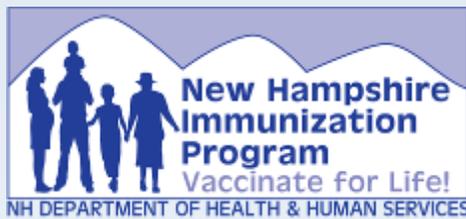


New Hampshire Child Care Provider's Guide to Immunizations

March 2015

Presented by



800.852.3345 x 4482 | 603.271.4482
immunization@dhhs.state.nh.us
<http://www.dhhs.nh.gov/dphs/immunization/index.htm>





Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4482 1-800-852-3345 Ext. 4482
Fax: 603-271-3850 TDD Access: 1-800-735-2964



March 2015

Dear NH Child Care Provider,

The New Hampshire Department of Health & Human Services (DHHS), Division of Public Health Services, Immunization Program (NHIP) is pleased to provide you with this New Hampshire Child Care Provider's Guide to Immunizations.

New Hampshire law requires that all children enrolled in any school, pre-school, or child care have certain immunizations to protect them and those around them from vaccine preventable diseases. In addition, schools and child care providers must collect and review the immunization records of enrolled children and submit an annual immunization report to the DHHS. This guide will assist you through the process of collecting and reporting immunization information.

The NHIP recognizes that children's immunization schedules are complicated and we thank you for helping to ensure that New Hampshire's children are adequately protected from potentially harmful infectious diseases.

Additional immunization resources can be found at:

NHIP's website at <http://www.dhhs.nh.gov/dphs/immunization/index.htm>

Child Care Providers web page <http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

If you need Immunization staff assistance, please feel free to contact our program by calling 800-852-3345, x 4482 (in NH) or 603-271-4482.

Sincerely,

Immunization Program Staff

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REQUIREMENTS AND RECOMMENDATIONS

IMMUNIZATION MINIMUM DOSE REQUIREMENTS* FOR CHILD CARE (2 MONTHS TO SCHOOL ENTRY)

DTaP - Diphtheria, Tetanus & Pertussis vaccine

4 or more doses – at age 2 months, 4 months, 6 months, 15-18 months

A booster dose is usually given at 4-6 years (required for Kindergarten). In rare cases, if a child is unable to receive DTaP because of a contraindication to pertussis vaccine, they would receive a vaccine called DT, which does not contain the pertussis antigen.

Hep B - Hepatitis B vaccine

3 doses – at birth, age 1-2 months, 6-18 months

IPV - Polio

3 or more doses – at age 2 months, 4 months, 6-18 months

A fourth dose is usually given at 4-6 years (required for Kindergarten).

Hib - *Haemophilus influenzae type b* vaccine

4 doses – at age 2 months, 4 months, 6 months, 12-15 months

Hib is **not** required for children age 5 years and older.

MMR - Measles, Mumps, & Rubella vaccine

1 or 2 doses – first dose at age 12-15 months

A second dose is usually given at 4-6 years (required for Kindergarten).

VAR - Varicella or chickenpox vaccine

1 or 2 doses – first dose at age 12-15 month

A second dose is usually given at 4-6 years (required for Kindergarten).

A laboratory test to confirm immunity is acceptable.

For complete Immunization Resources for Child Care Providers:

<http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

* Per New Hampshire RSA 141-C:20 <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-X-141-C.htm>

VACCINES THAT ARE RECOMMENDED BUT, NOT REQUIRED FOR CHILD CARE

Hep A (Hepatitis A vaccine)

2 doses – at age 12 months, booster at 18 months

Influenza (flu vaccine)

1 dose every year – beginning at age 6 months and older
(2 doses the first year the child receives influenza vaccine)

PCV 13 (pneumococcal vaccine)

4 doses – at age 2 months, 4 months, 6 months, 12-15 months

RV (Rotavirus)

Rotateq – 3 doses, at age 2 months, 4 months, 6 months

OR

Rotarix – 2 doses, at age 2 months, 4 months

VACCINES THAT ARE RECOMMENDED FOR CHILD CARE WORKERS

Anyone who works with children, especially in child care centers, is at high risk of coming into contact with a number of bacteria or viruses. Therefore, child care workers should be up to date on vaccines including measles-mumps-rubella (MMR), tetanus-diphtheria (Td) or tetanus-diphtheria-pertussis (Tdap), varicella (chicken pox), influenza (flu), and hepatitis B. Because infants are at increased risk of complications and death from pertussis infections (whooping cough), adults and teens that will be around them, which includes child care providers, should have a single dose of the Tdap vaccine.

Childcare workers who have not previously had the hepatitis A vaccine may be recommended to get the vaccine, or treatment, *if hepatitis A cases are diagnosed in their center*. Hepatitis A is an acute liver disease that results from infection with the Hepatitis A virus. Symptoms can be absent or mild (especially in young children) to more severe. Good personal hygiene and proper sanitation can help prevent the spread of hepatitis A.

