



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 2019

Dear Group Family Day Care Operator:

Enclosed you will find the Group Family Day Care Immunization Survey packet, which includes the annual **Group Family Day Care Immunization Survey** form that must be completed and returned by May 5, 2019. This packet also includes the following materials:

- Instructions for completing the survey;
- Immunization Worksheets for Group Family Day Cares (**Please do not return the worksheets; these worksheets are only included to aid you in completing the survey**);
- Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind;
- Vaccines That May be Recorded on Immunization Records;
- New York State immunization schedule for pneumococcal vaccine; and
- New York State Immunization Requirements for School Entrance/Attendance.

Begin the survey completion process by reviewing the name and address of the day care printed on the survey form. If the name or address is misspelled or incomplete, enter the correct information in the space provided just below the current address. If the facility has been permanently or temporarily closed, indicate this in the appropriate field on the survey and mail the survey to the address listed below. You do not need to proceed further.

Each day care should receive only one form that has a twelve-digit identification number (ID) pre-entered on the survey form. If you have received more than one form with the same name, but with a different ID number, this indicates that there is more than one day care operating under the same or similar name. Each day care must fill out a separate survey form. Do not combine the data for two or more day cares on one form.

The immunization survey form must be completed and returned by **May 5, 2019**. Failure to complete and submit the survey form is a violation of Public Health Law, which may result in the imposition of a civil penalty of up to \$2,000. To be considered complete, the form must be reviewed and signed by the administrator or owner of the day care facility.

Please note that only the immunization survey form should be returned to:

New York State Department of Health
Bureau of Immunization
649 Corning Tower, Empire State Plaza
Albany, NY 12237.

If you have any questions regarding the enclosed materials or about how to complete the survey, please call (518) 474-1944.

New York City (NYC) day cares (five boroughs) should direct questions to the NYC Department of Health and Mental Hygiene at (347) 396-2433.

Thank you for completing the enclosed survey form, thereby helping to ensure high immunization rates among New York State's children.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elizabeth Rausch-Phung', with a long horizontal flourish extending to the right.

Elizabeth Rausch-Phung, M.D., M.P.H.
Director, Bureau of Immunization

Enclosures

cc: Christine Compton, Medical Director
Robin Stiles-Tice, School Assessment Coordinator