Population Assessment Manual

Revised July 2018

Department of State Health Services Immunization Unit Assessment, Compliance, & Evaluation (ACE) Group
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Overview
POPULATION-BASED ASSESSMENTS

Texas Department of State Health Services (DSHS), Immunization Unit
Assessment, Compliance, and Evaluation (ACE) Group

Overview

The Centers for Disease Control and Prevention (CDC) Immunization Program Operations Manual (IPOM) lists population assessment as a vital component of a successful immunization program. Activities such as assessments to validate coverage reports received from schools and sample surveys to estimate immunization and exemption rates among child-care facility attendees help immunization programs evaluate progress toward immunization goals. The National Immunization Survey (NIS) provides immunization coverage data on children 19 - 35 months of age. Routine assessment of children entering school and child-care provide additional population data points. Achieving and maintaining 95% coverage of all Advisory Committee on Immunization Practices (ACIP) recommended pediatric vaccines remains a high priority.

DSHS submits an annual summary on compliance activities and coverage rates in schools to the CDC.

To comply with the Family Educational Rights and Privacy Act (FERPA), all data collected must be de-identified. Department of State Health Services (DSHS) and Local Health Department (LHD) personnel shall not record information such as name, social security number, address, or telephone number. However, for quality assurance purposes, the date of birth is requested.

The following summarizes immunization coverage assessments or surveys conducted in Texas:

1. **Child-Care Audit**

   An annual child-care audit will be conducted, in which Public Health Regions (PHRs) and LHDs review immunization records of 100% of children enrolled in a select set of licensed child-care centers (LCCC) and registered child-care homes (RCCH) – 25% of the facilities in the Public Health Region (PHR).

2. **School Audit**

   An annual school audit will be conducted in which PHRs and LHDs review a certain number of immunization records of children enrolled in a select set of schools.

3. **Annual Report of Immunization Status**

   An annual assessment of children in schools will be conducted, in which all schools review immunization records of all children who have entered, kindergarten and 7th grade to ascertain compliance with the Texas school vaccination law. This will be used to estimate the school’s immunization rate. Schools submit summary results to the DSHS Assessment, Compliance, and
Evaluation (ACE) Group in Austin via the web based Child Health Reporting System (CHRS).

4. Texas School Immunization Validation Survey

The Texas School Immunization Validation Survey will assess the reliability of the school-reported results of the Annual Report of Immunization Status. ACE staff will select schools for PHRs and LHDs to survey. A sample of student’s immunization records will be assessed for compliance with immunization requirements. The results of the survey will provide a statewide immunization compliance estimate that will be used to determine the validity of the school-reported Annual Report of Immunization Status results.

More detailed information for each type of assessment or audit is available in the corresponding section in this manual.

CONCEPTS: RECOMMENDATIONS AND REQUIREMENTS

Age–Appropriate

A child is age-appropriately vaccinated if, from birth, he or she has received all recommended vaccines at the age at which they are recommended.

Up-to-Date

A child’s vaccinations are up-to-date if he or she has received all the vaccines recommended for his or her age.

All children who are age-appropriately vaccinated are up-to-date, but not all children who are up-to-date are age-appropriately vaccinated.

Individual Children: Compliant or Covered

Immunization Compliance

A child is in compliance with immunization requirements if he or she has received all the vaccinations required for his or her age or has documentation or allowable exclusion from vaccination.

Vaccination Coverage

A child is “covered” according to immunization requirements if he or she has received all the vaccinations required for his or her age.

All children who are “covered” are also in compliance, BUT not all children who are in compliance are “covered”. Therefore, any child who is either “not compliant” or “not covered” is susceptible to disease.
EXCLUSIONS FROM COMPLIANCE

Below is the pertinent section of the Texas Administrative Code (TAC) regulating exemptions from immunization requirements.

**Title 25 Health Services Texas Administrative Code**  
**Rule § 97.62 Exclusions from Compliance**

Exclusions from compliance are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Children and students in these categories must submit evidence for exclusion from compliance as specified in the Health and Safety Code, §161.004(d), Health and Safety Code, §161.0041, Education Code, Chapter 38, Education Code, Chapter 51, and the Human Resources Code, Chapter 42.

1. To claim an exclusion for medical reasons, the child or student must present an exemption statement to the school or child-care facility, dated and signed by a physician (M.D. or D.O.), properly licensed and in good standing in any state in the United States who has examined the child or student. The statement must state that, in the physician’s opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or student or any member of the child’s or student’s household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

2. To claim an exclusion for reasons of conscience, including a religious belief, the child's parent, legal guardian, or a student 18 years of age or older must present to the school or child-care facility a completed, signed and notarized affidavit on a form provided by the department stating that the child’s parent, legal guardian, or the student declines vaccinations for reasons of conscience, including because of the person’s religious beliefs. The affidavit will be valid for a two-year period from the date of notarization. A child or student, who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by the commissioner of the department.

(A) A person claiming exclusion for reasons of conscience, including a religious belief, from a required immunization may only obtain the affidavit form by submitting a request (via online, fax, mail, or hand-delivery) to the department. The request must include the following information:

(i) full name of child or student;
(ii) child's or student's date of birth (month/day/year);
(iii) complete mailing address, including telephone number; and
(iv) number of requested affidavit forms (not to exceed 5).
Requests for affidavit forms must be submitted to the department through one of the following methods:

(i) written request through the United States Postal Service (or other commercial carrier) to the department at: DSHS Immunization Unit, Mail code 1946, P.O. Box 149347, Austin, Texas 78714-9347;

(ii) by facsimile to (512) 776-7544;

(iii) by hand-delivery to the department's physical address at 1100 West 49th Street, Austin, Texas 78756; or

(iv) via the department's affidavit request website at https://corequest.dshs.texas.gov/.

The department will mail the requested affidavit form(s) (not to exceed five forms per child or student) to the specified mailing address.

The department shall not maintain a record of the names of individuals who request an affidavit and shall return the original documents (when applicable) with the requested affidavit forms.

3. To claim an exclusion for armed forces, persons who can prove that they are serving on active duty with the armed forces of the United States are exempted from the requirements in these sections.

POLICY FOR HANDLING IMMUNIZATION EXEMPTION AFFIDAVIT FORMS DURING POPULATION ASSESSMENT

Policy Statement

DSHS is prohibited from maintaining any record of the names of individuals requesting an exemption affidavit form. All DSHS employees must adhere to this policy to maintain the confidentiality of individuals requesting exemption affidavit forms. All paper request forms are returned to the person listed at the address provided on the request form when official exemption forms are sent out.

Requirements for Handling Exemption Affidavit Forms during Population Assessment

In some cases, PHRs and/or LHDs may not be able to conduct an audit or assessment at the LCCC/RCCH. If this situation occurs, the LCCC/RCCH may make copies of the official exemption affidavit forms and mail the copies to the PHR or LHD.

PHRs and LHDs are prohibited from scanning, e-mailing, or otherwise sharing or maintaining copies of exemption affidavit forms.

The PHR or LHD must destroy all copies of exemption affidavit forms once the audit/assessment is complete.
Child-Care Audit
OVERVIEW – CHILD-CARE AUDIT

Timeline

- August to July annually.
- Survey assignments are mailed out in August.
- PHR data entry into CHRS due by July 15, 2019.

Purpose of Survey

Audits of children in selected LCCCs and RCCHs are conducted to measure facilities’ compliance with state immunization requirements.

Method of Survey

The child-care audit is conducted every year by PHR and LHD staff. The PHR/LHD will conduct a detailed audit of 20% of the facilities in the regional/local area, as assigned by the DSHS ACE Group in Austin. One hundred percent of the immunization records in the selected facilities will be assessed (not including children enrolled only in before or after school programming). If a facility is closed, DSHS ACE group should be contacted via email and a new facility will be assigned. The data will be recorded onto the Detail Report of Immunization Status, Child-Care Facilities form. A copy of the form is found in Section 1.6. The PHR or LHD will enter data on the web-based system CHRS at www.artximmunize.com. Your user ID and password will be the same as previous years. New users should email schoolimm@dshs.texas.gov for user ID and password.

Concepts regarding age-appropriate vaccination, up-to-date vaccination, vaccine compliance, and vaccination coverage are provided in the following sections of this manual.

Texas Health & Human Services Child-Care Licensing (CCL) and DSHS have developed a protocol to coordinate inspections and monitoring of LCCCs and RCCHs to eliminate duplicate inspections of immunization records. This protocol is required by House Bill 1555 of the 75th legislature.

This agreement requires DSHS auditors to notify the appropriate CCL regional office, in writing, of audit results within two weeks of the completion of the audit visit. If a facility is reported to be in compliance with the minimum state vaccine requirements for Texas children, CCL will not review that facility at the next scheduled inspection. If a facility is not in compliance after the follow-up visit conducted by DSHS, CCL will take action to assure that non-compliance is corrected. Sample letters are available in Appendix 2.

Please use the list of CCL regional offices on the CCL website that is listed in the child-care audit procedure section to make the required notifications. It is not necessary to address the letter to a facility’s specific licensing representative; CCL will distribute them to the appropriate person.
Roles & Responsibilities

Austin
- Establish timeline.
- Create/maintain manual.
- Provide technical assistance to PHRs.
- Import licensed facilities list file annually from CCL.
- Create standardized report forms for PHRs.
- Assist PHRs in analyzing data.

PHR
- Assign facilities to LHD staff. If a child-care facility is associated with the wrong county/PHR, please contact our Austin office as soon as the error is discovered.
- Provide technical assistance to the LHD.
- Routinely meet with CCL licensing staff to go over immunization requirements.
- Contact child-care facilities selected for audit.
- Conduct audits following DSHS audit procedures.
- Develop a remedial plan for LCCC/RCCH that are found to be <95% compliant.
- Notify CCL of audit results.
- Analyze data from audits conducted by both the PHR and LHDs.

LHD
- Routinely meet with CCL staff to go over immunization requirements and foster working relationships.
- Contact child-care facilities selected for audit.
- Conduct audits following DSHS audit procedures.
- Develop a remedial plan for LCCC/RCCH that are found to be <95% compliant.
- Notify CCL of audit results.

CHILD-CARE AUDIT PROCEDURE

Contacting LCCC/RCCH Administrators

1. Contact the directors of the LCCCs/RCCHs to be sampled concerning their participation in the audit. Plan how the audit will be conducted. If the audit will be done on-site, arrange the date and time for the visit. Inform the LCCC/RCCH director that the enrollment total for all children in the target age levels at the facility is needed. The enrollment totals should
include only children currently enrolled at these facilities. The total number should not include children that have moved and no longer attend the school. Inquire about how immunization records are stored (paper, electronic, or both).

2. Contact the Child-Care Licensing Representative (CCL Rep) in the area so they are aware of which facilities were selected for the audit and can assist them if needed. The contact information for the CCL Reps can be found at https://www.dfps.state.tx.us/Child_Care/Local_Child_Care_Licensing_Offices/default.asp.

3. Prior to visiting the facility, verify the facility is still open by looking on the HHSC CCL website at https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilitySearchDayCare.asp.

4. If the audit will be conducted on-site, spend a few minutes after arriving at the facility to explain the purpose of the survey with the director. Fill out as many sections of the Detail Report of Immunization Status form as possible prior to visiting the LCCC/RCCH or coordinate data collection through the mail. To comply with the Family Educational Rights and Privacy Act (FERPA), all data collected must be de-identified. DSHS and LHD personnel shall not record information such as name, social security number, address, or telephone number.

NOTE: Before determining a facility as a “non-responder,” three contact attempts must be made. If the facility does not respond to the attempts, the facility should be reported to CCL. Example wording can be found in the resources section of this document. Documentation regarding attempted contacts should be included in the non-responder audit report. The date, method of contact, address, telephone number, name of person contacted, and other notes should be included in the documentation.

Instructions for Conducting the Audit

1. Review one hundred percent of the immunization records in the selected facilities. The data can be recorded onto the Detail Report of Immunization Status, Child-Care Facilities form which is found in Appendix 1 of this manual or directly into the online system.

2. Provide a list of non-compliant children to the director.

3. The PHR/LHD will do a follow-up visit if a facility is below 95% compliance in any vaccine category and explain the results of the audit. If a child is still non-compliant, a referral shall be made to the HHSC Child-Care Licensing division.

4. The PHR will enter all data into CHRS. The PHR should not send copies of the child-care audits to ACE.

All data obtained using this methodology shall be kept at the PHR.
School Audit
OVERVIEW – SCHOOL AUDIT

TEXAS EDUCATION CODE CHAPTER 38. HEALTH AND SAFETY
SUBCHAPTER A. GENERAL PROVISIONS

§ 38.002. IMMUNIZATION RECORDS; REPORTING.

(a) Each public school shall keep an individual immunization record during the period of attendance for each student admitted. The records shall be open for inspection at all reasonable times by the Texas Education Agency or by representatives of local health departments or the Texas Department of State Health Services.

(b) Each public school shall cooperate in transferring students' immunization records to other schools. Specific approval from students, parents, or guardians is not required before transferring those records.

(c) TEA and the Texas Department of State Health Services shall develop the form for a required annual report of the immunization status of students. The report shall be submitted by all schools at the time and in the manner indicated in the instructions printed on the form.

Added by Acts 1995, 74th Leg., Ch. 260, § 1, eff. May 30, 1995.

Timeline

- August to July annually.
- Listing of public, charter or private schools to be audited are mailed out in August.
- Submit Detail Audit Report of Immunization Compliance via email (schoolimm@dshs.texas.gov) to DSHS ACE Group in Austin by July 15, 2019. Do not mail school audit reports to ACE.

Purpose of Survey

The DSHS ACE Group in Austin conducts an audit of a public, charter or private school to measure compliance with state immunization requirements.

