

**2009 AIM Bull's-Eye Award Nomination: Oklahoma Department of Health
Oklahoma Child Care Audit Program**

Brief Background

The *Oklahoma Child Care Audit Program* evaluates the state law compliance level of childcare facilities and homes. According to state public health law, all children must meet certain immunization requirements before entering or attending a daycare/Head Start. Although immunization compliance review is officially handled through another state agency, Department of Human Services, in-depth examination of vaccine coverage is not performed due to the burden of other state review requirements. The *Oklahoma Child Care Audit Program* helps to assure vaccine records of large numbers of children are reviewed and that children are protected from vaccine preventable diseases. In Oklahoma, childcare attendees must be up-to-date for their age according to the recommended schedule for the following vaccines and number of doses:

4 DTaP (diphtheria, tetanus & pertussis vaccine), 1-4 PCV (pneumococcal conjugate vaccine), 3 Polio, 1 MMR (measles, mumps, & rubella vaccine), 1-4 Hib (*Haemophilus influenzae* type B vaccine), 3 Hepatitis B, 2 Hepatitis A, and 1 Varicella (chickenpox vaccine).

Goal/major purpose

The purpose of *Oklahoma Child Care Audit Program* is to ensure all children who attend childcare center/home are protected against vaccine preventable diseases. The goal of the audit program is that all centers and homes are compliant with $\geq 90\%$ of children being up-to-date for age.

Target population: All childcare centers/home in Oklahoma.

Annual budget and funding sources: \$45,250/year for each year and funding sources CDC Immunization Grant for Oklahoma.

Timing of Oklahoma Child Care Audit Program: January 2007 to December 2008.

Innovation

The *Oklahoma Child Care Audit Program* is especially innovative by utilizing staff resources to assure young children are up-to-date on vaccines. To address the critical gaps in *Oklahoma Child Care Audit Program*, the Immunization Service provides twenty-five Immunization Field Consultants (IFCs) assigned to all 77 counties. This project is different from projects with similar intent by having the IFCs select centers and homes to audit, and work directly with the facility to determine coverage rates as well as teaching facilities best methods for increasing vaccine rates. The role of staff is to facilitate improvement rather than report deficiencies. At the Child Care centers convenience, a date to conduct each visit is agreed upon, and the IFCs request the following items be made available: a list of all children enrolled with birth dates by class age, a copy of each child's immunization record(s), and a copy of any exemption forms on file. The IFCs inform the Child Care centers the evaluation is routine and is for informational purposes to assist the childcare to comply with state law. Repeat visits are made to facilities with less than 90% of children up-to-date for age. An obstacle that was overcome to implement this project was staffing issue.

Effectiveness

The *Oklahoma Child Care Audit Program* is very close to achieving its stated goal to ensure all children who attend childcare centers/homes are protected against vaccine preventable diseases and to ensure compliance of state health regulations of 90%. For 2006-2008, *the Oklahoma Child Care Audit Program* IFCs made a total of 1,955 visits 1,369 by facilities and reviewed the records of 44,839 records of children. For 2007-2008, the proportion of day care centers achieving a $\geq 90\%$ coverage rate improved from 41.7% at the time of the initial visit to 61.7% by the last visit. This program is effective because the IFCs made the child care visits and followed up as necessary, and there is an increase each year from 2006 to 2008 by one percent. This program is evaluated by documenting the total visits, total records reviewed, and the total child care centers up to date.

Potential for replication

The *Oklahoma Child Care Audit Program* is especially innovative by making visits, reviewing records, and documenting the percentage increase from the initial child care visits. This program

can be replicated in other states' immunization programs by ensuring the state's health regulations are in compliance. Following Oklahoma's model demonstrates can assist other states to ensure children who attend childcare centers/homes are protected against vaccine preventable diseases. The limitation/obstacle other programs might encounter if they replicated the project is having adequate field staff to make the face-to-face visits to child care centers.

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