#### The Immunization Status Summary Report Packet

- 2023 Missouri Child Care and Preschool Immunization Requirements
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- Immunization Quality Improvement Regional Contacts (Map)
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- 2023-2024 Child Care/Preschool Immunization Status Report (Form)
- Completing the Child Care/Preschool Immunization Status Report (Instructions)
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#### Items that need to be returned by January 15, 2024

• 2023-2024 Child Care/Preschool Immunization Status Report (Form)



## 2023 MISSOURI CHILD CARE AND PRESCHOOL IMMUNIZATION REQUIREMENTS

- All children must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending child care/preschool.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Children may receive immunizations up to four days before the due date.
- Missouri-required immunizations should be administered according to the current ACIP schedule, including all spacing, (CDC.Gov/vaccines/schedules).
- Parent/Guardian (Imm.P.11) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption form must be on file.

  Unimmunized children are subject to exclusion from child care/preschool when outbreaks of vaccine-preventable diseases occur.
- To remain in child care/preschool, children "in progress" must have an Immunizations In Progress form (Imm.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the facility. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

Vaccines	Dose Required by Age																			
	Birth	] Month	2 Months	3 Months	4 Months	5 Months	6 Months	7 Months	8 Months	9 Months	10 Months	11 Months	12 Months	13 Months	14 Months	15 Months	16 Months	17 Months	18 Months	19 Months to Early Kindergarten Entry
DTaP/DT				1	1	2	2	3	3	3	3	3	3	3	3	3	3	3	3	4+
IPV (Polio)				1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3+
HiB				1	1	1+	1+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	3+
Hepatitis B	1	1	1	1+	1+	2	2	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	3+
PCV (Pneumococcal)				1	1	2	2	3	3	3	3	3	3+	3+	3+	3+	3+	3+	3+	4
MMR																				1
Varicella																				1

(+: If a child has been immunized using the ACIP timing recommendations, he/she could have more than the required doses for child care.)



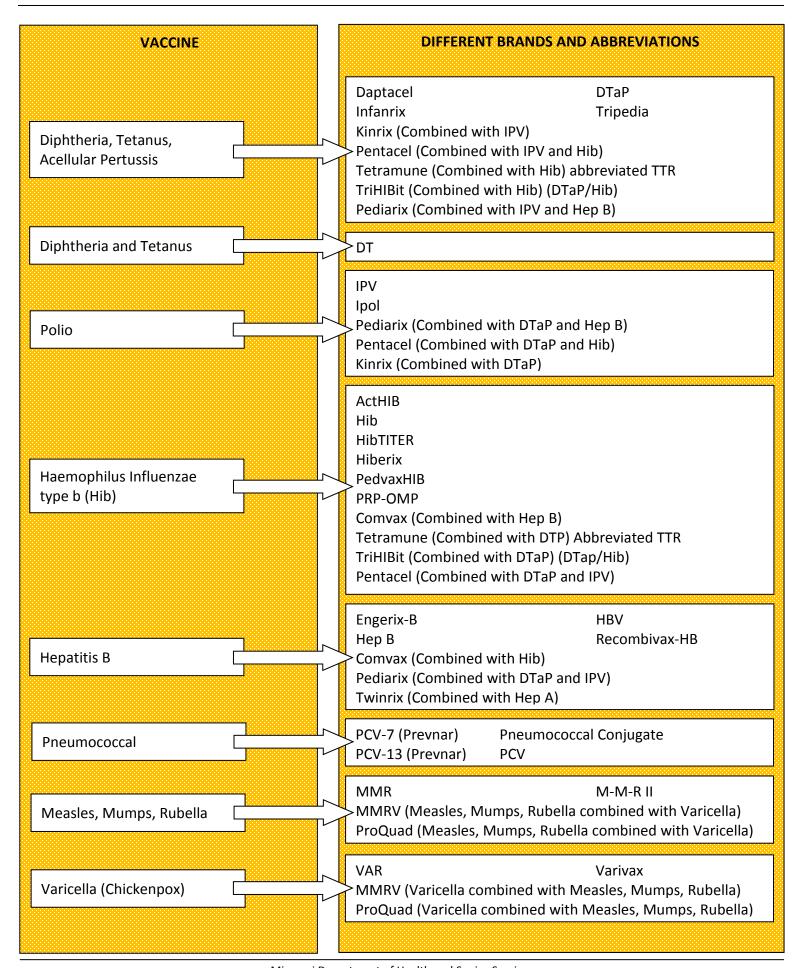
#### Missouri Child Care and Preschool Immunization Requirements Screening Tool

Many Missouri children receive vaccines based on the **recommended** schedule from the Advisory Committee on Immunization Practices (ACIP), ensuring that children are well protected against vaccine-preventable diseases. This chart is a **basic screening tool** for child care providers to determine which vaccines children in care need to have in order to be in compliance with state immunization **requirements**. There may be some additional spacing requirements not included on this **basic screening tool**.

