

# Wisconsin Child Care Immunization Assessment 2026



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

**Division of Public Health  
Bureau of Communicable Diseases  
Immunization Program**

**P-44329 (03/2026)**

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Governor



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Secretary

**State of Wisconsin**  
Department of Health Services

**DIVISION OF PUBLIC HEALTH**

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To: Licensed Child Care Center Operators

From: Stephanie Schauer, Director,  
Immunization Program

Subjects: 2025-2026 Child Care Immunization Assessment

**Immunization Assessment**

According to Wisconsin state law, licensed child care centers are required to submit a report annually summarizing the immunization status of the children aged 2-4 years in their center. This booklet contains the materials for this year's Child Care Immunization Assessment.

The Child Care Immunization Assessment form and instructions are found in this booklet. Use the Child Care Immunization Assessment form as a worksheet to collect the information and submit to DHS electronically through REDCap.

To complete the online REDCap assessment, type or copy/paste this link into your web browser, or click here: <https://redcap.link/fpcilqzm>.

**The URL must be typed exactly as written and will not work in Internet Explorer. Please use Google Chrome (preferred) or Microsoft Edge.** Do not paste the link into the Google search bar. Please use this URL only. If you are prompted for a username/password or code, you are not on the right web page.

If your center does not have a computer with an internet connection, you may be able to use one located at your local public library. The assessment may also be completed using a smartphone. If that is not possible, please contact the Wisconsin Immunization Program at 608-267-9959 and leave a message.

Upon completing the online immunization assessment, the immunization information for your child care center will automatically be sent to the local health department. You do not need to send the local health department a paper copy. If your child care center has moved or is closed, please indicate that on the assessment and contact Child Care Licensing to inform them of the change. Their website is: <https://dcf.wisconsin.gov/cclicensing/contacts>

The assessment due date is April 30, 2026.

**Please note that all licensed child care centers (i.e., family, camp and group centers) that serve 2-4 year olds are required, by law, to submit information collected through the Child Care Immunization Assessment form/REDCap survey.**

All forms found in this booklet may be downloaded from the Immunization Program webpage at:  
<https://www.dhs.wisconsin.gov/immunization/reqs.htm>

If you have any questions or need assistance, please contact your local health department or nearest Immunization Program Advisor listed below.

Eau Claire  
Shayna Nickell  
608-692-3541  
[Shayna.Nickell@dhs.wi.gov](mailto:Shayna.Nickell@dhs.wi.gov)

Green Bay  
Susan Nelson  
920-448-5231  
[SusanL.Nelson@dhs.wi.gov](mailto:SusanL.Nelson@dhs.wi.gov)

Madison  
Thanee Xiong  
608-267-9391  
[Thanee.Xiong@dhs.wi.gov](mailto:Thanee.Xiong@dhs.wi.gov)

Milwaukee  
Monica Thakur  
414-227-3995  
[Monica.Thakur@dhs.wi.gov](mailto:Monica.Thakur@dhs.wi.gov)

Rhineland  
Christie Larmie  
715-365-2709  
[Christie.Larmie@dhs.wi.gov](mailto:Christie.Larmie@dhs.wi.gov)

Again, the assessment due date is: April 30, 2026

Thank you for your continued cooperation.

cc: DCF Licensing, District Attorneys, Local Health Departments

## Immunization Law Clarification

**Four-day Grace Period:** The Student Immunization Law allows a four-day grace period for three required, age-dependent vaccines in child care centers. The grace period applies to the following vaccines:

- The first dose of MMR vaccine on or after the first birthday
- A dose of Hib vaccine on or after the first birthday
- A dose of DTaP/DT vaccine on or after the fourth birthday for kindergarteners.

The four-day grace period means a child is compliant with the immunization law if the dose of any of these vaccines was received four days or less before the date it was required.

**“Afterschool” Child Care Center Located in an Elementary School:** Students in elementary schools are required to have DTP/DTaP/DT/Td, Polio, MMR, Hepatitis B and Varicella (or reliable history of chickenpox) vaccines. Information about these vaccines is submitted to the school by parents on a Student Immunization Record. Children ages 2–4 who are enrolled in "afterschool" child care are also to have a Child Care Immunization Record ([F-44192](#)) on file. However, if an "afterschool" child care center is in an elementary school and only children from that school attend that child care center, the existing Student Immunization Records for those children can be used. There is no need for a duplicate Child Care Immunization Record. This only applies if the "afterschool" child care center director has access to the school's Student Immunization Records for children enrolled in the child care center. Any child enrolled in the child care center from a different school or school district would be required to submit the Child Care Immunization Record.

**Child Care vs. School:** The Student Immunization Law ([Wis. Admin. Code DHS 144](#)) applies to all Wisconsin schools and licensed child care centers. It requires that licensed child care centers assess and report the immunization status of children 2–4 years of age enrolled in their programs, in compliance with the law. In contrast, the school assessment measures compliance with the law among children enrolled in school, including children enrolled in early childhood, 3K, and 4K programs through 12<sup>th</sup> grade, and is done during fall each year. It is possible that some children will be assessed twice in the same school year: once as the student in a school and again as an attendee of a licensed child care center.

**Electronic Immunization Record:** Written evidence of immunization can be either the Child Care Immunization Record or an electronic immunization record. However, parents who choose to waive an immunization are still required to sign a waiver on the Child Care Immunization Record.

**Family Educational Rights and Privacy Act (FERPA):** Child care providers that fall under FERPA can no longer submit child-specific information (DPH form [F-44215](#)) for those who are not in compliance to the district attorney without the specific, written parental consent for this release. In general, FERPA applies to education records held by entities that receive funding from the Department of Education and are defined as an early education program, which means:

- (a) A Head Start program or an Early Head Start program carried out under the Head Start Act (42 U.S.C. 9831 *et seq.*), including a migrant or seasonal Head Start program, a Tribal Head Start program, or a Head Start program or an Early Head Start program that also receives State funding; or

- (b) A State licensed or regulated child care program; or
- (c) A program that—
  - (1) Serves children from birth through age 6 that addresses children’s cognitive (including language, early literacy, and early mathematics), social, emotional, and physical development; and
  - (2) Is—
    - (i) A State prekindergarten program; or
    - (ii) A program authorized under section 619 or part C of the Individuals with Disabilities Education Act; or
    - (iii) A program operated by a local educational agency.

If you are unsure if your facility is subject to FERPA, please consult with your legal counsel. The information listed above provides general guidelines and is not comprehensive. Additionally, the Wisconsin Immunization Program cannot make the determination whether your facility is subject to FERPA. If FERPA does not apply to your facility, then you should report children who are out of compliance to the district attorney using form [F-44215](#).

**Glossary of required vaccines**

DT	Diphtheria, Tetanus vaccine (pediatric type)
DTaP	Diphtheria, Tetanus, acellular Pertussis vaccine
DTP	Diphtheria, Tetanus, Pertussis vaccine (no longer available in the U.S.)
Hep B	Hepatitis B vaccine
Hib	Haemophilus influenzae type b vaccine
PCV	Pneumococcal Conjugate Vaccine (PCV)
IPV	Inactivated Polio vaccine (injectable type)
OPV	Oral Polio (vaccine is no longer available in the U.S.)
MMR	Measles, Mumps, Rubella vaccine
Varicella	Chickenpox vaccine

**Temporarily Closed Centers and Summer Camps:** Child care centers and summer camps that are temporarily closed during the time of assessment should report based off their most recent cohort of children.

**Vaccine Trade Names:** A health care provider may administer a required vaccine and only provide the parent with a note listing a vaccine trade name rather than spelling out the specific type of vaccine received. The following is a list of commonly used vaccines and their manufacturer's trade names to help you "translate" should this happen. Vaccine types that have more than one trade name listed (for example, DTaP vaccine) represent different vaccine manufacturers.

**Vaccine Type****Trade Name**

DTaP	DAPTACEL®
DTaP	Infanrix®
DTaP+Hep B+IPV (combined vaccine)	Pediarix®
DTaP+Hib+IPV (combined vaccine)	Pentacel®
DTaP+IPV (combined vaccine)	KINRIX™
DTaP+IPV (combined vaccine)	Quadracel®
DTaP+IPV+Hib+Hep B (combined vaccine)	Vaxelis™
Hepatitis B	ENGERIX B®
Hepatitis B	RECOMBIVAX®
Hib	PedvaxHIB® (PRP-OMP)
Hib	ActHIB® (PRP-T)
Hib	Hiberix®
Inactivated Polio Vaccine (IPV)	IPOL®
MMR	M-M-R®II
MMR	Priorix
MMR+Varicella (combined vaccine)	ProQuad®
Pneumococcal conjugate vaccine (PCV)-13	Pevnar13® (also noted as PCV13)
Pneumococcal conjugate vaccine (PCV)-15	Vaxneuvance™
Pneumococcal conjugate vaccine (PCV)-20	Pevnar20® (also noted as PCV20)
Varicella (chickenpox)	Varivax®

**Reliable History of Chicken Pox:** Child care attendees who have a reliable history of chicken pox disease (documented in a medical chart or through laboratory testing or positive titer) are not required to receive the Varicella vaccine. A physician, physician assistant, or advanced nurse prescriber must document a reliable history of varicella disease by indicating that the child has had chicken pox and signing the Child Care Immunization Form ([F-44192](#)). Parent report of chickenpox disease is no longer acceptable.

