



**Nevada Department of
Health and Human Services**
DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH



Nevada Department of Public and Behavioral Health 2019-2020 Annual Child Care Facility Immunization Reporting Instruction Packet



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I. Introduction

This instruction packet has been developed to help you with completing the immunization reporting survey. If assistance is needed in the completion of the survey, the School and Child Care Immunization Coordinator is available at (775) 684-5957 on Monday through Friday from 9am-1pm.

II. Ages Reported

For all child care questions, include all current enrolled children:

- 1 years of age
 - 18 months through 3 years of age
 - 4 years of age
- Per the Nevada Revised Statute (NRS) 432A.230, each child care facility is required to report to the Division of Public and Behavioral Health the exact number of children who have completed the immunizations required for enrollment by December 31st of each year.
 - Please include information on pre-school or pre-k students in the responses.
 - Please review and validate the online information prior to submitting your facility's immunization information.
 - Please fill out all required sections. Do **not** leave any sections blank.
 - You will not be able to complete the survey unless entry is made in all fields.
 - **If your child care facility information is incorrect, you will be contacted by the Nevada State Immunization Program.**
 - **If you do not submit your immunization information by December 31st, you will be contacted by the Nevada State Immunization Program.**

III. Access to Vaccines For Children Website

To access the annual immunization reporting survey online:

- Go to <https://www.vfcnevada.org/for-schools/ratereporting/>
- Click on the appropriate link.
- Reports must be entered online December 1st through December 31st, of the reporting year.
- See the following instructions for child care facility immunization reporting submission.

IV. Getting Started

- Collect immunization records for all children:
 - 1 years of age
 - 18 months through 3 years of age
 - 4 years of age
- Each child care facility will submit the total counts rather than immunization percentages.
- Child care facilities with multiple campuses, must submit each facility separately. For example, Sunshine Preschool will submit immunization information separately for Happy, Smile and the Bright Campus.
- Go to <https://www.vfcnevada.org/for-schools/ratereporting/>



Submit Your Child Care or School's Rates

NRS 392.435, NRS 394.192, NRS 432A.235, and NRS 432A.230 require that before December 31 of each year, each public school, private school, and child care facility shall report the exact number of pupils who have completed the immunizations required for enrollment. Immunize Nevada is collecting this information on behalf of the Nevada State Division of Public and Behavioral Health. Submitting your child care or school's information through this webform fulfills this statutory requirement. Please complete the following information for your school or child care facility:

- Click on the child care facility link.

Would you like to submit rates for a school or child care?

[SCHOOL](#)[CHILD CARE](#)[ACCOMMODATIONS](#)

- You will be redirected to a separate page.
- Fill out all required sections for your facility. Do **not** leave any sections blank.
- You will not be able to complete the survey unless entry is made in all fields.

V. General Information

- Enter in all general information for child care facilities.

Nevada Child Care Facility Immunization Rate Reporting Survey

Resize font:


Please complete the survey below.

Thank you!

First name * must provide value	<input type="text"/>
Last name * must provide value	<input type="text"/>
Job title * must provide value	<input type="text"/>
Phone number * must provide value	<input type="text"/> <small>Please enter phone number without parentheses or dashes.</small>
Email address * must provide value	<input type="text"/>
Child care facility name * must provide value	<input type="text"/> <small>If your child care facility is not listed, please select other and enter your facility name.</small>
Child care facility's physical address * must provide value	<input type="text"/>
City * must provide value	<input type="text"/>
Zip Code * must provide value	<input type="text"/>
County * must provide value	<input type="text"/>

VI. Collecting Data

- Please collect immunization records for children enrolled in your facility to complete the survey. **(SEE APPENDIX B)**
- Please answer questions for only the following age required vaccines: DTaP, MMR and Varicella.
- Use the child care facility tally sheet and immunization resource to help in evaluating the immunization status of your establishment. **(SEE APPENDIX D & E)**
- Do **not** submit tally sheet to the Nevada State Immunization Program.

