

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=DNTXWA4TRNE3DRFC> 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=DNTXWA4TRNE3DRFC> 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 any 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 health waiver?	
3c. How many children ages 2 through 4 years have a religious waiver?	
3d. How many children ages 2 through 4 have a personal conviction 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 at least :	
4a. 4 doses of DTaP or DT or DTP (diphtheria, tetanus, pertussis) vaccine?	
4b. 3 doses of Polio (IPV, inactivated polio) vaccine?	
4c. 3 doses of Hib (<i>Haemophilus influenzae</i> type b) vaccine?	
4d. 3 doses of Pneumococcal conjugate (PCV13/PCV15) vaccine?	
4e. 3 doses of Hepatitis B (Hep B) vaccine?	

4f. 1 dose of MMR (measles, mumps, rubella) vaccine?	
4g. 1 dose of Varicella (chickenpox) vaccine?	
4h. Have a reliable history of Varicella (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.

Please submit your survey online (link below) or call 608-267-9959 to submit over the phone. Do **not** mail or email the form to DHS or your Local Health Department:

<https://redcap.wisconsin.gov/surveys/?s=DNTXWA4TRNE3DRFC>