



# Vermont Immunization Requirements

Guidance for Child Care Providers

October 2014



## Introduction

The Vermont Department of Health Immunization Program is pleased to provide you with the 2014 Child Care Provider's Manual. Vermont law requires that all licensed and registered child care providers collect immunization records and submit to the Health Department a summary report showing the vaccination status of the children in your care. This is done by completing the Child Care Provider's Immunization Survey that will be called "survey" throughout this manual.

This manual is designed to guide you through the process of collecting and reporting immunization information for children enrolled in your program. The updated manual is organized to help make this process as straightforward and simple as possible.

The Vermont Department of Health recognizes that children's immunization schedules are complicated, and we thank you for helping to ensure that Vermont's children are adequately protected from potentially harmful infections.

Additional immunization information is available at the Health Department's website: [www.healthvermont.gov](http://www.healthvermont.gov). Click on the letter "I" in the A-Z listing and find **Immunization in Vermont**, then click on the **Child Care Entry** tab to your right. You can contact the Immunization Program staff at: [immunizationprogram@state.vt.us](mailto:immunizationprogram@state.vt.us) or call 802-863-7240 or 1-800-640-4374.

All the forms described in this manual are available at the link below from the Immunization Program:  
<http://healthvermont.gov/hc/imm/ChildCareEntry.aspx>

Thank you for your commitment to children!

## **At a Glance**

This manual has two parts:

- I. Instructions to collect and assess immunization records
- II. Instructions for completing the immunization survey

## **CHECKLIST**

### **Part I – Collect and Assess Immunization Records**

Please use the following checklist to keep track of your progress:

- Collect child's immunization records from the parent or guardian
- Complete the Vermont Child Care Immunization Checklist
- Determine if the children are up-to-date with immunizations
- Assign each child an immunization status
- Complete the line list of provisional and exempt children

### **Part II -- Immunization Survey**

- Summarize the line list of provisional and exempt children
- Follow the email link to Survey Gizmo
- Fill out the survey and submit by January 1, 2015



## □ Determine if the children are up-to-date with immunizations

The following guide, based on the CDC schedule, should be used to check each child's immunization record. Use the schedule along with your checklist to determine if the children enrolled in your facility are up-to-date with the required immunizations for their age.

### Which immunizations are required for entry into child care?

Age when enrolling:	Immunizations required:
2 – 3 months	1 each of DTaP, Hep B, Polio, Hib, PCV
4 – 5 months	2 each of DTaP, Hep B, Polio, Hib, PCV
6 – 14 months	3 each of DTaP, Hep B, Polio, Hib, PCV
15 – 17 months	3 each of DTaP, Hep B, Polio 1 each MMR, Varicella 1–4 doses each of Hib and PCV
18 months – 4 years	3 polio, 3 Hep B, 4 DTaP 1 each of MMR, Varicella 1–4 doses each of Hib and PCV

DTaP: diphtheria, tetanus, pertussis • Hep B: hepatitis B • polio • Hib: haemophilus influenzae  
• Varicella: chickenpox • MMR: measles, mumps, rubella • PCV: pneumococcal

\* Hepatitis A, rotavirus, and influenza vaccines are also strongly recommended, but not required.

## How do I check the record?

- Determine the age of the child at the time of record review, and then use the chart above to determine which of the "Age when enrolling" groups the child is in based on the child's age at the time when you review the record.
- Review the "Immunization required" side of the schedule and you will see the number of doses and type of vaccines required.
- Count the number of doses on the immunization record. Make sure that the number matches the required number of doses on the chart. It is not necessary to write the dates, just check off the number of doses for each vaccine.
- Vaccine names can be tricky because a vaccine may contain a combination of 1-3 different vaccine types. For example, Pediarix contains vaccines for DtaP, HepB and Polio. Please see the list of all vaccine names on the last page (pg. 14) of this manual.

**Note:** Two vaccines are special cases: *Haemophilus influenzae* type b (Hib) and pneumococcal (PCV) vaccines. The number of doses depends on the time the vaccine was administered, and will vary from one to four doses. Please contact us if you have any questions.

