> birthday.<br>8 weeks (as final dose)<br>if first dose was administered at age 12 through 14 months.  | No further doses needed<br>if previous dose was administered at age 15 months or older.<br>4 weeks<br>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<br>8 weeks and age 12 through 59 months (as final dose)<br>if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR<br>if current age is 12 through 59 months and first dose was administered before the 1 <sup>st</sup> birthday and second dose was administered at younger than 15 months; OR<br>if both doses were Pediax-HIB and were administered before the 1 <sup>st</sup> birthday | 8 weeks (as final dose)<br>This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.  |  |
| Pneumococcal conjugate                          | 6 weeks  | No further doses needed for healthy children if first dose was administered at age 24 months or older.<br>4 weeks<br>if first dose was administered before the 1 <sup>st</sup> birthday.<br>8 weeks (as final dose for healthy children)<br>if first dose was administered at the 1 <sup>st</sup> birthday or after | No further doses needed for healthy children if previous dose was administered at age 24 months or older.<br>4 weeks<br>if current age is younger than 12 months and previous dose was administered at <7 months old<br>8 weeks (as final dose for healthy children)<br>if previous dose was administered between 7–11 months (wait until at least 12 months old); OR<br>if current age is 12 months or older and at least 1 dose was administered before age 12 months   | 8 weeks (as final dose)<br>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<br>if current age is <4 years<br>6 months (as final dose)<br>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<br>2 years/MenACWY-TT                 | 8 weeks   |   | See Notes  |  |
| Children and adolescents age 7 through 18 years |  |   |   |  |  |
| Meningococcal ACWY                              | Not applicable (N/A)                                       | 8 weeks   |   |  |  |
| Tetanus, diphtheria, and acellular pertussis    | 7 years  | 4 weeks   | 4 weeks<br>if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday<br>6 months (as final dose)<br>if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday   | 6 months<br>if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday  |  |
| Human papillomavirus                            | 9 years  | Routine dosing intervals are recommended.   |   |  |  |
| Hepatitis A                                     | N/A  | 6 months  |   |  |  |
| Hepatitis B                                     | N/A  | 4 weeks   | 8 weeks and at least 16 weeks after first dose  |  |  |
| Inactivated poliovirus                          | N/A  | 4 weeks   | 6 months<br>A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.  | A fourth dose of IPV is indicated if all previous doses were administered at <4 years OR if the third dose was administered <6 months after the second dose.   |  |
| Measles, mumps, rubella                         | N/A  | 4 weeks   |   |  |  |
| Varicella                                       | N/A  | 3 months if younger than age 13 years.<br>4 weeks if age 13 years or older  |   |  |  |
| Dengue  | 9 years  | 6 months  |   |  |  |



11/16/2023



# Audit Results

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An immunization record that is missing doses in any vaccine category or that does not meet the state requirement for a valid record is considered non-compliant (delinquent). At the end of the audit, non-compliant doses are balanced with the enrollment count and percentages are calculated for each vaccine category. The audit then goes through a quality assurance (QA) process for a second review.



# Audit Results

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## Compliant (> 95%):

- Close out audit, call the facility with results, mail/email letter of compliance to facility & childcare licensing.
- Provide the facility a list of non-compliant records (if any)
- Enter audit data in the electronic Child Health Reporting System (CHRS) and email report to the DSHS representative.



# Audit Results

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## Non-Compliant (< 95%):

- Prepare and provide a letter requesting updated records. The State allows 30 days for the facility to make corrections to our findings.
- Provide a list of delinquent records and what is needed for the record to be compliant
- Provide a notice directed to the parent of non-compliant children regarding the immunization audit and findings specific to their child.
- An immunization resource packet is provided including the required and recommended schedules
- A follow up audit in 30 days (2<sup>nd</sup> visit audit) to review updated records.



# Audit Results

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## 2<sup>nd</sup> visit Audit:

- Contact facility after 10 days of audit to confirm receipt of packet (if mailed).
- Contact again 10 days before deadline as a courtesy reminder.
- Once updated records are received, the facility is credited for any non-compliant doses/records with the updated record received.
- Update audit numbers with new records.
- Close audit after deadline, calculate new rate & notify facility of final results.

Letter is sent to facility and child-care licensing. Enter data in the electronic Child Health Reporting System (CHRS) and email report to the DSHS representative. If the facility remains non-compliant after the 2<sup>nd</sup> visit, a corrective action plan is implemented.



# 2023-2024 Audit Numbers

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- Licensed Child Care Centers – 49
- Licensed or Registered Family Homes – 17
- Schools – 22
  - Private – 12
  - Public – 10
- Validation Surveys - 8



# Education

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- The audit team train all Immunizations program staff on children vaccine requirements and record validation.
- Austin Public Health Immunizations and the Early Childhood Team collaborate to educate Travis county child care facilities all about audits, vaccine requirements and vaccine records.
- Training completed in person, virtual webinars or tabling at events
- Educate facilities that are audited



# Challenges

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- **Lack of education on Immunization requirements and audits/compliance**
- A Public Health educator for APH Immunizations that Pro-actively educates facilities, schools and the public:
  1. How to review and assess immunization records for compliance
  2. Education on what constitutes a valid record and immunization exemption forms (conscientious & medical)
  3. Advocate and educate on vaccine hesitancy and where to go for vaccines
  4. VFC (Vaccines for Children) outreach clinics at schools/childcare centers with high un-vaccinated children. VFC: Medicaid or uninsured children under 19



# RESOURCES

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- **CDC Vaccines & Immunizations home page**  
<https://www.cdc.gov/vaccines/>
- **Texas Department of State Health Services (DSHS)**  
<https://www.dshs.texas.gov/immunizations>
- **Austin Public Health Department – Immunization Program**  
<https://www.austintexas.gov/department/immunizations>





# THANK YOU!

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