Wisconsin Child Care Immunization Assessment 2024





WI Department of Health Services Division of Public Health Bureau of Communicable Diseases Immunization Program

P-44329 (02/2024)

Tony Evers Governor



1 WEST WILSON STREET PO BOX 2659 MADISON WI 53701-2659

Telephone: 608-267-9959 Fax: 608-267-2832 TTY: 711 or 800-947-3529

Kirsten L. Johnson Secretary

To: Licensed Child Care Center Operators

From: Stephanie Schauer, Director,

Immunization Program

Subjects: 2023-2024 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.wisconsin.gov/surveys/?s=8TAXW3TJRN8NDDEJ

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 May 31, 2024.

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 ClaireGreen BayMadisonShayna NickellSusan NelsonWilmot Valhmu608-692-3541920-448-5231608-266-0008

Shayna.Nickell@dhs.wi.gov SusanL.Nelson@wi.gov Wilmot.Valhmu@wi.gov

Milwaukee Rhinelander
Monica Thakur Christie Larmie
414-227-3995 715-365-2709

Monica.Thakur@wi.gov Christie.Larmie@dhs.wi.gov

Again, the assessment due date is: May 31, 2024

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, and 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 (Ch. 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 12th 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—
 - Serves children from birth through age six 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 US)

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 United States)

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 (e.g., 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 Prevnar13® (also noted as PCV13)

Pneumococcal conjugate vaccine (PCV)-15 VaxneuvanceTM

Pneumococcal conjugate vaccine (PCV)-20 Prevnar20® (also noted as PCV20)

Varicella (chickenpox) Varivax®

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 medical/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 of 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 history of chickenpox 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 2023-2024 Child Care Assessment.

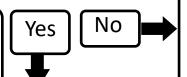
A list of the local health department addresses can also be found in this booklet. If you have questions or difficulty completing the assessment, please call the Immunization Program at 608-267-9959.

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?



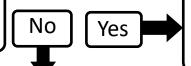
A) Send a reminder to parents of children who are missing records.B) If still missing records, send a legal notice to parents who have not submitted a record.

2.

Complete the Immunization Assessment

A. Is your child care permanently closed?

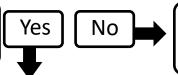
If your child care is **open**, check the "No" box.



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.



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

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

- A. Make a copy of the completed assessment (F-44019A) to keep for your records.
- B. Go to https://redcap.wisconsin.gov/surveys/?s=8TAXW3TJRN8NDDEJ to complete the required online Immunization Assessment.

STATE OF WISCONSIN Wis. Stat. § 252.04

CHILD CARE IMMUNIZATION ASSESSMENT

Child Care Name (do not abbrevia	ate)		Facility Num	ber (on your c	child ca	re license)	
Street Address		City/Zip Code	е		Coun	ty	
Phone Number (include area code	e) Name of pers	on completing	form	Email of pers	son cor	mpleting form	
Local Health Department							
Is your child care center permanent							
Note: This report asks questions at	oout children aged 2 th	rough 4 years.	This means	all 2-, 3-, and	4-year-	-olds at your child c	are center.
Are children aged 2 through 4 years https://redcap.wisconsin.gov/survey							survey:
Question						Total Number o	f Children
1. How many children ages 2 th	rough 4 years are enro	olled in your ch	ild care cente	er?			
How many of the children age your child care center? (An immunization record is a be on the "Child Care Immun Immunization Registry or an or	record describing the vization Record" [F-441	vaccinations th 92] or a printou	e child has re	eceived. This o			
3a. How many children ages 2 th conviction)? (The immunization requireme can choose to waive vaccines Immunization Record" [F-441	rough 4 years have <i>an</i> ents can be waived for s by checking the appr	ny waivers (hea health, religiou	s, or persona	al reasons. Pa	rents		
3b. How many children ages	2 through 4 years hav	ve a <i>health</i> wai	ver?				
3c. How many children ages	2 through 4 years hav	re a <i>religiou</i> s w	aiver?				
3d. How many children ages	2 through 4 have a pe	ersonal convict	ion waiver?				
3e. How many children with	a waiver have NO imm	nunizations?					
4. How many children ages 2 thro	ugh 4 years enrolled ir	n your child car	e center have	e received <i>at l</i>	least:		
4a. 4 doses of DTaP or DT or	r DTP (diphtheria, tetai	nus, pertussis)	vaccine?				
4b. 3 doses of Polio (IPV, ina	activated polio) vaccine	?					
4c. 3 doses of Hib (<i>Haemoph</i>	nilus influenzae type b)	vaccine?					
4d. 3 doses of Pneumococc							
4e. 3 doses of Hepatitis B (H	lep B) vaccine?						
4f. 1 dose of MMR (measles,	mumps, rubella) vacci	ine?					
4g. 1 dose of Varicella (chick	kenpox) vaccine?						
4h. Have a reported history o	f Varicella (chickenpo	x) 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.