VII. Children Enrolled in a Child Care Facility (SEE APPENDIX C)

- **Question (1, 1a, 1b, 1c)**
 - Total enrollment: the total number of children in your facility.
- **Question (2, 3, 4)**
 - Total number up-to-date (UTD): the child has all required immunizations for their age.
- **Question (5)**
 - Total number medically exempt: the parent/guardian has provided a certificate signed by a licensed physician (M.D. or D.O) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the child will not permit the child to be immunized.
- **Question (5a, 5b, 5c)**
 - Medical exemptions by vaccine: count the number of children who have medical exemptions for each of the vaccines listed on the survey.
- **Question (6)**
 - Total number religiously exempt: a certificate was provided by the parent/guardian who prohibits the immunization of the child due to religious beliefs.
- **Question (6a, 6b, 6c)**
 - Religious exemptions by vaccine: count the number of children who have religious exemptions for each of the vaccines listed on the survey.
- **Question (7)**
 - Total number conditionally enrolled: the child does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.

APPENDIX A: VACCINE ABBREVIATIONS

DTaP	Diphtheria, Tetanus and Acellular Pertussis
Hep A/HAV	Hepatitis A
Hep B/HBV	Hepatitis B
IPV	Inactivated Polio
Hib	<i>Haemophilus influenzae</i> type b
PCV-13	Pneumococcal conjugate
MMR	Measles, Mumps and Rubella
MMRV	Measles, Mumps, Rubella and Varicella (Chickenpox)
ROTA	Rotavirus
VAR/CPOX	Varicella (Chickenpox)

APPENDIX B: SAMPLE IMMUNIZATION RECORD

DTaP/Td/Tdap			
1	DTaP	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
4	DTaP	12/28/2012	1Y 3M 2D
5	DTaP-IPV	10/2/2015	4Y 0M 6D
Polio			
1	IPV	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
4	DTaP-IPV	10/2/2015	4Y 0M 6D
MMR/Measles			
1	MMR	9/28/2012	1Y 0M 2D
2	MMR	10/2/2015	4Y 0M 6D
Hib			
1	Hib	12/1/2011	0Y 2M 5D
2	Hib	2/3/2012	0Y 4M 8D
3	Hib	12/28/2012	1Y 3M 2D
HEPB			
1	Hep B, ped/adol	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
HEPA			
1	Hep A, ped/adol	9/28/2012	1Y 0M 2D
2	Hep A, ped/adol	3/29/2013	1Y 6M 3D
Pneumococcal			
1	PCV-13 (Prevnar 13)	12/1/2011	0Y 2M 5D
2	PCV-13 (Prevnar 13)	2/3/2012	0Y 4M 8D
3	PCV-13 (Prevnar 13)	3/29/2012	0Y 6M 3D
4	PCV-13 (Prevnar 13)	12/28/2012	1Y 3M 2D
ROTA			
1	Rotavirus (Rotarix)	12/2/2011	0Y 2M 5D
2	Rotavirus (Rotarix)	2/3/2012	0Y 4M 8D
Varicella (CPOX)			
1	CPOX (Varicella)	9/28/2012	1Y 0M 2D
2	CPOX (Varicella)	10/2/2015	4Y 0M 6D

APPENDIX C: CHILD CARE FACILITY QUESTIONS

Child Care Facility

(1) As of September 1st, how many children are enrolled in your child care facility?

* must provide value

(1a) As of September 1st, how many one (1) year old's are enrolled in your child care facility?

* must provide value

(1b) As of September 1st, how many 18 month through 3 year old children are enrolled in your child care facility?

* must provide value

(1c) As of September 1st, how many 4 year old's are enrolled in your child care facility?

* must provide value

(2) Total # UTD for children 1 years of age

* must provide value

Up-to-date (UTD): children have received all age required child care immunizations by the first day of entry.