**Valid doses:** Vaccines in a series are most effective when administered at recommended time intervals. However, the Student Immunization Law does not address the issue of vaccine spacing. Therefore, the number of doses, including those that may be improperly spaced, can be counted toward compliance with the Student Immunization Law. A printout of an immunization record from the Wisconsin Immunization Registry may display a vaccine marked "invalid," which is acceptable under the law. Invalid doses are usually due to improper spacing of vaccines. The only spacing requirement in the law is that the first dose of MMR vaccine and a dose of Hib vaccine must be received after the first birthday and a dose of DTaP/DT vaccine must be received after the fourth birthday for children entering kindergarten.

**Waivers:** The Wisconsin student immunization requirements can be waived for health, religious, or personal conviction reasons. Children for whom waivers are filed are compliant with the Wisconsin Student Immunization Law; however, these children may be subject to exclusion from child care in the event of an outbreak of a disease against which they are not completely immunized.

Parents who choose to waive an immunization are required to sign a waiver on the Child Care Immunization Record ([F-44192](#)) and list the dates (month, day, year) of all the vaccines the child has already received. Alternatively, if F-44192 is not used, the parent should provide documentation of all the vaccines received, the dates (month, day, year) the vaccines were received, the vaccines that are being waived, the type of waiver, the date of the waiver, and the parent's name and signature. The child care center is responsible for obtaining waiver documentation.

A "refusal of [vaccine name]" documented in the Wisconsin Immunization Registry does not constitute a valid waiver. A reliable history of chickenpox, as defined above, is not a waiver but does exempt a child from the varicella vaccine requirement.

Children attending child care by way of the Wisconsin Shares child care subsidy ([Wis. Stat. § 49.155](#)) must be immunized as required under [Wis. Stat. § 252.04](#). The immunization requirement may only be waived for reasons of health or religion.

# CHILD CARE IMMUNIZATION ASSESSMENT FLOW CHART

Follow steps 1-3 below to complete the Child Care Assessment.

A list of the local health department addresses can also be found in this booklet. If you have questions or difficulty completing the assessment, please call the Immunization Program at 608-267-9959.

1.

## Collection of immunization records

- Parents must complete the [Child Care Immunization Record \(F-44192\)](#) and update it as needed.
- Child care center must keep the updated record on file.

Have you collected the immunization records for each child aged 2-4 years?

Yes

No

A) Send a reminder to parents of children who are missing records.  
B) If still missing records, send a notification letter to parents who have not submitted a record.

2.

## Complete the Immunization Assessment

### A. Is your child care permanently closed?

If your child care is **open**, check the "No" box.

No

Yes

If your child care is **closed**, check the "yes" box and follow the instructions for sending in the assessment.

### B. Are there children aged 2-4 years enrolled at your child care?

If you have children aged 2-4 enrolled, check the "yes" box.

Yes

No

If not, check the "no" box and follow the instructions for sending in the assessment.

### C. Complete questions 1-4 of the assessment

- Use the information from current immunization records collected from parents to complete the Immunization Assessment ([F-44019A](#)).
- For children for whom an Immunization Record has not yet been submitted, count these children as having no immunization record on the assessment.

3.

## Make a copy and submit materials

- Make a copy of the completed assessment ([F-44019A](#)) to keep for your records.
- Use the REDCap link provided throughout the child care booklet to complete the required online Immunization Assessment or call 608-267-9959 to submit your assessment over the phone.

### Child Care Immunization Assessment

Child care name (do not abbreviate)		Facility number (on your child care license)	
Street address		City/ZIP code	County
Phone number (include area code)	Name of person completing form	Email of person completing form	
Local health department			

Is your child care center permanently closed?  **Yes**  **No** If **Yes**, stop and complete the online survey: <https://redcap.wisconsin.gov/surveys/?s=DNTXWA4TRNE3DRFC> or call 608-267-9959 to submit over the phone.

**Note:** This report asks questions about children aged 2 through 4 years. This means all 2-, 3-, and 4-year-olds at your child care center.

Are children aged 2 through 4 years enrolled in your child care center?  **Yes**  **No** If **No**, stop and complete the online survey: <https://redcap.wisconsin.gov/surveys/?s=DNTXWA4TRNE3DRFC> or call 608-267-9959 to submit over the phone.

Question	Total number of children
1. How many children ages 2 through 4 years are enrolled in your child care center?	
2. How many of the children ages 2 through 4 years do <b>not</b> have an immunization record on file at your child care center? (An immunization record is a record describing the vaccinations the child has received. This could be on the "Child Care Immunization Record" [F-44192] or a printout from the Wisconsin Immunization Registry or an electronic medical record.)	
3a. How many children ages 2 through 4 years have <b>any</b> waivers (health, religious, or personal conviction)? (The immunization requirements can be waived for health, religious, or personal reasons. Parents can choose to waive vaccines by checking the appropriate box[e]s on the "Child Care Immunization Record" [F-44192], Step 4.)	
3b. How many children ages 2 through 4 years have a <b>health</b> waiver?	
3c. How many children ages 2 through 4 years have a <b>religious</b> waiver?	
3d. How many children ages 2 through 4 have a <b>personal conviction</b> waiver?	
3e. How many children with a waiver have <b>no</b> immunizations?	
4. How many children ages 2 through 4 years enrolled in your child care center have received <b>at least:</b>	
4a. 4 doses of <b>DTaP</b> or DT or DTP (diphtheria, tetanus, pertussis) vaccine?	
4b. 3 doses of <b>Polio</b> (IPV, inactivated polio) vaccine?	
4c. 3 doses of <b>Hib</b> ( <i>Haemophilus influenzae</i> type b) vaccine?	
4d. 3 doses of <b>Pneumococcal conjugate</b> (PCV13/PCV15) vaccine?	
4e. 3 doses of <b>Hepatitis B</b> (Hep B) vaccine?	

4f. 1 dose of <b>MMR</b> (measles, mumps, rubella) vaccine?	
4g. 1 dose of <b>Varicella</b> (chickenpox) vaccine?	
4h. Have a reliable history of <b>Varicella</b> (chickenpox) disease?	

For questions 3b, 3c, 3d, and 3e, the "Total Number of Children" entered should **not** be more than the number of children listed in question 3a.

For questions 2, 3a, 4, 4a, 4b, 4c, 4d, 4e, 4f, 4g, and 4h, the "Total Number of Children" entered should **not** be more than the number of children listed in question 1.

Please submit your survey online (link below) or call 608-267-9959 to submit over the phone. Do **not** mail or email the form to DHS or your Local Health Department:

<https://redcap.wisconsin.gov/surveys/?s=DNTXWA4TRNE3DRFC>

## Evaluación de la Vacunación en Guarderías Child Care Immunization Assessment

Nombre de la guardería (no abreviar)		Número del centro (que aparece en su licencia de guardería)	
Dirección postal		Ciudad y código postal	Condado
Número de teléfono (incluya el código de área)	Nombre de la persona que llena el formulario	Correo electrónico de la persona que llena el formulario	

Departamento de salud local

¿Está su guardería cerrada permanentemente?  **Sí**  **No** Si la respuesta es **Sí**, pare y responda a la encuesta en línea: <https://redcap.wisconsin.gov/surveys/?s=DNTXWA4TRNE3DRFC> o llame al 608-267-9959 para responder a la encuesta por teléfono.

**Nota:** En este informe se hacen preguntas sobre los niños entre 2 y 4 años. Es decir, todos los niños de 2, 3 y 4 años en su guardería.

¿Hay niños entre 2 y 4 años inscritos en su guardería?  **Sí**  **No** Si la respuesta es **No**, pare y responda a la encuesta en línea: <https://redcap.wisconsin.gov/surveys/?s=DNTXWA4TRNE3DRFC> o llame al 608-267-9959 para responder a la encuesta por teléfono.

Pregunta	Número de niños
1. ¿Cuántos niños entre 2 y 4 años están inscritos en su guardería?	
2. ¿Cuántos niños entre 2 y 4 años NO tienen un registro de vacunas en el archivo de su guardería? (Un registro de vacunas es un registro que describe las vacunas que se le han puesto al niño. Esto podría estar en el "Registro de vacunas para guarderías" [F-44192], en una copia impresa del Registro de vacunas de Wisconsin o en un registro médico electrónico).	
3a. ¿Cuántos niños entre 2 y 4 años tienen alguna exención por motivos de salud, religiosos o por convicción personal? (Se pueden eximir los requisitos de vacunación por motivos de salud, religiosos o personales. Los padres pueden optar por eximir las vacunas marcando la(s) casilla(s) correspondiente(s) en el "Registro de vacunas para guarderías" [F-44192], Paso 4).	
3b. ¿Cuántos niños entre 2 y 4 años tienen una exención por motivo de <b>salud</b> ?	
3c. ¿Cuántos niños entre 2 y 4 años tienen una exención por motivo de <b>religión</b> ?	
3d. ¿Cuántos niños entre 2 y 4 años tienen una exención por motivo de <b>convicción personal</b> ?	
3e. ¿Cuántos niños con una exención <b>no</b> han sido vacunados?	
4. ¿Cuántos niños entre 2 y 4 años inscritos en su guardería han recibido o tienen <b>al menos</b> :	
4a. cuatro dosis de la vacuna <b>DTaP</b> o DT o DTP (difteria, tétanos, tos ferina)?	
4b. tres dosis de la vacuna <b>contra la poliomielitis</b> (IPV, polio inactivada)?	
4c. tres dosis de la vacuna <b>contra Hib</b> ( <i>Haemophilus influenzae</i> tipo b)?	
4d. tres dosis de la vacuna <b>antineumocócica conjugada</b> (PCV13/PCV15)?	

4e. tres dosis de la vacuna contra <b>la hepatitis B</b> (Hep B)?	
4f. una dosis de la vacuna <b>MMR</b> (sarampión, paperas, rubéola)?	
4g. una dosis de la vacuna contra <b>la varicela?</b>	
4h. antecedentes confiables de la varicela?	