Date Above Information Entered in Online Survey:

STATE OF WISCONSIN Wis. Stat. § 252.04

SOLICITUD DE VACUNACIÓN PARA GUARDERÍAS CHILD CARE IMMUNIZATION ASSESSMENT

Non	nbre de la guardería (no abreviar)		Número de o	centro (en su l	licencia de guardería)	
Dire	ección postal		Ciudad y Co	ódigo postal		Condado
área	,	Nombre de la formulario	la persona que llena el Correo electrónico formulario			rónico de la persona que llena el
Dep	partamento de salud local					
¿Esta	á cerrada permanentemente su guard:://redcap.wisconsin.gov/surveys/?s=8	ería?] NO Si la res <u>NDDEJ</u> o llar	puesta es SÍ, ne al 608-267	pare y respon -9959 para res	da a la encuesta en línea: sponder a la encuesta por teléfono.
Nota	: En este informe se hacen preguntas	sobre los niño	s de 2 a 4 año	os. Es decir, to	odos los niños	de 2, 3 y 4 años en su guardería.
¿Hay https	niños de 2 a 4 años inscritos en su g ://redcap.wisconsin.gov/surveys/?s=8	uardería?	śĺ NO Si la <mark>NDDEJ</mark> o llar	a respuesta e: ne al 608-267	s NO, pare y r -9959 para res	esponda a la encuesta en línea: sponder a la encuesta por teléfono.
Pre	gunta					Número total de niños
1.	¿Cuántos niños de 2 a 4 años están	inscritos en su	guardería?			
2.	¿Cuántos niños de 2 a 4 años NO tie (Un registro de vacunas es un regist Esto podría estar en el "Registro de del Registro de vacunas de Wiscons	ro que describe vacunas para g	e las vacunas juarderías" [F	que se le han -44192] o en ι	puesto al niño	o.
3a.	¿Cuántos niños de 2 a 4 años tiener convicción personal? (Se puede renunciar a los requisitos personales. Los padres pueden opta correspondiente(s) en el "Registro de	de vacunación ir por renunciar	por motivos o	de salud, religi s marcando la	osos o (s) casilla(s)	
	3b. ¿Cuántos niños de 2 a 4 años ti	enen una exen	ción por motiv	o de salud?		
	3c. ¿Cuántos niños de 2 a 4 años ti	enen una exen	ción por motiv	o de <i>religión?</i>	•	
	3d. ¿Cuántos niños de 2 a 4 años ti	enen una exen	ción por motiv	o de <i>convicci</i>	ón personal?	
	3e. ¿Cuántos niños con una exencio	ón NO están va	acunados?			
4. ¿	Cuántos niños de 2 a 4 años inscritos	s en su guarder	ría se han pue	esto al menos:		
	4a. cuatro dosis de vacuna DTaP o [OT o DTP (difte	eria, tétanos, t	os ferina)?		
	4b. tres dosis de la vacuna contra la	poliomielitis	(IPV, polio ina	activada)?		
	4c. tres dosis de la vacuna contra H	ib (Haemophilu	us influenzae t	tipo b)?		
	4d. tres dosis de la vacuna antineun	nocócica conj	ugada (PCV1	3/PCV15)?		
	4e. tres dosis de la vacuna contra la	hepatitis B (H	lep B)?			
	4f. una dosis de la vacuna MMR (sar	rampión, paper	as, rubéola)?			
	4g. una dosis de la vacuna contra la					
	4h. tiene historial informado de varic	ela?				
_			~ " .	110 1 1		1 / 1 '~ ' !' ! '

Para las preguntas 3b, 3c, 3d y 3e, el "Número total de niños" ingresado 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 total de niños" ingresado NO debe ser mayor que el número de niños indicado en la pregunta 1.

Fecha en que se ingresó la información en la encuesta en línea:

Assessment Instructions Due date: May 31, 2024

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:
 - o 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.wisconsin.gov/surveys/?s=8TAXW3TJRN8NDDEJ

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!

DEPARTMENT OF HEALTH SERVICES

SIGNATURE - Parent, Guardian or Legal Custodian

Division of Public Health F-44192 (Rev. 12/20)