In accordance with Section 38.002, Texas Education Code, public schools are required to maintain immunization records of students and make them available for review by LHD or DSHS staff.

Method of Survey

The DSHS ACE Group in Austin will assign public, charter and private school audits by using one or more of the following methods:

- 1st time non-responders
- >5% of student population delinquent on any vaccine
- >5% of provisionally enrolled students
DSHS ACE Group will assign individual schools and districts to be audited based on the audit criteria. To the extent possible, the same campuses should not be audited back to back. If the same school district or private school is audited two years in a row due to high provisional/delinquency rates, the auditor should meet with the school or district nurse and find out the reasons why there have been repeatedly low compliance.

If a charter or private school was audited last year, did not have a passing audit, and is on the audit list again this year; educational outreach should occur. The auditor should meet with the school or district nurse and find out the reasons why there has been repeatedly low compliance.

If a public school district was audited last year, did not have a passing audit, and is on the audit list again this year; the district will be audited again. However, the individual schools that will be audited were selected because of the immunization data reported on the *Annual Report of Immunization Status*. If the identified public school was audited last year, did not have a passing audit, and is on the audit list again this year; educational outreach should occur. The auditor should meet with the school or district nurse and find out the reasons why there has been repeatedly low compliance.

Along with finding out the reason(s) behind the low compliance rate, the auditor should provide more in-depth education. Education may include reviewing school vaccine requirements and defining commonly used terms on the *Annual Report of Immunization Status* such as provisional enrollment, delinquent, etc., as well as how to fill out the *Annual Report of Immunization Status*. The findings of the visit should be compiled into a short summary and emailed to schoolimm@dshs.texas.gov.

The audit lists that are distributed to each PHR will identify the audit category for each school on the list.

**Roles & Responsibilities**

**Austin**

- Establish timeline.
- Provide technical assistance to PHR.
- Provide line listings of public ISDs, individual public schools, and charter and private schools to be audited.
- Create standardized report forms for PHR.
- Contact the Texas Education Agency (TEA) and the Texas Private School Accreditation Commission (TEPSAC) about facilities that did not agree to conduct a school audit.

**PHR**

- Assign school audits to LHD staff. If a school is associated with the wrong county/PHR, please contact our Austin office as soon as the error is discovered.
- Provide technical assistance to LHD staff.
• Assign deadlines for audits to be completed.
• Contact school administrators prior to audit.
• Conduct audit.
• Follow DSHS audit procedures.
• Analyze data.

LHD
• Contact school administrators prior to audit.
• Conduct audits.
• Follow DSHS audit procedures.
SCHOOL AUDIT PROCEDURE

Preparing for School Audit: Contacting Public, Charter or Private Schools

1. Review the line list distributed by the DSHS ACE Group in Austin.
   a. Facilities identified as non-responders should be contacted in the fall so that the PHR or LHD staff can provide reminders and/or guidance on the Annual Report of Immunization Status.

2. Plan how the audit will be conducted. Will it be done on-site, through the mail, or electronically?

3. Contact the school administrators. If the audit will be done on-site, arrange the date and time for the visit.

4. Facilities that do not cooperate: please make two documented attempts to contact the school administrator regarding the audit. If a facility does not respond, please make an in-person visit. If the facility refuses to participate in the audit, please make a note on the Detail School Audit Report form (Appendix 4) and notify DSHS Central Office staff via email at schoolimm@dshs.texas.gov (who will then contact TEA or TEPSAC).

5. If a school is no longer operational, please note on the Detail School Audit Report form.

Instructions for Sampling Public, Charter or Private School Records

1. Randomly pull 100 records from the elementary school, 100 records from the middle/junior high school, and 100 records from the high school for the identified public ISD, charter or private school. Remember, these records need to be DE-IDENTIFIED and RANDOMLY selected — Central Office has received reports of school staff “cherry-picking” records with good immunization coverage. “Cherry picking” refers to only auditing student records with good immunization coverage. The sampling worksheet that was used should be included in the audit report. The CoCASA Random Generator should be used in making the random selection. Please refer to pages 29-31 for instructions.
   ○ If a school has less than 100 students, audit all records at that school.

2. Due to the variation in charter and private schools, a clear definition of a charter or private school is hard to identify. If possible, the same sampling method should be used as in public schools (100 records for elementary, 100 records for middle/junior high, and 100 record for high school). Please refer to the following grade break-down:
   - Elementary School: Pre-K through 5th Grade
   - Middle/Junior High: 6th - 8th Grades
   - High School: 9th - 12th Grades.
Example: A charter or private school has K – 8th grades, with K – 5th grades (elementary) total enrollment of 150 and 6th – 8th grades (middle school) total enrollment of 80. Randomly select 100 records for the K – 5th grade audit. For 6th – 8th grades audit all 80 records for a total of 180 records. The results should be noted on the corresponding page of the Detail Audit Report form.

Example: An elementary school has 100 children. Ten of these children are pre-kindergarten students. The elementary school page of the Detail Audit Report form should read “Number of Records Reviewed: 100” for every vaccine except PCV and Hib, which are pre-K only. These columns would only have “Number of Records Reviewed: 10.”

Example: A middle school has 90 children: 30 children in 6th grade, 7th grade, and 8th grade. The Detail Audit Report form should reflect all 90 children for all vaccines except for MCV4. MCV4 should only reflect the 7th and 8th grade students (60).

3. If an individual grade or grades at an identified school are assigned to be audited, randomly pull 100 records from the specified grade. Remember, these records need to be DE-IDENTIFIED and RANDOMLY selected — Central Office has received reports of school staff “cherry-picking” records with good immunization coverage. “Cherry picking” refers to only auditing student records with good immunization coverage. The sampling worksheet that was used should be included in the audit report. The CoCASA Random Generator should be used in making the random selection. Please refer to pages 29-31 for instructions.

   • If a grade has less than 100 students, audit all records for that grade.


   • The assessment date is the date the audit is being conducted.
   • Using the assessment date of the audit, assess records for compliance using the Texas Minimum State Vaccine Requirements for Students. See the Resources Section.
   • The “number of records reviewed” should reflect the number of students in the campus to whom the requirement applies.
   • Compliance rates cannot be greater than 100%.
   • Provide feedback to schools on non-compliant children who need immunizations.

Submission of School Audit Report to the DSHS Regional or Austin Office

Please save the audit data by the facility name before emailing it to schoolimm@dshs.texas.gov. Submit completed Detail School Audit Report of Immunization Compliance form to DSHS ACE Group in Austin by July 15, 2019.
Annual Report of Immunization Status
OVERVIEW - ANNUAL REPORT OF IMMUNIZATION STATUS

In accordance with Section 38.002, Education Code and 25 TAC §97.71, all public school districts, accredited charter and accredited private schools must complete the Annual Report of Immunization Status each year. The purpose of this report is to monitor compliance with the Texas immunization requirements outlined in 25 TAC §§97.61-97.72.

Timeline

- September to December annually.
- The common assessment date for the survey is the last Friday in October: October 26, 2018.
- School nurses will complete data entry into CHRS by the second Friday in December:
- December 14, 2018.

Purpose of Survey

Texas reviews immunization records of children entering schools each year to monitor compliance with the Texas Minimum State Vaccine Requirements for Students Grades K - 12. The Annual Report of Immunization Status is sent to each public Independent School District (ISD), accredited charter school and accredited private school in Texas by the DSHS ACE Group in Austin. The data is self-reported by each public ISD, charter, and private school. Results of the data are submitted to the CDC each April.

Copies of the current Texas Minimum State Vaccine Requirements for Students Grades K - 12 and Texas Minimum State Vaccine Requirements for Child-Care and Pre-K Facilities are provided in Appendices 7 and 8.

Survey Methodology

An annual survey of immunization status is mailed to public, charter and private schools throughout Texas to collect the immunization status of children and the number of conscientious exemption affidavit forms filed at the public ISD, charter or private school level. Data for the number of conscientious and medical exemptions for each vaccine are also collected.

All reports must be submitted by school staff online through CHRS. Mailed, faxed, hand-delivered, or emailed reports will not be accepted. Schools that submit paper copies of the report are contacted by Central Office staff and are instructed to submit the report online. Reports that are submitted via fax, mail, or email only will not be included in Annual Report of Immunization Status results.

After the online system is available, School Compliance staff will generate a list every two weeks of non-responders and email the list to PHR staff. PHR staff will need to contact the public ISD, charter and private schools on the list and inform them that it is a requirement to report the immunization status annually.
Roles & Responsibilities

Austin

- Establish timeline.
- Conduct mail-out of Annual Report to public, charter and private schools in Texas.
- Provide technical assistance to PHR staff and school nurses.
- Generate non-responder lists throughout the reporting window.
- Analyze data.
- Report data.

PHR

- Assist Austin staff in contacting public, charter and private schools for survey submission to Austin.
- Provide technical assistance to school nurses and LHD staff.
- Review and distribute non-responder lists to LHD throughout reporting window.
- Contact facilities on the non-responder list throughout the reporting window.

LHD

- Provide technical assistance to school nurses.
- May assist PHR in contacting public, charter and private schools for survey submission to Austin.
- Contact facilities on the non-responder list throughout the reporting window.

A copy of the 2018 - 2019 Annual Report of Immunization Status and the instructions for completion are available in Appendix 5 and 6, respectively.
OVERVIEW - TEXAS SCHOOL IMMUNIZATION VALIDATION SURVEY

Timeline

- September through February annually.
- The assessment date for the survey is the last Friday in October.
- For the 2018-19 school year, the CoCASA transfer files are due to the DSHS ACE Group in Austin by March 1, 2019.

Purpose of Survey

The Texas Immunization Cooperative Agreement with the CDC requires DSHS to annually validate the school-reported immunization coverage levels. The Texas School Immunization Validation Survey is a school-based survey developed to assess the results of the Annual Report of Immunization Status for reliability, which consists of school-reported immunization compliance data from Texas public ISDs, accredited charter and accredited private schools. The validation survey authenticates the statewide immunization compliance levels for kindergarten and 7th grade students attending Texas schools (both public and private).

Method of Survey

The DSHS ACE Group in Austin provides the sampling list of schools to each PHR. PHR and LHD personnel conduct the survey based on jurisdictional responsibility. Assigned facilities will be provided by email to the PHR offices in Excel workbooks from DSHS ACE Group. It is the responsibility of the PHR/LHD conducting the survey to work with the school nurse or the ISD Public Education Information Management System (PEIMS) coordinator to obtain de-identified immunization records.

Once the data collection phase has been completed an e-mail containing the CoCASA records will be sent to DSHS ACE Group in Austin. DSHS ACE Group epidemiologists will analyze the data collected. Results will be distributed to DSHS Regional Immunization Program Managers and will also be posted on the DSHS Immunization Unit website at http://www.dshs.texas.gov/immunize/coverage/validation.shtm.

Participation by schools in the survey is voluntary. However, before accepting refusal from a school, the purpose and public health benefits of the survey should be discussed with school officials.

Roles & Responsibilities

Austin

- Establish timeline
- Conduct sampling
• Create/maintain manual
• Provide technical assistance to PHRs
• Submit validation listing to PHRs
• Analyze and report data

PHR
• Ensure receipt of school listing from Austin
• Assign facilities to LHD staff
• Provide technical assistance to LHD staff
• Contact school administrators prior to survey
• Conduct survey
• Follow DSHS survey procedures
• Complete survey by deadline established by DSHS ACE Group in Austin

LHD
• Contact school administrators prior to survey
• Conduct survey
• Follow DSHS survey procedures
• Complete survey by deadline established by PHRs

Questions regarding the survey may be directed to Imm.Epi@dshs.texas.gov.

VALIDATION SURVEY PROCEDURE

Preparing for the Survey: Contacting School Administrators

1. Review line list distributed by DSHS ACE Group in Austin.

2. Contact the school administrators in writing at the schools that will be sampled concerning their participation in the survey. Plan how the survey will be conducted. Will it be done on-site, electronically/virtually, or through the mail? If the survey will be done on-site, arrange the date, and time for the visit. **Tell the school the enrollment total for all students in the target grade level at the school will be needed. The enrollment totals should include only students currently enrolled at these schools.** Enrollment totals should not include students that have moved or transferred to another school. Inquire about how their records are stored (paper, electronic, or both). Make sure the school or the district PEIMS Coordinator has a sequentially numbered roster of active students or can generate a numbered roster of active students in the target grade level at the selected schools. Two copies are needed. One copy
contains personal identifiers (such as student’s name) and the other copy has had all identifiers removed except date of birth. The school nurse or PEIMS Coordinator will keep the roster that contains the personal identifiers and give the copy containing only the dates of birth to the reviewer. To maintain compliance with FERPA, the reviewer cannot view the names of the students at any time during the survey. If a numbered roster isn’t available, then an alternative sampling method will need to be used. Details concerning the sampling procedure are addressed following this section under Instructions for Sampling School Records.

3. Fill out as many sections on the sampling worksheet (Appendix 12) as possible prior to visiting the school, or coordinate data collection through the mail. These sections include the name of the school, address, and class (Kindergarten or 7th), and the name and contact information for the health department personnel who will conduct the survey. If available at this time, record the enrollment total for the target grade on the sampling worksheet.

4. If the survey is conducted on-site, be sure to explain the purpose of the survey with the school administrator and/or school nurse.