THE BASIC PROCEDURES

1. Obtain the child’s personal immunization record.

New Hampshire law requires that parents provide their child’s immunization record to the child care or school. The immunization record is usually given to parents by a child’s health care provider and it must list the **name of the individual immunization** and the **complete date** (mm/dd/yyyy) that the immunization was administered.

2. Complete the New Hampshire Immunization Tracking Tool for each child (optional).

NHIP created this tool to help you keep track of immunizations for each child in your care (Appendix A). It is a simple checklist that may be helpful for completing the annual immunization report, but it is not required. Please *do not* send these or other individual child records to the NHIP.

3. Check to be sure that the child’s recorded immunizations match those listed on the schedule below.

The immunization requirements listed below can be used to check each child’s immunization record. All the children enrolled in your facility must be up-to-date with the required immunizations for their age. Parents should provide the child’s updated immunization record to you at least annually (more often if needed, especially for children under age 18 months).

| Child’s current age | Immunizations required |
|--------------------------|--|
| 2 – 3 months | 1 each of DTaP, HepB, Polio, and Hib |
| 4 – 5 months | 2 each of DTaP, HepB, Polio, and Hib |
| 6 – 14 months | 3 each of DTaP, HepB, Polio, and Hib |
| 15 – 17 months | 4 of Hib 3 each of DTaP, HepB, Polio 1 each of Varicella and MMR |
| 18 – 48 months (4 years) | 4 each of Hib* and DTaP 3 each of HepB and Polio 1 each of Varicella and MMR |
| 4 – 6 years | 4 each of Hib* and DTaP** 3 each of HepB and polio** 1 - 2 each of Varicella and MMR** |

* Some children who start the Hib vaccine series late may need fewer than 4 doses; Hib is not required for children age 5 and older (call NHIP if questions).

** For KG/1st grade school entry: 5 doses of DTaP, 4 doses of Polio, and 2 doses each of Varicella and MMR are required.

How do I read the record?

- Determine the age of the child at the time of the record review, and then use the chart above to determine which age group the child is in.
- Review the “Immunizations required” list and you will see the number of doses and type of vaccines required for that age.
- Count the number of doses on the immunization record to make sure the child has the required number of doses of vaccines shown on the chart.
 - ❖ *Haemophilus influenzae* type b (Hib) is a special case. If a child started late with this vaccine, s/he may need fewer doses. Call the NHIP if you have questions.
- If a child has been infected with varicella (chicken pox), then he/she does not need to be vaccinated. In these cases, there must be laboratory diagnosis of immunity to the disease.
- Because each vaccine can be in combination with others and because they may have different brand names, please refer to the brand name list (Appendix B) if you need help when reviewing an immunization record.

Special Circumstances

Some parents choose to follow a delayed or alternative schedule. This is not recommended because it puts children (and the people around them) at unnecessary risk for vaccine preventable diseases. One of the reasons parents choose an alternate schedule is the false belief that too many vaccines overwhelm the immune system and may lead to chronic health problems. If a parent chooses a delayed scheduled, the child may be conditionally enrolled if they meet the definition (see # 4 below).

4. **Any children who are not fully immunized should see their health care provider. If they do not have a health care provider, refer them to a local community health center or public health department.**

New Hampshire provides all recommended childhood vaccines to NH health care providers at no cost. If a family does not have a health care provider and/or health insurance, they should be referred to the DHHS Medicaid Office (800-852-3345, x 9700), or apply online at <http://www.dhhs.nh.gov/dfa/apply.htm>) or to a local community health center (Appendix G or go to: <http://www.bistatepca.org/find-a-health-center/nh>).

By law, children must be immunized before they can be enrolled in a NH school or licensed child care center. However, a child may be **conditionally enrolled** if:

- there is documentation of at least one dose of each required vaccine; and
- there is an appointment for the next due dose(s).

5. **Admit only those children who: (a) have met all the immunization requirements; or (b) have at least one of each required immunization AND an appointment for the next dose; or (c) have a medical or religious exemption on file.**

New Hampshire law allows for 2 types of exemptions:

- **Medical Exemption** - Documentation from child's doctor that s/he is unable to receive a vaccine for medical reasons.
- **Religious Exemption** - Requires a notarized form (Appendix I) from the parent stating their objection to vaccines for religious reasons.

Any child who is not fully immunized may be excluded from child care in the event of a disease outbreak, if recommended by the NH Department of Health & Human Services (DHHS). For questions in the event of a disease outbreak, call the Bureau of Infectious Disease Control at 800-852-3345, x 4496 (in NH) or 603-271-4496.

ANNUAL CHILD CARE IMMUNIZATION REPORT

1. When do I need to complete the report?

NH state statute (RSA 141-C:20-e) states "Schools and child care agencies, whether public or private, shall make an annual report to the Commissioner relative to the status of immunization of all enrolled students."