STATE OF WISCONSIN Wis. Stat. § 252.04

CHILD CARE IMMUNIZATION RECORD

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

(PERSONAL DATA				FLEASE	PRINT						
1	Child's Name(Last, First, Middle Init	tial)				Date	e of Birth (Mon	th/Day	/Year)	Area Code	e/Telephon	e Numb
h	Name of Parent/Guardian/Legal Cu	Last, First, M	1iddle Init	tial)	Add	Iress (Street, A	partme	ent numb	er, City, Stat	e, Zip)		
_	IMMUNIZATION HISTORY					I						
I	List the MONTH, DAY AND YEAR t child has had chickenpox. If you do records.	he child not have	received eac e an immuniz	h of the fation rec	following in ord for this	nmunizatio child, con	ons. DO NOT U	JSE A o	(√) OR (X cal public	() except to be health depart	ndicate whartment to d	ether tobtain t
	TYPE OF VACCINE		First Do Month/Da			d Dose Day/Year	Third Dos Month/Day/			rth Dose /Day/Year	Fifth Month/	n Dose Day/Ye
_ (Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT) Polio											
	Hib (Haemophilus Influenzae Type	B)										
	Pneumococcal Conjugate Vaccine (•										
_	Hepatitis B											
<u> </u>	Measles-Mumps-Rubella (MMR)											
	Varicella (chickenpox) vaccine											
١	Vaccine is required only if the child not had chickenpox disease.	has										
	Has the child had Varicella (chick ☐ Yes year		disease? Caccine is not			ate box ar	nd provide the	year i	f known			
	☐ No or Unsure (Vaccine is required)	ed)										
1	The following are the minimum requat child care entrance. Children whadditional required doses. AGE LEVELS	o reach a	a new age/gr	ade level	I while atte	nding this NUI	child care mus	t have SES	their rec	ords updated	tinese req	s of
-	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years	2 DTP/ 3 DTP/ 4 DTP/	a new age/gr /DTaP/DT /DTaP/DT /DTaP/DT	ade level	I while atte 2 Polio 2 Polio 3 Polio	nding this	child care mus	SES 2 H 2 H 3 H	their reco	1 MMR ³ 1 MMR ³	d with date	s of
	at child care entrance. Children wh additional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 12-14 m	a new age/gr /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT 4 onths of age	ade level	Polio Polio Polio Polio Polio Odoses are	NUI 2 Hib 3 Hib 3 Hib required.	child care mus MBER OF DOS 2 PCV 3 PCV ² 3 PCV ²	SES 2 H 3 H 3 H eleived (Hep B Hep B Hep B Hep B One dose	1 MMR ³ 1 MMR ³ 2 MMR ³	1 Vari 2 Vari months of	cella
	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance If the child began the Hib series at after, no additional doses are required.	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min	a new age/gr /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT 4 onths of age imum of one	ade level	2 Polio 2 Polio 2 Polio 3 Polio 4 Polio 5 doses are 1st be recei	NUI 2 Hib 3 Hib 3 Hib 1 required.	child care mus MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² If the child rec 12 months of a	SES 2 H 2 H 3 H 3 H eived o	Hep B Hep B Hep B Hep B one dose tte: a dos	1 MMR ³ 1 MMR ³ 2 MMR ³ c of Hib at 15 e four days	1 Vari 2 Vari months of	cella cella age o
2	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance 1ff the child began the Hib series at after, no additional doses are requibirthday is also acceptable). 2lf the child began the PCV series a or after, no additional doses are re 3MMR vaccine must have been received.	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. eived on	a new age/gr /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT onths of age imum of one months of ago	ade level	2 Polio 2 Polio 2 Polio 3 Polio 4 Polio 5 doses are sist be receive doses a	NUI 2 Hib 3 Hib 3 Hib 1 Hib 2 required. I re required a dose fou	MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² 1f the child rec 12 months of a	SES 2 H 2 H 3 H 3 H elived coge (No	Hep B Hep B Hep B Hep B Hep B One dose Her a dose Her first	1 MMR ³ 1 MMR ³ 2 MMR ³ 2 of Hib at 15 e four days dose of PC\	1 Vari 2 Vari months of or less befor	cella cella age of ore the other.
2	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance If the child began the Hib series at after, no additional doses are requibirthday is also acceptable). If the child began the PCV series a or after, no additional doses are re	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. eived on st have rest	a new age/gr /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT onths of age imum of one months of age or after the fi	ade level	2 Polio 2 Polio 2 Polio 3 Polio 4 Polio 5 doses are sist be receive doses a	NUI 2 Hib 3 Hib 3 Hib 1 Hib 2 required. I re required a dose fou	MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² 1f the child rec 12 months of a	SES 2 H 2 H 3 H 3 H elived coge (No	Hep B Hep B Hep B Hep B Hep B One dose Her a dose Her first	1 MMR ³ 1 MMR ³ 2 MMR ³ 2 of Hib at 15 e four days dose of PC\	1 Vari 2 Vari months of or less befor	cella cella age of ore the other.
2	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance 1ff the child began the Hib series at after, no additional doses are requibirthday is also acceptable). 2lf the child began the PCV series a or after, no additional doses are re 3MMR vaccine must have been rece 4Children entering kindergarten must	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. sived on st have reday is als	a new age/gr /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT onths of age imum of one months of age or after the fi	ade level	2 Polio 2 Polio 2 Polio 3 Polio 4 Polio 5 doses are sist be receive doses a	NUI 2 Hib 3 Hib 3 Hib 1 Hib 2 required. I re required a dose fou	MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² 1f the child rec 12 months of a	SES 2 H 2 H 3 H 3 H elived coge (No	Hep B Hep B Hep B Hep B Hep B One dose Her a dose Her first	1 MMR ³ 1 MMR ³ 2 MMR ³ 2 of Hib at 15 e four days dose of PC\	1 Vari 2 Vari months of or less befor	cella cella age of ore the other.