Instructions for Sampling School Records

1. Ensure that the school nurse or PEIMS Coordinator has the numbered student roster generated before completing these steps. Two copies are needed. One copy contains personal identifiers (such as student’s name) and the other copy has had all identifiers removed except date of birth. The enrollment number that was provided for the target grade should match the total on the roster. The school nurse or PEIMS Coordinator will keep the roster that contains the personal identifiers and give the copy containing only the dates of birth to the reviewer. It is important that both numbered lists are generated at the same time and both match up correctly. For example, the number 10 student on both lists should be the same person. This procedure will allow the reviewer to be relatively assured the immunization records of the students sampled for the survey are the ones pulled, while maintaining compliance with FERPA. A photocopy of the numbered roster can also be made and the names and the other identifiers blacked out and given to the reviewer if one cannot be generated electronically. If the survey is to be done on-site, have the school generate these lists prior to the reviewer’s visit. If record collection is by mail, have them send the reviewer the numbered roster removed of all personal identifiers except date of birth.

If a numbered roster cannot be generated and the school maintains a card file of immunization records, an alternative sampling method must be used. Have the school nurse take the total number of cards in the file and starting at one end, count the cards until the first card corresponding to the first random number generated by CoCASA’s Random Number Generator is reached, and pull that card. Continue from that point until all the cards corresponding to the random numbers have been pulled. There should be 100 cards pulled for public schools and 24 cards pulled for charter and private schools. If there are fewer than 100 or 24 students enrolled, then all student records should be used. The school nurse will need to make copies of the cards and black out names, phone numbers, addresses, social security numbers, or any other identifiers (except date of birth) on the photocopies before providing them to the reviewer.
2. Using CoCASA’s Random Number Generator, generate a list of random numbers using the number of enrolled students in the class as the population/cluster size. It is important to use a current enrollment total to prevent a number being picked that does not correspond to a student’s record because the student moved, etc. **If necessary, contact the school to get a current enrollment total for the grade (Kindergarten or 7th grade).** For public schools the sample size is 100. **If there are fewer than 100 students, then all students are selected for the sample.** For charter and private schools the sample size is 24. **If there are fewer than 24 students in the grade, then all students are selected for the sample.**

To use the Random Number Generator in CoCASA to select the student records to be reviewed, follow these steps:

- Double-click on the CoCASA for Windows icon.
- Choose the Assessment Tools menu.
- Click once on the Random Number Generator.
- Type in the total number of students in the selected grade (determined in step #1) in the space next to **Size of total population to be sampled.**
- Type in 100 or 24 in the space next to **Desired Sample Size.**
- Click on the Calculate button (it will be active once the sample information is entered). Click on Print to print out the numbers produced by the random number generator or write down these numbers on the sampling worksheet if a printer is not accessible.

**NOTE:** For public schools, the only time less than 100 children are selected is when the total enrollment is less than 100, this also applies to the 24 records for charter and private school validations. Closing the print window should automatically close the random number generator. If not, use the Cancel/Close button on the random number generator to exit. Attach the random number listing to the sampling worksheet (Appendix 12). Working from the numbered roster with the dates of birth, write down the 100 numbers and their corresponding date of birth that match to the numbers generated from the random number generator.

3. Provide the school nurse with a copy of the completed sampling worksheet so that they can pull the records of students corresponding to the numbers on their copy of the roster. Or as an
alternative, the reviewer may highlight them on a copy of the roster provided. However, the sampling worksheet should still be completed.

Instructions for Obtaining Immunization Histories and Entering Records

1. If the survey is done on-site, the school nurse will need to pull the records, photocopy them, and black out the names and social security numbers on all copies. If the survey is coordinated through the mail, the school nurse will obtain the immunization records of the students selected for the survey and mail them to the reviewer. The school may provide records electronically or on paper.

Collection of the following information is required:

- Student’s date of birth
- Dates of DTP/DTaP/DT/Td/Tdap doses
- Dates and brand(s) (if available) of Hib doses
- Dates of Polio doses
- Dates of Hepatitis B doses
- Dates of Hepatitis A doses (if applicable)
- Dates of MMR doses
- Dates of Meningococcal doses
- Date of Varicella doses
- History of Varicella disease
- Any Exemptions (medical, religious, or conscientious)

**Remember to de-identify confidential information.** If confidential information, such as name is included, be sure to check the Scramble Patients Name field prior to exporting the file. If paper records are being sent, then names and social security numbers should be blacked out on each record.

2. Referring to the sampling worksheet or roster, double check to make sure the correct records were pulled based on the date of birth. Contact the school nurse if you notice any discrepancies.

Refer to **Appendix 10: CoCASA Instructions** for instructions on entering records in CoCASA.

**NOTE:** Vaccination dates after the assessment date **cannot be** entered into CoCASA. When conducting the survey, please do not include students who have left the school prior to this date.

**Saving Validation Survey Data Files for Submission to the DSHS PHRs or DSHS ACE Group in Austin**

After all of the vaccination histories have been entered into CoCASA, save all data files prior to sending them on. If sending from a LHD, save the data and submit it via an email attachment to
the DSHS PHR office. If sending from a DSHS PHR office, consolidate the data from each local department and submit via email attachment to the DSHS ACE Group. Please include all sampling worksheets and the completed data quality checklist (Appendix 11) in the email attachments. It is not necessary to send copies of the child immunization records.

DSHS ACE Group email address: Imm.Epi@dshs.texas.gov

Refer to Appendix 10: CoCASA Instructions for instructions on exporting and backing up CoCASA data.
Appendices
Appendix 1:

Detail Report of Immunization Status, Child-Care Facilities, 2018-2019 Audit Cycle
<table>
<thead>
<tr>
<th>Vaccine Age Group and Types</th>
<th># Doses Required</th>
<th># Enrolled in Age Group</th>
<th># With Required Doses</th>
<th>EXCLUSIONS</th>
<th>Date of Follow-up Visit:</th>
<th># Enrolled in Age Group</th>
<th># With Required Doses</th>
<th>EXCLUSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By 3 months (3 - 4 months)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis / Diphtheria, Tetanus / Diphtheria, Tetanus, Pertussis (DTaP/DT/DTP)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus influenza</em> type b (Hib)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Polio</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 5 months (5 - 6 months)</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis / Diphtheria, Tetanus / Diphtheria, Tetanus, Pertussis (DTaP/DT/DTP)</td>
<td>2</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV)</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 5 months (5 - 15 months)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus influenza</em> type b (Hib)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>1 or 2 doses (See footnote #1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Texas Department of State Health Service, Immunization Unit
### Detail Report of Immunization Status, Child-Care Facilities 2018-2019 Audit Cycle

### Continued from previous page

<table>
<thead>
<tr>
<th>Vaccine Age Group and Types</th>
<th># Doses Required</th>
<th># Enrolled in Age Group</th>
<th># With Required Doses</th>
<th>EXCLUSIONS</th>
<th>Date of Initial Visit:</th>
<th>Date of Follow-up Visit:</th>
<th>EXCLUSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Medical</td>
<td>Conscientious</td>
<td>Medical</td>
<td>Conscientious</td>
</tr>
<tr>
<td><strong>By 5 months (5 - 18 months)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 7 months (7 - 15 months)</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV)&lt;sup&gt;2&lt;/sup&gt;</td>
<td>2 or 3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 7 months (7 - 18 months)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DTαP/DT/DTP</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 16 months (16 - 59 months)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b (Hib)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>1, 2, 3, or 4 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV)&lt;sup&gt;2&lt;/sup&gt;</td>
<td>1, 2, 3, or 4 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 16 months (&gt;16 months)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 19 months (&gt;19 months)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis / Diphtheria, Tetanus / Diphtheria, Tetanus, Pertussis (DTαP/DT/DTP)</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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Vaccines administered ≤4 days before the minimum interval or age are counted as valid.

1 A complete Hib series is 2 doses plus a booster dose on or after 12 months of age (3 doses total). If a child receives the first dose of Hib vaccine at 12 – 14 months of age, only one additional dose is required (2 doses total). Any child who has received a single dose of Hib vaccine on or after 15 months of age is in compliance with these specified vaccine requirements.

2 If the PCV series is started when a child is 7 months of age or older, then all 4 doses are not required.

<table>
<thead>
<tr>
<th>Age (in Months)</th>
<th>Number of Doses Required for Pneumococcal Vaccine (PCV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-11</td>
<td>Three doses OR Two doses if a child received the first dose between 7 - 11 months of age.</td>
</tr>
<tr>
<td>12-23</td>
<td>4 doses are required with one dose on or after 12 months of age for children who have received 3 doses prior to 12 months of age. Three doses are required with one dose on or after 12 months of age for children who have received 1 or 2 doses prior to 12 months of age. Two doses required for unvaccinated children 12 - 23 months of age.</td>
</tr>
<tr>
<td>24-59</td>
<td>One additional dose is required for unvaccinated children or those who have not received at least 2 doses with one on or after 12 months of age. One additional dose is required for children who have received at least 2 doses with one of these on or after 12 months of age. No additional doses are required for children who have received their first dose at 24 - 59 month of age.</td>
</tr>
</tbody>
</table>

Vaccines administered ≤4 days before the minimum interval or age are counted as valid.
## Calculation of immunization and compliance levels for initial and follow-up visits

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Hepatitis B</th>
<th>DTP/DTaP/DT</th>
<th>Hib</th>
<th>PCV</th>
<th>Polio</th>
<th>MMR</th>
<th>Varicella</th>
<th>Hepatitis A</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 = INITIAL VISIT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#2 = FOLLOW-UP VISIT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. # ENROLLED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. # W/REQUIRED DOSES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. # W/EXCLUSIONS</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. IMMUNIZATION LEVEL (B/A) / * 100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. COMPLIANCE LEVEL [(B+C)/A] * 100</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Appendix 2:

Sample Letters
SUGGESTED TEXT FOR CHILD-CARE FACILITIES THAT ARE IN COMPLIANCE

[DATE]

Texas Health and Human Services Commission (HHSC)
Child-Care Licensing Division
[ADDRESS]
[CITY, STATE, ZIP]

RE: Facility in Compliance

Dear Program Administrator:

On [DATE], [FACILITY NAME], was audited by Department of State Health Services (DSHS) staff to measure the facility’s compliance with the minimum state vaccine requirements for Texas children. The immunization levels found at that audit exceeded 95% for each vaccine and the facility is in compliance with these requirements.

We are notifying you of this as part of the agreement reached between DSHS and Texas Health and Human Services Commission (HHSC) to eliminate duplicative inspections of child-care facilities, as required by HB 1555 (75th legislature).

For further information about this audit, please contact [AUDITOR/PROGRAM MANAGER] at [AREA CODE & PHONE NUMBER].

Sincerely,
SUGGESTED TEXT FOR CHILD-CARE FACILITIES THAT ARE IN COMPLIANCE AFTER TWO VISITS

[DATE]

Texas Health and Human Services Commission (HHSC)
Child-Care Licensing Division
[ADDRESS]
[CITY, STATE, ZIP]

RE: Facility in Compliance after Two DSHS Visits

Dear Program Administrator:

On [DATE], [FACILITY NAME], was audited by Department of State Health Services (DSHS) staff to measure the facility’s compliance with the minimum state vaccine requirements for Texas children. The immunization levels found at that audit were below 95% for one or more vaccines and the facility was out of compliance with the requirements. A second visit was scheduled on [DATE]. At that visit, the auditor found that the deficiencies had been corrected and the facility is now in compliance.

We are notifying you of this as part of the agreement reached between DSHS and Texas Health and Human Services Commission (HHSC) to eliminate duplicative inspections of child-care facilities, as required by HB 1555 (75th legislature).

For further information about this audit, please contact [AUDITOR/PROGRAM MANAGER] at [AREA CODE & PHONE NUMBER].

Sincerely,
SUGGESTED TEXT FOR CHILD-CARE FACILITIES THAT ARE NOT IN COMPLIANCE AFTER TWO VISITS

[DATE]

Texas Health & Human Services Commission (HHSC)
Child-Care Licensing Division
[ADDRESS]
[CITY, STATE, ZIP]

RE: Facility NOT in Compliance after Two DSHS Visits

Dear Program Administrator:
On [DATE], [FACILITY NAME], was audited by Department of State Health Services (DSHS) staff to measure the facility’s compliance with the minimum state vaccine requirements for Texas children. The immunization levels found at that audit were below 95% for one or more vaccines and the facility was out of compliance with the requirements. A second visit was scheduled on [DATE]. At that visit, the auditor found that the deficiencies had not been corrected.

We are notifying you of this as part of the agreement reached between DSHS and Texas Health and Human Services (HHSC) to eliminate duplicative inspections of child-care facilities, as required by HB 1555 (75th legislature). Because this facility remains out of compliance after two visits by DSHS, additional follow-up by DFPS is necessary.

For further information about this audit, please contact [AUDITOR/PROGRAM MANAGER] at [AREA CODE & PHONE NUMBER].

Sincerely,
SUGGESTED TEXT FOR CHILD-CARE FACILITIES THAT DID NOT RESPOND TO THREE AUDIT REQUESTS

[DATE]

Texas Health and Human Services Commission (HHSC)
Child-Care Licensing Division
[ADDRESS]
[CITY, STATE, ZIP]

RE: Facility NOT Responding to Request for Audit

Dear Program Administrator:

On [DATE], [FACILITY NAME] was contacted by [Department of State Health Services (DSHS)/Local Health Department] staff to measure the facility’s compliance with the minimum state vaccine requirements for Texas children. [FACILITY NAME] did not respond to the request for an audit. On [DATE], a second request was made and went unanswered and on [DATE], a third request was made and went unanswered.

We are notifying you of this as part of the agreement reached between DSHS and Texas Health and Human Services Commission (HHSC) to eliminate duplicative inspections of child-care facilities, as required by HB 1555 (75th legislature). Because this facility did not respond to multiple requests made by DSHS, additional follow-up by DFPS is necessary.

For further information about this audit, please contact [AUDITOR/PROGRAM MANAGER] at [AREA CODE & PHONE NUMBER].