The Annual Child Care Immunization Report is sent to all licensed child care agencies in October of each year. The annual report will be sent electronically if the NHIP has a valid email address for the child care. If not, a paper form will be mailed. Please notify the NHIP at any time if the child care center obtains a new email address.

2. What do I need to complete the report?

Refer to "The Basic Procedures" section for details. Consider using the Immunization Tracking Tool to determine each child's immunization status. This tool can be found in Appendix A or at <http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

3. How do I complete the report?

- a. If you have internet access, please submit your report electronically. You will receive instructions in October of each year. You may also request a paper form by calling NHIP at 603-271-4482.
- b. Each child care agency with a license number must complete an annual report. If you have more than one license number, you must complete a separate report for each one.
- c. When completing the form, whether electronically or on paper, please be sure to:
 - complete all information and read the instructions for each question;
 - do not submit the child's individual immunization records;
 - if you receive a report for more than one location, do not combine numbers; complete an annual report for each licensed location;
 - submit only one report per license per year (additional vaccines will be reported the following year), and
 - return reports by **NOVEMBER 15th**.
- d. The annual report may be submitted electronically, by fax, or by mail. Electronic submission is preferred.
- e. Failure to submit the Annual Child Care Immunization Report per RSA 141-C:20-e will be reported to the Commissioner of the NH Department of Health and Human Services.

A sample of the 2014 Annual Child Care Immunization Report can be found in the appendix (Appendix H).

TIPS

- Develop a system to identify when children's vaccines are needed.
- Keep a quick reference guide handy, with the number of doses for each vaccine by age.
- Remind families when a child is due for vaccines. Use a simple template letter (see Appendix F) or email.
- Ask the parent/guardian for an updated immunization record during enrollment and at least annually (or any time their child receives a vaccine).
- Keep your records up to date!

As a child care provider, you play a key role in the growth, development, and well-being of children. You help protect children, their families, and the community against preventable diseases when you record, remind, and report.

Thank you for all you do!

APPENDIX A IMMUNIZATION TRACKING TOOL

IMMUNIZATION TRACKING TOOL

USE THIS FORM TO KEEP TRACK OF A CHILD'S IMMUNIZATION DATES

Review records at enrollment and at least annually

CHILD'S NAME: _____ DATE OF ENROLLMENT _____

| | | | | | | |
|-------------------|---------------------|---------------------|---------------------|----------------------|----------------------|--------------------|
| BIRTH DATE | 2 MONTH DATE | 4 MONTH DATE | 6 MONTH DATE | 12-14 MO DATE | 15-18 MO DATE | 4-6 YR DATE |
| | | | | | | |

| | | | | | | |
|------------------|-------------------|-------------------|-------------------|------------------|-------------------|--|
| ★ HepB 1 DATE | ★ HepB 2 DATE | ★ HepB 3 DATE | | | | |
| | ★ DTaP 1 DATE | ★ DTaP 2 DATE | ★ DTaP 3 DATE | ★ DTaP 4 DATE | ☆ DTaP 5 DATE | |
| | ★ Polio 1 DATE | ★ Polio 2 DATE | ★ Polio 3 DATE | | ☆ Polio 4 DATE | |
| | ★ Hib 1 DATE | ★ Hib 2 DATE | ★ Hib 3 DATE | ★ Hib 4* DATE | | |
| | PCV 1 DATE | PCV 2 DATE | PCV 3 DATE | PCV 4 DATE | | |
| | ROTA 1 DATE | ROTA 2 DATE | ROTA 3 DATE | | | |

★ Required for enrollment in child care

☆ Recommended at age 4-6; required for school/kindergarten entry

*Sometimes only 3 doses of Hib are given, but the final or booster dose should be given at age 12 to 15 months.

**if a child has had Varicella (chicken pox), s/he will not need the vaccine, but the child's doctor must provide laboratory proof of immunity.

| | |
|-------------------|-------------------|
| ★ MMR 1 DATE | ☆ MMR 2 DATE |
| ★ VAR 1** DATE | ☆ VAR 2** DATE |
| HepA 1 DATE | HepA 2 DATE |

| | | | | | |
|---|------|------|------|------|------|
| EVERY FALL: INFLUENZA VACCINE-6 MONTHS & OLDER | | | | | |
| | | | | | |
| DATE | DATE | DATE | DATE | DATE | DATE |