Para las preguntas 3b, 3c, 3d y 3e, el "Número de niños" **no** debe ser mayor que el número de niños indicado en la pregunta 3a.

Para las preguntas 2, 3a, 4, 4a, 4b, 4c, 4d, 4e, 4f, 4g y 4h, el "Número de niños" **no** debe ser mayor que el número de niños indicado en la pregunta 1.

Responda a la encuesta en línea (enlace a continuación) o llame al 608-267-9959 para responderla por teléfono. **No** envíe el formulario por correo o correo electrónico al DHS ni a su departamento de salud local:  
<https://redcap.wisconsin.gov/surveys/?s=DNTXWA4TRNE3DRFC>

## Assessment Instructions

**Due date: April 30, 2026**

This assessment should include children currently enrolled in your child care center who are 2 years through 4 years of age.

### **Step 1: Use the Immunization Assessment (F-44019A) found in this booklet**

- Locate the Immunization Assessment from this booklet.
- Answer the two questions above the table by checking either the Yes or No box; both questions must be answered.
- **Question 1:** Collect the Child Care Immunization Records of each child 2 through 4 years of age. Indicate the **total** number of children who are 2 through 4 years of age and currently enrolled in your child care center.
- **Question 2:** Indicate the number of children who do not have an Immunization Record on file at your center.
- **Question 3a:** Indicate the number of children with **any** waivers (health, religious or personal conviction). Of those children with any waivers, answer the following questions:
  - **Questions 3b – 3d:** Indicate the number of children with each type of waiver
  - **Question 3e:** Indicate the number of children who have not received any immunizations
- **Questions 4a-4h:** Review each child's Immunization Record by vaccine type and enter the total number of children who have received the indicated number of dose(s) of each vaccine. A "dose" of a vaccine is a date listed on the immunization record. Please note that some shots may contain two or more vaccines in one. For example, the vaccine called "Pediarix" contains DTaP, Polio (IPV) and Hep B vaccine and should be counted for all three of those vaccines. "Pentacel" contains DTaP, Polio (IPV) and Hib vaccine.
- **The total number of children for each vaccine type should not exceed total number of children aged 2 through 4 years enrolled (Question 1).**

**Step 2: Submit the Immunization Information** to the Wisconsin Immunization Program and your local health department using the following link: <https://redcap.link/vkjrdg87>

Do not paste the link into the Google search bar. Type or copy/paste the link into your address bar. You may also simply click the link through the web version of this booklet. The URL must be typed exactly as written and will not work in Internet Explorer. Please use Google Chrome (preferred) or Microsoft Edge. Do not paste the link into the Google search bar. Please use this URL only. If you are prompted for a username/password or code, you are not on the right web page. The assessment may also be completed using a smartphone.

If you are unable to access the internet to complete the assessment online, please call the Immunization Program at 608-267-9959.

If your child care has closed, please complete the first question of the online assessment and notify Child Care Licensing.

If the location of your child care center has changed, please enter the updated information into the online assessment and notify Child care licensing of the change.

The website for Child Care Licensing is: <https://dcf.wisconsin.gov/cclicensing>

**Keep a copy for your records!**

### Child Care Immunization Record

**Instructions: Complete and return to child care center.** State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center.** These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

**Personal data** **Please print**

<b>Step 1</b>	Child's name (Last, first, middle initial)	Date of birth (Month/Day/Year)	Area code/phone number
	Name of parent/guardian/legal custodian (Last, First, middle initial)	Address (Street, apartment number, city, state, ZIP)	

**Immunization history**

**Step 2** List the **month, day and year** the child received each of the following immunizations. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

Type of vaccine	First dose Month/Day/ Year	Second dose Month/Day/ Year	Third dose Month/Day/ Year	Fourth dose Month/Day/ Year	Fifth dose Month/Day/ Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (Chickenpox)					

**History of varicella/chickenpox**  
 In accordance with DHS 144.03(2)(g), I attest that this child has a reliable history of varicella disease and is not required to receive Varicella vaccine.

**Signature – Physician/PA/APNP** **Date Signed**

**Requirements**

**Step 3** The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

Age levels	Number of doses						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup>	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup>	2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only two doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose four days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).

#### **Compliance data and waivers**

#### **Step 4 If the child meets all requirements (sign at step 5 and return this form to the child care center), or**

If the child **does not** meet all requirements (check the appropriate box below, sign and return this form to child care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **within one year** and to notify the child care center in writing as each dose is received.

**Note: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of \$25.00 per day of violation.**

For health reasons this child should not receive the following immunizations \_\_\_\_\_(List in step 2 any immunizations already received)

\_\_\_\_\_  
Physician's signature required

For religious reasons this child should not be immunized. (List in step 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in step 2 any immunizations already received):

#### **Signature**

**Step 5** To the best of my knowledge, this form is complete and accurate.

\_\_\_\_\_  
Signature - Parent, guardian or legal custodian

\_\_\_\_\_  
Date signed

## Registro de Inmunizaciones para Guardería Child Care Immunization Record

**Llene y devuelva a la guardería.** La ley estatal requiere que todos los niños en guarderías presenten evidencia de inmunización contra ciertas enfermedades dentro de los **30 días escolares (6 semanas calendario) de ser admitidos al centro de cuidado infantil.** Estos requisitos sólo pueden eximirse si se presenta en la guardería una exención por motivos de salud, religiosos o de convicciones personales debidamente firmada. Consulte "Exenciones" más abajo. Si tiene alguna pregunta sobre las vacunas o sobre cómo llenar este formulario, comuníquese con la guardería de su hijo o con el departamento de salud local.

### Datos personales

### Escriba en letra de molde

<b>Paso 1</b>	Nombre del niño (apellido, nombre, inicial)	Fecha de nacimiento (mes, día, año)	Código de área y número de teléfono
	Nombre del padre/madre/tutor/guardián legal (apellido, nombre inicial del segundo nombre)	Dirección (calle, número de apartamento ciudad, estado, código postal)	

### Historial de vacunas

**Paso 2** Indique el **mes, día y año** en que le pusieron cada una de las siguientes vacunas al niño. Si no dispone del registro de vacunación de este niño, póngase en contacto con su médico o con el departamento de salud pública local para obtenerlo.

Tipo de vacuna	Primera dosis Mes/día/año	Segunda dosis Mes/día/año	Tercera dosis Mes/día/año	Cuarta dosis Mes/día/año	Quinta dosis Mes/día/año
Difteria, tétano, tos ferina (especifique DTP, DTaP, o DT)					
Polio					
El Hib (Haemophilus influenzae tipo B)					
Vacuna antineumocócica conjugada (PCV)					
Hepatitis B					
Sarampión-Paperas-Rubéola (MMR)					
Varicela					

### Historia de la varicela

De acuerdo con el DHS 144.03(2)(g), doy fe de que este niño tiene un historial confiable de la enfermedad de la varicela y no es necesario que se le ponga la vacuna contra la varicela.

\_\_\_\_\_  
**Signature** – Physician/PA/APNP

\_\_\_\_\_  
 Date Signed

### Requisitos

**Paso 3** Las siguientes son las vacunas mínimas **requeridas** para la edad o grado del niño al ingresar a la escuela. Todos los niños dentro de este rango deben cumplir con estos requisitos al ingresar a la guardería. Los niños que alcanzan una nueva edad o nivel de grado mientras asisten a esta guardería deben tener sus registros actualizados con las fechas de las dosis adicionales requeridas.

Niveles de edad	Número de dosis						
5 meses a 15 meses	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 meses a 23 meses	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>	
2 a 4 años	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup>	1 Varicella
Al entrar al kínder	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup>	2 Varicella

<sup>1</sup>Si el niño comenzó la serie de vacunas contra el Hib a los 12-14 meses de edad, sólo se requieren dos dosis. Si al niño le pusieron una dosis de vacuna contra el Hib a los 15 meses o después, no se requieren dosis adicionales. Se le debe poner un mínimo de una dosis de la vacuna después de los 12 meses (Nota: también se acepta una dosis cuatro días o menos antes del primer cumpleaños).

<sup>2</sup>Si el niño comenzó la serie de vacunas contra la PCV entre los 12 a los 23 meses de edad, sólo se requieren dos dosis. Si al niño le pusieron la primera dosis contra la PCV a los 24 meses o después, no se requieren dosis adicionales.

<sup>3</sup>La vacuna contra la triple viral (MMR) se le debe haber puesto el día del primer cumpleaños o después (Nota: también se acepta una dosis cuatro días o menos antes del primer cumpleaños).

<sup>4a</sup>A los niños que entran al kínder se le debe haber puesto una dosis después del cuarto cumpleaños (ya sea la tercera, cuarta o quinta dosis) para cumplir con los requisitos (Nota: también se acepta una dosis cuatro días o menos antes del primer cumpleaños).

### Datos de cumplimiento y exenciones

**Paso 4** Si el niño cumple todos los requisitos (firme en el Paso 5 y devuelva este formulario a la guardería) o

Si el niño no cumple todos los requisitos, (marque la casilla correspondiente a continuación, firme y devuelva este formulario a la guardería).

Aunque al niño no se le han puesto todas las dosis de vacunas requeridas para su grupo de edad, al menos se le han puesto la primera dosis de cada vacuna. Yo, entiendo que es mi responsabilidad ponerle las dosis restantes requeridas de vacunas para este niño **dentro de un año** y que debo notificar por escrito a la guardería a medida que se le ponga cada dosis.

