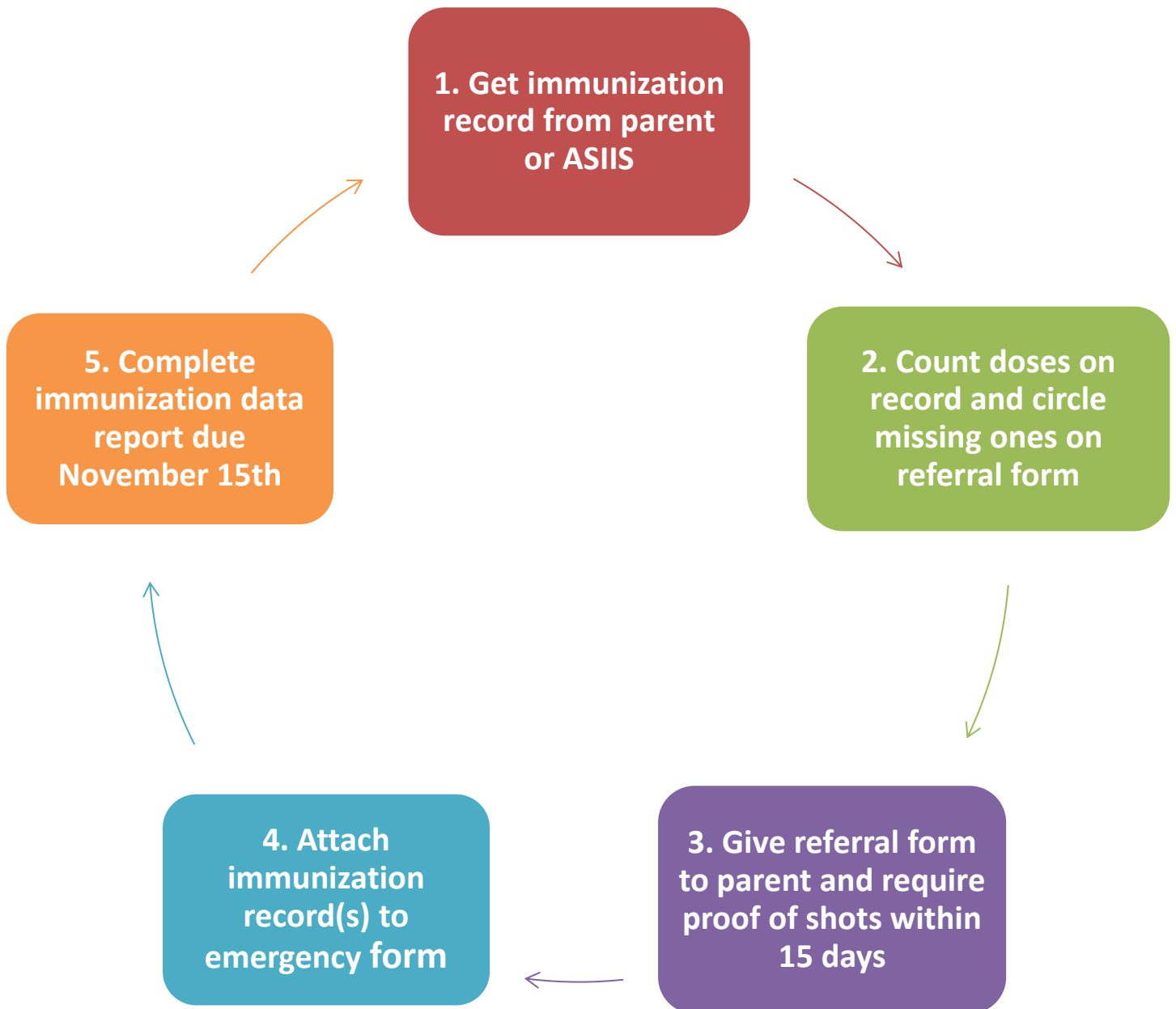




Child Care Immunization Toolkit






1. Get immunization record from parent or ASIS


- Ask the parent/guardian for the child's immunization record(s) at the time of enrollment.
- Enroll in ASIS, the Arizona State Immunization Information System, so that you can look up the immunization records of children.



ASIS

AZ State Immunization Information System
A List of Kids Records

AS EZ AS 1, 2, 3.