Sincerely,
Appendix 3:
Detail School Audit Report of Immunization Compliance, School Year 2018-2019
### Detail School Audit Report of Immunization Compliance

| District Name: __________________________ | Grades: __________ |
| School Name: ____________________________ | Date Assigned: __________ |
| Facility ID: ____________________________ | Return to Central Office by: **July 15, 2019** |
| Elementary School Total Enrolled: __________ | Total Reviewed __________ |

<table>
<thead>
<tr>
<th></th>
<th>DTaP/DT/Td/Tdap</th>
<th>Polio</th>
<th>MMR</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
</tr>
</thead>
<tbody>
<tr>
<td># of records reviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of records with all required doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical exemption / Conscientious exemption</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisional Enrollment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delinquent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Protected*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% In compliance**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of records reviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of records with all required doses</td>
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<tr>
<td>Medical exemption / Conscientious exemption</td>
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<td>Provisional Enrollment</td>
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<td>Delinquent</td>
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<td>% Protected*</td>
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<tr>
<td>% In compliance**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Per TAC Rule §97.63, Polio vaccine is not required for persons eighteen years of age or older.
District Name:  
School Name:  
Facility ID:  
Junior/Middle School Total Enrolled:  
Grades:  
Date Assigned:  
Return to Central Office by:  

<table>
<thead>
<tr>
<th></th>
<th>DTaP/DT/Td/Tdap</th>
<th>Polio</th>
<th>MMR</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td># of records reviewed</td>
<td></td>
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* % Protected = (# records with all required doses / # records reviewed) * 100  
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Texas Department of State Health Service, Immunization Unit
Detail School Audit Report of Immunization Compliance

District Name: ____________________________  Grades: ____________
School Name: _____________________________  Date Assigned: ____________
Facility ID: _______________________________  Return to Central Office by: July 15, 2019
High School Total Enrolled: _____________________  Total Reviewed ____________

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* % Protected = (# records with all required doses / # records reviewed) * 100
** % in compliance = [(# records with all required doses + Medical/Conscientious exemptions) / # records reviewed] * 100
Appendix 4:

Instructions for the 2018-2019 Annual Report of Immunization Status
INSTRUCTIONS FOR THE 2018-2019
ANNUAL REPORT OF IMMUNIZATION STATUS

Enclosed is the 2018 - 2019 Annual Report of Immunization Status for schools. This information is collected under the authority of Texas Education Code §38.002 and 25 TAC §97.71. It is used to measure compliance with immunization requirements and determines the need for further immunizations. As required by state law, all schools must complete this report. The Annual Report of Immunization Status will NOT collect pre-kindergarten immunization data for the 2018-2019 school year.

IMPORTANT: If you have received more than one Annual Report of Immunization Status form for the same school, you must contact us immediately at (800) 252-9152 or email schoolimm@dshs.texas.gov for detailed instructions. However, if one or more of the following scenarios listed below applies to your facility, please put a check next to it, write your facility’s name and Facility ID on the top of this sheet, and return it via fax or email. Fax: (512) 776-7544 or email schoolimm@dshs.texas.gov. Once you have submitted this form, it is not necessary to fill out the report.

- Closed or No Longer in Business
- Inactive / Temporary Closure
- Juvenile Justice Alternative Education Program (JJAEP)
- No Immunization Records Kept on Site / Students Accounted for on Home School Survey
- No Students Currently Enrolled
- Psychiatric Facility
- Alternative Adult Education
- Transitional Facility (houses youth that have transitioned from foster care and teaches life skills for independent living)
- Dual Credit Campus (an institution of higher education that provides college credits to high school students)
- Pre-K only facility (no Kindergarten - 12th grade students)

ONLINE DATA ENTRY

Each individual school district or non-public or private school must submit the Annual Report of Immunization Status online.

1) Go to the website located at http://www.artximmunize.com.

2) There are two tutorials at the top right-hand corner of this web page to help assist in this process. Please refer to the ‘User Account’ tutorial for instructions on creating a new user account and the ‘Imm Data Entry’ tutorial for instructions on immunization data entry.

3) Open each tutorial and either print out the slides or save the files to your computer. **NOTE:** there is a third tutorial titled “VHSS Data Entry.” You will not need this tutorial until instructed to enter data for Vision-Hearing-Spinal Screening later in the year.
4) Log in to the website. Username and Password should be the same as last year. Refer to the ‘User Account’ tutorial as needed for instructions. New users will need the Facility ID and FIN number located in the letter and at the top of the Annual Report of Immunization Status form, (your Annual Report of Immunization Status form is included in this mailing).

5) After logging in, refer to the ‘Imm Data Entry’ tutorial that you printed or saved to your computer. This tutorial contains instructions for entering your Annual Report of Immunization Status data online. You should also refer to the instructions on pages 2 - 6 of this document to supplement the online data entry instructions. The data entry online report form is in the same order as it appears on your paper Annual Report of Immunization Status form.

NOTE: If you have problems logging into the website, send an email to chrs.loginhelp@dshs.texas.gov. If you have questions with data entry, send an email to schoolimm@dshs.texas.gov.

Please include the following information in your email so we can best assist you:

- Your first and last name,
- Your phone number,
- The name of your school district or non-public or private school,
- The facility ID that is printed on your Annual Report of Immunization Status form, and
- A detailed description of the issue you are having.

REPORTING TIMELINE

Report the immunization status of students between Friday, October 26, 2018 and Friday, December 14, 2018. The website will not allow people to submit immunization data until Friday, October 26, 2018. DSHS does not accept mailed or emailed copies of the immunization report.

DSHS does not grant extensions past the deadline. Failure to submit your Annual Report of Immunization Status by the due date may result in a school audit.

SECTION 1 (A through H):
DISTRICT / NON-PUBLIC or PRIVATE SCHOOL INFORMATION

Use the following information to access the online Annual Report of Immunization Status:

(A) Facility Name
(B) Facility ID
(C) FIN number

- For data reporting purposes, please ensure the mailing address provided accurately reflects the location of your facility. If it does not match, please contact us at (800) 252-9152 or email schoolimm@dshs.texas.gov to receive further instructions.

Enter your contact information:

(D) Name and Title
(E) Email address and phone number

Please complete the following information (Items G and H) for your ENTIRE district or non-public or private school, for ALL grades K - 12.

Non-public or private schools — please enter your specific non-public or private school information, NOT diocese total or parent organization information.

(F) Total number of students with at least ONE conscientious exemption in your district / non-public or private school for ALL grades K - 12.

(G) Total number of students enrolled in your district (for public schools) or school (for non-public or private schools):

- Include the total number of students enrolled regardless of what grade levels you have in your district or school. For example, a non-public or private school that has only grades 8 - 12 should provide the total number of students enrolled in grades 8 - 12.
- Include the total for ALL grades K - 12. Do not include Pre-K.

SECTION 2: IMMUNIZATION STATUS

The information below must be submitted for Kindergarten and 7th grade students in your school district or non-public or private school. For a list of immunization requirements, please refer to the Texas Minimum State Vaccine Requirements for Students Grades K - 12 (Stock No. 6-14) which is in Appendix 7 and found at www.ImmunizeTexas.com.

Part 1 – Totals

The following questions refer to questions (a) through (g) in Table 2: KINDERGARTEN, and Table 3: 7th GRADE.

For clarification on terms like “conscientious exemption” or “provisional enrollment,” please see Part 2 – Vaccine Specific Information.

1. Total number of schools in your district with Kindergarten (2a) and 7th grade (3a).
   a. For most non-public or private schools, the number should be 1.

2. Total number of students enrolled in kindergarten (2b) and 7th grade (3b).

3. Total number of kindergarten (2c), and 7th grade (3c) students with a conscientious exemption on file for at least one vaccine. Please count all students with an affidavit on file, regardless the number of vaccines checked off on the form.
   a. If you mark that you have at least one student with a conscientious exemption, you must also mark the corresponding vaccine or vaccines that the student is exempted from in Column 3.

4. Total number of kindergarten (2d), and 7th grade (3d) students with a conscientious exemption to all required vaccines.
   a. Count the students who present an Exemption from Immunizations for Reasons of Conscience with all vaccines checked off. 
   b. Number must be less than or equal to the number reported in 2c or 3c.
5. Total number of kindergarten (2e) and 7th grade (3e) students with a medical exemption.
   a. If you mark that you have at least one student with a medical exemption, you must also mark the corresponding vaccine or vaccines that the student is exempted from in Column 4.

6. Similar to section (d), total number of kindergarten (2e), and 7th grade (3e) students with a medical exemption to all required vaccines.
   a. Count the students who have not completed any required vaccine series but have presented a medical exemption statement for all vaccines.
   b. Number must be less than or equal to the number reported in 2e or 3e.
   c. You might not have any students in this category.

7. Total number of kindergarten (2g), and 7th grade (3g) students without an immunization record on file. Do not include students with an exemption to all vaccines. Students without immunization records or valid vaccine exemptions on file and not enrolled provisionally need to get the vaccines as soon as medically feasible. Per Section 38.001 of the Texas Education Code, each student shall be fully immunized against diphtheria, rubella, rubella, mumps, tetanus, and poliomyelitis, unless a valid vaccine exemption is on file or the child meets the provisional enrollment criteria.
   a. Count the number of students without any sort of immunization record or valid exemption.

8. Total number of kindergarten (2h), and 7th grade (3h) students who are provisionally enrolled.
   a. This should be less than or equal to the sum of column (2).

Part 2 – Vaccine-Specific Information

Column (1) Up-to-Date
In this column, include only the number of students who are up-to-date or completely vaccinated. For example, this would include all those who have completed all required doses of a specific vaccine for their age. A child that has provided serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, or hepatitis A, should be included as being up-to-date.

Column (2) Provisional
In this column, include the number of students who are in the category of provisional enrollment. A student can enroll provisionally under the following circumstances:

(1) When a student has started a series of required vaccinations and is on schedule to receive the remaining doses as rapidly as medically feasible;
(2) When a student has transferred from one Texas school to another Texas school and is waiting on the transfer of immunization records (30-day period);
(3) When a student is a dependent of a person who is on active duty with the armed forces of the United States and is waiting for the transfer of records from a previous school; or
(4) When defined as homeless or in foster care, a student can provisionally enroll for 30 days if acceptable evidence of vaccination is not available.
Please refer to 25 TAC §97.66 for complete information regarding provisional enrollment. A helpful flow chart is available at https://www.dshs.texas.gov/immunize/school/school-requirements.aspx.

**Column (3) Conscientious**

In this column, include the number of students who have an official *Exemption from Immunizations for Reasons of Conscience* affidavit form on file from the Department of State Health Services (DSHS). The original form must be on file with the school.

**Column (4) Medical**

In this column, include the number of students who have a valid medical exemption on file with the school. The student’s physician (M.D. or D.O.) must sign the medical exemption statement. The medical exemption must state that, in the physician’s opinion the required vaccine is medically contraindicated or poses a significant risk to the health and well-being of the child, or any member of the child’s household. Unless the written statement specifies that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician. Students with a history of illness for Varicella should be reported in Column 6 and should not be counted as a medical exemption. **NOTE: A medical exemption is not a conscientious exemption.**

**Column (5) Delinquent**

This column includes the number of students who are delinquent. Delinquent students are students who are not up-to-date on their immunizations; do not have the required immunizations for their age; do not qualify for provisional enrollment; and do not have a valid medical or conscientious exemption on file. Therefore, Column 5 should not include students from Columns 1, 2, 3, or 4.

**Column (6) History**

Only count students with a documented history of Varicella (chickenpox) infection in Column 6. Acceptable documentation of infection is limited to a written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child’s positive history of varicella disease, or of varicella immunity, per 25 TAC §97.65. Do not count students who provide this documentation in columns 1 - 5.

If a student has received varicella vaccine and has a documented history of illness, please include the student in Column (6) **ONLY.**

**Column (7) Total from Columns 1 – 6**

This total must equal the total enrollment for the specified grade level in section (b) of the table. The number in each row in Column 7 **MUST** equal the combined total of the corresponding row in Columns 1, 2, 3, 4, 5, and 6. The number in column 7 is the same for each vaccine since it is the total number of students enrolled for that reported grade.

**NOTE:** As you enter your report online, automatic data validations will check for the correctness of your data. For example, the total number of students in Columns 1 - 6 must equal the total enrollment number you entered for that particular grade level.
Additional Information

All Schools

• Fill out all required fields for the report. If there are no students in a particular category or if the category is not applicable to you, place a zero in the box.

• If your facility only has grades above 7th grade, you are only required to complete Section 1 of this report. (District / Non-Public or Private School Information, A - H).

• If your facility has software that computerizes your Annual Report of Immunization Status, please do not send the computerized printout to DSHS. Use your print out to complete the Annual Report of Immunization Status online.

• Do NOT hit “Submit” until all grades are finalized. If you hit submit before all data is entered, you will not be able to continue with data entry, and your report will be incomplete. If this happens, please contact us at (800) 252-9152 or email schoolimm@dshs.texas.gov.

• Please review your report before you submit it. Once submitted, you cannot make any changes to the report. Please ensure that all numbers are correct.

• It is very important that you keep a copy of your report for your records. After you submit your data online, you will have the opportunity to print a summary report.

Public Schools

• This report should include your total district numbers for all requested grades. Please do not submit a separate report for each kindergarten and 7th grade school in your district.

Charter Schools

• There should only be one report submitted per charter school district. Charter school reports should reflect all campuses assigned to each charter school “district” as organized in the Texas Education Agency’s AskTED database (http://tea4avholly.tea.state.tx.us/tea.askted.web/Forms/Home.aspx).