2	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance If the child began the Hib series at after, no additional doses are requibirthday is also acceptable). If the child began the PCV series a or after, no additional doses are residently and additional doses are residently and the period of the child began the PCV series at a constitution of the child began the period of the pe	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. sived on st have reday is als	a new age/gr /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT onths of age imum of one months of ag or after the fi eccived one so acceptable	, only two dose mu e, only two irst birthd dose afte e).	Polio	NUI 2 Hib 3 Hib¹ 3 Hib¹ 4 required. ived after a dose fou a dose fou	child care mus MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² If the child rec 12 months of a d. If the child re r days or less t (either the third	SES 2 H 2 H 3 H 3 H eived age (No	Hep B Hep B Hep B Hep B one dose te: a dos I the first the first b	1 MMR ³ 1 MMR ³ 2 MMR ³ c of Hib at 15 e four days dose of PC\ birthday is all to be compl	1 Vari 2 Vari months of or less befor	cella cella age of ore the other.
2 2 2 4	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance If the child began the Hib series at after, no additional doses are requibirthday is also acceptable). If the child began the PCV series a or after, no additional doses are re MMR vaccine must have been received.	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. eived on st have reday is als	A new age/gr ADTaP/DT AD	ade level	2 Polio 2 Polio 2 Polio 3 Polio 4 Polio 5 doses are sist be receive doses a lay (Note: a er the fourth	NUI 2 Hib 3 Hib 3 Hib 1 re required. Fixed after a dose found birthday	child care mus MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² If the child rec 12 months of a d. If the child re r days or less t (either the third	EES 2 H 3 H 3 H eived cige (No	dep B dep B dep B dep B one dose te: a dos the first the first th or fifth)	1 MMR ³ 1 MMR ³ 2 MMR ³ 2 of Hib at 15 e four days dose of PC\ birthday is all to be compl	1 Vari 2 Vari months of or less befor at 24 mor so accepta iant (Note:	cella cella age of ore the other.
	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance If the child began the Hib series at after, no additional doses are requibirthday is also acceptable). If the child began the PCV series a or after, no additional doses are re MMR vaccine must have been rece Children entering kindergarten must days or less before the fourth birth.	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. eived on st have reday is als	a new age/gr //DTaP/DT //DTaP/DT //DTaP/DT //DTaP/DT //DTaP/DT onths of age. imum of one months of age. or after the file eceived one as acceptable TS (sign at a company) required dose reponsibility to	ade level	2 Polio 2 Polio 3 Polio 4 Polio 5 doses are st be receive doses a lay (Note: a lay in the fourth and return the appropriate for his ne remainir	NUI 2 Hib 3 Hib 3 Hib 3 Hib ce required. A dose fout a dose fout a birthday this formulate box be or her ago	child care mus MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² If the child rec 12 months of a d. If the child re r days or less t (either the third to the child c below, sign and e group, at lease	BES 2 H 3 H 3 H eived oge (No ceived d, fourth	Hep B	1 MMR ³ 1 MMR ³ 2 MMR ³ c of Hib at 15 e four days dose of PC\ birthday is all to be comple	1 Vari 2 Vari months of or less befor at 24 mor so accepta iant (Note:	cella cella age o ore the other than the of ble).
	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance 1ff the child began the Hib series at after, no additional doses are requibirthday is also acceptable). 2lf the child began the PCV series a or after, no additional doses are redubirthday is also acceptable). 2lf the child began the PCV series a or after, no additional doses are recated. 4Children entering kindergarten must days or less before the fourth birth. COMPLIANCE DATA AND WA IF THE CHILD MEETS ALL REQUI IF THE CHILD DOES NOT MEET A Although the child has not received. I, understand that it is	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. eived on st have reday is als INVERS IREMEN ALL REQ eived all r is my res	TS (sign at SUREMENTS) required dose is acceptable to each dose is	ade level 2 2 3 4 5 7 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 8 9 9 9 9	2 Polio 2 Polio 3 Polio 4 Polio 5 doses are 1 lay (Note: a lay (Note: a lay er the fourth and return the appropriate for his ne remainir d.	NUI 2 Hib 3 Hib 3 Hib 1 re required. Ived after a dose fou a dose fou birthday this form riate box be a or her aging required	child care mus MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² If the child rec 12 months of a d. If the child re r days or less the centre of the child could be composed by the could be composed by t	EES 2 H 3 H 3 H eived oge (No ceived before d, fourth	lep B lep B lep B lep B one dose ite: a dos ithe first b h or fifth) enter), OI	1 MMR ³ 1 MMR ³ 2 MMR ³ 2 of Hib at 15 e four days dose of PCV pirthday is all to be completed to be completed note to child cate of each vaccild WITHIN (1 Vari 2 Vari months of or less before acceptation (Note:	cella cella age of ore the other than the off ble). a dose
	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance If the child began the Hib series at after, no additional doses are requibirthday is also acceptable). If the child began the PCV series a or after, no additional doses are recalled the child began the PCV series are refulled to the child began the PCV series are refulled to the child began the PCV series are refulled to the child began the pCV series are refulled to the pCV series	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. sived on st have reday is als IVERS IREMEN ALL REQ sived all r is my res rriting as	a new age/gr /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT onths of age imum of one months of age or after the fi eccived one so acceptable TS (sign at second continuous conti	ade level	Polio	NUI 2 Hib 3 Hib 3 Hib 3 Hib 4 required. 4 dose fou 6 birthday this form 6 riate box b 6 or her aging required 6 d care cent	child care mus MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² If the child rec 12 months of a d. If the child re r days or less b (either the third to the child co below, sign and e group, at least d doses of vacc atter may resul	EES 2 H 3 H 3 H eived age (No ceived before d return st the ficines for	Hep B Hep B Hep B Hep B One dose Her is a dos Her is the first b Her i	1 MMR ³ 1 MMR ³ 2 MMR ³ 2 MMR ³ 6 of Hib at 15 6 four days dose of PC\ birthday is all to be complete R In to child cat of each vacatild WITHIN Common against the	1 Vari 2 Vari months of or less befor at 24 mor so accepta iant (Note:	cella cella age o ore the other than the of ble). a dose