- If a child has been infected with varicella (chicken pox), then he/she does not need to be vaccinated. Instead, ask the parent

to sign the Documentation of Varicella Disease for Child Care form and keep it on file.

## The Vermont Immunization Registry (IMR)

The Vermont Immunization Registry (IMR) is a computerized system for maintaining individual immunization records. You can use the IMR to view a child's immunization records and to determine if a child is up-to-date with his/her required vaccines. In order to gain access to the IMR, you must be an approved user, which means that you must sign a confidentiality agreement and obtain a username and password. Find the necessary forms and information on the website at: <http://healthvermont.gov/hc/IMR/index.aspx>

Once authorized to access the IMR, you will be able to view the Child Care Report for each child with a record in the system. For each immunization, the report shows "Meets Requirements" with a simple "Yes" or "No". In most cases, the IMR report eliminates the need to compare a record against the immunization schedule to determine if the child meets requirements.

For assistance, contact the Vermont Immunization Registry at 1-888-688-4667 or email the IMR staff at [imr@state.vt.us](mailto:imr@state.vt.us) to become a registered user.

The screenshot shows the Vermont Department of Health website. The header includes the Vermont logo and the text 'Department of Health Agency of Human Services'. Below the header is a navigation bar with links for 'Home', 'Contents A to Z', 'Site Map', 'Contact Us', and 'About Us', along with a search box. The main content area is titled 'Vermont Immunization Registry - IMR'. It features a blue star icon and a message: 'We invite you to join our efforts to help health care providers across the state provide immunization coverage for Vermonters, and to make access to immunization documentation more efficient.' Below this is the contact information for the 'Vermont Immunization Registry Team 1-888-688-4667'. There is a 'Log On to the Registry' section with two buttons: 'IMMUNIZATION REGISTRY LOG ON >' and 'IMMUNIZATION REGISTRY TEST SYSTEM LOG ON >'. A note states: 'Requires Internet Explorer 6.0 or higher to access the Immunization Registry. You will not be allowed into the application if you are using another browser (Chrome, Safari, etc.).' At the bottom of this section, it says 'Problems logging in? Call our support line: 1-888-688-4667.' On the right side, there is a sidebar titled 'IMMUNIZATION REGISTRY' with a list of links: 'IMR Home', 'User Support Materials', 'IMR Spotlight', 'Overview', 'For Providers', 'For the Public', 'For Licensed Child Care Providers', 'Immunization Information', 'Immunization in Vermont', and 'Meaningful Use'. On the left side, there is a 'HEALTHY VERMONTERS 2020' logo and a 'QUICK LINKS' section with links for 'Get Help Now', 'Advance Directives', 'Birth, Death, and Marriage Records', 'Events & Meetings', and 'Food & Lodging'.

**□ Assign each child an immunization status**

Immunization status means that the child is either:

- Up-to-date
- Provisionally admitted
- The parent has filed a signed exemption form

**Up-to-date Status** means that the child has received all required immunizations for their age.

**Provisional Status**

- Children may be admitted on a provisional basis for up to 6 months, if they are in the process of meeting immunization requirements, but are missing one or more immunizations.
- For children who have not received all the required immunizations for their age, you will need to provide the parent with a Notice of Missing Immunizations for Child Care.

Tips for filling out the Notice of Missing Immunizations for Child Care form:

- For each vaccine the child is missing, circle the dose that hasn't been received.
- Encourage parents to share this with their health care provider when they schedule an appointment for their child.
- Remind parents that they are responsible for getting the required vaccines for their child within six months.

**Notice of Missing Immunizations  
For Child Care**



Child's Name: \_\_\_\_\_

Immunization records show that your child may not be adequately immunized as required by the Immunization Regulations (10 V.S.A. § 1123).

The doses circled below indicate vaccines needed for your child to meet child care immunization requirements. Please ensure your child has received required vaccines as soon as possible. If your child has received the circled dose/doses, please present an immunization record to the child care provider.

The dose/doses circled below indicate what vaccine is needed for the child to meet state immunization requirements.

