



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

Roy Cooper
Governor

Mandy Cohen
DHHS Secretary

Daniel Staley
Division Director

March 19, 2018

Memorandum

TO: Child Care Operators/Head Start Directors

FROM: Wendy Holmes, RN, Head ^{WH} Immunization Branch

SUBJECT: Annual Child Care Immunization Report

The purpose of this memo is to notify child care operators of the 2018 annual immunization reporting requirements. North Carolina Immunization law [G.S. 130A-155(c)] requires all licensed child care facilities as defined in [G.S. 110-86(7)] to file an annual immunization report on children, newborn through preschool-aged. The purpose of this report is to determine the number of children who meet state immunization requirements under [G.S. 130A-154] thereby ensuring that children in attendance at your child care facility are protected against vaccine-preventable diseases.

You will submit the 2018 immunization report electronically by going to the following address: <https://www.surveygizmo.com/s3/4254220/2018-Child-Care-Immunization-Report>. Please follow the instructions and click on the blue "Next" button to start the report. Please allow yourself sufficient time to complete the report. **Reports are due by Friday, May 11, 2018 and will not be accepted after that date.**

The 2018 electronic version of the annual child care immunization report is the only report that will be accepted. If you have submitted a prior paper version of this report for the 2018 report period, we ask that you resubmit your report electronically by the due date. **Only one electronic report will be accepted per child care facility, per reporting period. Age worksheets are for your records and do not need to be sent to the Immunization Branch.**

An electronic version of the age worksheet and this memo can be found on the Immunization Branch website at http://www.immunize.nc.gov/schools/ccf_annualimmunization.htm to assist you in completing the annual child care report. If you do not have access to the internet and need assistance, please email Immunization.Reports@dhhs.nc.gov.

REMEMBER: Please do not report on children born after February 1, 2018, children who only attend before and/or after school, or children who are enrolled in elementary school full time. ***If you have no children enrolled or your center is closed, you still need to submit a report. This will ensure your center or home is counted and not considered delinquent or missing.*** For NC Pre-K and Head Start programs, include all children who attend full time, and do not include children who were reported on the Annual Kindergarten Immunization Report.



Tips for success:

- Ask your parents if you have the most updated immunization record on file at your center or home.
- Read all the directions on the 2018 Annual Child Care Immunization Report and on the Age Worksheets before starting the report.
- Complete the report as soon as possible and do not wait until the last minute. If you have additional questions about this report, please email Immunization.Reports@dhhs.nc.gov
- Submit your report online. This ensures it does not get lost in the mail, and the online report is confirmation that you have met your legal reporting requirements.

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. In the case of an outbreak of a vaccine-preventable disease, this report will help to identify the children who are most at risk for contracting the disease. You may be contacted if this report is not received or received on time.

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. [G.S. 130A-155(a)].

Q: What happens if the child is not legally up to date for their age?

A: If the child does not have the required number of shots for their age, the parents need to be informed; and given 30 calendar days to get the required immunizations. If the parent does not get the child immunized by 30 calendar days, the child should be excluded from attendance per public health law [G.S. 130A-155(a)].

Q: Do I need to get a new immunization records from all my parents?

A: The Immunization Branch recommends confirming with the parent of each child that you have the most updated record on file.

Thank you for your support of children's 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@dhhs.nc.gov.

Attachments

cc: Local Health Directors
Regional Immunization Consultants
Child Care Health Consultants
Amy Peterson
Theresa Stenersen

NC Division of Public Health 2018 CHILD CARE IMMUNIZATION REPORT

Before beginning this report, please read the instructions on the back.

1. County _____

2. Facility ID

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3. Child Care Type (check all that apply as defined in [G.S. 110-86(3)])

Child Care Family Child Care Home NC Pre-K Head Start Religious-Sponsored Before and After Only

a. Facility Name _____

b. Physical Address _____

c. Mailing Address _____

4. City _____

5. Zip Code _____

6. Phone Number (_____) _____ - _____

7. Operator's Name _____

8. Operator's Email Address _____

9. Name of person completing report _____

10. Email of person completing report _____

11. Total number of children attending: _____

***Do not count children who attend elementary school full time and are counted in the school immunization report.**

12. Record the **NUMBER OF CHILDREN** in each age group who are in the following categories. You may use the Age Worksheets (DHHS 2900B) to complete this chart and can be found at http://www.immunize.nc.gov/schools/ccf_annualimmunization.htm

13.