Non-Public or Private Schools

• If you received more than one report and the forms have different facility ID numbers, contact us immediately at (800) 252-9152 or email schoolimm@dshs.texas.gov, to ensure that your report is filled out correctly. Do not combine different reports.

• For Catholic diocese schools, please submit the reports with information specific to the school name listed, not the diocese total. Section 1, District / Non-Public or Private School Information (A - H), should only reflect your campus numbers.

Contact the Immunization Unit at (800) 252-9152 or email schoolimm@dshs.texas.gov if you have questions or concerns about the Annual Report of Immunization Status or need more information about immunization requirements.

Report Preparation:

Q. Why don’t I have the option to report Pre-K data?
A. The Annual Report of Immunization Status will NOT collect pre-kindergarten immunization data
for the 2018 - 2019 school year.

Q. How should I answer the question that asks for the “Total # of schools in your district / non-public or private school with grade K or 7?”

A. This number reflects the number of physical campuses in your district or non-public or private school with this grade level. Diocese schools should not report diocese totals. This also applies to the Kindergarten and 7th grade data tables: please enter the number of physical campuses with this grade level.

Q. I see the question that states, “Total # of students with a conscientious exemption for all vaccines.” What does this mean?

A. This question refers to the number of students that have a conscientious exemption affidavit on file and are exempt from all required vaccines. This number is a subset of the previous question (number of students with an exemption to one or more vaccines) and should be a smaller number. Some children may not have an immunization record on file. Others may have an incomplete record on file.

Q. Some of my students have conscientious exemption affidavits with all vaccine categories checked (i.e., “exempt from all vaccines”) but also have an immunization record on file indicating that they meet some of the vaccine requirements (e.g., 3 doses of HepB). How should I categorize these students on the report?

A: In the grade-level information, please include these students in the “exempt from all vaccines” count. However, please mark the child as “up-to-date” for the vaccine requirements that are completed.

Q. I see the question that asks for the total number of students without an immunization record. What does this mean?

A. Please enter the total number of students in this grade level that do not have an immunization record OR an exemption on file. These students should be included in the counts of delinquent students (column 5). Please do not include provisionally enrolled students in the count of delinquent students.

Q. I see the “Delinquent” column, is this for all my students who do not have a shot record on file?

A. This is for students that are out of compliance and considered delinquent. In some cases, these students may be counted as “without a shot record” (see above). The following scenarios are examples, not a complete list:

- The student was provisionally enrolled, but did not receive the necessary doses of vaccine or present an immunization record within the allotted time and is now delinquent.

- The student has not received the required vaccines and does not have a valid conscientious or medical exemption on file.

- A student whose conscientious exemption has expired.

Q. How do I complete the section labeled “Students with a History of Illness” for varicella (chickenpox)?
A. The 25 TAC §97.65 allows students with a documented history of varicella (chickenpox) illness to satisfy the varicella school entry requirements. Count a student enrolled with a documented history of varicella (chickenpox) illness ONLY in the “Students with a History of Illness” column.

Q. I have a student who has received one dose of varicella but also has a documented history of varicella illness. How should I count this student?

A. Count all students that have a documented history of varicella illness on file at the school in column (6), “History of Illness.” Designated school staff should count students who have received one dose of varicella vaccine but have a documented history of illness ONLY under “# Students with a History of Illness.” The documented history of illness satisfies the varicella requirement.

Report Submission:

Q. I am a new user for my school and do not have a user ID or password. How do I get this information?

A. You will need your Facility ID and FIN number (located on the mailing address page in the lower right hand side). Go to the Child Health Reporting System (CHRS) website at www.artximmunize.com. Underneath the login box, click the following link: “Click here to register for a new school or child-care facility user account.” Please refer to the tutorial linked on the CHRS website for more detailed instructions.

Q. I don’t have a password or I forgot my password, how do I get a new one?

A. You will need your Facility ID and FIN number (located on the mailing address page in the lower right hand side). Go to the CHRS home page at www.artximmunize.com and click on the following link: “I forgot my User ID / Password – School / Child-Care Facility User.” Please refer to the tutorial linked on the CHRS website for more detailed instructions.

Q. Once logged into the system, I entered my Contact Information and hit “Save.” The system will not allow me to answer the next two questions: “Total # of students with a conscientious exemption” and “Total school enrollment K - 12.”

A. You will need to go back and hit the “Edit” button, enter your totals for both questions and then hit “Save” again.

Q. I accidentally hit submit before my report was complete, how can I complete my report?

A. Once you hit “submit” you will be unable to edit any information. Complete the paper copy of the form included in this mailing. Email the completed report to schoolimm@dshs.texas.gov and write, “Report was not complete when submitted online”.

Q. My school is only 9th - 12th grade; do I need to submit the Annual Report of Immunization Status?

A. Yes, you will still need to submit the Annual Report of Immunization Status. Please answer the first two questions on the report: “(G) What is the total number of K - 12 students in your district / non-public or private school with at least one conscientious exemption?” and “(H) What is your total district / non-public or private school enrollment for K - 12?”
1. Enter all immunization data for the 2018 - 2019 school year. Immunization data can be entered electronically between Friday, October 26, 2018 and Friday, December 14, 2018. Please ensure your facility's immunization data reflects the 2018 - 2019 school year.

2. Verify that your school name, school address, Facility ID, and FIN are correct (located on the mailing address page in the lower right hand side).

3. Ensure ALL of your contact information is complete and accurate with Name, Title, Phone Number, and Email. We may need to contact you with questions or concerns.

4. Make sure you correctly answered questions (G) and (H) at the top of your report. The first number should reflect the number of students in K - 12 with a conscientious exemption on file. The second number should reflect your district's total K - 12 enrollment.

5. In the grade level tables, please ensure that the number of students with an exemption to ALL vaccines is included in the number of students with an exemption to at least ONE vaccine.

6. Verify all data has been entered for kindergarten and 7th grade. If your facility does not have kindergarten or 7th grade, please leave this section blank on the report. Once you have verified ALL information is complete and accurate, you can then submit your report.

7. Print a copy of your completed report for your records.

If you have additional questions, please contact the Immunization Unit at (800) 252-9152 or schoolimm@dshs.texas.gov.
Appendix 5:

2018-2019 Annual Report of Immunization Status
NOTE: Submit this report **must** online at [http://chrstx.dshs.state.tx.us/CHRS/login.aspx](http://chrstx.dshs.state.tx.us/CHRS/login.aspx) no later than Friday, December 14, 2018.

**SECTION 1: DISTRICT / NON-PUBLIC or PRIVATE SCHOOL INFORMATION**

*ALL SCHOOLS must complete Section 1*

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<td>(C) FIN</td>
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<td>(D) Mailing Address</td>
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<td>(E) Name &amp; Title of Person Completing Form</td>
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<tr>
<td>(F) Email and Phone Number</td>
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Please complete items **(G)** and **(H)** for your district / non-public or private school.

**G** What is the total number of K - 12 students in your district / non-public or private school with **at least one** conscientious exemption? _______

**H** What is your total district/ non-public or private school enrollment for K - 12? _______
2a. Total # of schools in your district / non-public or private school with grade K. _________

2b. Total enrollment for Grade K. _________

2c. Total # of K students with a **conscientious exemption for at least one vaccine** (must be \( \leq \) the sum of Column 3). _________
   
2d. Of the students included in 2c, how many students have a **conscientious exemption for all** required vaccines? _________

2e. Total # of K students with a **medical** exemption for at least one vaccine. _________
   
2f. Of the students included in 2e, how many students have a **medical exemption for all** required vaccines? _________

2g. Total # K students **without** an immunization record. (Do not include students with exemption to all vaccines.) _________

2h. Total # K students provisionally enrolled for at least one vaccine. (Please see provisional flowchart that is included in the mailing for more information.) _________

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### Table 2: KINDERGARTEN

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<th># Students Exempt Official State of Texas Form</th>
<th># Students Exempt Statement From Health Care Provider</th>
<th># Students Not In Compliance</th>
<th># Students with History of Illness*</th>
<th>(7) Total from Columns 1 - 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) Up-to-Date</td>
<td>(2) Provisional</td>
<td>(3) Conscientious</td>
<td>(4) Medical</td>
<td>(5) Delinquent</td>
<td></td>
</tr>
<tr>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>MMR</td>
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<tr>
<td>Polio</td>
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<td></td>
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<tr>
<td>Varicella</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* If a student has received varicella vaccine *and* has a documented history of illness, please include the student in Column (6) **ONLY**.

* If student has documented evidence of immunity or prior disease to measles, mumps, rubella, hepatitis B, or hepatitis A, please include them as up-to-date.
### Table 3: 7th GRADE

<table>
<thead>
<tr>
<th>Vaccine</th>
<th># Students Current</th>
<th># Students Exempt Official State of Texas Form</th>
<th># Students Exempt Statement From Health Care Provider</th>
<th># Students Not In Compliance</th>
<th># Students with History of Illness*</th>
<th>(7) Total from Columns 1 - 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap/Td</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Hepatitis B</td>
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<td></td>
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<tr>
<td>MMR</td>
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<td></td>
<td></td>
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<tr>
<td>Polio</td>
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<td></td>
<td></td>
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<tr>
<td>Varicella</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* If a student has received varicella vaccine and has a documented history of illness, please include the student in Column (6) ONLY.

* If student has documented evidence of immunity or prior disease to measles, mumps, rubella, hepatitis B, or hepatitis A, please include them as up-to-date.

Columns 1, 2, 3, 4, 5, and 6 MUST total Column 7
Appendix 6:
2018-2019 Texas Minimum State Vaccine Requirements for Students in Grades K-12
## IMMUINIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

<table>
<thead>
<tr>
<th>Vaccine Required (Attention to notes and footnotes)</th>
<th>Minimum Number of Doses Required by Grade Level</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grades K - 6th</td>
<td>Grade 7th</td>
</tr>
<tr>
<td>Diphtheria/Tetanus/Pertussis¹ (DTaP/DTP/DT/Td/Tdap)</td>
<td>5 doses or 4 doses</td>
<td>3 dose primary series and 1 Tdap / Td booster within the last 5 years</td>
</tr>
<tr>
<td>Polio¹</td>
<td>4 doses or 3 doses</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, and Rubella¹,² (MMR)</td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B²</td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td>Varicella¹,²,³</td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>Meningococcal¹ (MCV4)</td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A¹,²</td>
<td>2 doses</td>
<td></td>
</tr>
</tbody>
</table>

↓ Notes on the back page, please turn over.↓

Rev. 03/2017
Exemptions

Texas law allows (a) physicians to write medical exemption statements that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child or household member, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.ImmunizeTexas.com under “School & Child-Care.” The original Exemption Affidavit must be completed and submitted to the school.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

Provisional Enrollment

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Additional guidelines for provisional enrollment of students transferring from one Texas public or private school to another, students who are dependents of active duty military, students in foster care, and students who are homeless can be found in the TAC, Title 25 Health Services, Sections 97.66 and 97.69.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.

NOTE: Shaded area indicates that the vaccine is not required for the respective age group.
1 Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
2 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.
3 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 student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.” This written statement will be acceptable in place of any and all varicella vaccine doses required.

Texas Department of State Health Services • Immunization Unit • MC-1946 • P. O. Box 149347 • Austin, TX 78714-9347 • (800) 252-9152

Stock No. 6-14
Rev. 03/2017
Appendix 7:  
2018-2019 Texas Minimum State Vaccine Requirements for Child-Care and Pre-K Facilities
### 2017-2018 Texas Minimum State Vaccine Requirements for Child-Care 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 by the Human Resources Code, Chapter 42.

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

<table>
<thead>
<tr>
<th>Age at which child must have vaccines to be in compliance:</th>
<th>Minimum Number of Doses Required of Each Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DTaP</td>
</tr>
<tr>
<td>0 through 2 months</td>
<td></td>
</tr>
<tr>
<td>By 3 months</td>
<td>1 Dose</td>
</tr>
<tr>
<td>By 5 months</td>
<td>2 Doses</td>
</tr>
<tr>
<td>By 7 months</td>
<td>3 Doses</td>
</tr>
<tr>
<td>By 16 months</td>
<td>3 Doses</td>
</tr>
<tr>
<td>By 19 months</td>
<td>4 Doses</td>
</tr>
<tr>
<td>By 25 months</td>
<td>4 Doses</td>
</tr>
<tr>
<td>By 43 months</td>
<td>4 Doses</td>
</tr>
</tbody>
</table>

1 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.

↓ Notes on the back page, please turn over. ↓

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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, one additional dose is required. Children 60 months of age and older are not required to receive PCV vaccine.

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

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively.

Vaccines:

DTaP: Diphtheria, tetanus, and acellular pertussis (whooping cough); record may show DT or DTP
Polio: IPV - inactivated polio vaccine; OPV – oral polio vaccine
HepB: Hepatitis B vaccine
Hib: Haemophilus influenzae type b vaccine
PCV or PCV13: Pneumococcal conjugate vaccine
MMR: Measles, mumps, and rubella vaccines combined
Varicella: Chickenpox vaccine. May be written VAR on record.
HepA: Hepatitis A vaccine
Appendix 8:

ACIP Recommended Childhood Immunization Schedule
Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

Approved by the

Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip)

American Academy of Pediatrics (www.aap.org)

American Academy of Family Physicians (www.aafp.org)

American College of Obstetricians and Gynecologists (www.acog.org)

This schedule includes recommendations in effect as of January 1, 2018.

Consult relevant ACIP statements for detailed recommendations (www.cdc.gov/vaccines/hcp/acip-recs/index.html).

When a vaccine is not administered at the recommended age, administer at a subsequent visit.

Use combination vaccines instead of separate injections when appropriate.

Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) online (www.vaers.hhs.gov) or by telephone (800-822-7967).