	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance If the child began the Hib series at after, no additional doses are requibirthday is also acceptable). If the child began the PCV series a or after, no additional doses are re MMR vaccine must have been rece Children entering kindergarten must days or less before the fourth birth COMPLIANCE DATA AND WA IF THE CHILD DOES NOT MEET A Although the child has not rece received. I, understand that it in notify the child care center in w. NOTE: Failure to stay on schedu of \$25.00 per day of violation.	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. sived on st have reday is als IVERS IREMEN ALL REQ sived all r is my res rriting as	a new age/gr a new age/gr /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT onths of age imum of one months of agr or after the fi eccived one of acceptable TS (sign at second continuous	ade level	Polio	NUI 2 Hib 3 Hib¹ 3 Hib¹ e required. ived after a dose fou a birthday this form riate box b a or her aging required d care centions	child care mus MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² If the child rec 12 months of a d. If the child re r days or less b (either the third to the child co below, sign and e group, at least d doses of vacc atter may resul	EES 2 H 3 H 3 H eived age (No ceived before d return st the ficines for	Hep B Hep B Hep B Hep B One dose Her is a dos Her is the first b Her i	1 MMR ³ 1 MMR ³ 2 MMR ³ 2 MMR ³ 6 of Hib at 15 6 four days dose of PC\ birthday is all to be complete R In to child cat of each vacatild WITHIN Common against the	1 Vari 2 Vari months of or less befor at 24 mor so accepta iant (Note:	cella cella age o ore the other than the of ble). a dose
	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance If the child began the Hib series at after, no additional doses are requibirthday is also acceptable). If the child began the PCV series a or after, no additional doses are re MMR vaccine must have been rece Children entering kindergarten must days or less before the fourth birth COMPLIANCE DATA AND WA IF THE CHILD DOES NOT MEET A Although the child has not rece received. I, understand that it in notify the child care center in w. NOTE: Failure to stay on schedu of \$25.00 per day of violation.	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. eived on st have reday is als IVERS IREMEN ALL REQ eived all r is my res viriting as le or rep	a new age/gr a new	ade level	2 Polio 2 Polio 3 Polio 4 Polio 5 doses are 1 to doses are 1 to doses a 1 to doses	NUI 2 Hib 3 Hib¹ 3 Hib¹ 4 required. 4 dose fou 6 birthday this form 6 raging required 7 and raging required 8 are centered and care centered 8 are required 9 are required	child care mus MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² If the child rec 12 months of a d. If the child re r days or less t (either the third to the child c below, sign and e group, at lead doses of vacc atter may resul (List in	ESS 2 H 3 H 3 H eived oge (No ceived before d, fourth are ce d return st the ficines for	Hep B Hep B Hep B Hep B One dose He first He fir	1 MMR ³ 1 MMR ³ 2 MMR ³ 2 MMR ³ 6 of Hib at 15 6 four days dose of PC\ birthday is all to be complete R In to child cat of each vacatild WITHIN Common against the	1 Vari 2 Vari months of or less befor at 24 mor so accepta iant (Note:	cella cella age o ore the other than the of ble). a dose
	at child care entrance. Children whadditional required doses. AGE LEVELS 5 months through 15 months 16 months through 23 months 2 years through 4 years At Kindergarten entrance If the child began the Hib series at after, no additional doses are requibirthday is also acceptable). If the child began the PCV series a or after, no additional doses are recalled. Although the child doses are recalled. COMPLIANCE DATA AND WA IF THE CHILD MEETS ALL REQUITE THE CHILD DOES NOT MEET ALL REQUITE THE	2 DTP/ 3 DTP/ 4 DTP/ 4 DTP/ 12-14 mired. Min t 12-23 r quired. sived on st have reday is als IVERS IREMEN ALL REQuived all r is my res rriting as le or rep mould not	a new age/gr a new age/gr /DTaP/DT /DTaP/DT /DTaP/DT /DTaP/DT onths of age imum of one months of age or after the fi eceived one so acceptable TS (sign at second dose ponsibility to each dose is port immunization of the control	ade level	Polio	NUI 2 Hib 3 Hib¹ 3 Hib¹ 4 required. 4 dose fou 6 birthday this form 6 raging required 7 required 8 dose fou 7 re required 9 dose fou 8 riate box b 9 ro her aging required 9 required 1 care cent 1 care cent 1 care cent 2 any imm	child care mus MBER OF DOS 2 PCV 3 PCV ² 3 PCV ² If the child rec 12 months of a d. If the child re r days or less b (either the third below, sign and e group, at leas d doses of vacc atter may resul (List in	ESS 2 H 3 H 3 H eived of ge (No eceived operore of return st the ficines for the control of the control operore operore oper	lep B lep B lep B lep B one dose te: a dos I the first b h or fifth) on this form irst dose or this chi urt actio 2 any im	1 MMR³ 1 MMR³ 2 MMR³ 2 MMR³ of Hib at 15 e four days dose of PC\ birthday is all to be completed to be completed and to child can of each vaccified WITHIN (1 Vari 2 Vari months of or less befor at 24 mor so accepta iant (Note:	cella cella age or or the other than the of ble). a dose