Age Group	Number of children attending	Number of children who had obtained the required immunization within the first 30 calendar days of their attendance (Up To Date)	Number of children who had not obtained the required immunization within 30 days of their attendance and are considered in process	Number of children who have received a Medical Exemption	Number of children who have received a Religious Exemption	Number of children with no records or exemptions (Not Up To Date)
Less than 24 months of age						
24 months and older, up to the first day of kindergarten						
TOTAL						

*See 2018 Instruction Sheet for Definitions

NC DIVISION OF PUBLIC HEALTH
INSTRUCTIONS FOR THE 2018 ANNUAL CHILD CARE IMMUNIZATION REPORT

Please be sure to:

- **Submit a report even if no children are attending your child care center or your child care center has closed. This will ensure your center meets the reporting requirement and is not considered delinquent.**
- Submit the report electronically <https://www.surveygizmo.com/s3/4254220/2018-Child-Care-Immunization-Report> by **Friday, May 11, 2018.**

****Failure to submit an annual child care immunization report per [G.S. 130A-155] will be reported to the Local Health Director for your county.***

Instructions:

1. **County** – Enter the county where you are located
2. **Facility ID** – This is your license number. If you do not know your facility ID number, please contact the Division of Child Development and Early Education or search for your facility at <http://ncchildcaresearch.dhhs.state.nc.us/>
3. **Child Care Type** – Select specific type of child care your facility is licensed for
 - a. **Facility Name** – Enter your facility’s name as it appears on your NC Child Care License
 - b. **Physical Address** – Enter the physical address of your Child Care Center
 - c. **Mailing Address** – Enter the mailing address of your Child Care Center
4. **City** – Enter the City in which your Child Care Center is located
5. **Zip Code** – Enter the Zip Code in which your Child Care Center is located
6. **Phone Number** – Enter your Child Care Centers telephone number
7. **Operator’s Name** – Enter the operator of the Child Care Center
8. **Operator’s Email** – Enter the operators email address
9. **Name of the person completing report** – Enter the person who is responsible for the content of the report. This is used in case there is a question about your report.
10. **Email of the person completing report** – Enter a valid business email address to contact you in case there is an issue, if applicable.
11. **Total number of children attending** – Enter the total number of children attending the child care on a regular basis (at least once per week for more than four hours but less than 24 hours per day). Include children who are within the 30-calendar day grace period of enrollment, regardless of their immunization status. Number of children by immunization status will be collected in question #12. Do not include any children born after February 01, 2018 or children who attend elementary school full time. (Enter zero (0) if no children are attending or your child care center has closed) This number should be equal to the sum or total number of children in each age group.
12. **Total number of children by category-** Complete each box as labeled with the number of children in each age group. Use the age worksheets (DHHS 2900B) to help determine which children are up to date for their age. All children must be vaccinated accordingly, be considered in process, or have a medical or religious exemption on file. (Enter zero (0) for each category if no children are attending or your child care center has closed).

***Definitions:**

Regular Basis: Regular basis (at least once per week for more than four hours but less than 24 hours per day).

Medical Exemption:

If a physician licensed to practice medicine in this State certifies that a required immunization is or may be detrimental to a person's health due to the presence of one of the contraindications adopted by the Commission and listed on the NC Medical Exemption Statement form (DHHS-3987), the person is not required to receive the specified immunization as long as the contraindication persists.

The State Health Director may, upon request by a physician licensed to practice medicine in this State, grant a medical exemption to a required immunization for a contraindication not adopted by the Commission. Physicians must submit a statement for the specific reason why each vaccine is detrimental to the child’s health and the length of time the exemption will apply their request on the Physician Request For Medical Exemption form (DHHS-3995). A signed statement from the State Health Director that grants this exemption will be sent to the requesting physician and the parent or guardian. A doctor’s **note** or parent statement is not sufficient for a Medical Exemption. A Medical Exemption is not proof of immunity to a disease.

Religious Exemption: A parent or guardian's written statement explaining that it is against their *bona fide* religious belief to have their child immunized. This statement must include the name and date of birth of the person for whom the exemption is being requested. These statements do not need to be notarized, signed by a religious leader, or prepared by an attorney. They do not need to be submitted to the North Carolina Immunization Branch for review or approval.

In Process: If the administration of vaccine in a series of doses given at medically approved intervals requires a period in excess of 30 calendar days, additional days upon certification by a physician may be allowed to obtain the required immunization. Upon termination of 30 calendar days or the extended period, the operator shall not permit the child to attend the facility unless the required immunization has been obtained.

Not Up to Date, no record or exemption:

- A child who had not received the required immunization on first day of attendance and did not obtain the required immunization or was in process of obtaining the required immunization within 30 calendar days of their first day of attendance.
- A child who did not obtain the required immunization and does not have a medical exemption or religious exemption.

Note: Alternative schedules DOES NOT excuse or exempt children from the minimum immunization requirements for child care entry.

NC Division of Public Health
2018 Annual Child Care Immunization Report – Age Worksheets

Before beginning the worksheets, please ensure you have the most updated copy of all immunization records. Please keep this worksheet for your records and do not submit with the electronic child care immunization report.