Report suspected cases of reportable vaccine-preventable diseases to your state or local health department.

For information about precautions and contraindications, see www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

The table below shows vaccine acronyms, and brand names for vaccines routinely recommended for children and adolescents. The use of trade names in this immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

<table>
<thead>
<tr>
<th>Vaccine type</th>
<th>Abbreviation</th>
<th>Brand(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis vaccine</td>
<td>DTaP</td>
<td>Daptacel, Infanrix</td>
</tr>
<tr>
<td>Diphtheria, tetanus vaccine</td>
<td>DT</td>
<td>No Trade Name</td>
</tr>
<tr>
<td>Haemophilus influenzae type B vaccine</td>
<td>Hib (PRP-T)</td>
<td>ActHIB</td>
</tr>
<tr>
<td></td>
<td>Hib (PRP-OMP)</td>
<td>Hiberix, PedvaxHIB</td>
</tr>
<tr>
<td>Hepatitis A vaccine</td>
<td>HepA</td>
<td>Havrix, Vaqta</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>HepB</td>
<td>Engerix-B, Recombivax HB</td>
</tr>
<tr>
<td>Human papillomavirus vaccine</td>
<td>HPV</td>
<td>Gardasil 9</td>
</tr>
<tr>
<td>Influenza vaccine (inactivated)</td>
<td>IIV</td>
<td>Multiple</td>
</tr>
<tr>
<td>Measles, mumps, and rubella vaccine</td>
<td>MMR</td>
<td>M-M-R II</td>
</tr>
<tr>
<td>Meningococcal serogroups A, C, W, Y vaccine</td>
<td>MenACWY-D</td>
<td>Menactra, Menevo</td>
</tr>
<tr>
<td></td>
<td>MenACWY-CRM</td>
<td></td>
</tr>
<tr>
<td>Meningococcal serogroup B vaccine</td>
<td>MenB-4C</td>
<td>Bexsero, Trumenba</td>
</tr>
<tr>
<td></td>
<td>MenB-FHbp</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate vaccine</td>
<td>PCV13</td>
<td>Prevar 13</td>
</tr>
<tr>
<td>Pneumococcal 23-valent polysaccharide vaccine</td>
<td>PPSV23</td>
<td>Pneumovax</td>
</tr>
<tr>
<td>Poliovirus vaccine (inactivated)</td>
<td>IPV</td>
<td>IPOL</td>
</tr>
<tr>
<td>Rotavirus vaccines</td>
<td>RV1, RV5</td>
<td>Rotarix, RotaTeq</td>
</tr>
<tr>
<td>Tetanus, diphtheria, and acellular pertussis vaccine</td>
<td>Tdap</td>
<td>Adacel, Boostrix</td>
</tr>
<tr>
<td>Tetanus and diphtheria vaccine</td>
<td>Td</td>
<td>Tenivac, No Trade Name</td>
</tr>
<tr>
<td>Varicella vaccine</td>
<td>VAR</td>
<td>Varivax</td>
</tr>
</tbody>
</table>

Combination Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Abbreviation</th>
<th>Brand(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP, hepatitis B and inactivated poliovirus vaccine</td>
<td>DTaP-HepB-IPV</td>
<td>Pediartix</td>
</tr>
<tr>
<td>DTaP, inactivated poliovirus and Haemophilus influenzae type B vaccine</td>
<td>DTaP-IPV/Hib</td>
<td>Pentacel</td>
</tr>
<tr>
<td>DTaP and inactivated poliovirus vaccine</td>
<td>DTaP-IPV</td>
<td>Kinrix, Quadracel</td>
</tr>
<tr>
<td>Measles, mumps, rubella, and varicella vaccines</td>
<td>MMRV</td>
<td>ProQuad</td>
</tr>
</tbody>
</table>
These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
<th>17-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>5th dose</td>
<td></td>
<td></td>
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<tr>
<td>Rotavirus (RV)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>5th dose</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis (DTaP)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>5th dose</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>5th dose</td>
<td></td>
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<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>5th dose</td>
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<tr>
<td>Inactivated poliovirus (IPV; &lt;18 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td>4th dose</td>
<td>5th dose</td>
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<tr>
<td>Influenza (IIV)</td>
<td></td>
<td></td>
<td>Annual vaccination (IIV) 1 or 2 doses</td>
<td>Annual vaccination (IIV) 1 dose only</td>
<td></td>
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<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td></td>
<td></td>
<td>2nd dose</td>
<td></td>
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<tr>
<td>Varicella (VAR)</td>
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<td></td>
<td>2nd dose</td>
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<td></td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td></td>
<td></td>
<td>2nd dose</td>
<td></td>
<td></td>
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<tr>
<td>Meningococcal (MenACWY-D; MenACWY-CRM; MenACWY-CRM-CRM)</td>
<td></td>
<td></td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, &amp; acellular pertussis (Tdap)</td>
<td></td>
<td></td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td></td>
<td></td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Meningococcal B (MenB)</td>
<td></td>
<td></td>
<td>2nd dose</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td></td>
<td></td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.
FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.

The figure 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 Figure 1 and the footnotes that follow.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Birth</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.</td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>6 weeks; maximum age for first dose is 14 weeks, 6 days</td>
<td>4 weeks</td>
<td>Maximum age for final dose is 8 months, 0 days.</td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>6 months</td>
<td>6 months</td>
</tr>
<tr>
<td>Haemophilus influenzae type b</td>
<td>6 weeks</td>
<td>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 first dose was administered at age 15 months or older.</td>
<td></td>
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<tr>
<td>Pneumococcal conjugate</td>
<td>6 weeks</td>
<td>4 weeks if first dose 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 first dose was administered at age 24 months or older.</td>
<td></td>
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</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>6 weeks</td>
<td>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, Hibrix) or unknown.</td>
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<tr>
<td>Measles, mumps, rubella</td>
<td>12 months</td>
<td>4 weeks</td>
<td>4 weeks if current age is &lt; 4 years</td>
<td>6 months (minimum age 4 years for final dose).</td>
</tr>
<tr>
<td>Varicella</td>
<td>12 months</td>
<td>3 months</td>
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</tr>
<tr>
<td>Hepatitis A</td>
<td>12 months</td>
<td>6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>See footnote 11</td>
<td>See footnote 11</td>
</tr>
<tr>
<td>Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)</td>
<td>Not Applicable (N/A)</td>
<td>8 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis</td>
<td>7 years</td>
<td>4 weeks</td>
<td>4 weeks if first dose of DTaP/DT was administered before the 1st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.</td>
<td>6 months if first dose of DTaP/DT was administered before the 1st birthday.</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>9 years</td>
<td>6 months</td>
<td>Routine dosing intervals are recommended.</td>
<td></td>
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<tr>
<td>Hepatitis A</td>
<td>N/A</td>
<td>6 months</td>
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<tr>
<td>Hepatitis B</td>
<td>N/A</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose.</td>
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<tr>
<td>Inactivated poliovirus</td>
<td>N/A</td>
<td>4 weeks</td>
<td>6 months if current age is 4 years or older and at least 6 months after the previous dose.</td>
<td>A fourth dose of IPV is indicated if all previous doses were administered at &lt;4 years or if the third dose was administered &lt;6 months after the second dose.</td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>N/A</td>
<td>4 weeks</td>
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<tr>
<td>Varicella</td>
<td>N/A</td>
<td>3 months if younger than age 13 years. 4 weeks if age 13 years or older.</td>
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</table>

NOTE: The above recommendations must be read along with the footnotes of this schedule.
### Figure 3. Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications

<table>
<thead>
<tr>
<th>VACCINE ▼</th>
<th>INDICATION ▶</th>
<th>Pregnancy</th>
<th>Immunocompromised status (excluding HIV infection)</th>
<th>HIV infection CD4+ count†</th>
<th>Kidney failure, end-stage renal disease, on hemodialysis</th>
<th>Heart disease, chronic lung disease</th>
<th>CSF leaks/cochlear implants</th>
<th>Asplenia and persistent complement component deficiencies</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
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<tbody>
<tr>
<td>Hepatitis B¹</td>
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<td>Rotavirus²</td>
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<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis³ (DTaP)</td>
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<tr>
<td><em>Haemophilus influenzae</em> type b⁴</td>
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<td>Pneumococcal conjugate⁵</td>
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<tr>
<td>Inactivated poliovirus⁶</td>
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<td>Influenza⁷</td>
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<td>Measles, mumps, rubella⁸</td>
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<td>Varicella⁹</td>
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<td>Hepatitis A¹⁰</td>
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<tr>
<td>Meningococcal ACWY¹¹</td>
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<td>Tetanus, diphtheria, &amp; acellular pertussis¹² (Tdap)</td>
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<td>Human papillomavirus¹³</td>
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<td>Meningococcal B¹²</td>
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<tr>
<td>Pneumococcal polysaccharide¹</td>
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*Severe Combined Immunodeficiency

†For additional information regarding HIV laboratory parameters and use of live vaccines; see the General Best Practice Guidelines for Immunization "Altered Immunocompetence" at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html; and Table 4-1 (footnote D) at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

NOTE: The above recommendations must be read along with the footnotes of this schedule.
Footnotes — Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.
For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

Additional information

- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization and relevant ACIP statements, at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccine requirements and recommendations is available at wwwnc.cdc.gov/travel/.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information; see www.hrsa.gov/vaccinecompensation/index.html.

1. **Hepatitis B (HepB) vaccine. (minimum age: birth)**

   **Birth Dose (Monovalent HepB vaccine only):**
   - Mother is HBsAg-Negative: 1 dose within 24 hours of birth for medically stable infants ≥2,000 grams. Infants <2,000 grams administer 1 dose at chronological age 1 month or hospital discharge.
   - Mother is HBsAg-Positive:
     - Give HepB vaccine and 0.5 mL of HBIG (at separate anatomic sites) within 12 hours of birth, regardless of birth weight.
     - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.
   - Mother’s HBsAg status is unknown:
     - Give HepB vaccine within 12 hours of birth, regardless of birth weight.
     - For infants <2,000 grams, give 0.5 mL of HBIG in addition to HepB vaccine within 12 hours of birth.
     - Determine mother’s HBsAg status as soon as possible. If mother is HBsAg-positive, give 0.5 mL of HBIG to infants ≥2,000 grams as soon as possible, but no later than 7 days of age.

   **Routine Series:**
   - A complete series is 3 doses at 0, 1–2, and 6–18 months. (Monovalent HepB vaccine should be used for doses given before age 6 weeks.)
   - Infants who did not receive a birth dose should begin the series as soon as feasible (see Figure 2).
   - Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
   - Minimum age for the final (3rd or 4th) dose: 24 weeks.
   - Minimum Intervals: Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 8 weeks / Dose 1 to Dose 3: 16 weeks. (When 4 doses are given, substitute “Dose 4” for “Dose 3” in these calculations.)

   **Catch-up vaccination:**
   - Unvaccinated persons should complete a 3-dose series at 0, 1–2, and 6 months.
   - Adolescents 11–15 years of age may use an alternative 2-dose schedule, with at least 4 months between doses (adult formulation Recombivax HB only).
   - For other catch-up guidance, see Figure 2.

2. **Rotavirus vaccines. (minimum age: 6 weeks)**

   **Routine vaccination:**
   - 5-dose series at 2, 4, 6, and 15–18 months, and 4–6 years.
   - The maximum age for the final dose is 8 months, 0 days.
   - For other catch-up guidance, see Figure 2.

   **Catch-up vaccination:**
   - The 5th dose is not necessary if the 4th dose was administered at 4 years or older.
   - For other catch-up guidance, see Figure 2.

3. **Diphtheria, tetanus, and acellular pertussis (DTaP) vaccine. (minimum age: 6 weeks [4 years for Kinrix or Quadracel])**

   **Routine vaccination:**
   - 5-dose series at 2, 4, 6, and 15–18 months, and 4–6 years.

   **Catch-up vaccination:**
   - Do not start the series on or after age 15 weeks, 0 days.
   - The maximum age for the final dose is 8 months, 0 days.
   - For other catch-up guidance, see Figure 2.
4. **Haemophilus influenzae type b (Hib) vaccine.**

   **(minimum age: 6 weeks)**

   **Routine vaccination:**
   - **ActHIB, Hiberix, or Pentacel:** 4-dose series at 2, 4, 6, and 12–15 months.
   - **PedvaxHIB:** 3-dose series at 2, 4, and 12–15 months.

   **Catch-up vaccination:**
   - **1st dose at 7–11 months:** Give 2nd dose at least 4 weeks later and 3rd (final) dose at 12–15 months or 8 weeks after 2nd dose (whichever is later).
   - **1st dose at 12–14 months:** Give 2nd (final) dose at least 8 weeks after 1st dose.
   - **1st dose before 12 months and 2nd dose before 15 months:** Give 3rd (final) dose 8 weeks after 2nd dose.
   - **2 doses of PedvaxHIB before 12 months:** Give 3rd (final) dose 8 weeks after 2nd dose.
   - **Unvaccinated at 15–59 months:** 1 dose.

   **For other catch-up guidance, see Figure 2.**

   **Special Situations:**
   - **Chemotherapy or radiation treatment** 12–59 months:
     - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart
     - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

   *Doses given within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.*

   - **Hematopoietic stem cell transplant (HSCT)**
     - 3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant (regardless of Hib vaccination history).