Date Signed

DATOS PERSONALES

Firma del padre/madre/tutor/guardián legal

REGISTRO DE INMUNIZACIONES PARA GUARDERÍA

STATE OF WISCONSIN Wis. Stat. § 252.04.

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 como llenar este formulario, comuníquese con la guardería de su hijo o con el departamento de salud local.

	DATOS PERSONALES	ESCF	RIBA EN LETRA DE	MOLDE		
ASO 1	Nombre del niño (apellido, nombre, inicial)		Fecha de nacimiento	o (mes, día, año)	Código de área	y número de teléfono
	Nombre del padre/madre/tutor/guardián legal (nombre inicial del segundo nombre)	apellido,	Dirección (calle, núm	nero de apartamento	iudad, estado, códiç	go postal)
	HISTORIAL DE VACUNAS					
SO 2	Indique el MES, DÍA Y AÑO en que le pusieror póngase en contacto con su médico o con el d				e del registro de vacu	ınación de este niño,
	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			1		
	Historia de la varicela			<u> </u>		
	De acuerdo con el DHS 144.03(2)(g), doy fe de	que este niño tier	ne un historial confial	ble de la enfermedad	de la varicela y no e	s necesario que se le
	ponga la vacuna contra la varicela.					
	SIGN	NATURE – Physic	cian/PA/APNP	Date Signe	d	
ſ	REQUISITOS		.dd- d-l:	l in anno anno 10 anno an	- T-d :: d-	
SO 3	Las siguientes son las vacunas mínimas reque deben cumplir con estos requisitos al ingresar					
	guardería deben tener sus registros actualizad				us g. uuss	ao a
	NIVELES DE EDAD			RO DE DOSIS		
	5 meses a 15 meses		2 Hib 2 PCV		4 NANAD3	
ŀ	16 meses a 23 meses		$\frac{3}{3}$ Hib ¹ $\frac{3}{3}$ PCV ² $\frac{3}{3}$ Hib ¹ $\frac{3}{3}$ PCV ²		1 MMR ³ 1 MMR ³ 1 Va	aricela
ŀ	Al entrar al kínder DTP/DTaP/DT		5 TIID 5 TOV			aricela
	¹ Si el niño comenzó la serie de vacunas contra vacuna contra el Hib a los 15 meses o despué después de los 12 meses (Nota: también se a ² Si el niño comenzó la serie de vacunas contra	és, no se requiere cepta una dosis d la PCV entre los	n dosis adicionales. cuatro días o menos 12 a los 23 meses d	Se le debe poner un antes del primer cum le edad. sólo se requi	mínimo de una dosis pleaños).	de la vacuna
	primera dosis contra la PCV a los 24 meses o ³ La vacuna contra la triple viral (MMR) se le de	be haber puesto			Nota: también se ace	epta una dosis
	cuatro días o menos antes del primer cumplea ^{4°} A los niños que entran al kínder se le debe ha para cumplir con los requisitos (Nota: también	aber puesto una d	dosis después del cu osis cuatro días o me	arto cumpleaños (ya enos antes del primer	sea la tercera, cuarta cumpleaños).	a o quinta dosis)
Ĺ	DATOS DE CUMPLIMIENTO Y EXENCIONES	3				
ASO 4	SI EL NIÑO CUMPLE TODOS LOS REQUISIT SI EL NIÑO <u>NO CUMPLE</u> TODOS LOS REQU guardería).					te formulario a la
	☐ Aunque al niño no se le han puesto todas la de cada vacuna. Yo, entiendo que es mi re AÑO y que debo notificar por escrito a la gu	sponsabilidad por	nerle las dosis restar	ntes requeridas de va		
	NOTA: Si no se cumple con el horario o no tribunal y recibir una multa de \$25 por día d		e las vacunas a la g	juardería, los padres	s pueden ser demar	ndado ante un
	Por razones de salud a este niño no se le p niño)	ondrán las siguie	ntes vacunas	(Anote en el PA	SO 2 las vacunas qu	e se le hayan puesto
		_	Se requiere la firma	del médico		
	☐ Por razones religiosas, este niño no debe s ☐ Por razones de convicción personal, este ni					
,	FIRMA					
00 -	A mi leal saber y entender, este formulario esta	á completo y es e	xacto.			
SO 5	· ·	. ,				

Fecha de la firma

Division of Public Health F-44001A (Rev. 12/2017)