APPENDIX B

BRAND NAMES FOR VACCINES

May be used as a reference when reviewing immunization records

| | |
|-------------|---|
| ActHIB® | Haemophilus influenzae type b (HIB) |
| Adacel® | Tetanus, Diphtheria, Pertussis (Tdap) |
| Boostrix® | Tetanus, Diphtheria, Pertussis (Tdap) |
| Comvax® | Haemophilus influenzae type b (HIB) Hepatitis B (HepB) |
| Daptacel® | Diphtheria, Tetanus, Pertussis, (DTaP/DT/DTP) |
| Engerix B® | Hepatitis B (HepB) |
| Hiberix® | Haemophilus influenzae type b (HIB) |
| HibTITER® | Haemophilus influenzae type b (HIB) |
| Infanrix® | Diphtheria, Tetanus, Pertussis, (DTaP/DT/DTP) |
| Ipol® | Polio (IPV/OPV) |
| Kinrix® | Diphtheria, Tetanus, Pertussis, (DTaP/DT/DTP) Polio (IPV/OPV) |
| MMRII | Measles, Mumps, Rubella (MMR) |
| Pediarix® | Diphtheria, Tetanus, Pertussis, (DTaP/DT/DTP) Polio (IPV/OPV) Hepatitis B (HepB) |
| PedvaxHIB®* | Haemophilus influenzae type b (HIB) (*age 6 months dose not required) |
| Pentacel® | Diphtheria, Tetanus, Pertussis, (DTaP/DT/DTP) Polio (IPV/OPV) Haemophilus influenzae type b (HIB) |
| ProQuad® | Measles, Mumps, Rubella (MMR) Varicella (Chicken Pox, VAR) |
| Recombivax® | Hepatitis B (HepB) |
| Tripedia® | Diphtheria, Tetanus, Pertussis, (DTaP/DT/DTP) |
| Varivax® | Varicella (Chicken Pox, VAR) |

See <http://www.cdc.gov/vaccines/about/terms/USVaccines.html> for other vaccine brand names.

APPENDIX C

SCHOOL AND CHILD CARE IMMUNIZATION RESOURCES

Child Care and School Requirements

- <http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>
- <http://www.dhhs.nh.gov/dphs/immunization/schools.htm>

Administrative Rules/Laws

- www.gencourt.state.nh.us/rfa/html/X/141-C/141-C-mrg.htm
- www.gencourt.state.nh.us/rules/state_agencies/he-p300.html
- www.gencourt.state.nh.us/rfa/html/X/141-C/141-C-20-c.htm

Fun and Educational Activities

- <http://www.dhhs.nh.gov/dphs/immunization/schools.htm>

NH Immunization Program Web Sites

- Immunization Home Page <http://www.dhhs.nh.gov/dphs/immunization/index.htm>
- Schools <http://www.dhhs.nh.gov/dphs/immunization/schools.htm>
- Child Care Providers <http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

Parent Resources

- <http://www.dhhs.state.nh.us/dphs/immunization/parents.htm>

Seasonal Influenza

- <http://www.dhhs.nh.gov/dphs/cdcs/influenza/index.htm>



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APPENDIX D

A PARENT'S GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE

Protect your child's health ... and the health of your family and your community!

Infectious diseases like measles, pertussis (whooping cough) and mumps can spread quickly among babies and children who haven't had their shots. These diseases can also spread to your home and community. That's why it is so important to vaccinate all children according to the recommended schedule. New Hampshire law* requires that all babies and children are vaccinated before entering a licensed or registered child care program.

Vaccines are safe and effective.

Children who are fully vaccinated by age 2 are protected against 14 preventable diseases. Vaccinated children, in turn, protect others around them. When too many people are not vaccinated, life-threatening diseases like whooping cough can spread throughout a community. Getting immunity from the vaccine is far safer than actually getting the disease. Young children are exposed to many more antigens (what creates an immune response) in 1 day than they are to all the vaccines given before school entry. Vaccines do not cause autism.

How do I get my child's vaccination record?

Your health care provider should have an up-to-date copy of your child's record. S/he may be able to fax or mail it directly to your child care provider. All of your child's vaccines should be recorded by your health care provider, but it is also helpful to keep a copy for your own records.

If you have some, but not all, of your child's vaccination record, your child may be enrolled in child care as long as there is a record of at least one dose of each required vaccine. However, you will need to get the remaining records or make an appointment with your doctor to complete your child's vaccinations.

When will I have to give records to my child care provider?

You will have to give immunization records when your child care provider requests it, usually at enrollment and then annually. You should provide updated records to your childcare whenever your child receives additional vaccines.

What if my child cannot be vaccinated?

If your child cannot be vaccinated due to medical reasons, your child may be exempt from receiving that vaccine. To receive a medical exemption, you must get a signed note from your child's doctor that certifies that a particular immunization may be detrimental to your child's health.

A religious exemption can be granted if your religion prohibits immunizations. You will need to complete a notarized form (available at: <http://www.dhhs.nh.gov/dphs/immunization/documents/exemption.pdf>) stating that your child has not been immunized because of religious beliefs. The form needs to be submitted to your child care provider.

APPENDIX D (Cont.)

