

# 2016-2017 Child Care Providers Immunization Survey

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Regulated child care programs in Vermont, including registered and licensed home programs, center based programs, public school preschool programs and Head Start programs, are required to submit a immunization survey for the children enrolled once per year by December 31st. This immunization survey is required by child care rule 5.1.4.

For more information about the immunizations required for child care entry please visit:

<http://healthvermont.gov/hc/imm/ChildCareEntry.aspx>

Information about immunizations documenting and reporting requirements is available here:

<http://northernlightscdc.org/training/state-wide-curricula/immunizations-documenting-and-reporting/>

For help completing the form please call 1-800-649-2642. For more information about the required immunizations please call your local district Department of Health office. A list of contacts is available here: <http://healthvermont.gov/hc/imm/index.aspx#designees>

## Helpful tips

- Only submit this survey once per program site.
- If you need to update the information please call 1-800-649-2642.
- To view a print version of this survey go to:  
<http://dcf.vermont.gov/childcare/providers/health-safety> This must be submitted online, the print version is available to help you prepare the information for submission.
- Count children who neither meet all vaccine requirements nor have a current exemption as provisionally admitted.
- Count children with documentation of chickenpox disease as equivalent to having varicella vaccine, and up to date.
- If you get a red error message, correct it before moving forward. If you need help correcting an error call 1-800-649-2642
- Once you have clicked submit the email you have entered into the report will receive an emailed copy of the information you have submitted. This is your confirmation that the report was received. If you do not receive this confirmation please call 1-800-649-2642.

Name of Child Care Program (as listed on the licensed certificate) \_\_\_\_\_

Child Care License Certificate Number \_\_\_\_\_

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## Child Care Facility Contact Information

Person Completing this Form: \_\_\_\_\_  
First Name Last Name

**Contact Person (if  
different from above)**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Province

\_\_\_\_\_  
Postal / Zip Code

**E-mail**

\_\_\_\_\_

**Phone Number**

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

**What is the total number of children enrolled in this child care program (as of today)?**

**Infants (Birth to the  
second birthday)**

\_\_\_\_\_

**Toddlers (2 years to the  
third birthday)**

\_\_\_\_\_

**Preschoolers (3 years to 5  
year olds who have not  
yet entered kindergarten)**

\_\_\_\_\_

**School age  
(Kindergarteners and up)**

\_\_\_\_\_

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Count the number of children that fit into each of the categories below and enter the number in the box next to the category. The number of children in each age category must match the number of children enrolled in that age category above.

**Please indicate the number of children and their current immunization status.**

Number up-to-date with immunizations	Number provisionally admitted	Number with religious exemption	Number with medical exemption
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Infants (Birth to 2nd birthday) \_\_\_\_\_

Toddlers (2 years to 3rd birthday) \_\_\_\_\_

Preschoolers (3 - 5 year olds not in kindergarten) \_\_\_\_\_

**\*\* The number of infants indicated in status of immunizations does not match the number of enrolled infants in the previous question.**

**\*\* The number of toddlers indicated in status of immunizations does not match the number of enrolled toddlers in the previous question.**

**\*\* The number of preschoolers indicated in status of immunizations does not match the number of enrolled preschoolers in the previous question.**

**Please report the number of children who have NOT been immunized against the vaccines below.**

Include all children missing one or more doses of a required vaccine for any reason: provisional admission, religious exemption, or medical exemption.

**Total children missing Hib (Haemophilus influenza type b)** \_\_\_\_\_

**Total children missing PCV (Pneumococcal)** \_\_\_\_\_

**Total children missing Hep B (Hepatitis B)** \_\_\_\_\_

**Total children missing DTaP (Diphtheria, Tetanus, Pertussis)** \_\_\_\_\_

**Total children missing IPV (polio)** \_\_\_\_\_

**Total children missing Varicella (Chickenpox)** \_\_\_\_\_

Total children missing  
MMR (Measles, Mumps, \_\_\_\_\_  
Rubella)

EXAMPLE FOR REFERENCE