

CHILD CARE IMMUNIZATION ASSESSMENT

See instructions on page X of this booklet for completing and submitting this form.

Facility Number (Use number from address label)		Name - Child Care (do not abbreviate)	
Address		City/Zip Code	County
Phone Number (include area code)	Name – Contact		Email Address – Contact

Is your child care center permanently closed? YES NO (If YES, stop and complete the online survey <https://www.surveymzmo.com/s3/4756495/Immunization-Assessment-for-Child-Care-Centers-2019-F-44019A-01-2019-copy> and send this form to your local health department.)

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

Are children age 2 through 4 years enrolled in your child care center? YES NO (If NO, stop and complete the online survey) <https://www.surveymzmo.com/s3/4756495/Immunization-Assessment-for-Child-Care-Centers-2019-F-44019A-01-2019-copy>

Question	Total Number of Children
1. How many children ages 2 through 4 years are enrolled in your child care center?	
2. How many of the children ages 2 through 4 years do NOT have an immunization record on file at your child care center? (An immunization record is a record describing the vaccinations the child has received. This could be on the "Child Care Immunization Record" [F-44192] or a printout from the Wisconsin Immunization Registry or an electronic medical record.)	
3a. How many children ages 2 through 4 years have <i>any</i> waivers (health, religious, or personal conviction)? (The immunization requirements can be waived for health, religious, or personal reasons. Parents can choose to waive vaccines by checking the appropriate box[e]s on the "Child Care Immunization Record" [F-44192], Step 4.)	
3b. How many children ages 2 through 4 years have a <i>health</i> waiver?	
3c. How many children ages 2 through 4 years have a <i>religious</i> waiver?	
3d. How many children ages 2 through 4 have a <i>personal conviction</i> waiver?	
3e. How many children with a waiver have NO immunizations?	
4. How many children ages 2 through 4 years enrolled in your child care center have received <i>at least</i> :	
4a. 4 doses of DTaP or DT or DTP (diphtheria, tetanus, pertussis) vaccine?	
4b. 3 doses of Polio (IPV, inactivated polio) vaccine?	
4c. 3 doses of Hib (<i>Haemophilus influenzae</i> type b) vaccine?	
4d. 3 doses of Pneumococcal conjugate (PCV7/PCV13/Prevnar) vaccine?	
4e. 3 doses of Hepatitis B (Hep B) vaccine?	
4f. 1 dose of MMR (measles, mumps, rubella) vaccine?	
4g. 1 dose of Varicella (chickenpox) vaccine?	

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, and 4g, 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: _____