Be aware that children with a medical or religious exemption may not be allowed to attend child care during a disease outbreak.

Is there a recommended schedule for children’s vaccination?

Yes, the Centers for Disease Control and Prevention (CDC) develops a recommended vaccination schedule for children. Following this standard schedule gives your child the best protection at the most appropriate time. Delaying vaccines or following a different schedule is not safe because it puts your child and the people around him/her at unnecessary risk of disease. You can find the current schedule on the CDC website: <http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

Ask your doctor to help you keep track of your child’s vaccinations.

Which immunizations are required for entry into child care?

| Child’s current age | Child should have received: |
|--------------------------|--|
| 2 - 3 months | 1 dose of DTaP, Polio, Hib 2 doses of HepB |
| 4 - 5 months | 2 doses of DTaP, Polio, Hib, HepB |
| 6 - 14 months | 3 doses of DTaP, Polio, Hib, HepB |
| 15 - 17 months | 4 doses of Hib 3 - 4 doses of DTaP 3 doses of Polio, HepB 1 dose of Varicella and MMR |
| 18 - 48 months (4 years) | 4 doses of DTaP, Hib* 3 doses of Polio, HepB 1 dose of Varicella and MMR |
| 4 - 6 years | 4 doses of DTaP**, Hib* 3 doses of HepB, Polio** 1 - 2 doses of Varicella and MMR** |

* Some children who start the Hib vaccine series late may need fewer than 4 doses; Hib is not required for children age 5 and older (call NHIP if questions).

** For KG/1st grade school entry: 5 doses of DTaP, 4 doses of Polio, and 2 doses each of Varicella and MMR are required.

Where can I get more information, forms, resources, and materials?

Go to the NH Immunization Program (NHIP) website:

<http://www.dhhs.nh.gov/dphs/immunization/ccproviders.htm>

You may also contact the NHIP at 800-852-3345, x 4482 (toll free in NH) or at 603-271-4482.

* New Hampshire RSA 141-C:20 <http://www.gencourt.state.nh.us/rsg/html/NHTOC/NHTOC-X-141-C.htm>

APPENDIX E

PARENT IMMUNIZATION RESOURCES

After the Shots, What to do if your child has discomfort

<http://www.immunize.org/catg.d/p4014.pdf>

College Students, overview of what vaccines students need

<http://www.dhhs.nh.gov/dphs/immunization/college.htm>

Common Questions Parents Ask About Infant Immunizations

<http://www.cdc.gov/vaccines/parents/parent-questions.html>

Evaluating Information on the Web

<http://www.cdc.gov/vaccines/vac-gen/evalwebs.htm>

Flu Vaccine for Preteens and Teens, addresses why your child needs to be vaccinated

<http://www.cdc.gov/vaccines/vpd-vac/flu/PL-dis-preteens-flu.html>

Frequently Asked Questions About the Childhood Immunization Schedule

<http://www.cdc.gov/vaccines/spec-grps/hcp/downloads/vacsafe-child-immun-bw-office.pdf>

HPV

<http://www.cdc.gov/vaccines/vpd-vac/hpv/downloads/dis-HPV-color-office.pdf>

HPV Vaccine for Preteens and Teens

<http://www.cdc.gov/vaccines/vpd-vac/hpv/downloads/PL-dis-preteens-hpv.pdf>

How to Hold Your Child During Vaccinations

<http://www.cdc.gov/vaccines/parents/tools/holds-factsheet.pdf>

If you choose not to vaccinate your child, understand the risk and responsibilities

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/not-vacc-risks-bw-office.pdf>

Immunization Schedules, easy to read – easy to understand (Birth through Eighteen Years)

<http://www.cdc.gov/vaccines/schedules/>

Parent's Guide to Childhood Immunizations, quick read on childhood diseases and the vaccines that protect children from them.

<http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm>

Tips for a Less Stressful Shot Visit

<http://www.cdc.gov/vaccines/parents/tools/tips-factsheet.html>

Too Many Vaccines?

<http://www2.aap.org/immunization/families/toomany.html>

APPENDIX E (Cont.)

Understanding Thimerosal, Mercury and Vaccine Safety

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vacsafet-thimerosal-bw-officpdf>

Vaccine Adverse Event Reporting System (VAERS), a National Program for monitoring vaccine safety

www.vaers.hhs.gov

Vaccine Information Statements (VIS), provides both the benefits and risks of a vaccine

<http://www.cdc.gov/vaccines/hcp/vis/index.html>

Vaccine Preventable Disease Fact Sheets

<http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/prevent-diseases/>

What if you don't immunize your child?

<http://www.immunize.org/catg.d/p4017.pdf>

Which Vaccines Do Preteens and Teens Need and When?