**Nota: Si no se cumple con el horario o no se informa sobre las vacunas a la guardería, los padres pueden ser demandado ante un tribunal y recibir una multa de \$25 por día de infracción.**

Por razones de salud a este niño no se le pondrán las siguientes vacunas \_\_\_\_\_ (Anote en el **Paso 2** las vacunas que se le hayan puesto al niño)

\_\_\_\_\_ Se requiere la firma del médico

Por razones religiosas, este niño no debe ser vacunado. (Anote en el **Paso 2** las vacunas que se le hayan puesto al niño)

Por razones de convicción personal, este niño no debe ser vacunado. (Anote en el **Paso 2** las vacunas que se le hayan puesto al niño)

### Firma

**Paso 5** A mi leal saber y entender, este formulario está completo y es exacto.

\_\_\_\_\_  
Firma del padre/madre/tutor/guardián legal

\_\_\_\_\_  
Fecha de la firma



## LOCAL PUBLIC HEALTH DEPARTMENT LIST

DEPARTMENT NAME	ADDRESS	CITY	ZIP CODE	PHONE
Adams County Public Health Department	108 E. North St.	Friendship	53934	608-339-4513
Appleton City Health Department	100 North Appleton Avenue	Appleton	54911-4799	920-832-6429
Ashland County Hlth & Human Services	630 Sanborn Avenue	Ashland	54806	715-682-7028
Barron County Health Department	335 E. Monroe Ave., Rm 338	Barron	54812	715-537-5691
Bayfield County Health Department	117 E. Sixth St.	Washburn	54891	715-373-6109
Brown County Health Department	610 S. Broadway St., PO Box 23600	Green Bay	54305-3600	920-448-6478
Buffalo County Hlth & Human Serv Dept.	407 S. Second St., PO Box 517	Alma	54610-0517	608-685-6323
Burnett County Health Department	7410 County Road K, #280	Siren	54872-9043	715-349-7600
Calumet County Health Department	206 Court Street	Chilton	53014-1198	920-849-1432
Central Racine County Health Department	10005 Northwestern Ave, Suite A (Hwy K)	Franksville	53126	262-898-4460
Chippewa County Dept of Public Health	711 North Bridge St., Rm 121	Chippewa Falls	54729	715-726-7900
Clark County Health Department	517 Court St., Rm 105	Neillsville	54456	715-743-5105
Columbia County Health Department	2652 Murphy Rd., PO Box 136	Portage	53901	608-742-9227
Crawford County Health Department	225 N. Beaumont Rd., Suite 306	Prairie du Chien	53821	608-326-0229
Cudahy Health Department	5050 South Lake Drive	Cudahy	53110	414-769-2239
Dane County-Madison Public Health Dept	210 Martin Luther King Jr Blvd, Rm 507	Madison	53703	608-266-4821
DePere Department of Public Health	335 S. Broadway	DePere	54115-2593	920-339-2373
Dodge County Health Department	199 County Rd DF	Juneau	53039-1373	920-386-3670
Door County Health Department	421 Nebraska Street	Sturgeon Bay	54235-0670	920-746-2234
Douglas County Health Department	1316 N. 14 <sup>th</sup> St., Suite 324	Superior	54880	715-395-1304
Dunn County Health Department	3001 US Hwy 12 East	Menomonie	54751	715-231-6440
Eau Claire City/County Health Department	720 Second Avenue	Eau Claire	54703	715-839-4718
Florence County Health Department	501 Lake Avenue, PO Box 410	Florence	54121	715-528-4837
Fond du Lac County Health Department	160 South Macy Street, 3 <sup>rd</sup> Floor	Fond du Lac	54935-4241	920-929-3085
Forest County Health Department	200 E. Madison Street	Crandon	54520	715-478-3371
Franklin Health Department	9229 West Loomis Road	Franklin	53132	414-425-9101
Grant County Health Department	111 S. Jefferson St., 2 <sup>nd</sup> Floor	Lancaster	53813	608-723-6416
Green County Health Department	N3150 Highway 81, Govt Svcs Bldg	Monroe	53566	608-328-9390
Green Lake County Dept of Hlth & Human Srvc	571 County Rd A, PO Box 588	Green Lake	54941-0588	920-294-4070
Greendale Health Department	5650 Parking Street	Greendale	53129	414-423-2110
Greenfield Health Department	7325 West Forest Home Avenue	Greenfield	53220	414-329-5275
Hales Corners Health Department	5635 South New Berlin Road	Hales Corners	53130	414-529-6155
Iowa County Health Department	303 W. Chapel St., Suite 2200	Dodgeville	53533	608-930-9870
Iron County Health Department	502 Copper Street	Hurley	54534	715-561-2191
Jackson County Hlth & Human Services	420 Hwy 54 West, PO Box 457	Black River Falls	54615	715-284-4301
Jefferson County Health Department	1541 Annex Road	Jefferson	53549	920-674-7275
Juneau County Health Department	100 Main St, Suite 100	Mauston	53948	608-847-9373
Kenosha County Division of Health	8600 Sheridan Rd., Suite 600	Kenosha	53143	262-605-6700
Kewaunee County Health Department	810 Lincoln Street	Kewaunee	54216	920-388-7160

<b>DEPARTMENT NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>ZIP CODE</b>	<b>PHONE</b>
La Crosse County Health Department	300 North Fourth Street	LaCrosse	54601-3299	608-785-9872
Lafayette County Health Department	729 Clay Street, PO Box 118	Darlington	53530	608-776-4895
Langlade County Health Department	1225 Langlade Road	Antigo	54409	715-627-6250
Lincoln County Health Department	607 North Sales Street	Merrill	54452-1637	715-536-0307
Madison-Dane County Public Health Dept.	210 Martin Luther King Jr Blvd, Rm 507	Madison	53703	608-266-4821
Manitowoc County Health Department	1028 South 9 <sup>th</sup> Street	Manitowoc	54220-4577	920-683-4155
Marathon County Health Department	1000 Lake View Drive, Rm 100	Wausau	54403-6797	715-261-1900
Marinette County Health Department	2500 Hall Avenue, Suite C	Marinette	54143-1604	715-732-7670
Marquette County Health Department	428 Underwood Avenue, PO Box 181	Montello	53949-0181	608-297-3135
Menasha City Health Department	100 W Main St, Suite 100	Menasha	54952-3190	920-967-3520
Menominee County Human Services	<b>See Shawano County</b>			
Milwaukee City Health Department	841 North Broadway, 3 <sup>rd</sup> Floor	Milwaukee	53202	414-286-3521
Monroe County Health Department	315 W Oak St	Sparta	54656	608-269-8666
North Shore Health Department	4800 West Green Brook Drive	Brown Deer	53223	414-371-2981
Oak Creek Health Department	8040 South 6 <sup>th</sup> St	Oak Creek	53154	414-766-7950
Oconto County Health Department	501 Park Avenue	Oconto	54153-1612	920-834-7000
Oneida County Health Department	100 W Keenan St, PO Box 400	Rhineland	54501	715-369-6105
Outagamie County Public Health Division	401 South Elm Street	Appleton	54911-5985	920-832-5100
Ozaukee County Public Health Department	121 West Main Street, PO Box 994	Port Washington	53074-0994	262-284-8170
Pepin County Health Department	740 Seventh Avenue West, PO Box 39	Durand	54736	715-672-5961
Pierce County Health Department	412 West Kinne, PO Box 238	Ellsworth	54011	715-273-6755
Polk County Health Department	100 Polk County Plaza, Suite 180	Balsam Lake	54810	715-485-8500
Portage County Health & Human Services	817 Whiting Avenue	Stevens Point	54481	715-345-5350
Price County Health Department	104 S. Eyder, Ground Floor	Phillips	54555	715-339-3054
Racine City Health Department	730 Washington Avenue	Racine	53403	262-636-9201
Richland County Health Department	221 West Seminary Street	Richland Center	53581	608-647-8821
Rock County Public Health Department	3328 North US Highway 51, PO Box 1088	Janesville	53545	608-757-5440
Rusk County Health Department	311 Miner Avenue East, Suite C220	Ladysmith	54848	715-532-2299
St. Croix County Dept of Hlth & Human Services	1752 Dorset Lane	New Richmond	54017-2452	715-246-8372
St. Francis Health Department	3400 E. Howard Avenue	St. Francis	53235	414-481-2300
Sauk County Public Health Department	505 Broadway	Baraboo	53913-2401	608-355-3290
Sawyer County Dept. of Hlth & Human Services	10610 Main Street, Suite 224	Hayward	54843-0730	715-634-4806
Shawano-Menominee Counties Hlth Dept	311 North Main Street, Courthouse Rm 7	Shawano	54166-2198	715-526-4805
Sheboygan County Human Services	1011 North Eighth Street	Sheboygan	53081-4043	920-459-3207
South Milwaukee Health Department	2424 15 <sup>th</sup> Avenue	South Milwaukee	53172	414-768-8055

<b>DEPARTMENT NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>ZIP CODE</b>	<b>PHONE</b>
Taylor County Health Department	224 S. Second St	Medford	54451	715-748-1410
Trempealeau County Health Department	36245 Main Street, PO Box 67	Whitehall	54773	715-538-2311
Vernon County Health Department	318 Fairlane Dr (Co Hwy BB) PO Box 209	Viroqua	54665-0209	608-637-5251
Vilas County Health Department	330 Court Street	Eagle River	54521	715-479-3656
Walworth County Health Department	W4051 Co Rd NN, PO Box 1005	Elkhorn	53121	262-741-3140
Washburn County Health Department	222 Oak Street	Spooner	54801	715-635-4400
Washington County Health Department	333 East Washington St., Suite 1100	West Bend	53095	262-335-4462
City of Watertown Dept. of Public Health	515 South First Street	Watertown	53094	920-262-8090
Waukesha County Health Department	514 Riverview Avenue	Waukesha	53188	262-896-8430
Waupaca County Human Services Division	811 Harding Street	Waupaca	54981-2080	715-258-6323
Waushara County Health Department	230 West Park St, PO Box 837	Wautoma	54982-0837	920-787-6590
Wauwatosa Health Department	7725 West North Avenue	Wauwatosa	53154-2948	414-479-8936
West Allis Health Department	7120 West National Avenue	West Allis	53214	414-302-8600
Winnebago County Health Department	112 Otter Avenue, PO Box 2808	Oshkosh	54903-2808	920-232-3000
Wood County Health Department	111 W Jackson St	Wisconsin Rapids	54495	715-421-8911

# Child Care Center Immunization Assessment

## 2024–2025 Wisconsin Results



Child care centers are valuable to public health because they can help prevent the spread of childhood illnesses. DHS conducts an annual immunization status assessment of licensed child care attendees to monitor and protect children against disease. The child care assessment was conducted in the spring of 2025.

