

## CHILD CARE IMMUNIZATION ASSESSMENT

Child Care Name (do not abbreviate)		Facility Number (on your child care license)	
Street Address		City/Zip Code	County
Phone Number (include area code)	Name of person completing form	Email of person completing form	
Local Health Department			

Is your child care center permanently closed?  YES  NO If YES, stop and complete the online survey: <https://redcap.wisconsin.gov/surveys/?s=8TAXW3TJRN8NDDEJ> or call 608-267-9959 to submit over the phone.

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

Are children aged 2 through 4 years enrolled in your child care center?  YES  NO If NO, stop and complete the online survey: <https://redcap.wisconsin.gov/surveys/?s=8TAXW3TJRN8NDDEJ> or call 608-267-9959 to submit over the phone.

Question	Total Number of Children
1. How many children ages 2 through 4 years are enrolled in your child care center?	
2. How many of the children ages 2 through 4 years do 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 <b>DTaP</b> or DT or DTP (diphtheria, tetanus, pertussis) vaccine?	
4b. 3 doses of <b>Polio</b> (IPV, inactivated polio) vaccine?	
4c. 3 doses of <b>Hib</b> ( <i>Haemophilus influenzae</i> type b) vaccine?	
4d. 3 doses of <b>Pneumococcal conjugate</b> (PCV13/PCV15) vaccine?	
4e. 3 doses of <b>Hepatitis B</b> (Hep B) vaccine?	
4f. 1 dose of <b>MMR</b> (measles, mumps, rubella) vaccine?	
4g. 1 dose of <b>Varicella</b> (chickenpox) vaccine?	
4h. Have a reported history of <b>Varicella</b> (chickenpox) disease?	

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

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

Date Above Information Entered in Online Survey: \_\_\_\_\_