<http://www.cdc.gov/vaccines/who/teens/for-parents.html>

APPENDIX F

[SAMPLE] LETTER TO PARENT OF CHILD WHO NEEDS VACCINE(S)

Child's Name: _____ Date of Birth: _____

The immunization records we have show that your child may not be immunized as required by New Hampshire law. See the chart below for vaccines that are required for child care in New Hampshire. The dose(s) circled are the vaccines your child needs.

| Child's current age | Child should have received: |
|--------------------------|--|
| 2 - 3 months | 1 dose of DTaP, Polio, Hib 2 doses of HepB |
| 4 - 5 months | 2 doses of DTaP, Polio, Hib, HepB |
| 6 - 14 months | 3 doses of DTaP, Polio, Hib, HepB |
| 15 - 17 months | 4 doses of Hib 3 - 4 doses of DTaP 3 doses of Polio, HepB 1 dose of Varicella and MMR |
| 18 - 48 months (4 years) | 4 doses of DTaP, Hib 3 doses of Polio, HepB 1 dose of Varicella and MMR |
| 4 - 6 years | 4 doses of DTaP*, Hib 3 doses of HepB, Polio* 1 - 2 doses of Varicella and MMR* |

* For KG/1st grade school entry: 4-5 doses of DTaP, 3-4 doses of Polio, and 2 doses each of Varicella and MMR are required.

Check one of the boxes below and return to the child care by _____ (date).

- My child has an appointment on _____ (date) to receive the necessary vaccines and I will submit an updated immunization record to my child care provider.
- My child has already received the vaccine(s) indicated & I have provided/will provide the updated immunization record to my child care provider.
- My child has a medical or religious exemption to the vaccine(s) indicated and I have provided/will provide the appropriate documentation to my child care provider.

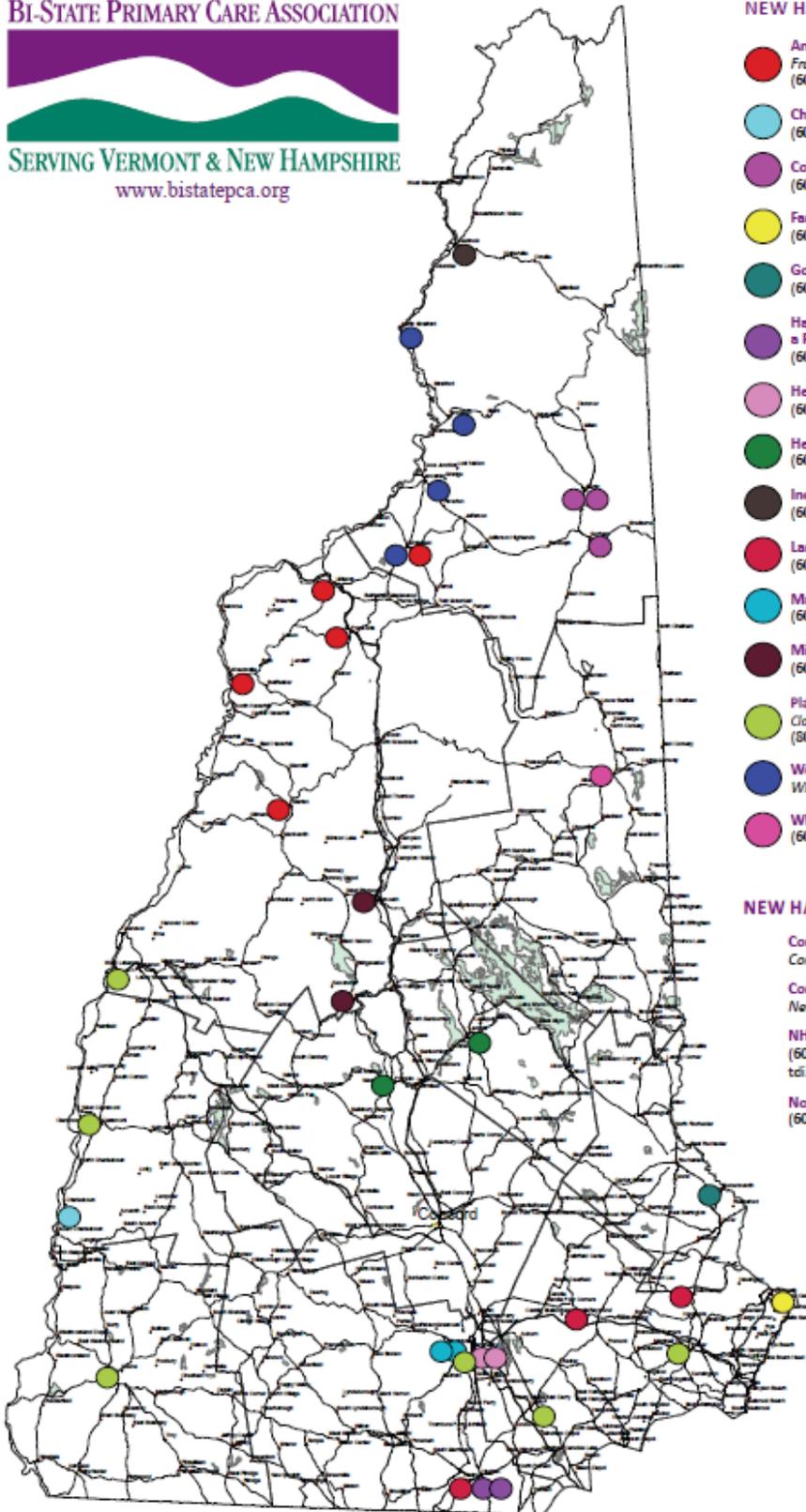
Note: Your child may be excluded from child care if appropriate and current documentation is not received.