   - **Anatomic or functional asplenia (including sickle cell disease)** 12–59 months:
     - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart
     - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

   *Unimmunized* persons 5–18 years
     - Give 1 dose

   **HIV infection** 12–59 months:
   - Unvaccinated or only 1 dose before 12 months: Give 2 doses 8 weeks apart.
   - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

   **Unimmunized* persons 5–18 years**
   - Give 1 dose

   **Immunoglobulin deficiency, early component complement deficiency** 12–59 months:
   - Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart.
   - 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

   *Unimmunized* = Less than routine series (through 14 months) OR no doses (14 months or older)

5. **Pneumococcal vaccines. (minimum age: 6 weeks [PCV13], 2 years [PPSV23])**

   **Routine vaccination with PCV13:**
   - 4-dose series at 2, 4, 6, and 12–15 months.

   **Catch-up vaccination with PCV13:**
   - 1 dose for healthy children aged 24–59 months with any incomplete* PCV13 schedule
   - For other catch-up guidance, see Figure 2.

   **Special situations: High-risk conditions:**
   - **Administer PCV13 doses before PPSV23 if possible.**

   **Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure):**
   - **Chronic lung disease (including asthma treated with high-dose, oral, corticosteroids):**
   - **Diabetes mellitus:**

   **Age 2–5 years:**
   - Any incomplete* schedules with:
     - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
     - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
   - No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

   **Age 6–18 years:**
   - No history of either PCV13 or PPSV23: 1 dose of PCV13, 1 dose of PPSV23 at least 8 weeks later.
   - Any PCV13 but no PPSV23: 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13
   - PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.

   **Sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:**

   **Age 2–5 years:**
   - Any incomplete* schedules with:
     - 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
     - <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
   - No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose) and a 2nd dose of PPSV23 5 years later.

   **Age 6–18 years:**
   - No history of either PCV13 or PPSV23: 1 dose of PCV13, 2 doses of PPSV23 (1st dose of PPSV23 administered 8 weeks after PCV13 and 2nd dose of PPSV23 administered at least 5 years after the 1st dose of PPSV23).
   - Any PCV13 but no PPSV23: 2 doses of PPSV23 (1st dose of PPSV23 to be given 8 weeks after the most recent dose of PCV13 and 2nd dose of PPSV23 administered at least 5 years after the 1st dose of PPSV23).
For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

- **PPSV23** but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent PPSV23 dose and 2nd dose of PPSV23 to be given 5 years after the 1st dose of PPSV23 and at least 8 weeks after a dose of PCV13.

**Chronic liver disease, alcoholism:**

**Age 6–18 years:**
- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

*Incomplete schedules are any schedules where PCV13 doses have not been completed according to ACIP recommended catch-up schedules. The total number and timing of doses for complete PCV13 series are dictated by the age at first vaccination. See Tables 8 and 9 in the ACIP pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/rr5911.pdf) for complete schedule details.

6. **Inactivated poliovirus vaccine (IPV). (minimum age: 6 weeks)**

**Routine vaccination:**
- 4-dose series at ages 2, 4, 6–18 months, and 4–6 years. Administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.

**Catch-up vaccination:**
- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- If 4 or more doses were given before the 4th birthday, give 1 more dose at age 4–6 years and at least 6 months after the previous dose.
- A 4th dose is not necessary if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
- IPV is not routinely recommended for U.S. residents 18 years and older.

**Series Containing Oral Polio Vaccine (OPV), either mixed OPV-IPV or OPV-only series:**
- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/rr/mm6601a6.htm?
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as “OPV” see www.cdc.gov/mmwr/volumes/66/rr/mm6601a6.htm?
- For other catch-up guidance, see Figure 2.

7. **Influenza vaccines. (minimum age: 6 months)**

**Routine vaccination:**
- Administer an age-appropriate formulation and dose of influenza vaccine annually.
  - **Children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2017 should receive 2 doses separated by at least 4 weeks.
  - **Persons 9 years and older** 1 dose
- Live attenuated influenza vaccine (LAIV) not recommended for the 2017–18 season.

(For the 2018–19 season, see the 2018–19 ACIP influenza vaccine recommendations.)

8. **Measles, mumps, and rubella (MMR) vaccine. (minimum age: 12 months for routine vaccination)**

**Routine vaccination:**
- 2-dose series at 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 4 weeks after the 1st dose.

**Catch-up vaccination:**
- Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.

**International travel:**
- **Infants 6–11 months:** 1 dose before departure. Revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and 2nd dose as early as 4 weeks later.
- **Unvaccinated children 12 months and older:** 2 doses at least 4 weeks apart before departure.

**Mumps outbreak:**
- Persons ≥12 months who previously received ≤2 doses of mumps-containing vaccine and are identified by public health authorities to be at increased risk during a mumps outbreak should receive a dose of mumps-virus containing vaccine.

9. **Varicella (VAR) vaccine. (minimum age: 12 months)**

**Routine vaccination:**
- 2-dose series: 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 3 months after the 1st dose (a dose given after a 4-week interval may be counted).

**Catch-up vaccination:**
- Ensure persons 7–18 years without evidence of immunity (see MMWR 2007;56[No. RR-4], at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine:
  - **Ages 7–12:** routine interval 3 months (minimum interval: 4 weeks).
  - **Ages 13 and older:** minimum interval 4 weeks.

10. **Hepatitis A (HepA) vaccine. (minimum age: 12 months)**

**Routine vaccination:**
- 2 doses, separated by 6-18 months, between the 1st and 2nd birthdays. (A series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is given.)

**Catch-up vaccination:**
- Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses is 6 months.

**Special populations:**
- Previously unvaccinated persons who should be vaccinated:
  - Persons traveling to or working in countries with high or intermediate endemicity
  - Men who have sex with men
  - Users of injection and non-injection drugs
  - Persons who work with hepatitis A virus in a research laboratory or with non-human primates
  - Persons with clotting-factor disorders
  - Persons with chronic liver disease
  - Persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the 1st dose as soon as the adoption is planned—ideally at least 2 weeks before the adoptee’s arrival).

11. **Serogroup A, C, W, Y meningococcal vaccines. (Minimum age: 2 months [Menveo], 9 months [Menactra].**

**Routine:**
- 2-dose series: 11-12 years and 16 years.

**Catch-Up:**
- **Age 13-15 years:** 1 dose now and booster at age 16-18 years. Minimum interval 8 weeks.
- **Age 16-18 years:** 1 dose.
For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

Special populations and situations:
Anatomic or functional asplenia, sickle cell disease, HIV infection, persistent complement component deficiency (including eculizumab use):
• Menveo
  o 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.
  o 1st dose at 7–23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).
  o 1st dose at 24 months or older: 2 doses at least 8 weeks apart.
• Menactra
  o Persistent complement component deficiency:
    — 9–23 months: 2 doses at least 12 weeks apart
    — 24 months or older: 2 doses at least 8 weeks apart
  o Anatomic or functional asplenia, sickle cell disease, or HIV infection:
    — 24 months or older: 2 doses at least 8 weeks apart.
    — Menactra must be administered at least 4 weeks after completion of PCV13 series.

Children who travel to or live in countries where meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or during the Hajj, or exposure to an outbreak attributable to a vaccine serogroup:
• Children <24 months of age:
  • Menveo (2–23 months):
    — 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.
    — 1st dose at 7–23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).
  • Menactra (9–23 months):
    — 2 doses (2nd dose at least 12 weeks after the 1st dose. 2nd dose may be administered as early as 8 weeks after the 1st dose in travelers).
• Children 2 years or older: 1 dose of Menveo or Menactra.

Note: Menactra should be given either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under “Special populations and situations” above, and additional meningococcal vaccination information, see meningococcal MMWR publications at: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

12. Serogroup B meningococcal vaccines (minimum age: 10 years [Bexsero, Trumenba]).
Clinical discretion: Adolescents not at increased risk for meningococcal B infection who want MenB vaccine.
MenB vaccines may be given at clinical discretion to adolescents 16–23 years (preferred age 16–18 years) who are not at increased risk.
• Bexsero: 2 doses at least 1 month apart.
• Trumenba: 2 doses at least 6 months apart. If the 2nd dose is given earlier than 6 months, give a 3rd dose at least 4 months after the 2nd.

Special populations and situations:
Anatomic or functional asplenia, sickle cell disease, persistent complement component deficiency (including eculizumab use), serogroup B meningococcal disease outbreak
• Bexsero: 2-dose series at least 1 month apart.
• Trumenba: 3-dose series at 0, 1–2, and 6 months.

Note: Bexsero and Trumenba are not interchangeable.
For additional meningococcal vaccination information, see meningococcal MMWR publications at: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

13. Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. (minimum age: 11 years for routine vaccinations, 7 years for catch-up vaccination)
Routine vaccination:
• Adolescents 11–12 years of age: 1 dose.
• Pregnant adolescents: 1 dose during each pregnancy (preferably during the early part of gestational weeks 27–36).
• Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination:
• Adolescents 13–18 who have not received Tdap: 1 dose, followed by a Td booster every 10 years.
• Persons aged 7–18 years not fully immunized with DTap: 1 dose of Tdap as part of the catch-up series (preferably the first dose). If additional doses are needed, use Td.

• Children 7–10 years who receive Tdap inadvertently or as part of the catch-up series may receive the routine Tdap dose at 11–12 years.
• DTap inadvertently given after the 7th birthday:
  o Child 7–10: DTap may count as part of catch-up series. Routine Tdap dose at 11–12 may be given.
  o Adolescent 11–18: Count dose of DTap as the adolescent Tdap booster.
  • For other catch-up guidance, see Figure 2.

14. Human papillomavirus (HPV) vaccine (minimum age: 9 years)
Routine and catch-up vaccination:
• Routine vaccination for all adolescents at 11–12 years (can start at age 9) and through age 18 if not previously adequately vaccinated. Number of doses dependent on age at initial vaccination:
  o Age 9–14 years at initiation: 2-dose series at 0 and 6–12 months. Minimum interval: 5 months (repeat a dose given too soon at least 12 weeks after the invalid dose and at least 5 months after the 1st dose).
  o Age 15 years or older at initiation: 3-dose series at 0, 1–2 months, and 6 months.
Minimum intervals: 4 weeks between 1st and 2nd dose; 12 weeks between 2nd and 3rd dose; 5 months between 1st and 3rd dose (repeat dose(s) given too soon at or after the minimum interval since the most recent dose).
• Persons who have completed a valid series with any HPV vaccine do not need any additional doses.

Special situations:
• History of sexual abuse or assault: Begin series at age 9 years.
• Immunocompromised* (including HIV) aged 9–26 years: 3-dose series at 0, 1–2 months, and 6 months.
• Pregnancy: Vaccination not recommended, but there is no evidence the vaccine is harmful. No intervention is needed for women who inadvertently received a dose of HPV vaccine while pregnant. Delay remaining doses until after pregnancy. Pregnancy testing not needed before vaccination.

*See MMWR, December 16, 2016;65(49):1405–1408, at www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf.
Appendix 9:

CoCASA Instructions
Instructions for Using CoCASA to Perform School Validation Surveys

Getting Started

It is very important that the most current version of the Comprehensive Clinical Assessment Software Application (CoCASA) is used. CoCASA may be downloaded for free from the CDC’s website at [http://www.cdc.gov/vaccines/programs/cocasa/index.html](http://www.cdc.gov/vaccines/programs/cocasa/index.html).

Using the CoCASA software

Locate the CoCASA icon on the computer desktop and double click to open.

Or

Click on the Start Menu > CoCASA.
The welcome screen will open, followed by the Log On window:

Select **User Name** from the screen and click **Log On**.
If your screen does not automatically open to the Provider Setup tab, navigate to that tab by selecting Provider Setup:

Toward the top section of the screen you will find the following buttons:

Add: You will need to click this button in order to add a new school or day care facility.
Delete: To delete a facility, select the facility in the menu and click the **Delete** button. This message will be displayed.

![Delete Window](image)

Once deleted, the facility will be marked with a red ‘X’ and the **Delete** button will convert to an **Undelete** button. To permanently delete any assessment site marked with a red ‘X’, select **Utilities** from the toolbar and click on **Remove Records Marked for Deletion**.

Copy: This button allows users to copy the entire screen with the exception of the VFC number. The **Provider site name** will indicate **Copy of Sample Clinic** in this field.

![Provider Site Name](image)

Cancel: This button should be used to revert information to the last saved. Any information that has been input to the screen will be lost if this button is used.

Notes: This feature opens a screen box to type comments.

Search: This feature allows users to look for assessment sites using the **Find What** and **Look In** fields. Input an assessment site name or facility number and then click the **Find** button.

![Search Window](image)

Setting Up the Assessment Site Information

When you select **Add**, you will notice that the bottom of your **Provider Setup** screen is empty and ready for data entry.
Boxes labeled Zip, VFC number, and Provider type are required fields. State and Provider type have drop down boxes. To navigate the fields you may use your tab key, return/enter key, or click the mouse in any field. CoCASA has an Automatic Save Feature that is triggered by the user. This will allow users to leave the entry screen by selecting a different assessment site, clicking any of the buttons, or closing the box without losing any data. The exception is clicking on the Cancel button.

**NOTE:** CoCASA is a clinical application typically used by physicians or providers. Because of this, fields like ‘VFC number’ and ‘Provider type’ are labeled accordingly. However for our assessment purposes, the field for ‘VFC number’ will be used to include the campus ID of the school or the licensing number for the child care center being assessed. Additionally, the field for ‘Provider type’ will be used to select ‘Other’ for schools or ‘Preschool/day-care/head start-private’ for child-care centers.