Vaccine Type	Dose/Doses Needed
Hepatitis B (p/b or Hep B)	1 2 3
DTaP (Diphtheria, Tetanus, and Pertussis)	1 2 3 4
HB (Hemophilic Infection Type B)	1 2 3 4
PCV (Pneumococcal)	1 2 3 4
Polio (OPV or IPV)	1 2 3
MMR (Measles, Mumps, and Rubella)	1
Varicella (Chicken Pox)	1 or History of Disease

There is no record of any immunizations on file for the child named above. Please submit a complete immunization record or exemption form to the child care provider immediately.

Print Name of Child Care Provider: \_\_\_\_\_

Signature of Child Care Provider: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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If the child does not have a primary care provider, refer the parent to the local district health office. If a family does not have health insurance, Dr. Dynasaur offers low-cost or free health insurance for children. Even children who are already covered by other insurance plans may qualify for extra benefits from Dr. Dynasaur. You may refer parents to Health Access Member Services for Green Mountain Care at 800-250-8427 or to <http://www.greenmountaincare.org/> for more information.

Admit only those children who: (a) are up-to-date meaning that they have met all the immunization requirements; or (b) are provisional, meaning that they will receive required vaccinations in the next 6 months; or (c) have a signed exemption on file.

If a child who was admitted on a provisional basis does not receive his/her required vaccines within 6 months, or have a signed exemption on file, provide the parents with the Child Care Exclusion notice for Incomplete Immunizations. The exclusion notice provides you with the information needed to inform parents of the specific date by which the child must receive the required vaccines or face exclusion.

Prior to giving a parent this form you may verbally remind the parent that their child needs a required vaccine/s to continue to be admitted to your facility. If you are working with a child that doesn't have the required vaccines and exclusion is likely, and you need assistance working with parents, contact the Immunization Nurse at your nearest District Office or contact the Immunization Program at 802-863-7240 or 1-800-640-4374.

**CHILD CARE EXCLUSION NOTICE  
FOR INCOMPLETE IMMUNIZATIONS**

Child's Name: \_\_\_\_\_

Review of immunization records show that your child may not be adequately immunized as required by the Immunization Rules and Regulations (16 V.S.A. § 1123). Please obtain complete dates for the indicated immunizations and provide a record to us by \_\_\_\_\_, \_\_\_\_\_, or your child will be excluded from attending children after that date.

If we do not receive this information from you before the date indicated, we will be forced to exclude your child from attendance. We regret that we must take this action, but state law requires that children must be appropriately immunized in order to attend a Vermont child care. Our facility supports this policy. If you have questions or need additional information regarding vaccinations you may contact your health care provider or Vermont Department of Health Immunization program.

Vaccine Type	Dose/Doses Required			
Hepatitis B (Hep B or Hep B)	1	2	3	4
DTaP (Diphtheria, Tetanus, and Pertussis)	1	2	3	4
MM (Measles/Mumps Infection Type II)	1	2	3	4
PCV (Pneumococcal)	1	2	3	4
Polio	1	2	3	
MMR (Measles, Mumps, and Rubella)	1			
Typhoid (Chickens' eye)	1 or status of dose			

Sincerely,

\_\_\_\_\_  
Signature



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Vermont Department of Health • [www.healthvermont.gov](http://www.healthvermont.gov) • PH 1-800-640-4374

## Exempt Status

- In Vermont, a medical exemption is only allowed when a health care provider completes the medical immunization exemption form.
- Parents can request a vaccine exemption for a philosophical or religious reason.
- Parents should know that children with exemptions may not be allowed to attend child care during a disease outbreak.
- An exemption form must be signed and given to the child care provider each year.

There are two types of exemption forms:

## Medical Immunization Exemption Form

Some children cannot be vaccinated because of a medical condition such as an immune disease. In this case, the child's health care provider must complete and sign a Medical Immunization Exemption form. The provider must give an end date for the exemption.



**VERMONT**  
DEPARTMENT OF HEALTH

**Medical Immunization Exemption**  
**Child Care and Schools**

Vermont's Immunization Regulations apply to any child or student attending any licensed or registered child care facility, public or independent kindergarten, elementary and secondary school. Before entry, child or student must have the required immunizations unless exempt for medical, religious, or philosophical reasons. In order to claim a medical exemption this form needs to be completed, signed by a medical provider and returned to the child care or school.

