

NC Division of Public Health
2019 Annual Child Care Immunization Report – Age Worksheets

Before beginning the worksheets, please ensure you have the most updated copy of all immunization records.

Please retain a copy for your records.

Mail or fax a copy to your local health department!

Instructions:

1. How do I know which kids to include in this Report?
 - Children who attend your facility at least once per week for more than four hours but less than 24 hours per day. (This includes newly enrolled children that have attended your facility less than 30 days when this report was completed.)
 - Children born on or before December 01, 2019
 - Children who currently attend your facility
 - Children who are **NOT** in kindergarten
2. What do I fill in on the Age Worksheet?
Child’s initials, date of birth, number of doses they have of each vaccine listed, and “1” under the category that applies to that child
3. How do I know a child has a Medical Exemption?
There is a valid Medical Exemption Form (or Request for Medical Exemption Form) in their file that is signed by a North Carolina Physician
4. How do I know a child has a Religious Exemption?
There is a written statement from the parent/guardian that says immunizing their child is against their *bona fide* religious beliefs. It must include the child’s initials and date of birth.
5. How do I know if a child is Up-To-Date on their immunizations?
Reference the chart below according to the child’s current age (e.g. if the child is currently 14 months old – refer to the 12-month line). See https://immunize.nc.gov/schools/ccf_requirements.htm for additional information.

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 and older	4 DTaP**	3 Hep B	3 or 4 Hib^	1 MMR**	3 Polio	4 PCV**	1 Varicella

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

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

6. After completing the worksheets, fill in the totals from each column in the summary table and use this as a reference for completion of the report form.

*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.

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Child Care Facility: _____

Facility ID: _____

Summary Table

Age Group	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						
24 months up to the first day of kindergarten						
TOTAL						

*Maximum age requirement for the first dose of Hep-B is 3 months. Children less than 3 months of age that have not received at least one dose of Hep-B should be reported as Up-To-Date until they have exceeded 3 months of age.

Please be sure to:

- ***Submit a report even if no children are attending your child care facility or your child care facility has closed. This will ensure your child care facility meets the reporting requirement and is not considered delinquent.***
- Submit the report electronically <http://bit.ly/2019ChildcareReport>, or is post marked by midnight **December 31, 2019**.
- Please retain a copy of the report and worksheets for your records.
- Mail or fax a copy of the completed report and worksheets to your local health department!
- ***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.***

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