Thank you for helping us to keep children, families, and communities free of vaccine-preventable diseases! If you have questions, please call us or the NH Immunization Program at 603-271-4482.

Sincerely,

[CHILD CARE PROVIDER NAME]

APPENDIX G



NEW HAMPSHIRE COMMUNITY HEALTH CENTERS

- Ammonoosuc Community Health Services
Franconia, Littleton, Warren, Whitefield, Woodsville
(603) 444-2464 www.ammonoosuc.org
- Charlestown Family Medicine Charlestown
(603) 826-5711 www.springfieldmed.org
- Coos County Family Health Services Berlin, Gorham
(603) 752-2040 www.coosfamilyhealth.org
- Families First Health and Support Center Portsmouth
(603) 422-8208 www.familiesfirstseacoast.org
- Goodwin Community Health Somersworth
(603) 749-2346 www.goodwinch.org
- Harbor Care Health and Wellness Center,
a Program of Harbor Homes, Inc. Nashua
(603) 882-3616 www.harborhomes.org
- Health Care for the Homeless Program Manchester
(603) 663-8716 www.catholicmedicalcenter.org/community-health/
- Health First Family Care Center Franklin, Laconia
(603) 934-1464 www.healthfirstfamily.org
- Indian Stream Health Center Colebrook
(603) 237-8336 www.indianstream.org
- Lamprey Health Care Nashua, Newmarket, Raymond
(603) 659-3106 www.lampreyhealth.org
- Manchester Community Health Center Manchester
(603) 626-9500 www.mchc-nh.org
- Mid-State Health Center Bristol, Plymouth
(603) 536-4000 www.midstatehealth.org
- Planned Parenthood of Northern New England
Claremont, Derry, Exeter, Keene, Manchester, W. Lebanon
(800) 230-7526 www.plannedparenthood.org
- Weeks Medical Center Groveton, Lancaster, North Stratford,
Whitefield (603) 788-4911 www.weeksmedical.org
- White Mountain Community Health Center Conway
(603) 447-8900 www.whitemountainhealth.org

NEW HAMPSHIRE PROGRAMS AND SERVICES

- Community Action Program/Belknap-Merrimack Counties
Concord (603) 225-3295 www.bm-cap.org
- Community Health Access Network (CHAN)
Newmarket (603) 292-7205 www.chan-nh.org
- NH Area Health Education Center Program Lebanon
(603) 653-0851
tdi.dartmouth.edu/initiatives/area-health-education-center
- North Country Health Consortium Littleton
(603) 259-3700 www.nchcnh.org

www.findahealthcenter.org

APPENDIX H

NH Division of Public Health Services Department of Health Human Services - NH Immunization Program 2014 NH Annual Child Care Immunization Report



1. Person Completing Form
 Email Address
 2. Child Care Center Name:
 3. LAST FOUR DIGITS of child care license:

7. PHYSICAL Address:
 Physical Address Line 1
 Physical Address Line 2
 City/Town
 State Zip County

4. If you feel you have received this report in error, please check the reason(s) below and STOP HERE.
 Site is closed.
 Site will be covered in the NH Annual School Immunization Report.
 All children at this site are over 72 months of age.
 Other. Please specify _____

8. MAILING Address, if different from physical address:
 Mailing Address Line 1
 Mailing Address Line 2
 City/Town
 State Zip County

5. Type of child care:
 Family Head Start Day Care Nursery
 Family Group Group Child Day Care After School Program
 Preschool Group Home Other.
 Kindergarten Please specify _____

9. Contact Information
 Director's Name
 Phone Number

6. Total number of children enrolled:

This number must match the sum of TOTAL NUMBER OF CHILDREN IN AGE GROUP column in the table below. For example, if there are 25 children at your site and 3 of those children are after-schoolers, and covered in the NH Annual School Immunization Report, the total number of children which you are reporting is 22.

