2022 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)?YesNo |

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).

| | Enrolled | | | He | patit | is B | | | Dip | Diphtheria, tetanus, pertussis (DTP, DTaP) | | | | | | | | Po (IPV c | olio or OP | V) | | Pne | eumo | cocca | al cor (PCV | njugate /) | vacci | ne | Haer | | <i>ilus ir</i> e b (H | | nzae | Me | easles | s, mur (MN | | ubella | | | Va (Chic | ricella kenpo | a ox)² | | | | Нер | atitis | 5 A | |
|-------------------------------------------------------|-----------------------|----------|-------------|-------------------|-----------|------|------------|-------------------|----------|-----------------------------------------------|-------------------|------------|------|-------|------------|----------|-------------|-------------------|---------------|-------|-------------|----------|-------------|-------|---------------------------------------------------------------------------------------------|---------------|-------|-----------|----------|-------------------|--------------------------|------------|-------------|----------|------------------|---------------|------------|-------------|----------|-------------------|--------------------|------------------|-----------|-------|-----------------|----------|-----------|------------|------------|-------------------|
| Age Group | Number of Children En | No doses | In progress | Moots requirement | שפרא ופאמ | Exem | npt¹ ME | Hepatitis B Total | No doses | In progress | Meets requirement | Ex | empt | | DTaP Total | No doses | In progress | Meets requirement | Exc | empt¹ | lio Total | No doses | In progress | 2 | l l l l l l l l l l l l l l l l l l l | Exemp | | PCV Total | No doses | Meets requirement | Exer | mpt¹ | Hib Total | No doses | Meets requirment | | empt¹ | MR Total | No doses | Meets requirement | History of disease | E) | kemp | | varicella lotal | No doses | eets requ | Exen NM | npt¹ ME | Hepatitis A Total |
| EXAMPLE: 24 months to first day of kindergarten | 15 | 1 | + 3 | + 10 | 0 + | 1 + | 0 = | 1 5 | 2 • | - 5 | + 7 | + 1 | + 0 |) = 1 | 15 | 0 + | · 5 • | 9 | + 1 | • 0 | = 15 | | | | | | | | 10 + | 3 + | · 1 • | - 1 | = 15 | 2 | + 11 | . + 1 | + 1 | = 15 | 0 | + 10 | + 5 | + 0 | + (|) = 1 | 5 | 3 + | 10 + | 1 + | • 1 = | = 15 |
| 3 through 4 months | | | + | + | + | + | = | • | | | - | + | + | + | | 4 | | - | + | + | = | | - | - | + | + | = | | + | + | | - | = | | | | | | | | | | | | | | | | | |
| 5 through 6 months | | | + | + | + | + | = | : | | • | + | + | + | = | | + | | + | + | + | = | | + | + | + | + | = | | + | + | . 4 | - | = | | | | | | | | | | | | | | | | | |
| 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.



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

Administrator Signature Date

Return completed form by December 1, 2022, 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.

(8/2022)