The assessment counted the number of children ages 2 through 4 years attending the child care center and the number of these attendees in compliance with the Wisconsin immunization law. The results are displayed on the next two pages.

### 2024–25 Key takeaways



2,101 child care centers reported compliance results for a total of 46,865 children.



57.4% of licensed child care centers submitted a report.



The median number of child care attendees aged 2 through 4 years per center was 12 (range: 1 to 271).



Vaccination coverage declined across most immunizations assessed in 2024–25 compared to 2023–24.

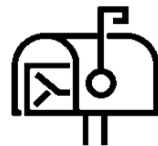


There were overall increases in waivers and non-vaccination in 2024–25 compared to 2023–24.

### Assessment Process



DHS mails the assessment postcard and link



Child care centers complete assessment online



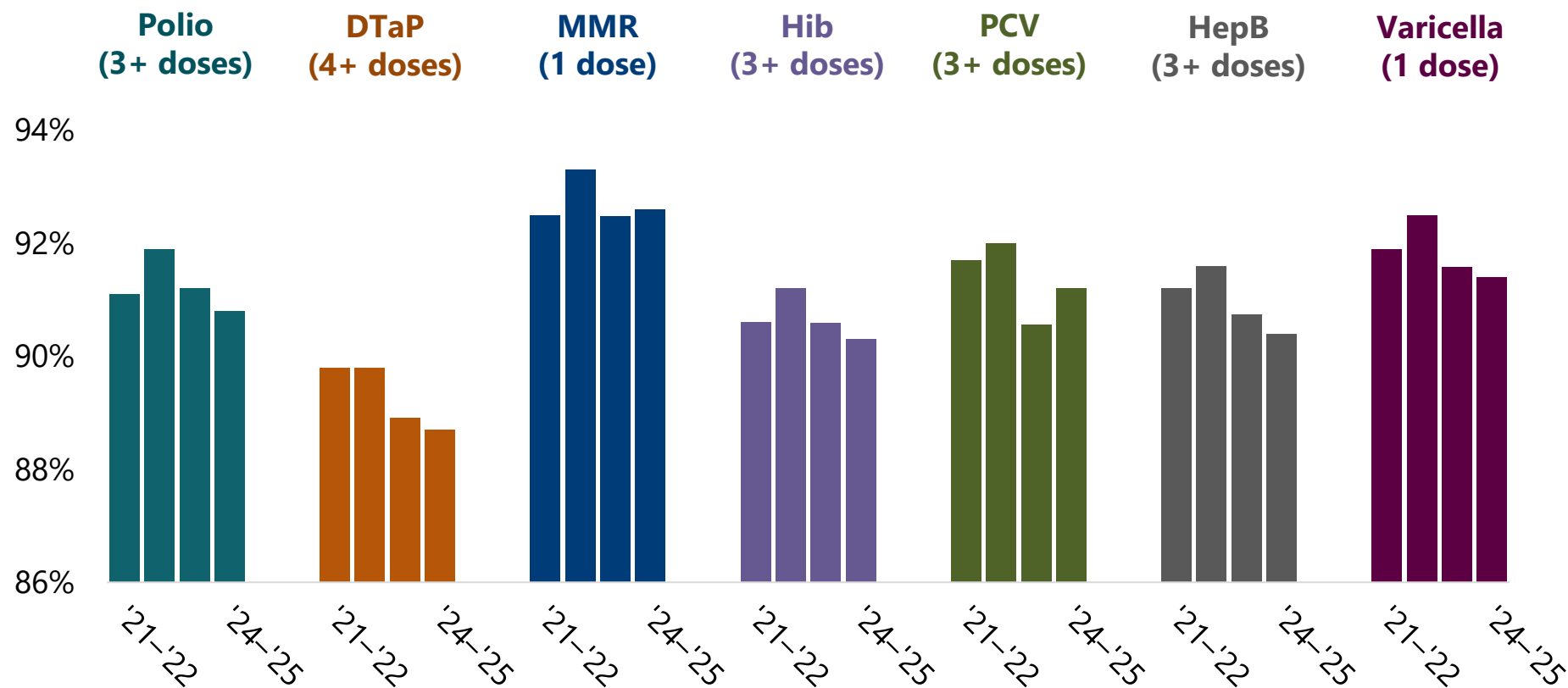
DHS collects and analyzes assessment results



# Vaccination Coverage for 2–4-Year-Olds in Child Care Centers

The percentage of children attending licensed child care centers who received all required immunization doses declined across five of the seven vaccines. The vaccines/ vaccine series with the largest decline were polio and hep B , followed by DTaP and varicella.

**Figure 1:** Immunization coverage\* of Wisconsin 2 through 4-year-olds enrolled in licensed child care centers, 2020–2021 to 2024–2025.



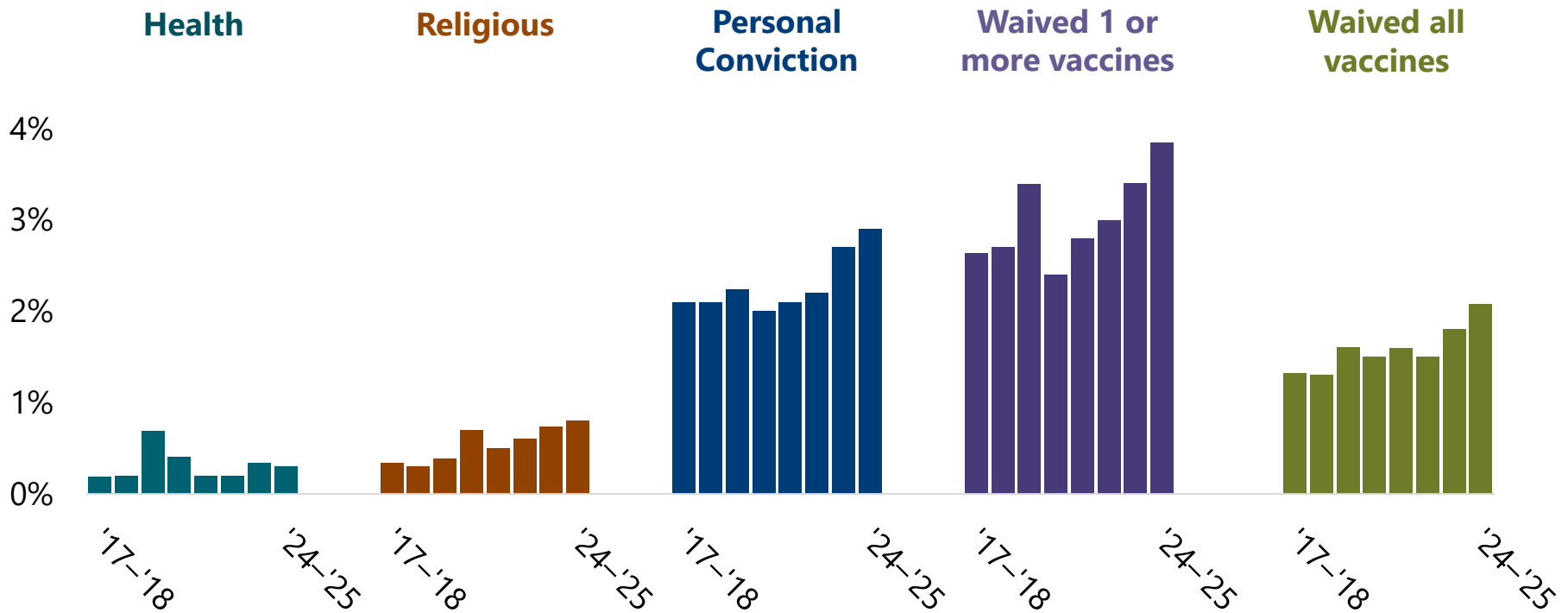
\*Exact percentages reported on page 4.

# Vaccination Waivers for 2–4-Year-Olds in Child Care Centers

The State of Wisconsin permits parents with children attending licensed child care centers to waive their required immunizations under health, religious, and personal conviction reasons. In 2024–25, the percentage of children with each type of waiver increased. Personal conviction was the most common type of waiver in child care centers. The percentage of children who had one or more vaccinations waived also increased, including those without any vaccinations (waived all).

Although children with waived vaccines are compliant with the law, this does not mean that they are protected against disease. Vaccination is still highly recommended for children’s safety and health. [More information and resources are available at DHS here.](#)

**Figure 2:** Waivers\* for children attending licensed child care centers, 2017–2018 to 2024–2025.



\*Waiver categories depicted above may not be mutually exclusive. Exact percentages reported on page 4.