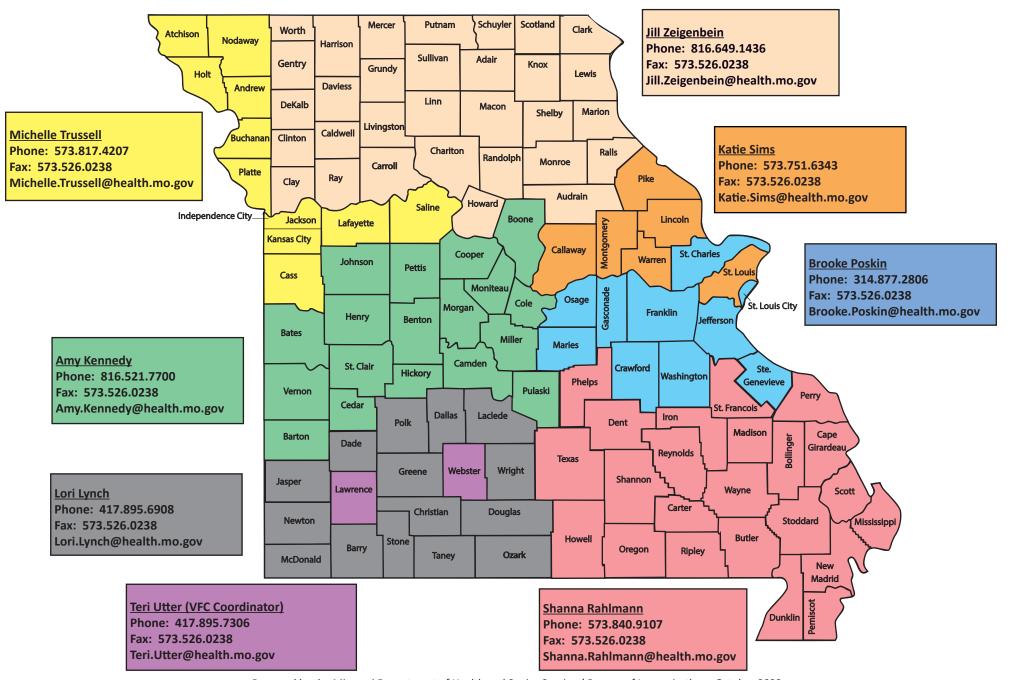
- **STEP 1:** Determine child's age.
- **STEP 2:** Review the immunization requirements for the child's age.
- **STEP 3:** Count the number of doses required for each vaccine category.
- **STEP 4:** Check dose and spacing on children **19 months and older.**
- **STEP 5:** If a Parent/Guardian Exemption is on file; ensure it reflects the current year.
- **STEP 6**: If an in progress card is on file, check the due date for the next dose. Due to the spacing requirements of the vaccine series, this appointment must be kept. If the appointment is **not** kept the child is no longer in progress and is noncompliant.

VACCINES REQUIRED FOR CHILD CARE AND	DOSES F	REQUIRED BY	THE TIME T	SPACING REQUIREMENTS				
PRESCHOOL ATTENDANCE	3 MONTHS	5 MONTHS	7 MONTHS	19 MONTHS AND OLDER	If the vaccine is given 4 days early, the child is considered adequately immunized.			
DTaP/DT	1	2	3	4	At least 6 months between doses 3 and 4.			
IPV (Polio)	1	2	2	3				
Hib	1	1	2	3 → 2 → 1 →	<ul> <li>3 doses with final dose on or after 12 months of age; or</li> <li>2 doses with 1 dose on or after 12 months of age; or</li> <li>1 dose on or after 12 months of</li> </ul>			
2	-	-	-	-	<ul> <li>age; or</li> <li>If the current age is 5 years or older, no new or additional doses are required.</li> </ul>			
Hepatitis B	1	2	2	3	Last dose must be on or after 24 weeks (6 months) of age.			
PCV (Pneumococcal Conjugate, Prevnar)	1	2	3	$ \begin{array}{ccc} 4 \longrightarrow \\ 3 \longrightarrow \\ 2 \longrightarrow \\ 1 \longrightarrow \\ \end{array} $	<ul> <li>4 doses with dose 4 on or after 12 months of age; or</li> <li>3 doses with 1 dose on or after 12 months of age; or</li> <li>2 doses on or after 12 months of age; or</li> <li>1 dose on or after 24 months of age; or</li> <li>If the current age is 5 years or older, no new or additional doses are required.</li> </ul>			
MMR				1	MUST be given on or after 12 months of age.			
Varicella				1	<ul> <li>MUST be given on or after 12 months of age.</li> <li>For proof of varicella disease, a written statement from a licensed health care provider must be on file.</li> </ul>			

