PRE-K/DAYCARE 1 YEAR OF AGE OR OLDER COMPLETION INSTRUCTIONS

- **Do not count before or after school children in your day care or pre-k program on the survey form.**
- **Day cares and pre-k programs must include immunization information on Universal Pre-k children on the survey form.**
- **Intervals between doses of vaccine must be in accordance with the Advisory Committee for Immunization Practices (ACIP) Recommended Immunization Schedules for Persons 0 Through 18 Years of Age.**

Field 1   <u>**Total Number of Children**</u> – Enter the **total** number of pre-k children 1 year of age or older.

Field 2   <u>**Children Without Immunization Record**</u> – Enter the number of children who **do not** have an immunization record or any proof of immunity on file. **Do not count children without an immunization record in fields 5 through 15. Do not count children who have medical or religious exemptions in this field.**

Field 3   <u>**Medical Exemption**</u> – Enter the number of children who have a medical exemption from a physician licensed to practice medicine in the State of New York.

Field 4   <u>**Religious Exemption**</u> – Enter the number of children who have a written and signed statement from a parent or guardian exempting them from immunization due to religious beliefs that has been approved by the pre-k program or day care.

*   **Field 5**   <u>**Diphtheria, Tetanus, Pertussis (DTaP)**</u> – Enter the number of children who have received 4 doses of DTaP vaccine as age appropriate.

*   **Field 6**   <u>**Polio**</u> – Enter the number of children who have received 3 doses of polio vaccine (IPV or OPV) as age appropriate or who have demonstrated serological evidence of immunity to all 3 serotypes of polio disease.

*   **Field 7**   <u>**Measles**</u> – Enter the number of children who have received 1 dose of measles vaccine no more than 4 days prior to their first birthday or who have demonstrated serological evidence of immunity to measles disease.

*   **Field 8**   <u>**Mumps**</u> – Enter the number of children who have received 1 dose of mumps vaccine no more than 4 days prior to their first birthday or who have demonstrated serological evidence of immunity to mumps disease.

*   **Field 9**   <u>**Rubella**</u> – Enter the number of children who have received 1 dose of rubella vaccine no more than 4 days prior to their first birthday or who have demonstrated serological evidence of immunity to rubella disease.

*   **Field 10**   <u>**Haemophilus influenzae type B (Hib)**</u> – Enter the number of children who have received the appropriate number of doses of Hib vaccine as age appropriate. Refer to the New York State Immunization Requirements for School Entrance Attendance chart in the School Survey Instruction Booklet.

*   **Field 11**   <u>**Hepatitis B**</u> – Enter the number of children who have received 3 doses of hepatitis B vaccine as age appropriate, or who have demonstrated serological evidence of immunity to hepatitis B disease.

*   **Field 12**   <u>**Varicella (chicken pox)**</u> – Enter the number of children who have received 1 dose of varicella vaccine no more than 4 days prior to their first birthday, or who have been diagnosed by a physician, physician assistant or nurse practitioner as having had varicella disease, or who have demonstrated serological evidence of immunity to varicella disease.

Field 13   <u>**Pneumococcal**</u> – Enter the number of children who received the appropriate number of doses of pneumococcal vaccine for their age. Refer to the PCV vaccine chart in the School Survey Instruction Booklet available at http://www.health.ny.gov/prevention/immunization/schools.

Field 14   <u>**Completely Immunized**</u> – Enter the number of children who meet all requirements for fields 5 through 13. Those entered in field 2 should not be counted in field 14. The number in field 14 cannot be greater than any number in fields 5 through 13.

Field 15   **In Process** – Enter the number of children who are not age appropriately immunized and who have received at least the first dose of each required vaccine series and have age appropriate appointments to complete the series according to the ACIP catch-up schedule.

Field 16   **Homeless Children** – Enter the number of children who are considered homeless under McKinney Vento.

Medical Exemptions:

Field 17   **Diphtheria, Tetanus, Pertussis (DTaP)** – Enter the number of children who are medically exempt from DTaP vaccine.

Field 18   **Polio** – Enter the number of children who are medically exempt from polio vaccine.

Field 19   **Measles, Mumps, Rubella (MMR) –** Enter the number of children who are medically exempt from MMR vaccine.

Field 20   **Haemophilus influenzae type B (Hib)** – Enter the number of children who are medically exempt from Hib vaccine.

Field 21   **Hepatitis B** – Enter the number of children who are medically exempt from hepatitis B vaccine.

Field 22   **Varicella (chicken pox)** – Enter the number of children who are medically exempt from varicella vaccine.

Field 23   **Pneumococcal** – Enter the number of children who are medically exempt from pneumococcal vaccine.

Religious Exemptions:

Field 24   **Diphtheria, Tetanus, Pertussis (DTaP)** – Enter the number of children who are religiously exempt from DTaP vaccine.

Field 25   **Polio** – Enter the number of children who are religiously exempt from polio vaccine.

Field 26   **Measles, Mumps, Rubella (MMR) –** Enter the number of children who are religiously exempt from MMR vaccine.

Field 27   **Haemophilus influenzae type B (Hib)** – Enter the number of children who are religiously exempt from Hib vaccine.

Field 28   **Hepatitis B** – Enter the number of children who are religiously exempt from hepatitis B vaccine.

Field 29   **Varicella (chicken pox)** – Enter the number of children who are religiously exempt from varicella vaccine.

Field 30   **Pneumococcal** – Enter the number of children who are religiously exempt from pneumococcal vaccine.

* Combined vaccines – Students who received vaccines which combine more than one component such as MMR (measles, mumps and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), Dtap/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, DTaP, Hib, polio and hepatitis B.