(3) Total # UTD for children 18 months through 3 years of age (3 years and 0 days)

* must provide value

(4) Total # of UTD children 4 years of age (4 years and 30 days)

* must provide value

<p>(5) Total # of children medically exempt from any required vaccines * must provide value</p>	<input type="text"/>
<p>(5a) Total # of children medically exempt from DTaP * must provide value</p>	<input type="text"/> DTaP: Diphtheria, tetanus, and acellular pertussis
<p>(5b) Total # of children medically exempt from Varicella * must provide value</p>	<input type="text"/> Varicella: Chickenpox
<p>(5c) Total # of children medically exempt from MMR * must provide value</p>	<input type="text"/> MMR: Measles, mumps, and rubella
<p>(6) Total # of children religiously exempt from any required vaccines * must provide value</p>	<input type="text"/>
<p>(6a) Total # of children religiously exempt from DTaP * must provide value</p>	<input type="text"/> DTaP: Diphtheria, tetanus and acellular pertussis
<p>(6b) Total # of children religiously exempt from Varicella * must provide value</p>	<input type="text"/> Varicella: Chickenpox
<p>(6c) Total # of children religiously exempt from MMR * must provide value</p>	<input type="text"/> MMR: Measles, mumps and rubella
<p>(7) Total # of children conditionally enrolled * must provide value</p>	<input type="text"/> Conditionally Enrolled: the child does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.

APPENDIX D: CHILD CARE FACILITY TALLY SHEET

Date: _____
 Note: The Nevada State Immunization Program developed this tool to assist in evaluating the immunization status of your facility and completing the Nevada child care facility immunization reporting survey.
Do not submit to NSIP.

Child	1 years old	18 months through 3 years old	4 year old	UTD	MedEx	MedEx DTaP	MedEx Varicella	MedEx MMR	RelEx	RelEx DTaP	RelEx Varicella	RelEx MMR	Conditional
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													

APPENDIX E: CHILD CARE FACILITY IMMUNIZATION REQUIREMENTS RESOURCE

Vaccine Type	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19 months	2 years	4 years
Hep B ^o	1st dose	2nd dose			3rd dose						
DTaP			1st dose	2nd dose	3rd dose		4th dose				5th dose
Hib*			1st dose	2nd dose	3rd dose	4th dose					
PCV13 [¥]			1st dose	2nd dose	3rd dose	4th dose					
IPV			1st dose	2nd dose	3rd dose						4th dose
MMR						1st dose					2nd dose
Varicella						1st dose					2nd dose
Hep A [§]						1st dose		2nd dose			

- Since January 2018, it is necessary for children being admitted to a child care or accommodation facility in Nevada to receive all required vaccines at the youngest recommended age per the recommendation of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). For example, the 5th dose of DTaP is recommended between 4 and 6 years of age. The 5th dose of DTaP vaccine is required at 4 years of age if the child is attending a child care or accommodation facility in Nevada. If a child turns an age that meets the youngest recommended age to receive the required vaccines (i.e. DTaP at 4 years old), after enrollment or child care entry, the child has **30 days** to complete the required immunizations pursuant to Nevada Revised Statute (NRS) 432A.230 and NRS 432A.235.

^o A child is considered up-to-date if Pediarix was administered at 2, 4, or 6 months of age.

* If a child receives immunizations late, fewer doses may be required. Depending on the vaccine brand and the age of the child started, the child may receive a series of one to four doses of Hib.

[¥] If a child receives immunizations late, fewer doses may be required. Depending on the age of the child started, the child may receive a series of one to four doses of PCV13.

[§] The first dose of Hep A vaccine should be given at 12 months of age. The second dose should be given 6 months after the last dose.

Exemptions

Children may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate signed by a licensed physician (e.g. MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the child will not permit the child to be immunized.
- **Religious Exemption:** Requires a certificate signed by the parent or guardian who prohibits the immunization of the child due to religious beliefs.

Exclusion

Per NRS 432A.230 and 432A.235, unless excused because of a religious belief or medical condition, a child must be up-to-date or the child may not be admitted to any child care or accommodation facility within Nevada.