10. Record the NUMBER OF CHILDREN (NOT the number of doses) in each age group who are up-to-date for each vaccine listed.

| | TOTAL Number of Children in Age Group | DTaP | Polio | HepB | HIB | MMR | Varicella | Medical Exempt | Religious Exempt | Cond Enrolled | Not in Compliance |
|---------------------------|---------------------------------------|------|-------|------|-----|-----|-----------|----------------|------------------|---------------|-------------------|
| Children Age 2-3 months | | | | | | | | | | | |
| Children Age 4-5 months | | | | | | | | | | | |
| Children Age 6-14 months | | | | | | | | | | | |
| Children Age 15-17 months | | | | | | | | | | | |
| Children Age 18-48 months | | | | | | | | | | | |
| Children Age 49-72 months | | | | | | | | | | | |

NH Immunization Program (603)271-4482
 Like us on Facebook! www.facebook.com/VaccinateNH

www.nh.gov/dphs/immunization

APPENDIX H Cont.

NH Division of Public Health Services • Department of Health & Human Services • NH Immunization Program

Instructions for the 2014 NH Annual Child Care Immunization Report

If you have internet access please submit your report electronically at: _____

Please be sure to:

- complete all information and read the instructions for each question,
- do not submit the child's individual immunization records,
- if you receive a report for more than one location, do not combine numbers; complete a report for each,
- submit only one report per license per year (additional vaccines will be reported the following year), and
- return reports by **NOVEMBER 15, 2014**.

Failure to submit an annual child care immunization report per RSA 141-C:20-e will be reported to the Commissioner of the Department of Health and Human Services.

Question 1 - Enter your name and your business email address.

Question 2 - Enter your child care name *as it appears* on your NH Child Care License.

Question 3 - Enter the LAST FOUR DIGITS of your NH State Child Care License.

Question 4 - If applicable, enter the reason(s) you did not complete the report. *Stop here* and submit your report.

Question 5 - Check each category of child care that you are licensed to operate.

Questions 6, 10 - The total number of children enrolled, up to age 72 months, should be the same as the total of the children in each age group (the sum of column 1 in the table). *Do not count* children who attend school who will be counted in the school annual report.

Questions 7, 8 - Enter both physical and mailing address, if different. Include zip code and county.

Question 9 - Enter director's name; the director should review the report. Enter complete business phone number.

Question 10 - Complete each box as labeled, with the number of CHILDREN in each age group who are up to date for each vaccine (not the number of vaccines). Children are required to be up to date or should have an exemption or be conditionally enrolled - see definitions below. The total in each row should equal the total number of children in that age group. **Use the table below to determine if a child has had all the required immunizations for his/her age.**

| Child's current age | Child should have received: |
|--------------------------|--|
| 2 - 3 months | 1 dose of DTaP, Polio, Hib 2 doses of HepB |
| 4 - 5 months | 2 doses of DTaP, Polio, Hib, HepB |
| 6 - 14 months | 3 doses of DTaP, Polio, Hib, HepB |
| 15 - 17 months | 4 doses of Hib 3 - 4 doses of DTaP 3 doses of Polio, HepB 1 dose of varicella and MMR |
| 18 - 48 months (4 years) | 4 doses of DTaP, Hib* 3 doses of Polio, HepB 1 dose of varicella and MMR |
| 4 - 6 years | 4 doses of DTaP**, Hib* 3 doses of HepB, Polio** 1 - 2 doses of varicella and MMR** |

* Some children who start the Hib vaccine series late may need fewer than 4 doses; Hib is not required for children age 5 and older

** For KG/1st grade school entry: 5 doses of DTaP, 4 doses of Polio, and 2 doses each of varicella and MMR are required.

Conditionally enrolled - a child has documentation of at least one dose of each required vaccine and an appointment for the next due dose(s).

Medical Exemption - documentation from child's doctor that s/he is unable to receive a vaccine for medical reasons.

Religious Exemption - requires notarized form from parent stating their objection to vaccine(s) for religious reasons.

If questions, contact the New Hampshire Immunization Program at 603-271-4482 or 1-800-852-3345.

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APPENDIX I



Nicholas A. ~~Toumpas~~
Commissioner

José ~~Thier~~ Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4482 1-800-852-3345 Ext. 4482
Fax: 603-271-3850 TDD Access: 1-800-735-2964 |

CERTIFICATE OF RELIGIOUS EXEMPTION

STUDENT NAME _____

BIRTH DATE _____

ADDRESS _____

The administration of immunizing agents conflicts with the religious beliefs of the parent or legal guardian of the student listed above. I understand that in the event of an outbreak of vaccine-preventable disease in my child's school or childcare facility, the State Health Director may exclude my child from the school or childcare facility, for his own protection. This exclusion will last until an incubation period from the last identified case of the communicable disease has passed.

Signature of parent or legal guardian

Date _____

I hereby affirm that this affidavit was signed in my presence on this _____
day of _____.

Notary Public Seal

Notary Public/Justice of the Peace Signature