A medical exemption may be utilized only when vaccine(s) is medically contraindicated. It should not be used:

- When vaccine is not needed due to immunity (for instance a polio booster for measles, mumps and rubella, or history of shingles or disease).
- To circumvent vaccine recommendations of the Advisory Committee on Immunization Practices (ACIP), such as the minimum age, and/or interval between vaccine doses.

This document is being submitted on behalf of the following child or student:

First and last name \_\_\_\_\_ Date of birth \_\_\_\_\_

**Check only the vaccine(s) that are medically contraindicated:**

<input type="checkbox"/> DTap	<input type="checkbox"/> Tdap	<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Varicella
<input type="checkbox"/> Hib*	<input type="checkbox"/> PCV*		<input type="checkbox"/> Meningococcal**

\* For children in child care      \*\*For residential/tertiary students

Reason for medical exemption(s): \_\_\_\_\_

This exemption shall continue until: \_\_\_\_/\_\_\_\_/\_\_\_\_

It is required that the child/student shall receive the vaccines for which they are exempted when the vaccine is no longer contraindicated.

Print Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Physician or Health Care Practitioner\*\*\* \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\* According to Vermont statute, only a healthcare professional licensed to practice in Vermont and authorized to prescribe vaccines may sign this exemption form.

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## Philosophical and/or Religious Exemption Form

Parents who choose not to have their children immunized for religious or philosophical reasons must read the Required Parent Education materials supplied by the Vermont Department of Health and file a signed philosophical/religious exemption form each year. The parent should check either the religious or the philosophical box to note the type of exemption requested, and the form must be placed in the child's file at your facility.



**VERMONT**  
DEPARTMENT OF HEALTH

**Annual Philosophical and Religious  
Immunization Exemptions**  
Child Care and Schools

Vermont's Immunization Regulations apply to any child or student attending any licensed or registered child care facility, public or independent kindergarten, elementary and secondary schools. Before entry, children/students must have the required immunizations unless exempt for medical, religious, or philosophic reasons. Each year, in order to claim a philosophical or religious exemption, this form needs to be completed, signed and returned to the child care facility or school.

Please note that children with an immunization exemption may be kept out of child care or school during a disease outbreak. The length of time a child/student is kept out of child care or school will vary depending on the type of disease and the circumstances surrounding the outbreak. This could range from as little as several days to over a month.

**Exemption requested (select only one):**       Philosophical       Religious

\_\_\_\_\_ has not received all required doses of the following immunizations:  
Child/Student Name

Check only those vaccines you wish to exempt your child from:

Child Care	<input type="checkbox"/> Hep B (Hepatitis B)	<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis)	<input type="checkbox"/> Polio	<input type="checkbox"/> MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Varicella (Chicken pox)	<input type="checkbox"/> PCV (Pneumococcal)	<input type="checkbox"/> Hib (Haemophilus influenzae B)
K - 6 <sup>th</sup>	<input type="checkbox"/> Hep B (Hepatitis B)	<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis)	<input type="checkbox"/> Polio	<input type="checkbox"/> MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Varicella (Chicken pox)		
7 <sup>th</sup> - 12 <sup>th</sup>	<input type="checkbox"/> Hep B (Hepatitis B)	<input type="checkbox"/> Tdap (Tetanus, Diphtheria, Pertussis)	<input type="checkbox"/> Polio	<input type="checkbox"/> MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Varicella (Chicken pox)	<input type="checkbox"/> Meningococcal*	<input type="checkbox"/> Tdap

\*for residential students only

In signing this form, I acknowledge that I have reviewed the evidence-based educational material provided by the Vermont Department of Health regarding immunizations, including:

- The information that failure to complete the required vaccination schedule increases risk to the person and others of contracting, carrying or spreading a vaccine-preventable infectious disease and
- The information that there are people with special health needs attending schools and child care facilities who are unable to be vaccinated or who are at heightened risk of contracting a vaccine-preventable communicable disease and for whom such a disease could be life-threatening.

