

GROUP FAMILY DAY CARE 1 YEAR OF AGE OR OLDER COMPLETION INSTRUCTIONS

- Do not count before or after school children in your day care on the survey form.
- Day care 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 **Total Number of Children** – Enter the **total** number of children 1 year of age or older.
- Field 2 **Children Without Immunization Record** – 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 13. Do not count children who have medical or religious exemptions in this field.**
- Field 3 **Medical Exemption** – 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 **Religious Exemption** – 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 day care.
- * Field 5 **Diphtheria, Tetanus, Pertussis (DTaP)** – Enter the number of children who have received 4 doses of DTaP vaccine as age appropriate.
- * Field 6 **Polio** – 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 **Measles, Mumps, Rubella (MMR)** – Enter the number of children who have received 1 dose of MMR vaccine no more than 4 days prior to their first birthday or who have demonstrated serological evidence of immunity to measles, mumps and rubella diseases.
- * Field 8 **Haemophilus influenzae type B (Hib)** – Enter the number of children who have received 4 doses of Hib vaccine as age appropriate. Refer to the New York State Immunization Requirements for School Entrance Attendance chart in the survey packet.
- * Field 9 **Hepatitis B** – 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 10 **Varicella (chicken pox)** – Enter the number of children who have received one 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 11 **Pneumococcal** – 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 survey packet.

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(continued)

Field 12 **Completely Immunized** – Enter the number of children who meet all requirements for fields 5-11. Those entered in field 2 should not be counted in field 12. The number in field 12 cannot be greater than any number in fields 5-11.

Field 13 **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.

* **Combined vaccines** – Children 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.