1. **Instructions:** Split your children into two groups – children less than 24 months of age, and children 24 months of age and older who are not in elementary school full time. Follow the birth dates at the top of the worksheets.
 - a. Head Start and NC Pre-K Programs: Include all children you consider to be attending full time. Do not include students who were reported on the Annual Kindergarten Immunization Report.
 - b. Include all children who attend your center or home on a regular basis*.
 - c. Do not include any children born after February 01, 2018.
 - d. Do not include any children who attend elementary school full time.
2. On the age-appropriate worksheet, write the name of the child in one of the spaces in the “Name” column and their birth date in the “Birth Date” column.
3. Write the number of doses the child has received for each vaccine per their immunization record on file at your center or home.
4. Compare the number of doses the child has received to the number of doses the child is required to have for their age for each vaccine from the chart below.
 - a. If the child has received at least the correct number of doses for all vaccines for their age, mark “1” in the “Up to Date” column. ***A Medical or Religious Exemption does not mean the child is Up to Date.***
 - b. If the child is missing required doses for their age group and does not have a medical or religious exemption, mark “1” in the “Not Up to Date, No Record or Exemptions” column. If the child has a medical or religious exemption, continue to the next instruction.
5. Mark “1” if the child has a medical exemption* on file for any vaccine in the “Medical Exemption” column.
6. Mark “1” if the child has a religious exemption* on file for any vaccine in the “Religious Exemption” column.
7. Mark “1” if your center or home does not have any immunization record or exemption on file for the child in the “Not UTD, No Record or Exemption” column.
8. Continue for all children in your center or home who attend child care on a regular basis*.
9. Total the columns at the bottom of the table and transfer to the Annual Child Care Immunization Report (DHHS 2900A).

Before This Age	Children Need These Immunizations						
3 months		1 Hep B					
5 months		2 Hep B			2 Polio		
7 months	3 DTaP**	2 Hep B	2 or 3 Hib^		2 Polio	3 PCV**	
12 months	3 DTaP**	2 Hep B	2 or 3 Hib^		2 Polio	3 PCV**	
16 months	3 DTaP**	2 Hep B	3 or 4 Hib^	1 MMR**	2 Polio	4 PCV**	
19 months	4 DTaP**	3 Hep B	3 or 4 Hib^	1 MMR**	3 Polio	4 PCV**	1 Varicella
4 years (in child care only)	4 DTaP**	3 Hep B	3 or 4 Hib^	1 MMR**	3 Polio	4 PCV**	1 Varicella
4 years and older (and in kindergarten)	5 DTaP**	3 Hep B	3 or 4 Hib^	2 MMR**	4 Polio	4 PCV**	2 Varicella

Children who received doses of Hib and/or PCV late may be required to receive fewer doses

*See definitions on DHHS 2900A

**DTaP = diphtheria, tetanus, pertussis; MMR = measles, mumps, rubella; PCV = pneumococcal conjugate vaccine

^Number of doses depends on the vaccine product.

For additional worksheets, please visit <http://immunize.nc.gov/schools>

NC Division of Public Health
 2018 Annual Child Care Immunization Report – Age Worksheets
Worksheet for Children 0-24 months
 (Birth dates February 01, 2016 – February 01, 2018)

Name	Birth Date	DTaP**	Hep B	Hib^	MMR**	Polio PCV**	PCV**	Varicella	Medical Exemption*	Religious Exemption*	Up to Date (UTD)	Not UTD, No Record or Exemption*
(EXAMPLE) Jane Doe	1/30/2017	3	3	4	1	3	4	1			1	
									TOTAL:			

Worksheet for Children 24 months and older, up through Pre-Kindergarten

*See definitions on DHHS 2900A DHHS 2900B (Revision 03/2018)
 **DTaP = diphtheria, tetanus, pertussis; MMR = measles, mumps, rubella; PCV = pneumococcal conjugate vaccine
 ^Number of doses depends on the vaccine product.
 For additional worksheets, please visit <http://immunize.nc.gov/schools>

NC Division of Public Health
 2018 Annual Child Care Immunization Report – Age Worksheets
 (Birth dates January 30, 2016 and earlier)

Name	Birth Date	DTaP**	Hep B	Hib^	MMR**	Polio	PCV**	Varicella	Medical Exemption*	Religious Exemption*	Up to Date (UTD)	Not UTD, No Record or Exemption*
(EXAMPLE) John Doe	1/30/2015	4	3	3	1	3	4	0				1
TOTAL:												

*See definitions on DHHS 2900A
 **DTaP = diphtheria, tetanus, pertussis; MMR = measles, mumps, rubella; PCV = pneumococcal conjugate vaccine
 ^Number of doses depends on the vaccine product.
 For additional worksheets, please visit <http://immunize.nc.gov/schools>