\_\_\_\_\_  
Print name of parent (or student if 18 years or older)

\_\_\_\_\_  
Signature of parent (or student if 18 years or older)      \_\_\_\_\_  
Date

1/03

## □ Complete the Line List of Provisional and Exempt Children

This list will include all children:

- Who are missing immunization(s)
- Whose parents have filed a signed exemption
- Who are being provisionally admitted

The Excel spreadsheet (below) can be found on Health Department website under "Forms" at <http://healthvermont.gov/hc/imm/ChildCareEntry.aspx>. To fill out this form you will need to know each child's immunization status (up-to-date, provisional or exempt).

Tips for filling out this form:

- Write the name of your facility and the year at the top of the page.
- For all children who are missing vaccines, list the child's name and date of birth in the rows provided.
- In the columns labeled "Missing Vaccines," type the number 1 below the vaccine that the child is missing.
- In the column labeled "Child with Signed Exemption or Provisional Form," type the number 1 below the specific exemption the child's parents have signed **or**, if the child is admitted provisionally, then type the number 1 below provisional admittance.
- At the bottom of the form, you need to add up all the number "1" marks you have entered for each vaccine.
- Also at the bottom of the form, you need to add up the number of children with exemptions and provisional admittance.
- Once all missing vaccines are received for a provisionally admitted child, the name should be removed from the line list. Exempt children will remain on the line list.

LISTING of PROVISIONAL & EXEMPT CHILDREN											VERMONT DEPARTMENT OF HEALTH	
Facility Name: _____												
Year: _____												
Child's Name	Date of Birth	MISSING VACCINES							Child w/ Signed Exemption or Provisional Form		NOTES NOTES	
		Hib	PCV	Hepatitis B	D/TaP	Polio	MMR	Varicella	Medical	Philanthropic Religious		Provisional Admittance
Example child	8/15/2008				1						1	Appointment next week
Example child	3/17/2010	1	1	1	1	1	1				1	Parent signed forms
<b>TOTALS</b>		0	0	0	0	0	0	0	0	0	0	

**INSTRUCTIONS:**

26 Use "1" instead of "X" when using online version w/ formulas

27 List children with missing vaccine doses & place a "1" in the correct (vaccine ) column (left side of form)

28 Indicate the reason for missing vaccine(s) by placing a "1" in the correct column (right side of form)

29 Children with signed exemptions should remain on the list

30 Delete provisionally admitted students from the list when all vaccine doses are received

## **Part II The Annual Child Care Provider's Immunization Survey**

### **What?**

The Health Department is required by law to collect information about the immunization status of children in child care. In the fall, we email a short survey to every licensed or registered child care provider in Vermont. You are required to fill out the survey by January 1<sup>st</sup>.

You are not reporting information about individual children; but are reporting the number of children receiving each of the seven required vaccines, and the immunization status of each child. Immunization status means that the child is either:

- Up-to-date
- Provisionally admitted
- The parent has filed a signed exemption form

### **When?**

The survey is emailed every October and is due the following January 1<sup>st</sup>. The survey includes a collection of questions about the immunization information you gathered and reviewed for all of the children in your child care facility.

### **Who?**

Only children ages birth through five years of age should be counted in the survey. Do not include any children who are enrolled or attend any of the following:

- School (Kindergarten through 12th grade)
- After-school programs
- Non-recurring programs (short-term programs like day camp or other temporary programs)

### **How?**

#### **Summarize the line list of provisional and exempt children**

Prepare to fill out the survey by collecting each child's updated immunization information from parents or use the Vermont Immunization Registry to review the child's current immunization status. Reminder: When children are missing immunizations or have a signed exemption you must update the Line List. The Excel spreadsheet can be found on Health Department website under "Forms" at <http://healthvermont.gov/hc/imm/ChildCareEntry.aspx>.

#### **Follow the email link to Survey Gizmo**

On October 20<sup>th</sup> you should receive an email from Survey Gizmo with a link to the survey. **Individual child care providers receive an**

**email with their unique link to the survey.** The Immunization Program uses lists of child care facilities with email addresses and other contact information provided by the Department for Children and Families (DCF). Questions must be answered using the online survey and once you have submitted it, you will have completed the requirements for immunization reporting for 2014. If you do not have email or access to a computer, a paper version of the survey is available. Contact the Immunization Program: immunizationprogram@state.vt.us or call 802-863-7240 or 800-640-4374.