LEGAL NOTICE

Required Immunizations for Admission to Wisconsin Child Care Centers

To the Parent, Guardia	ın or Legal Custodian of		
number of required imr conviction reasons. Ac at the center or an imm compliant with the law, immunization (s) on the to exclusion from the child In past years, thousand and rubella, and many	munizations. These require cording to our records, you nunization is needed (see replease provide the month, e attached Child Care Immen (Date). Failure to do do care center. ds of Wisconsin children care were left with severe disable.	eason for noncompliance as not day, and year that your child unization Record or select one so may result in a fine of up to	health, religious or personal se either a record is not on file marked below). To remain received the required e of the waiver options prior to \$25 per day, or possible es, pertussis (whooping cough) tion Law was passed to keep
Reason for noncomp	liance:		
No Record at Child			
Your child needs the fo	ollowing checked vaccine(s).	
DTP/DTaP/DT/Td 1st Dose 2nd Dose 3rd Dose 4th Dose 5th Dose	Polio 1st Dose 2nd Dose 3rd Dose 4th Dose	Hib 1st Dose 2nd Dose 3rd Dose	PCV* ☐ 1st Dose ☐ 2nd Dose ☐ 3rd Dose
Hepatitis B 1st Dose 2nd Dose 3rd Dose	MMR ☐ 1st Dose ☐ 2nd Dose	Varicella (chickenpo ☐ 1st Dose	x)**
* PCV means pneumococ	cal conjugate vaccine		
** If your child already had	d chickenpox disease, varicella Child Care Immunization Reco	a vaccine is not required. Check "y rd and enter the date of disease if	ves" to the chickenpox disease known.
SIGNATURE – Child Ca	re Official	Date	Signed

Child Care Center: Please be sure to attach a blank Child Care Immunization Record (F-44192).

Division of Public Health F-44001AS (12/2017)

AVISO LEGAL (Legal Notice) Inmunizaciones Obligatorias para Admisión en las Guarderías Infantiles de Wisconsin

Al Padre, Guardián o Custod	io Legal de					
La Ley de Inmunización de Einfantil tengan un número mín por motivos de salud, religios no cumple con la ley porque vacuna (vea abajo el motivo de de Vacunas de la Guardería bien seleccione alguna de las con este requisito, podrá reci infantil.	nimo de las vacunas ol sos, o de creencias per la guardería no tiene u de no cumplimiento). P que incluimos, el mes, s opciones de renuncia	bligatorias. Se puede renunc sonales. De acuerdo con nu n registro de vacunas o bien Para cumplir con la ley, por fa día y año en que su hijo rec n, antes del	ciar a estos requisitos sólo estros expedientes, su hijo a porque necesita una avor indique en el Registro ibió la vacuna requerida, o (fecha). Si no cumple			
En años previos, miles de nif ferina, y rubéola, y como con Inmunización de Estudiantes prevenirse con vacunas dañe	secuencia muchos de fue aprobada para pre	ellos resultaron con incapac evenir que estas y otras enfe	idades graves. La Ley de			
Razón por la cual no cump	le con la ley:					
☐ No hay registro en la Gu	ardería Infantil					
Su hijo/a necesita las siguent	tes vacunas que han si	ido marcadas debajo:				
DTP/DTaP/DT/Td 1ra dosis 2da dosis 3ra dosis 4ta dosis 5ta dosis	Polio 1 ^{ra} dosis 2 ^{da} dosis 3 ^{ra} dosis 4 ^{ta} dosis	Hib ☐ 1 ^{ra} dosis ☐ 2 ^{da} dosis ☐ 3 ^{ra} dosis	PCV* ☐ 1 ^{ra} dosis ☐ 2 ^{da} dosis ☐ 3 ^{ra} dosis			
Hepatitis B 1 ra dosis 2 da dosis 3 ra dosis	MMR 1 ^{ra} dosis 2 ^{da} dosis	Varicela* ☐ 1 ^{ra} dosis				
*PCV means pneumococcal	conjugate vaccine					
*Si su niño/a ya ha tendío la varicela, la vacuna de la varicela no se requiere. Marque "Sí" a la pregunta ue se trata de varicela en el Registro de Vacunación de la Guardería y escriba la fecha, si la sabe, de la enfermedad.						
Agradeceremos su cooperac	ión inmediata.					
FIRMA – Funcionario de la g	uardería		Fecha firma			

Day Care Center: Please be sure to attach a blank Day Care Immunization Record (F-44192S)

Division of Public Health F-44215 (12/2017)

STATE OF WISCONSIN Wis. Stat. § 252.04

CHILD CARE CENTER REPORT TO THE DISTRICT ATTORNEY

Name – Child Care	Center									
Street Address				City						
Name – Person Con	npleting Ro	eport		Phone Number			Date Comp	pleted		
The following childre legal action may be	en are not i taken.	in compliance with the Stude	ent Immunization Law, ss 252.04 a	nd, as required unde	er the law, w			ice so that		
					Date		mpliance			
Name – Child	Date of Birth	Name – Parent	Address	Phone	Parent Notified	No Record	Behind Schedule	Vaccine(s) Needed		

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. 14th 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, 3rd 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 nd 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

DEPARTMENT NAME	ADDRESS	CITY	ZIP CODE	PHONE
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 9th 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	See Shawano County			
Milwaukee City Health Department	841 North Broadway, 3rd 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 6th 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	Rhinelander	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 th Avenue	South Milwaukee	53172	414-768-8055

DEPARTMENT NAME	ADDRESS	CITY	ZIP CODE	PHONE
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 RESULTS WISCONSIN | 2022-2023

To assess the immunization status of child care center attendees in Wisconsin during 2022-2023, licensed child care centers in Wisconsin were emailed the Wisconsin Child Care Center Immunization Assessment booklet in April 2023 and asked to respond to the assessment online. The assessment collected 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 of the assessment are below.