#### Missouri Child Care and Preschool Vaccine Identification Tool



# Vaccines For Children (VFC) Consultants Regional Contact



# **Tally Sheet of Assessed Children**

Σа	te:										
the If t	child has a m he child is in p	nedical or pare progress for a	ent/guardian ex specific vaccir	xemption on fi	le for a specifick mark in the	c vaccine plac top-left corne	e a "M" or "P"	in the top-righ	nt corner of the		tus Report. If accine column. ompliant for a
	DOB	Age Group	DTaP	Polio	Hib	Нер В	PCV	MMR	Varicella	Varicella Disease	No Record $()$

	DOB	Age Group	DTaP	Polio	Hib	Нер В	PCV	MMR	Varicella	Varicella Disease	No Record $()$
Α											
В											
С											
D											
Е											
F											
G											
Н											
I											
J											
K											
L											
М											
N											

## Completing the Tally Sheet of Assessed Children

- 1. For each child that is enrolled within your facility you must first determine the child's age when completing this assessment. Related children must be included in this survey.
- 2. Once you have determined the ages of the children you will then want to sort the children's immunization records into five age groups.
  - 0 thru 2 months
  - 3 thru 4 months
  - 5 thru 6 months
  - 7 thru 18 months
  - 19 months to kindergarten entry
- 3. Take the immunization records from the first age group, for example 0 thru 2 months and record each child onto the tally sheet of assessed children.
- 4. Record the child's date of birth, age group and then the number of doses received for each required vaccine according to their immunization record. The required vaccines include:
  - DTaP
  - Polio
  - Hib
  - Hep B
  - PCV
  - MMR
  - Varicella
- 5. Record the proof of varicella in the varicella disease column.
- 6. Place an "M" or a "P" in the top-right corner of the appropriate vaccine column if the child has a medical or parent/guardian exemption on file for a specific vaccine.
- 7. Place a check mark in the top-left corner of the appropriate vaccine column if the child is in progress for a specific vaccine.
- 8. Circle the number of doses in the appropriate vaccine column if the child is noncompliant for a specific vaccine.
- 9. Place a check mark in the no record column if the child has no record on file.
- 10. Repeat each of these steps for all age groups.



# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

2022-2023 CHILD CARE/PR	ESCHOOL IMMUNIZAT	TION STATUS REP	ORT								
By <u>January 15, 2024</u> this completed IMM.P.32 form in Missouri Department of Health and Senior Services	nust be forwarded to:	Facility Name and Addr	ess:								
Bureau of Immunizations P.O. Box 570											
Jefferson City, MO 65102-0570 (573) 751-6124 toll free 1-800-219-3224											
Fax: (573) 526-0238				T							
Mailing Address Correct: ☐ Yes ☐ No (If no, please make corrections on the label to	the right)	County: DVN:									
Phone:		Email Address:									
If 10 or more preschool age children (bit											
If less than 10 preschool age children (b	irth to school entry) are	enrolled, check box a	and return report by PRESCHOOL AGE GROU								
2023-2024	0 thru 2 months	3 thru 4 months	5 thru 6 months	7 thru 18 months	19 months to						
NUMBER ENROLLED:					Kindergarten entry						
PLEASE ENTER THE TOTAL NUMBER OF CHILDREN ENROLLED - BY AGE GROUP											
DTAP/DT		1 dose	2 doses	3 doses	4+ doses						
Children fully immunized		4030	40303	40303	40000						
Children in progress	-										
Children with medical exemption	not applicable										
Children with parental exemption	not applicable										
Children in noncompliance with											
immunization record Children in noncompliance without	_										
immunization record				_	_						
POLIO (IPV)		1 dose	2 doses	2 doses	3+ doses						
Children fully immunized	_										
Children in progress											
Children with medical exemption	not applicable										
Children with parental exemption											
Children in noncompliance with	-										
immunization record Children in noncompliance without											
immunization record		1	1+	2+	3+						
HIB	_	dose	doses	doses	doses						
Children fully immunized	_										
Children in progress											
Children with medical exemption	not applicable										
Children with parental exemption  Children in noncompliance with	_										
immunization record											
Children in noncompliance without immunization record											
HEPATITIS B	1 doses	2 doses	2 doses	2 or 3+ doses	3+ doses						
Children fully immunized		2000	2000								
Children in progress											
Children with medical exemption											
Children with parental exemption											
Children in noncompliance with											
immunization record Children in noncompliance without											
immunization record		1	2	3	4						
PCV (Pneumococcal)		dose	doses	doses	doses						
Children fully immunized											
Children in progress	_										
Children with medical exemption	not applicable										
Children in paneampliance with											
Children in noncompliance with immunization record											
Children in noncompliance without immunization record											
MMR (MEASLES, MUMPS, RUBELLA)					1 dose						
Children fully immunized					uose						
Children with medical exemption	-										
Children with parental exemption	-	not app	licable								
Children in noncompliance with											
immunization record Children in noncompliance without	_										
immunization record											
VARICELLA					1 dose or proof of disease						
Children fully immunized	_										
Children with proof of disease											
Children with medical exemption		not app	licable								
Children with parental exemption		Посарр									
Children in noncompliance with immunization record											
Children in noncompliance without											
immunization record Prepared by:			Title:		Date:						

#### Title 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES – Division 20 – Division of Community and Public Health – Chapter 28

#### 19 CSR 20-28.040 Day Care Immunization Rule

PURPOSE: This rule establishes immunization requirements in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) for all children attending public, private, or parochial day care, preschool or nursery schools caring for ten or more children, and describes actions to be taken to ensure compliance with section 210.003, RSMo.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

- (1) As mandated by section 210.003, RSMo, the administrator of each public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator's jurisdiction. Each administrator caring for or licensed for ten (10) or more children shall complete an annual summary report showing the immunization status of each child enrolled and submit to the Department of Health and Senior Services no later than January 15 of each year. The summary report shall be submitted electronically through the department's online system at http://health.mo.gov/immunizations/daycarerequirements.php or by completing and mailing the Imm.P-32 form to the Bureau of Immunization Assessment and Assurance, PO Box 570, Jefferson City, MO 65102-0570. The Imm.P-32 form is incorporated by reference in this rule as published October 2013 by the Department of Health and Senior Services and may be obtained by contacting the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions.
- (2) No child shall enroll in or attend a public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children unless the child has been adequately immunized according to this rule. Children attending elementary school who receive before or after school care, or both, shall meet the immunization requirements established in the School Immunization Rule, 19 CSR 20-28.010. Age-appropriate vaccine requirements will be according to the *Missouri Day Care Immunization Requirements Vaccines Received 0-18 Years of Age* or the *Center for Disease Control and Prevention's Catch-up Immunization Schedule for Persons Aged 4 Months through 18 Years Who Start Late or Who Are More Than 1 Month Behind.* These schedules are incorporated by reference in this rule as published February 2014 by the Department of Health and Senior Services and are available on the web at http://health.mo.gov/immunizations/daycarerequirements.php or by contacting the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions.
- (3) Section 210.003, RSMo, provides that a child who has not completed all appropriate immunizations may enroll if—
- (A) Satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. The Department of Health and Senior Services' form Imm.P.14 shall be completed and placed on file with the child's immunization health record for each child with immunizations in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the day care immunization law, and action

shall be initiated immediately by the administrator to have the child excluded from the facility. The Imm.P.14 form is incorporated by reference in this rule as published June 2012 and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions.