**□ Fill out the survey and submit by January 1, 2015**

Instructions are included on the first page of the survey and before questions #7 and #8. You must complete the entire survey, and cannot leave any blank answers. If you have any question about the survey or assessing immunization records contact the Immunization Program at: immunizationprogram@state.vt.us or call 802-863-7240 or 800-640-4374, or the Immunization Nurse at your local District Office location. Contact information for the Immunization Nurses can be found at: <http://www.healthvermont.gov/hc/imm/index.aspx>

## **Resources**

For more information and assistance, please use the following links or phone numbers:

### **Immunization Program**

Web page for child care providers:

<http://www.healthvermont.gov/hc/imm/ChildCareEntry.aspx>

Email address: immunizationprogram@state.vt.us

Phone numbers: 802-863-7240 or 800-640-4374

### **Immunization Registry**

Web page for immunization registry:

<http://healthvermont.gov/hc/IMR/materials.aspx#childcare>

Email address: imr@state.vt.us

Phone number: 1-888-688-4667

## Vaccine names – for Child Care Providers

Vaccine name	Count as:	Diseases vaccine prevents
ActHIB	Hib	Haemophilus Influenzae B
Comvax	Hib & Hep B	Haemophilus Influenzae B <i>and</i> Hepatitis B
Daptacel	DTaP	Diphtheria, tetanus, & pertussis
DT		Diphtheria & tetanus
DTaP	DTaP	Diphtheria, tetanus, & pertussis
DTP	DTaP	Diphtheria, tetanus, & pertussis
Engerix-B	Hep B	Hepatitis B
H. flu	Hib	Haemophilus Influenzae B
Havrix		Hepatitis A*
Hep A		Hepatitis A*
Hep B	Hep B	Hepatitis B
Hib	Hib	Haemophilus Influenzae B
Hiberix	Hib	Haemophilus Influenzae B
HibTiter	Hib	Haemophilus Influenzae B
Hib-Men CY	Hib	Haemophilus Influenzae B <i>and</i> Meningococcal disease*
Infanrix	DTaP	Diphtheria, tetanus, & pertussis
IPOL	polio	Polio
IPV	polio	Polio
Kinrix	DTaP & polio	Diphtheria, tetanus, & pertussis <i>and</i> Polio
Menactra		Meningococcal disease*
MCV4		Meningococcal disease*
MenHibrix	Hib	Haemophilus Influenzae B <i>and</i> Meningococcal disease*
Menomune		Meningococcal disease*
MMR	MMR	Measles, mumps, & rubella
MMRV	MMR & varicella	Measles, mumps, & rubella <i>and</i> Varicella (chickenpox)
OPV	polio	Polio
PCV or PCV13	PCV	Pneumococcal disease
Pediarix	DTaP & Hep B & polio	Diphtheria, tetanus, & pertussis <i>and</i> Hepatitis B <i>and</i> Polio
PedvaxHIB	Hib	Haemophilus Influenzae B
Pentacel	DTaP & Hib & polio	Diphtheria, tetanus, & pertussis <i>and</i> Haemophilus Influenzae B <i>and</i> Polio
Pneumovax		Pneumococcal disease <sub>23</sub> *
PPSV23		Pneumococcal disease <sub>23</sub> *
Prevnar	PCV	Pneumococcal disease <sub>13</sub>
ProQuad	MMR & varicella	Measles, mumps, and rubella <i>and</i> Varicella (chickenpox)
Recombivax	Hep B	Hepatitis B
Rota		Rotavirus*
Rotarix		Rotavirus*
RotaTeq		Rotavirus*
TriHIBit	DTaP & Hib	Diphtheria, tetanus, & pertussis <i>and</i> Haemophilus Influenzae B
Tripedia	DTaP	Diphtheria, tetanus, & pertussis
VAQTA		Hepatitis A*
Var	varicella	Varicella (chickenpox)
Varivax	varicella	Varicella (chickenpox)

\*Not required for child care