Summary

- 1,736 child care centers reported immunization compliance results for a total of 37,587 children ages 2 through 4 years.
- The percent of child care centers that submitted a report decreased from 56.7% in 2021-22 to 47.3% in 2022-23 (336 fewer centers reported this year than last).
- The median number of attendees ages 2 through 4 years was 13 children (range: 1 to 270 children).
- There were some modest increases in vaccination rates in 2022-23; however, fewer centers reported. These rates remain higher than <u>statewide rates</u>.

Child care immunization assessment results for attendees ages 2 through 4:

	2016- 17	2017- 18	2018- 19	2019- 20	2020- 21	2021- 22	2022- 23	Change from previous year
Polio (3+ doses)	92.5%	93.3%	91.4%	93.3%	92.3%	91.1%	91.9%	0.8%
DTaP (4+ doses)	91.2%	91.5%	89.9%	91.5%	90.0%	89.8%	89.8%	0.0%
MMR (1 dose)	93.5%	93.7%	91.9%	94.3%	93.5%	92.5%	93.3%	0.8%
Hib (3+ doses)	92.2%	92.7%	91.0%	92.9%	91.7%	90.6%	91.2%	0.7%
PCV (3+ doses)	93.0%	93.1%	91.5%	94.0%	92.4%	91.7%	92.0%	0.3%
Hep B (3+ doses)	92.2%	93.0%	90.6%	93.3%	91.7%	91.2%	91.6%	0.4%
Varicella (1 dose)	92.3%	92.8%	91.1%	93.0%	92.4%	91.9%	92.5%	0.6%
No Record	3.9%	3.2%	4.1%	2.7%	3.2%	3.4%	2.9%	-0.5%
Waived All Vaccines	1.2%	1.3%	1.3%	1.6%	1.5%	1.6%	1.5%	-0.1%
Waived One or More Vaccines	2.5%	2.6%	2.7%	3.4%	2.4%	2.8%	3.0%	0.2%
Health Waiver	0.1%	0.2%	0.2%	0.7%	0.4%	0.2%	0.2%	0.0%
Religious Waiver	0.3%	0.3%	0.3%	0.4%	0.7%	0.5%	0.6%	0.1%
Personal Conviction Waiver	2.0%	2.1%	2.1%	2.2%	2.0%	2.1%	2.2%	0.1%



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 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.

Updated 2015-16 Wis. Stats. Published and certified under s. 35.18. January 1, 2018.

Chapter DHS 144

IMMUNIZATION OF STUDENTS

DHS 144.01	Introduction.	DHS 144.06	Responsibilities of parents and adult students.
DHS 144.02	Definitions.	DHS 144.07	Responsibilities of schools and child care centers
DHS 144.03	Minimum immunization requirements.	DHS 144.08	Responsibilities of local health departments.
DHS 144.04	Waiver for health reasons.	DHS 144.09	Responsibilities of the department.
DHS 144.05	Waiver for reason of religious or personal conviction.		

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.

Note: On March 9, 2023, the Joint Committee for the Review of Administrative Rules (JCRAR) adopted a motion under s. 227.26 (2) (d), Stats., that suspended s. DHS 144.02 (21) (h) and (i). Pursuant to s. 227.26 (2) (f), Stats., JCRAR took executive action to introduce 2023 LRB–2600/1 and LRB–2630/1 in the Senate and Assembly, in support of the JCRAR suspension.

- (22) "Td" means adolescent and adult tetanus and diphtheria accine.
- (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. 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

Table 144.03–A Required Immunizations for the 2021–2022 School Year and the Following School Years												
Age/Grade	Required Immunizations (Number of Doses)											
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 Нер В						
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: On March 9, 2023, the Joint Committee for the Review of Administrative Rules (JCRAR) adopted a motion under s. 227.26 (2) (d), Stats., that partially suspended s. Table DHS 144.03–A. The suspended parts of the table ("1 Mening" and "2 Mening") are shown above with striking. Pursuant to s. 227.26 (2) (f), Stats., JCRAR took executive action to introduce 2023 LRB–2600/1 and LRB–2630/1 in the Senate and Assembly, in support of the JCRAR suspension.

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 practice 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: On March 9, 2023, the Joint Committee for the Review of Administrative Rules (JCRAR) adopted a motion under s. 227.26 (2) (d), Stats., that suspended s. DHS 144.03 (2) (g) in part as shown below. Pursuant to s. 227.26 (2) (f), Stats., JCRAR took executive action to introduce 2023 LRB–2600/1 and LRB–2630/1 in the Senate and Assembly, in support of the JCRAR suspension.

ATCP 144.03 (2) (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 practice 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.

Note: On March 9, 2023, the Joint Committee for the Review of Administrative Rules (JCRAR) adopted a motion under s. 227.26 (2) (d), Stats., that suspended s. DHS 144.03 (2) (k). Pursuant to s. 227.26 (2) (f), Stats., JCRAR took executive action to introduce 2023 LRB–2600/1 and LRB–2630/1 in the Senate and Assembly, in support of the JCRAR suspension.

- **(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.
- (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 department 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 (i), 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 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

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 (12) 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.

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.

Department of Health Services Division of Public Health PO Box 2659 Madison, WI 53701-2659 STD PRSRT U.S. POSTAGE PAID MADISON WI PERMIT NO. 1369

IMMEDIATE ATTENTION!

Important information about Child Care Immunization Assessment 2023-2024