# Child Care Immunization Assessment Results: Table View

**Table 1:** Immunization coverage of Wisconsin 2 through 4-year-olds enrolled in licensed child care centers.

Immunization Coverage	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25	Change from previous year
<b>Polio (3+ doses)</b>	93.3%	91.4%	93.3%	92.3%	91.1%	91.9%	91.2%	90.8%	-0.4%
<b>DTaP (4+ doses)</b>	91.5%	89.9%	91.5%	90.0%	89.8%	89.8%	88.9%	88.7%	-0.2%
<b>MMR (1 dose)</b>	93.7%	91.9%	94.3%	93.5%	92.5%	93.3%	92.5%	92.6%	0.1%
<b>Hib (3+ doses)</b>	92.7%	91.0%	92.9%	91.7%	90.6%	91.2%	90.6%	90.3%	-0.3%
<b>PCV (3+ doses)</b>	93.1%	91.5%	94.0%	92.4%	91.7%	92.0%	90.6%	91.2%	0.6%
<b>Hep B (3+ doses)</b>	93.0%	90.6%	93.3%	91.7%	91.2%	91.6%	90.7%	90.4%	-0.3%
<b>Varicella (1 dose)</b>	92.8%	91.1%	93.0%	92.4%	91.9%	92.5%	91.6%	91.4%	-0.2%

**Table 2:** Vaccination Waivers for Wisconsin 2 through 4-year-olds enrolled in licensed child care centers.

Waivers	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25	Change from previous year
<b>Health Waiver</b>	0.2%	0.2%	0.7%	0.4%	0.2%	0.2%	0.3%	0.3%	0.0%
<b>Religious Waiver</b>	0.3%	0.3%	0.4%	0.7%	0.5%	0.6%	0.7%	0.8%	0.1%
<b>Personal Conviction Waiver</b>	2.1%	2.1%	2.2%	2.0%	2.1%	2.2%	2.7%	2.9%	0.2%
<b>Waived One or More Vaccines</b>	2.6%	2.7%	3.4%	2.4%	2.8%	3.0%	3.4%	3.8%	0.4%
<b>Waived All Vaccines</b>	1.3%	1.3%	1.6%	1.5%	1.6%	1.5%	1.8%	2.1%	0.3%



**WISCONSIN STATUTES  
CHAPTER 252  
COMMUNICABLE DISEASES**

**252.04 Immunization program. (1)** The department shall carry out a statewide immunization program to eliminate mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis and other diseases that the department specifies by rule, and to protect against tetanus. Any person who immunizes an individual under this section shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of immunization and the name and title of the person who immunized the individual. These records shall be available to the individual or, if the individual is a minor, to his or her parent, guardian or legal custodian upon request.

**(2)** Any student admitted to any elementary, middle, junior, or senior high school or into any child care center or nursery school shall, within 30 school days after the date on which the student is admitted, present written evidence to the school, child care center, or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus, and other diseases that the department specifies by rule or shall present a written waiver under sub. **(3)**.

**(3)** The immunization requirement is waived if the student, if an adult, or the student's parent, guardian, or legal custodian submits a written statement to the school, child care center, or nursery school objecting to the immunization for reasons of health, religion, or personal conviction. At the time any school, child care center, or nursery school notifies a student, parent, guardian, or legal custodian of the immunization requirements, it shall inform the person in writing of the person's right to a waiver under this subsection.

**(4)** The student, if an adult, or the student's parent, guardian, or legal custodian shall keep the school, child care center, or nursery school informed of the student's compliance with the immunization schedule.

**(5)** (a) By the 15th and the 25th school day after the date on which the student is admitted to a school, child care center, or nursery school, the school, child care center, or nursery school shall notify in writing any adult student or the parent, guardian, or legal custodian of any minor student who has not met the immunization or waiver requirements of this section. The notices shall cite the terms of those requirements and shall state that court action and forfeiture penalty could result due to noncompliance. The notices shall also explain the reasons for the immunization requirements and include information on how and where to obtain the required immunizations.

(b) 1. A school, child care center, or nursery school may exclude from the school, child care center, or nursery school any student who fails to satisfy the requirements of sub. **(2)**.

2. Beginning on July 1, 1993, if the department determines that fewer than 98% of the students in a child care center, nursery school, or school district who are subject to the requirements of sub. **(2)** have complied with sub. **(2)**, the child care center or nursery school shall exclude any child who fails to satisfy the requirements of sub. **(2)** and the school district shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. **(2)**.

3. Beginning on July 1, 1995, if the department determines that fewer than 99% of the students in a child care center, nursery school, or school district who are subject to the requirements of sub. **(2)** have complied with sub. **(2)**, the child care center or nursery school shall exclude any child who fails to satisfy the requirements of sub. **(2)** and the school district shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. **(2)**.

4. No student may be excluded from public school under this paragraph for more than 10 consecutive school days unless, prior to the 11th consecutive school day of exclusion, the school board provides the student and the student's parent, guardian or legal custodian with an additional notice, a hearing and the opportunity to appeal the exclusion, as provided under s. [120.13 \(1\) \(c\) 3](#).

**(6)** The school, child care center, or nursery school shall notify the district attorney of the county in which the student resides of any minor student who fails to present written evidence of completed immunizations or a written waiver under sub. (3) within 60 school days after being admitted to the school, child care center, or nursery school. The district attorney shall petition the court exercising jurisdiction under chs. 48 and 938 for an order directing that the student be in compliance with the requirements of this section. If the court grants the petition, the court may specify the date by which a written waiver shall be submitted under sub. (3) or may specify the terms of the immunization schedule. The court may require an adult student or the parent, guardian, or legal custodian of a minor student who refuses to submit a written waiver by the specified date or meet the terms of the immunization schedule to forfeit not more than \$25 per day of violation.

**(7)** If an emergency arises, consisting of a substantial outbreak as determined by the department by rule of one of the diseases specified in sub. (2) at a school or in the municipality in which the school is located, the department may order the school to exclude students who are not immunized until the outbreak subsides.

**(8)** The department shall provide the vaccines without charge, if federal or state funds are available for the vaccines, upon request of a school district or a local health department. The department shall provide the necessary professional consultant services to carry out an immunization program, under the requirements of sub. (9), in the jurisdiction of the requesting local health department. Persons immunized may not be charged for vaccines furnished by the department.

**(9)** (a) An immunization program under sub. (8) shall be supervised by a physician, selected by the school district or local health department, who shall issue written orders for the administration of immunizations that are in accordance with written protocols issued by the department.

(b) If the physician under par. (a) is not an employee of the county, city, village or school district, receives no compensation for his or her services under par. (a) and acts under par. (a) in accordance with written protocols issued by the department, he or she is a state agent of the department for the purposes of ss. 165.25 (6), 893.82 (3) and 895.46.

(c) The department may disapprove the selection made under par. (a) or may require the removal of a physician selected.

**(9m)** A pharmacist or pharmacy that administers a vaccine under this section to a person 6 to 18 years of age shall update the Wisconsin Immunization Registry established by the department within 7 days of administering the vaccine.

**(10)** The department shall, by rule, prescribe the mechanisms for implementing and monitoring compliance with this section. The department shall prescribe, by rule, the form that any person immunizing a student shall provide to the student under sub. (1).

**(11)** Annually, by July 1, the department shall submit a report to the legislature under s. 13.172 (3) on the success of the statewide immunization program under this section.

**History:** 1993 a. 27 ss. 181, 470; 1995 a. 32, 77, 222; 2009 a. 185; 2015 a. 55.

**Cross-reference:** See also chs. DHS 144 and 146, Wis. adm. code.

## Chapter 49

### Public Assistance and Children and Family Services

#### 49.155 Wisconsin Shares; child care subsidy.

(1m) ELIGIBILITY. Except as provided in sub. (3g), the department shall determine, contract with a county department or agency to determine, or contract with a county department or agency to share determination of the eligibility of individuals residing in a particular geographic region or who are members of a particular Indian tribal unit for child care subsidies under this section. Under this section, and subject to sub. (2), an individual may receive a subsidy for child care for a child who has not attained the age of 13 or, if the child is disabled, who has not attained the age of 19, if the individual meets all of the following conditions:

(br) The child is immunized as required under s. 252.04. Notwithstanding s. 252.04 (3), for purposes of this paragraph the immunization requirement may only be waived for reasons of health or religion.

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## Chapter DHS 144

### IMMUNIZATION OF STUDENTS

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**Note:** Chapter H 44 as it existed on June 30, 1981, was repealed and a new chapter HSS 144 was created, effective July 1, 1981. Chapter HSS 144 was renumbered chapter HFS 144 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 1., 6. and 7., Stats., [Register, June, 1997, No. 498](#). Chapter HFS 144 was renumbered chapter DHS 144 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., [Register January 2009 No. 637](#).

**DHS 144.01 Introduction.** (1) **PURPOSE AND AUTHORITY.** This rule implements s. 252.04, Stats., which requires the department to carry out a statewide immunization program to eliminate, immunize, and protect against certain diseases specified in statute or by department rule. This chapter addresses immunization requirements for vaccine-preventable diseases, by students admitted into schools or children admitted into child care settings.

(2) **RELATIONSHIP TO INFANT AND PRESCHOOL IMMUNIZATION SCHEDULES.** The emphasis placed in this chapter on meeting minimum immunization requirements upon entry to Wisconsin schools at any grade level or to a child care center complements efforts by the department to promote early immunization of infants and preschoolers according to accepted immunization schedules.

