

IMMUNIZATION ASSESSMENT

See instructions on page 6 of this booklet for completing and submitting this form.

Facility Number (printed on label)		Day Care Name (do not abbreviate)	
Address		City/Zip Code	County
Phone Number	Name – Contact		Email Address – Contact

Is your day care permanently closed? YES NO (If YES, stop and complete the online survey <https://www.surveygizmo.com/s3/3244249/DayCare2017> 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 day care.

Are children age 2 through 4 years enrolled in your day care? YES NO (If NO, stop and complete the online survey <https://www.surveygizmo.com/s3/3244249/DayCare2017> and send completed form to your local health department.)

Question	Total Number of Children
1. How many children ages 2 through 4 years are enrolled in your day care?	
2. How many of the children ages 2 through 4 years do NOT have an immunization record on file at your day care? (An immunization record is a record describing the vaccinations the child has received. This could be on the "Day 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 "Day 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?	
How many children ages 2 through 4 years enrolled in your day care have received <i>at least</i> :	
4. 4 doses of DTaP or DT or DTP (diphtheria, tetanus, pertussis) vaccine?	
5. 3 doses of Polio (IPV, inactivated polio) vaccine?	
6. 3 doses of Hib (<i>Haemophilus influenzae</i> type b) vaccine?	
7. 3 doses of Pneumococcal conjugate (PCV7/PCV13/Prevnar) vaccine?	
8. 3 doses of Hepatitis B (Hep B) vaccine?	
9. 1 dose of MMR (measles, mumps, rubella) vaccine?	
10. 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, 5, 6, 7, 8, 9, and 10, 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: _____

**Please ONLY send this form to your local health department.
 DO NOT send or fax a copy to the Wisconsin Immunization Program.**