

NC Division of Public Health
2019 CHILD CARE IMMUNIZATION REPORT INSTRUCTIONS

North Carolina Immunization law requires all licensed child care facilities as defined in G.S. 110-86(3) to file an annual immunization report on children, newborn through preschool-age. This report is used to determine the number of children who meet state immunization requirements under 10A NCAC 41A.0401, thereby ensuring that children in attendance at your child care facility are protected against vaccine-preventable diseases.

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.
4. **Facility Name** – Enter your facility’s name as it appears on your NC Child Care License.
5. **Physical Address** – Enter the physical address of your Child Care Center.
6. **Mailing Address** – Enter the mailing address of your Child Care Center.
7. **City** – Enter the City in which your Child Care Center is located.
8. **Zip Code** – Enter the Zip Code in which your Child Care Center is located.
9. **Phone Number** – Enter your Child Care Center’s telephone number.
10. **Operator’s Name** – Enter the operator of the Child Care Center.
11. **Operator’s Email** – Enter the operator’s email address.
12. **Name of the person completing report** – Enter the person’s name who is responsible for the content of the report. This is used in case there is a question about your report.
13. **Email of the person completing report** – Enter a valid business email address to contact you in case there is an issue, if applicable.

Note: If your child care center has closed, mark “closed” on the online form and you do not need to complete any further information.

14. **Total number of children attending** – Enter the total number of children attending the child care facility 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. Enter zero (0) if no children are in attendance. **Do not** include any children **born after December 01, 2019** or children who attend elementary school full time. This number should be equal to the sum or total number of children in each age group.
15. **Up-To-Date** - 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.
16. **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.
17. **Not Up to Date and no exemption** -
 - A child who had not received the required immunization on first day of attendance and did not obtain the required immunization within 30 calendar days of their first day of attendance.
 - A child who had not obtained a medical exemption or religious exemption.
18. **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 on the Physician’s 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.
19. **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.

EXAMPLE:

Age Group	Total Number of children attending	Up-To-Date	Number in process	Not Up-To-Date and no exemption	Medical Exemption	Religious Exemption
0 through 24 months	10	7	1	0	1	1
24 months up to the first day of kindergarten	15	11	2	1	1	0
TOTAL	25	18	3	1	2	1

20. An electronic version of the age worksheets can be found on our website at <https://immunize.nc.gov/schools/childcare.htm>, to assist you in completing the annual child care report.
21. Please submit the 2019 immunization report electronically by visiting <http://bit.ly/2019ChildcareReport> and clicking on the blue “Next” button.
22. **Please note a change in the reporting time – effective this year, reports are now due by midnight, Tuesday, December 31, 2019 and will not be accepted after that date.** The 2019 version of the annual child care immunization report is the only report that will be accepted. If you have submitted a prior version of this report for the 2019 reporting period, we ask that you resubmit your report electronically. **Only one current report will be accepted per child care facility, per report period.**
23. Please retain a copy for your records. We recommend saving a printable (.pdf) version of the response summary for your organization’s records, after submitting the online report.
24. Mail or fax a copy to your local health department! A list of addresses can be found here: <http://ncdhhs.gov/divisions/public-health/county-health-departments>.