2020 Child Care Immunization Report

Child care center name:			**MDH use only** Date received:
Street address:	City:	ZIP code:	Date entered in MIIC:
Person completing report:	Phone number:		DHS license #:
Title:	Center director's email:		Do you have school-aged children at your child care center (kindergarten or older)? __Yes __No

Keep a copy for your records. Check your report for errors before submitting. Don't forget to include your DHS license number.

Complete the following information for all children enrolled in the facility who are 3 months of age to first day of kindergarten.

Fill in the number of children who have received vaccine doses or have provided an exemption for each age group and vaccine (NM=non-medical exemption, ME=medical exemption).

Children who have exemptions on file should be counted in the NM or ME columns regardless of the number of vaccinations they have received.

Children who "Meet Requirements" have received all of the required vaccinations based on their current age.

Children who are "In Progress" have received at minimum 1 dose of vaccine and are in the process of completing the required vaccine series.

The total column for each vaccine should equal the total number of children enrolled for that age group (see example at the top of the chart).

Age Group	Number of Children Enrolled	Hepatitis B						Diphtheria, tetanus, pertussis (DTP, DTaP)						Polio (IPV or OPV)						Pneumococcal conjugate vaccine (PCV)						*Haemophilus influenzae* type b (Hib)					Measles, mumps, rubella (MMR)					Varicella (Chickenpox)[2]						Hepatitis A				
		No doses	In progress	Meets requirement	Exempt[1]		Hepatitis B Total	No doses	In progress	Meets requirement	Exempt[1]		DTaP Total	No doses	In progress	Meets requirement	Exempt[1]		Polio Total	No doses	In progress	Meets requirement	Exempt[1]		PCV Total	No doses	Meets requirement	Exempt[1]		Hib Total	No doses	Meets requirement	Exempt[1]		MMR Total	No doses	Meets requirement	History of disease	Exempt[1]		Varicella Total	No doses	Meets requirement	Exempt[1]		Hepatitis A Total
					NM	ME					NM	ME					NM	ME					NM	ME				NM	ME					NM	ME					NM	ME					NM	ME	
EXAMPLE: 24 months to first day of kindergarten	15	1	3	10	1	0	15	2	5	7	1	0	15	0	5	9	1	0	15							10	3	1	1	15	2	11	1	1	15	0	10	5	0	0	15	3	10	1	1	15
3 through 4 months																																														
5 through 6 months																																														
7 through 15 months																																														
16 through 23 months																																														
24 months to first day of kindergarten																																														

[1] Children who are exempt must have a statement on file in accordance with MS121A.15.

[2] If a child has already had chickenpox disease, varicella shots are not required. If disease occurred after Sept. 1, 2010, the child's doctor must sign a form. Children with a history of chickenpox should be counted in the "History of Disease" column.

Return completed form by February 1, 2021, by email or mail.

Email: health.childcare@state.mn.us

Mail: Minnesota Department of Health
Immunization Program
P.O.Box 64975
St. Paul, MN 55164-0975

Call 651-201-5503 or 1-800-657-3970 if you have questions.

I hereby certify that the information provided is complete and accurate to the best of my knowledge.

Administrator Signature _____ Date _____

DEPARTMENT OF HEALTH

(10/2020)