Enter the name and demographics for the school being assessed. Enter County using proper case (first letter capitalized) and only the name of the county. Do not include the word ‘county’ in the name. For Region, enter the Public Health Region (PHR) where the facility is located. Please enter the PHR number in this field according to the chart on the next page.
<table>
<thead>
<tr>
<th>DSHS Public Health Region (PHR)</th>
<th>Enter into CoCASA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2 or 3</td>
<td>2/3</td>
</tr>
<tr>
<td>4 or 5 North (all PHR 5 counties except Orange, Jefferson, and Hardin Counties)</td>
<td>4/5N</td>
</tr>
<tr>
<td>6 or 5 South (All PHR 6 counties plus Orange, Jefferson, and Hardin Counties)</td>
<td>6/5S</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>9 or 10</td>
<td>9/10</td>
</tr>
<tr>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

For the **VFC Number** field, enter the school **Campus ID** for the school being audited. This ID can be found on the sample line listing you receive from DSHS. For public schools that ID can also be found at TEA’s website at [http://mansfield.tea.state.tx.us/tea.askted.web/Forms/Home.aspx](http://mansfield.tea.state.tx.us/tea.askted.web/Forms/Home.aspx). For charter or private schools use the school ID found at TEPSAC’s website [https://www.tepsac.org/#/search/schools](https://www.tepsac.org/#/search/schools).

For the validation survey, enter the Campus ID for kindergarten schools prefixed by ‘K-’ and 7th grade schools prefixed by ‘7-’. For example, ‘Pflugerville El’ Campus ID would be entered as ‘K-227904101’ and ‘Dobie MS’ Campus ID would be entered as ‘7-227901055’.

For the **Provider type** field, select **Other** and enter **School** in the **Specific** box. Unless otherwise instructed, **Fax** and **E-mail Address** may be left blank.

**ASSESSMENT SETUP**

Once you have entered a provider in the Provider Setup tab and you are ready to create an assessment click on the **AFIX Evaluation** tab to open this screen.
Under **Assessment Setup**, you will notice 5 tabs that will guide you through the process of completing criteria for assessments. As each step is completed, additional options become available and data entered is automatically saved. **CoCASA** will default to the **Setup Criteria** tab.

To begin, click on **Add**.

Choose **Chart Based Data**. Click **OK**.
Make sure that the school for this assessment is printed at the top left of the screen.

![Image of Provider Setup](image)

The **Assessment Date** and **Assessment Name** will default to the **Provider Setup** data entered. Change the **Assessment Name** to the name of the current assessment being conducted (for example, Pflugerville Elementary- Travis KG Validation 2016). It is helpful to add the county name, grade level, and year to your assessment name so you can easily identify which facility to include in your final export file.

For the validation survey, enter the date of the last Friday in October of the current school year (this will be the TEA PEIMS reporting date) for both the **Assessment Date** and the **As of Date** fields, regardless of when the survey is actually conducted.

Enter **Age Range for this Assessment** as **4 to 7 years** if you are performing a Kindergarten Validation Survey and **11 to 14 years** if you are performing a 7th grade Validation Survey.

The boxes for **Earliest Date of Birth** and **Latest Date of Birth** will be calculated automatically. Leave both boxes after **Age Cohort(s) for Analysis** unchecked.

Next, select the **Notes** tab; please enter the total number of kindergarten or 7th grade students enrolled at the school in the **Additional Notes** box.

Return to the Assessment Setup tab. Click on the **Assessment Factors** tab.

In the **Choose Demographic Fields** box, deselect all check boxes and check **Chart Number**.
In the Choose Patient Status Fields box, check **Does Immunization History Exist?** Leave the Choose Clinical Risk Factors box unchecked or type **none** in the blank box. For Choose Diagnostic Screening and Testing, check **none**. For Choose Counseling Events, check **none**.

For the Choose Other Assessment Factors box, check **none**.
The **Custom Questions** tab may be skipped, so click on the **Antigens** tab. Vaccines are listed on the right and need to be moved to the left in order for them to display on the **Data Entry** tab. Clicking on **Calculate Antigens** selects the **ACIP recommended vaccines** and moves them to the left. Vaccines not included in the assessment may be moved back to the right by clicking on the right arrow. Additional vaccines may be added to the list by using the arrow pointing to the left.

For the kindergarten surveys, at minimum include DTaP, Polio, MMR, Varicella, Hib, HepB, HepA, and PCV vaccines.

For the 7th Grade Validation Survey, at minimum include Tdap, Polio, MMR, Varicella, HepB, MCV and Hep A vaccines.

If a child’s vaccination record reflects a DT or a DTP shot in lieu of a DTaP or in conjunction with a DTaP, be sure to add these antigens to your list of selected antigens. Single antigens like measles, mumps, or rubella may also be added to the list of selected antigens if a child’s vaccination record reflects such shots.

Select **Yes** for **Record vaccine brand names**. If Hib vaccine brand is available, please be sure to capture that information by entering it CoCASA. If Hib brand is available in the record, select the Hib brand name from the **Brand Name** drop down menu after entering the Hib date administered. Capturing Hib brand name helps to provide a more accurate data analysis.

Leave **Record vaccine manufacturer/lot number**, and **Record geographical location of dose administration** marked **No**.

To simplify data entry, the vaccine fields may be displayed in any order by using the **Move Up** and **Move Down** buttons. This can be setup to match the order in the immunization record. Less
commonly used vaccines like single antigen measles vaccine or DT may be moved toward the bottom of the list in order to avoid having to skip through these vaccine fields during data entry in order to reach a more commonly used or required vaccine.

**Data Entry of Immunization Records**

In public schools, 100 randomly selected student immunization records are entered for either kindergarten or 7th grade, unless fewer than 100 students in the targeted grade level attend the selected school. In that situation, all students in the targeted grade level should be included in the survey. For charter and private schools, 24 records are entered from the targeted grade level. If there are fewer than 24, enter all students in that grade. Be sure to double check that you have entered the total grade enrollment in the Notes tab as instructed earlier.

To begin, select the **Data Entry** tab at the top of the page. The top portion of the screen will display information already provided for the assessment.

![Data Entry Screen](image)

Verify the correct facility and assessment is selected before beginning data entry. To enter a child’s or student’s immunization record, begin by selecting **Add Patient**.
Click on the Patient Demographics tab and enter general demographic information for the child on the Patient Demographics tab. For Chart Number, enter 01 for the 1st record number each record sequentially. Referencing single digits with a “0” before the numeric digit will ensure properly sorted numeric order of all records. Enter the child’s date of birth in the Date of Birth field in mm/dd/yyyy format. It is a required field. If the child has no immunization history, select NO from the drop down list for the No Immunization History field. Otherwise, click YES.

Next, click on the Immunization History tab. Enter all dates for all immunizations on the immunization record starting with DTaP as the first antigen. This will allow you to view and access the Ctrl+Function keys at the bottom of the screen on the Antigen tab. The Ctrl+Function keys may be used to copy dates from one vaccine to another. If necessary, scroll down to see all vaccines listed.
If a vaccine was not given for a particular reason, such as history of the disease or the child has a medical or conscientious exemption, click on the **Reason Not Given** tab.

Place your cursor in the cell below **Vaccine Not Given** and select the vaccine from the drop down list and the most appropriate reason from the **Reason Not Given** drop down list. If the child has a conscientious exemption for a particular vaccine, enter this as **Philosophical Objections**. The date should be listed as the date the parent signed and notarized the exemption. Use **Medical Contraindication** if the child has a medical exemption. If a date is provided, enter the date in the **Date of Visit** field.
Unless otherwise instructed, skip the Other Visits tab.

**EXPORTING COCASA DATA**

Select File, Export, and CoCASA data from the main menu.

The Export CoCASA Data screen will appear. Select the assessment sites to be transferred to the disk from the provider listing. Choose All Data from the Export Options. The from and to dates may be left blank. Deselect the Encrypt box if you do not wish to apply a password.
Hit the **Export** button and save the file in your desired folder.

Note that the **File name** at the bottom says **CoCASA Data**. Before saving the file, **make sure to change the File name to a name that identifies the correct health department or county** as well as the assessment type. For example, if sending a Validation Survey for both grades from Travis County, the file name could be ‘Travis16_KG_7thValidationSurvey.’

Click the Save button. The **Export CoCASA Data** screen will appear letting you know that your data has transferred to the disk successfully. Click **OK**.
Attach the XML files in an e-mail to the designated contact. If sending from a LHD, the designated contact is the PHR office. If sending from a PHR, the designated contact is the DSHS ACE Group at Imm.Epi@dshs.texas.gov.

Include any sampling worksheets and all appropriate quality check lists.

**BACKING UP RECORDS**

It is advised that routine back up of records be conducted. From the **Utilities** menu, choose **Back up Data**.

A message box will appear confirming back up was successful.

Be sure to keep track of the appropriate folder on the hard-drive where the back-up records are being stored in case the files are needed for future reference. It is very likely that someone will want to access them if a question arises.
Appendix 10:

Validation Survey Data Quality Check List
This form is provided to ensure that data submitted is complete and accurate.

<table>
<thead>
<tr>
<th>CoCASA Electronic File Data Quality Checks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Review Criteria</strong></td>
</tr>
<tr>
<td>All personal identifiers, except date of birth, have been de-identified from all records</td>
</tr>
<tr>
<td>All vaccine histories for each vaccine are included and entered for each record. Please ensure all required vaccines are displayed on screen.</td>
</tr>
<tr>
<td>For all kindergarten assessments, assessment has been created to allow Hib brand name to be captured when brand name is available.</td>
</tr>
<tr>
<td>Correct age groups were captured per grade level when setting up the assessment.</td>
</tr>
<tr>
<td>All records requested per school are entered into CoCASA. If enrollment of grade level was less than 100 for public schools or 24 for charter or private schools, total enumeration was conducted.</td>
</tr>
<tr>
<td>Facility ID, address, county name, and region is entered for each site</td>
</tr>
<tr>
<td>In CoCASA Notes tab, assessment size has been entered into Additional Notes section. The total enrollment for the targeted grade level has been completed.</td>
</tr>
<tr>
<td>Check that the assessment date is: For Validation Survey — the date of the last Friday in October</td>
</tr>
<tr>
<td>If submitting a CD or electronic file, check to make sure that the CD or file contains data and is not blank.</td>
</tr>
<tr>
<td>All schools provided on the line listing have been included on the CD or electronic file.</td>
</tr>
</tbody>
</table>

I certify that the information submitted has been reviewed and verified.

PHR Immunization Program Manager Signature ___________________________ Date ___________________________
Appendix 11:

Validation Survey Sampling Sheet
Survey Sampling Sheet for [SCHOOL/FACILITY NAME]

School/Facility Address: ________________________________

City: ________________________________

How many children are enrolled at this school/facility? ____________

Class (If applicable, circle one): K  7th

Organization conducting survey: ________________________________

Survey conducted by: ________________________________

Phone number: ________________________________ Email Address: ________________________________

<table>
<thead>
<tr>
<th>Survey</th>
<th>Number to Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Validation (Public School)</td>
<td>100</td>
</tr>
<tr>
<td>Validation (Charter or Private School)</td>
<td>24</td>
</tr>
</tbody>
</table>

If total enrollment is less than the preferred sample size, **ALL** records for that grade/age range should be included.

Example:

<table>
<thead>
<tr>
<th>Record Number</th>
<th>Date of Birth</th>
<th>Corresponding Number (CoCASA Random Number Generator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>05/05/2012</td>
<td>18</td>
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</tbody>
</table>
Appendix 12

Frequently Asked Questions
Frequently Asked Questions

Schools

1. What is the difference between a school audit and a school validation? The audit is required when a facility has been identified to have poor compliance with immunization program requirements. A school / ISD will be selected for audit if any of the following apply:
   a. >95% of delinquent students,
   b. did not submit an Annual Report of Immunization Status the previous school year, or
   c. >95% of provisionally enrolled students.

The school validation survey randomly selects schools to participate in a survey recording dose level information to calculate a verified compliance rate among students in Texas schools. The compliance rate is compared to the immunization data the schools submitted for the Annual Report of Immunization Status.

2. Are private schools allowed to create polices that do not accept conscientious exemption affidavits? Yes. As long as the child-care facility does not accept state tax funds, it can create a policy that does not accept unvaccinated children. The Attorney General’s Opinion regarding charter and private schools accepting unvaccinated children can be found at https://texasattorneygeneral.gov/opinions/opinions/50abbott/op/2006/pdf/ga0420.pdf.

3. Are we required to keep courtesy copies of immunization records we receive from schools or child-care facilities? Please keep the courtesy copies until finished with the reporting period for the specific task (validations, audits, etc.) in case there are any questions. Once the reporting period ends for the specific task, please place documents in the confidential shred bin.

Child-Care

1. What should I do if the child-care facility is permanently or temporarily closed? If it is temporarily closed, the child-care facility can be replaced with another facility in the public health region. The DSHS ACE Group in Austin should be notified via email before the switch occurs. A note should also be placed on the submitted audit report. If the facility is closed temporarily, the facility can be visited next year.

2. If the child-care center compliance rate is 94.7% (i.e., it rounds up to 95%) on the audit, would the facility be marked as non-compliant? The compliance rate should be indicated as 94.7%, but the facility should not be dinged for non-compliance.

Tips for Conducting In-Person Audits

- Check in the Child Health Reporting System (CHRS) if the school or child-care facility has the correct address and phone number.
• The HHSC child-care licensing website should be checked prior to the visit to ensure the facility is still operating.

• Send out a letter to school or child-care facility to notify them that their facility has been selected for an audit.

• If an audit will be conducted in-person, the superintendent or principal should be contacted in writing to schedule an appointment. The person conducting the audit should speak with the school nurse and explain the process, anticipated amount of time, and the documents that should be available during the audit.

• The school or child-care facility should be contacted by email or phone one week prior to the audit as well as a called the day before to ensure the facility has all the information needed and that there have not been any changes in staff since the facility was first contacted.

• Get familiar with rules and regulations regarding vaccine requirements in schools and child-care facilities.

• When the audit has been completed, it is a good idea to explain the results to the school/child-care staff and answer any questions.