**History:** Cr. [Register, June, 1981, No. 306](#), eff. 7-1-81; am. (1), [Register, June, 1988, No. 390](#), eff. 7-1-88; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., [Register, August, 1995, No. 476](#); am. (1), [Register, June, 1997, No. 498](#), eff. 7-1-97; am. (1), [Register, May, 2001, No. 545](#), eff. 6-1-01; CR 07-077: am. (1) [Register February 2008 No. 626](#), eff. 3-1-08; CR 19-079: r. and recr. (1), am. (2) [Register January 2023 No. 805](#), eff. 2-1-23.

**DHS 144.02 Definitions.** (1) “Advanced practice nurse prescriber” has the meaning given in s. N 8.02 (2).

(2) “Child care center” has the meaning given in s. 49.136 (1) (ad), Stats.

(3) “Department” means the Wisconsin department of health services, unless otherwise specified.

(4) “DT” means pediatric diphtheria and tetanus vaccine.

(5) “DTaP” means pediatric diphtheria, tetanus, and acellular pertussis vaccine.

(6) “DTP” means pediatric diphtheria, tetanus, and pertussis vaccine.

(7) “Hib” means *Haemophilus influenzae* type b vaccine.

(8) “Hep B” means hepatitis B vaccine.

(9) “Immunization” means the process of inducing immunity artificially by receiving an immunobiologic.

(10) “Local health department” has the meaning given in s. 250.01 (4), Stats.

(11) “Mening” means a meningococcal vaccine containing, at a minimum, serogroups A, C, W, and Y.

(12) “MMR” means measles, mumps, and rubella vaccine received in combination or as separate vaccines.

(13) “Municipality” means any town, village, city, or county.

(14) “Parent” means the parent, parents, guardian, or legal custodian of any minor student.

(15) “PCV” means pneumococcal conjugate vaccine.

(16) “Physician” means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board under s. 448.05 (2), Stats., and holding a license granted by the medical examining board under s. 448.06, Stats.

(17) “Physician assistant” has the meaning given in s. 448.971 (2), Stats.

(18) “School” means any public or private elementary, middle, junior or senior high school, which provides educational instruction to students in any grade kindergarten through 12, or in an ungraded educational setting, or to preschool children enrolled in early childhood programs.

(18m) “School day,” in reference to schools, has the meaning prescribed in s. 115.01 (10), Stats. “School day,” in reference to child care centers, means any day that the center is open and caring for children.

(19) “Student” means any individual enrolled in or attending a school or child care center.

(20) “Subsided” in reference to a substantial outbreak means passage of 2 incubation periods for the disease causing the outbreak without additional cases, unless a shorter period of time is judged adequate by the department.

(21) “Substantial outbreak” means occurrence of any of the following diseases at the threshold determined by the department using epidemiological factors such as time and place:

- (a) Measles.
- (b) Mumps.
- (c) Rubella.
- (d) Polio.
- (e) Pertussis.
- (f) Diphtheria.
- (g) *Haemophilus influenzae* type b.
- (h) Varicella.
- (i) Meningococcal disease.

(22) “Td” means adolescent and adult tetanus and diphtheria vaccine.

(23) “Tdap” means adolescent and adult tetanus, diphtheria and acellular pertussis vaccine.

(24) “Vaccine provider” means a health care facility, as defined in s. 155.01 (6), Stats., which administers vaccines, or a local health department, or a physician’s office which administers vaccines.

(25) “Var” means varicella vaccine.

**Note:** Varicella is commonly known as chickenpox.

(26) “Written evidence of immunization” means a paper or an electronic record, which at a minimum indicates the date that each required dose of vaccine was administered to a student or the results of a laboratory test indicating immunity to the disease.

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Students who have not previously attended a Wisconsin school must provide the month, day, and year for each required dose of vaccine.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; r. and recr. (12) (b), Register, June, 1988, No. 390, eff. 7-1-88; correction in (12) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. (3), cr. (3g), (3m), (3r), (4m) and (13), r. and recr. (4), (6), (7) and (12), renum. (13) to be (14), Register, June, 1997, No. 498, eff. 7-1-97; cr. (13m), Register, May, 2001, No. 545, eff. 6-1-01; CR 07-077: am. (3) and (14), cr. (6m) Register February 2008 No. 626, eff. 3-1-08; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register January 2009 No. 637; CR 19-079: r. and recr. Register January 2023 No. 805, eff. 2-1-23; correction in (17) made under s. 13.92 (4) (b) 7., Stats., correction in and numbering of (18m) made under s. 13.92 (4) (b) 1. and 35.17, Stats., Register January 2023 No. 805.

### DHS 144.03 Minimum immunization requirements.

**(1) INDIVIDUALS INCLUDED.** The minimum immunization requirements authorized by s. 252.04, Stats., and required under this chapter, apply to any student admitted to a Wisconsin elementary, middle, junior or senior high school, or to a Wisconsin child care center.

**(2) REQUIREMENTS FOR THE 2021-2022 SCHOOL YEAR AND FOR SCHOOL YEARS FOLLOWING THE 2021-2022 SCHOOL YEAR.**

(a) Table DHS 144.03-A, as qualified by pars. (b) to (k), lists the number of doses of each required vaccine that each student in the 2021-2022 school year and following school years shall have received since birth for the age or grade of the student. These comprise the minimum immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations according to currently accepted immunization schedules.

**Note:** CR 19-079 did not take effect until February 1, 2023, and the rule was therefore not in effect for the 2021-22 or 2022-23 school years.

(b) Immunization against measles, mumps, and rubella shall be received no sooner than 4 days before the student's first birthday. A second dose of MMR shall be received no sooner than 4 weeks after the first dose.

<b>Age/Grade</b>	<b>Required Immunizations (Number of Doses)</b>								
5 months through 15 months	2 DTP/DTaP/DT		2 Polio			2 Hep B	2 Hib	2 PCV	
16 months through 23 months	3 DTP/DTaP/DT		2 Polio	1 MMR		2 Hep B	3 Hib	3 PCV	
2 years through 4 years	4 DTP/DTaP/DT		3 Polio	1 MMR	1 Var	3 Hep B	3 Hib	3 PCV	
Kindergarten through grade 6	4 DTP/DTaP/DT		4 Polio	2 MMR	2 Var	3 Hep B			
Grade 7 through grade 11	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			1 Mening
Grade 12	4 DTP/DTaP/DT	1 Tdap	4 Polio	2 MMR	2 Var	3 Hep B			2 Mening

**Note:** CR 19-079 did not take effect until February 1, 2023, and the rule was therefore not in effect for the 2021-22 or 2022-23 school years.

(c) The fourth dose of polio vaccine shall be received no sooner than 4 days before the student's fourth birthday. A student receiving a third dose of polio vaccine after the student's fourth birthday is not required to receive additional doses. No further doses of polio vaccine are required if the student has not met minimum polio vaccine requirements by the eighteenth birthday.

(d) The fourth or fifth dose of DTP/DT/DTaP/Td/Tdap shall be received no sooner than 4 days before the student's fourth birthday. Students receiving a third dose of DTP/DT/DTaP/Td/Tdap after the fourth birthday are not required to receive additional doses.

(e) For students age 5 years or older who attend a school that does not use grades, the immunization requirements are those for the grade which would normally correspond to the individual's age. Immunizations are required for all students age 19 years or older, as prescribed for Grade 12 in table DHS 144.03-A.

(f) Students who begin the Hib series at 12 to 14 months of age are only required to receive 2 doses of Hib, at least 2 months apart. Students who receive 1 dose of Hib 4 days before 15 months of age, or after, are not required to receive additional doses of Hib.

(g) The first dose of Var shall be received no sooner than 4 days before the first birthday. A second dose of Var shall be received no sooner than 4 weeks after the first dose. Students who have a reliable history of varicella disease are not required to receive Var. A physician, physician assistant, or an advanced prac-

tice nurse prescriber, must document a reliable history of varicella disease by indicating on the department's student immunization record form that the student has had varicella disease.

**Note:** The student immunization record form (DHS Form 04020L) is available by accessing: <https://www.dhs.wisconsin.gov/library/F-04020L.htm>.

(h) Students between the ages of 11 and 15 years who receive 2 doses of a 2 dose formulation of Hep B are not required to receive a third dose of Hep B.

(i) Students who begin the PCV series at 12 to 23 months of age are only required to receive 2 doses of PCV at least 2 months apart. Students who receive their first dose of PCV 4 days before their second birthday or after are not required to receive additional PCV doses.

(j) Students who receive a dose of Td or Tdap within 5 years of entering a grade for which Tdap is required are not required to receive additional doses of Tdap.

(k) A 2nd dose of mening shall be received between the ages of 16 and 18 years to students who received a first dose of mening between the ages of 11 and 15 years. A second dose is not required for students who received their first dose of mening at age 16 years or older.

**(4) FIRST DEADLINE.** Within 30 school days after having been admitted to a school or child care center, each student who has not filed a waiver form shall submit written evidence of having completed at least the first dose of each vaccine required for that student's age or grade, as outlined in Table DHS 144.03-A.

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(5) **SECOND DEADLINE.** Within 90 school days after having been admitted to a school or child care center, each student who has not filed a waiver form shall submit written evidence of having received the second dose of each vaccine required for that student's age or grade, as outlined in Table DHS 144.03-A.

(6) **FINAL DEADLINE.** Within 30 school days after having been admitted to a school or child care center for the following school year, each student who has not filed a waiver form shall submit written evidence of having received the third and, if required, the fourth dose of both DTP/DTaP/DT/Td/Tdap and polio vaccines and the final dose of Hep B as required under sub. (2) and, for students in child care centers, the final dose of Hib vaccine, if a dose has not been received at or after 15 months of age.

