



North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Richard O. Brajer
Secretary

Danny Staley
Acting Division Director

December 10, 2015

MEMORANDUM

TO: Child Care Operator/Head Start Director

FROM: Wendy Holmes, RN, Head *WK*
Immunization Branch

SUBJECT: Annual Child Care Immunization Report

North Carolina immunization law [G.S. 130A-155(c)] requires all licensed child care facilities to submit an annual immunization report on newborn through preschool-aged children. The purpose of this report is to ensure that all children enrolled in your early childhood program are protected against vaccine-preventable diseases and to determine the number of children who meet state immunization requirements.

IMPORTANT: Please submit your completed Annual Child Care Immunization Report as soon as possible. It must be postmarked no later than Friday, January 29, 2016. Mail the white copy of the report to the Immunization Branch (return envelope is enclosed) and the yellow copy to your local health department (see the enclosed Local Health Department directory for the address).

If you have a system for tracking immunizations at your center and can provide a computer printout that includes the same information as listed on this form, you can submit that printout instead of completing this form. The printout must be signed by the Operator. Please mail to the Immunization Branch and your local health department. **Please do not submit children's individual shot records.**

If you have Microsoft Word software, you may download the report forms from our website at http://immunize.nc.gov/schools/ccf_annualimmunization.htm. Typed reports will still need to be mailed to the Immunization Branch and your local county health department.

Here are several points to assist you in completing your annual child care report:

- Request the **most recent** copy of shot records from your parents **before** starting the report.
- Make sure you are using the most recent copy of the Annual Child Care Immunization Report. Note the revision date of 10/2015 at the bottom.
- Review the back of the report for instructions on completing the report.
- If you have no children enrolled, please complete the top section of the form and put '0' on the enrolled line.
- If your child care is closed, please complete the top section of the form and write "closed" across the form.
- You must complete the front sheet with the name of your child care, county, etc.
- Fill out all requested information completely (i.e., use numbers, not ✓'s to document a child's shots).
- **Do not send in copies of the children's medical reports or shot records.**
- Do not include any children who attend public, private, charter, or religious schools full time, as they are counted in school assessment report.
- **Remember to mail the yellow copy to your local health department and keep the pink copy for yourself.**

www.ncdhhs.gov • www.publichealth.nc.gov • www.immunize.nc.gov

Tel 919-707-5550 • Fax 919-870-4824

Location: 5601 Six Forks Road • Raleigh, NC 27609

Mailing Address: 1917 Mail Service Center • Raleigh, NC 27699-1917

An Equal Opportunity / Affirmative Action Employer



Minimum Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib*	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib*	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib*	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib*	3 Hep B	4 PCV	1 Var
4 years and older (and in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib*	3 Hep B	4 PCV	2 Var

Disease and Vaccine Brand Names for Required Vaccines

Disease	Vaccine/Abbreviation	Brand Name(s)	Combination Vaccines
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix
Polio	IPV, OPV	IPOL	Pediarix, Pentacel, Kinrix
Measles, Mumps, Rubella	MMR	MMR II	Proquad
Haemophilus influenzae type B	Hib	Pedvax HIB*, Act HIB	Pentacel
Hepatitis B	Hep B, HBV	Engerix-B, Recombivax HB	Pediarix
Pneumococcal	PCV, PCV-13, PPV-23	Prevnar, Pneumovax	
Chickenpox	Var, Varicella	Varivax	Proquad

*3 shots of Pedvax HIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

Please remember that child care staff members need to notify the parents/guardians of those children who do not meet the minimum immunization requirements for the child's age (G.S. 130A-155(a)) as soon as possible. The law allows parents/guardians of unimmunized or under-immunized children 30 calendar days after the child's first day of attendance to obtain the immunizations and/or present proof of such.

FREQUENTLY ASKED QUESTIONS:

Q: Why is this report required?

A: Child care facilities are required by law [G.S. 130A-155(c)] to submit the requested information annually. It is also a licensing requirement. You will be contacted if the report is not received on time.

In the case of an outbreak of a vaccine preventable disease, this report will also help identify the children who are most at-risk for contracting the disease.

Q: What happens if a parent does not submit their child's immunization records within 30 days of attendance?

A: The child should be excluded from attending child care until their records are submitted.

Thank you for your support of child health and childhood immunizations. If you have questions about the immunization reporting process, please contact the N.C. Immunization Branch at 919-707-5550 or immunization.reports@dhs.nc.gov.

Attachments

cc: Local Health Directors
 Regional Immunization Staff
 Child Care Health Consultants