- (B) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:
- 1. A medical exemption, by which a child shall be exempted from the requirements of this rule upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the child's health or life, or the child has documentation of disease or laboratory evidence of immunity to the disease. The Department of Health and Senior Services' form Imm.P.12 shall be placed on file with the immunization record of each child with a medical exemption. The Imm.P.12 form is incorporated by reference in this rule as published June 2012 by the Department of Health and Senior Services and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions. The medical exemption need not be renewed annually; or
- 2. A parent or guardian exemption, by which a child shall be exempted from the requirements of this rule if one (1) parent or guardian files a written objection to immunization with the day care administrator. The Department of Health and Senior Services' form Imm.P.11 shall be signed by the parent or guardian and placed on file with the immunization record of each child with a parental exemption. The parental exemption must be renewed annually. The Imm.P.11 form is incorporated by reference in this rule as published July 2010 by the Department of Health and Senior Services and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions.
- (4) The parent or guardian shall furnish the day care administrator satisfactory evidence of completion of the required immunizations, exemption from immunization, or progress toward completing all required immunizations. Satisfactory evidence of immunization means a statement, certificate, or record from a physician or his or her designee, other recognized health facility, or immunization registry stating that the required immunizations have been given to the person and verifying type of vaccine. This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration. However, if a child has had varicella (chickenpox) disease, a licensed healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician) may sign and place on file with the day care administrator a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: "This is to verify that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine."

AUTHORITY: sections 192.006 and 210.003, RSMo 2000.\* Emergency rule filed Aug. 1, 1995, effective Aug. 11, 1995, expired Dec. 8, 1995. Original rule filed April 17, 1995, effective Nov. 30, 1995. Emergency amendment filed June 14, 2000, effective June 24, 2000, expired Feb. 22, 2001. Amended: Filed June 14, 2000, effective Nov. 30, 2000. Amended: Filed Jun. 3, 2001, effective July 30, 2001. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011, effective June 30, 2012. Amended: Filed March 30, 2015, effective Oct. 30, 2015.

<sup>\*</sup>Original authority: 192.006, RSMo 1993, amended 1995; 210.003, RSMo 1988.

# Completing the Child Care/Preschool Immunization Status Report

- 1. Ensure the name of the facility and address on the top portion of the form are correct. If not, make corrections on the label.
- 2. Use the *Tally Sheet of Assessed Children* to enter the current enrollment for each age group.
- 3. For each age group and each required immunization enter the following:
  - The number of children <u>fully immunized</u>.
  - The number of children <u>in progress</u> to complete immunization series. (In progress means the child is waiting to complete the series, but is not eligible to receive the immunizations due to timeframe between doses.)

An Immunizations In Progress form (Imm.P.14) must be on file.

- The number of children with proof of disease, for varicella only.
- The number of children with a **Medical Immunization Exemption** form (Imm.P.12) on file.
- The number of children with a **Parent/Guardian Immunization Exemption** form (Imm.P.11) on file.
- The number of children in noncompliance with immunization record.
- The number of children in noncompliance without immunization record.
- 4. Enter the date, name and title of the individual completing the form and send to the Missouri Department of Health and Senior Services, Bureau of Immunizations, P.O. Box 570, Jefferson City, MO 65102, by **January 15**.

#### (CHILD CARE LETTERHEAD)

#### Dear Parent/Guardian:

State law and health regulations require children to be properly immunized and provide verification to attend child care/preschool, unless they have an appropriate exemption card on file.

Children attending child care/preschool must be immunized against diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type b, hepatitis B, pneumococcal, measles, mumps, rubella, and varicella. All children are required to provide documentation that includes the <u>month</u>, <u>day</u> and <u>year</u> the vaccine was administered.

Immunization records for your child are incomplete and the below information outlines your child's immunization status. Please take this to your medical provider so your child can be properly immunized and attend child care/preschool.

	rour child has had the immunization(s) noted below, please send or bring a record from a medical provider no later n, with any questions.
Sin	cerely,
	No immunization record on file - provide a complete immunization record.
	Diphtheria, Tetanus, Pertussis (DTaP, DT)  O Series incomplete. (Dose[s] needed).
	O Less than six months between doses three and four.
	Polio (IPV)  O Series incomplete. (Dose[s] needed).
	Haemophilus influenza type b (Hib)  O Series incomplete. (Dose[s] needed).
	O Last dose received before first birthday.
	Hepatitis B  O Series incomplete. (Dose[s] needed).
	O Invalid spacing between doses.
	O Last dose received before 24 weeks of age.
	Pneunmococcal (PCV)  O Series incomplete. (Dose[s] needed).
	O Last dose received before first birthday.
	Measles, Mumps and Rubella (MMR)  O Vaccination incomplete. (Dose[s] needed).
	O Vaccination for MMR is required since vaccine was received before first birthday.
	Varicella  O Vaccination incomplete. (Dose[s] needed or written statement from doctor of medicine (MD) or doctor of osteopathy (DO) indicating month and year of disease).
	O Vaccination for Varicella is required since vaccine was received before first birthday.