(7) **RECORDS OF VACCINATION.** Any person who immunizes a student under s. 252.04, Stats., shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of immunization and the name and title of the person who immunized the student.

(10) **RELEASE OF IMMUNIZATION INFORMATION.** (a) *Between vaccine providers and schools or child care centers.* Vaccine providers shall disclose a student's immunization information, including the student's name, date of birth, gender, and the day, month, and year the vaccine was administered, and the name of vaccine administered, to a school or child care center upon written or verbal request from the school or child care center. Written or verbal permission from a student or parent is not required to release this information to a school or child care center.

(b) *Among vaccine providers.* Immunization information, including the student's name, date of birth and gender and the day, month, year and name of vaccine administered, shall be provided by one vaccine provider to another without written or verbal permission from the student or the parent.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; r. and recr. (2) and (3), am. (4) to (6), Register, June, 1988, No. 390, eff. 7-1-88; am. (2) (a) to (d), (3) (a) and (b), r. (2) (e), Register, January, 1989, No. 397, eff. 2-1-89; am. (2) (a), (4) and (5), r. and recr. (3), tables 144.03-A and B, Register, July, 1990, No. 415, eff. 8-1-90; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. (2) (a), Table 144.03-A and (3), am. (2) (c) and (4) to (7), cr. (2) (e) and (10), r. Table 144.03-B, Register, June, 1997, No. 498, eff. 7-1-97; r. and recr. (2) (a) and Table 144.03-A, cr. (2) (f), (g) and (3m), am. (3) (a) and (6), Register, May, 2001, No. 545, eff. 6-1-01; CR 03-033: am. (2) (b), (c), (e) and Table 144.03-A Register December 2003 No. 576, eff. 1-1-04; CR 07-077: r. and recr. (2) (a), (f), (3), (3m) and Table-A, cr. (2) (h) and (i), am. (10) (a) and (b) Register February 2008 No. 626, eff. 3-1-08; CR 19-079: am. (1), (2) (title), (a), (b), r. and recr. Table 144.03-A, (2) (c) to (j), cr. (2) (j), (k), r. (3), (3m), am. (4) to (6), (10) (a) Register January 2023 No. 805, eff. 2-1-23; correction in (6) made under s. 13.92 (4) (b) 7., Stats., Register January 2023 No. 805.

**DHS 144.04 Waiver for health reasons.** Upon certification by a physician that an immunization required under s. 252.04, Stats., is or may be harmful to the health of a student, the requirements for that immunization shall be waived by the department. Written evidence of any required immunization which the student has previously received shall be submitted to the school or child care center with the waiver form.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; CR 19-079: am. Register January 2023 No. 805, eff. 2-1-23.

**DHS 144.05 Waiver for reason of religious or personal conviction.** Immunization requirements under s. 252.04, Stats., shall be waived by the department upon presentation of a signed statement by the parent of a minor student or by the adult student which declares an objection to immunization on religious or personal conviction grounds. Written evidence of any required immunization which the student has previously re-

ceived shall be submitted to the school or child care center with the waiver form.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7-1-97; CR 19-079: am. Register January 2023 No. 805, eff. 2-1-23.

**DHS 144.06 Responsibilities of parents and adult students.** The parent of any minor student, or the adult student, shall secure the immunizations required under s. 252.04, Stats., from available health care sources such as physicians' offices, hospitals or local health departments, or shall submit the waiver form.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7-1-97; CR 19-079: am. Register January 2023 No. 805, eff. 2-1-23.

**DHS 144.07 Responsibilities of schools and child care centers.** (1) The responsibilities of schools under these rules shall be those of the local school board and the school administrator. The licensee for each child care center shall be responsible for compliance with these rules. The school or child care center shall assure compliance with s. 252.04 (2), Stats.

(1m) By the 15th school day after a student is admitted to a school or child care center and again by the 25th school day after a student is admitted to a school or child care center, the school or child care center shall notify the adult student or the parent of any minor student who has not submitted either written evidence of immunization or a waiver form. Notification shall include instructions for complying with the requirements of s. 252.04 (2), Stats., including a list of missing immunizations, the availability of waivers for reasons of health, religion, or personal conviction, and an explanation of the penalty for noncompliance.

(2) For any student who has received the first dose of each immunization required for that student's age or grade under s. DHS 144.03, but who has not received all of the required doses, the school shall obtain written evidence that the student has received the required subsequent doses of immunization as they are administered, but no later than the deadlines described in s. DHS 144.03.

(3) If any minor student for whom a waiver form is not filed fails to comply with the immunization requirements described in s. DHS 144.03 by the date of admission to the school or child care center, the school or child care center may, within 60 school days of that failure to comply, notify the district attorney in writing, with the notice to include the student's name and the name and address of the student's parent, and request the district attorney to seek a court order under s. 48.13 (13), Stats. The school or child care center may keep the district attorney apprised of the subsequent compliance of a student initially reported to the district attorney.

(4) (a) The school and the child care center shall report to both the local health department and the department the degree of compliance with s. 252.04, Stats., and this chapter by students in that school or child care center.

(b) These reports shall be in a format prescribed by the department and shall be made by schools within 40 school days after the beginning of the term and by child care centers at intervals prescribed by the department. Updated reports shall be filed by the school on students who are in the process of being immunized. These updated reports shall be filed within 10 school days after the deadlines listed in s. DHS 144.03.

(5) The school and the child care center shall maintain on file the immunization history for each student and any waiver form submitted. Immunization histories shall be updated with information supplied by the local health department, parents, or private physicians.

(6) The school or child care center shall maintain a current roster listing the name and immunization history of each student who does not meet all immunization requirements for that student's grade or age.

(7) The immunization record of any new student who transfers from one school or child care center to another shall be forwarded to the new school or child care center within 10 school days of the request for record transfer. The records of a child care student shall be transferred to a school if requested by either the admitting school or the parent.

(8) All suspected cases of diseases covered by s. 252.04 (2), Stats., or this chapter which occur among students or staff shall be reported immediately by telephone to the local health department.

(9) If one of the diseases covered by s. 252.04 (2), Stats., or this chapter occurs in a student or staff member, the school or child care center shall assist the local health department and the department in immediately identifying any unimmunized students, notifying their parents of the possible exposure, and facilitating the disease control activities.

(10) If a substantial outbreak as defined in s. DHS 144.02 (21) occurs in a school or child care center, or in the municipality in which a school or child care center is located, the school or child care center shall exclude students who have not received all required immunizations against the disease, including students in all grades who have not had 2 doses of measles vaccine, when it is an outbreak of measles that is occurring, when ordered to do so by the department. The exclusion shall last until the student is immunized or until the department determines that the outbreak has subsided.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; am. (10), Register, July, 1990, No. 415, eff. 8-1-90; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; renum. (intro.) and (1) to be (1) and (1m) and am. (1m), am. (3), (4) (intro.), (a), (5) and (7) to (9), Register, June, 1997, No. 498, eff. 7-1-97; CR 19-079: am. (title), (1), (1m), (3), r(4) (a) (intro.), renum. (4) (a) 1. to (4) (a) and am., r. (4) (a) 2., am. (4) (b), (5) to (7), (9), (10) Register January 2023 No. 805, eff. 2-1-23; correction in (10) made under s. 13.92 (4) (b) 7., Stats., Register December 2024 No. 827.

**DHS 144.08 Responsibilities of local health departments.** (1) Each local health department shall make available the immunizations required under s. 252.04 (2), Stats., insofar as the vaccine is available without charge from the department under ch. DHS 146. Vaccines made available free from the department under ch. DHS 146 shall be administered without charge for the cost of the biologic. By mutual agreement, responsibility for

making the needed immunizations available may be transferred from the local health department to a school or child care center.

(2) By November 15 of each year, each local health department shall report to the department statistical information concerning the degree of compliance with s. 252.04, Stats., of students within its service area. These reports shall be on a form prescribed by the department.

(3) The local health department shall assist the department in informing schools and child care centers of the provisions of s. 252.04, Stats., and this chapter.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7-1-97; corrections in (1) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637; CR 19-079: am. (1), (3) Register January 2023 No. 805, eff. 2-1-23.

**DHS 144.09 Responsibilities of the department.** (1)

(a) The department, in cooperation with local boards of health and health officers, local school boards and school and child care center administrators and other agencies, as appropriate, shall provide guidance to parents, physicians, schools, day care centers, and local health departments in understanding the minimum immunization requirements under s. 252.04, Stats., and this chapter, the reasons behind their establishment and the process for implementing them.

(b) The department shall undertake a public education campaign to inform parents of students about requirements and rights under s. 252.04, Stats., and this chapter.

(c) The department shall prepare the reporting and waiver forms required under this chapter, and shall make copies of those forms available without charge.

**Note:** Contact the Wisconsin Immunization Program at 608-267-9959 for copies of required reporting and waiver forms.

(d) The department may temporarily suspend an immunization requirement if the department determines that the supply of a necessary vaccine is inadequate.

(2) The department shall maintain a surveillance system designed to detect occurrences of vaccine-preventable diseases listed in s. 252.04 (2), Stats., and this chapter and shall investigate outbreaks of these diseases to confirm the diagnosis, determine the source and probable pattern of spread of the infection and guide implementation of appropriate control measures.

**History:** Cr. Register, June, 1981, No. 306, eff. 7-1-81; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. Register, June, 1997, No. 498, eff. 7-1-97; CR 07-077: cr. (1) (d) Register February 2008 No. 626, eff. 3-1-08; CR 19-079: am. (1) (a) Register January 2023 No. 805, eff. 2-1-23.

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**IMMEDIATE ATTENTION!**  
**Important information about**  
**Child Care Immunization Assessment**  
**2025-2026**