	<h3>Free To Enroll</h3>	<p>Go to www.azdhs.gov</p> <p>Call 602-364-3899 or toll free 877-491-5741</p> <p>Get started today</p>
	<h3>Easy To Use</h3>	<p>Web based application</p> <p>Access to centralized, record keeping system</p> <p>Stores all childhood immunization information (since 1998)</p>
	<h3>Benefits To You</h3>	<p>Look up children's immunization records</p> <p>Print official immunization records for files</p> <p>Retrieve missing immunization information</p>




www.immunize.org

2. Count doses on record and circle missing ones on referral form

Name: Nathan Arizona		Date of Birth: 06/24/2014		ASIS#: 1234567	
Type of Vaccine (Date and Sign Each Entry)	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose
(Hep B) Hepatitis B	08/02/2014	12/10/2014		MM-DD-YY	
Signature/Initials/Stamp of Provider	Dr. Smith	CCHD			
(RV) Rotavirus	08/02/2014				
Name of Manufacturer/Product	gsk				
Signature/Initials/Stamp of Provider	Dr. Smith				
(DTaP/DT) Diphtheria, Tetanus, Pertussis	08/02/2014	12/10/2014	11/12/2015	MM-DD-YY	MM-DD-YY
Signature/Initials/Stamp of Provider	Dr. Smith	CCHD	Dr. Smith		
(Hib) Haemophilus influenzae type b	08/02/2014	12/10/2014	11/12/2015	MM-DD-YY	
Name of Manufacturer/Product	Merck	Merck	Merck		
Signature/Initials/Stamp of Provider	Dr. Smith	CCHD	Dr. Smith		
(PCV13) Pneumococcal Conjugate	08/02/2014	12/10/2014	11/12/2015	MM-DD-YY	
Signature/Initials/Stamp of Provider	Dr. Smith	CCHD	Dr. Smtih		
(IPV) Polio	08/02/2014	12/10/2014	11/12/2015	MM-DD-YY	MM-DD-YY
Signature/Initials/Stamp of Provider	Dr. Smith	CCHD	Dr. Smith		
(MMR) Measles, Mumps, Rubella	MM-DD-YY	MM-DD-YY			
Signature/Initials/Stamp of Provider					
(VAR) Varicella	03/10/2015	MM-DD-YY			
Signature/Initials/Stamp of Provider	Dr. Smith				
(Hep A) Hepatitis A	11/12/2015	MM-DD-YY			
Signature/Initials/Stamp of Provider	Dr. Smith				
(Td) Tetanus, Diphtheria	MM-DD-YY	MM-DD-YY			
Signature/Initials/Stamp of Provider					

EXAMPLE:

- Nathan is 3 years old and entering a Maricopa County preschool.
- The preschool director checked the referral notice to see the requirements for children 15 months and older.
- Nathan is missing Hep B #3, DTaP #4, MMR #1 and Hepatitis A #2
- The immunization doses Nathan is missing are circled on the referral notice.



Referral Notice of Required Immunizations in Child Care and Preschool

ADHS
 Child's Name Nathan Arizona Date of Birth 6/24/2014
 Notification Date 7/11/2017 Due Date 7/16/2017

The chart below shows the ages when vaccines are required for child care and preschool attendance in Arizona. Proof of immunizations must be attached to the child's emergency card. **PLEASE BRING YOUR CHILD'S MOST CURRENT IMMUNIZATION RECORD** to show proof of the doses circled below. This is due within 15 days of the notification date.

0-1 month	Hepatitis B #1
2 months	Hep B #1 + DTaP #1 + Polio #1 + Hib #1
4 months	Hep B #2 + DTaP #2 + Polio #2 + Hib #2
6 months	Hep B #2 + DTaP #3 + Polio #2 + Hib #2-3
12 months	Hep B #3 + DTaP #3 + Polio #3 + Hib #2-3 + MMR #1 + Varicella #1
15 months and older	Hep B #3 + DTaP #4 + Polio #3 + Hib #3-4 + MMR #1 + Varicella #1 + Hep B #4 (if Hep B #3 was given before 24 weeks of age) <small>*The last dose of Hib #3-4 is required at 12 months or later. A Hib dose given at or after 15 months meets all Hib requirements. Hib is not required for children 5 years and older.</small>
Maricopa County Only	12 months and older: Hepatitis A #1 18 months and older: Hepatitis A #2 (6 months after Hep A #1)

Additional immunizations required at kindergarten entry are not included on this form. Visit <http://www.azdhs.gov/phs/immunization/school-childcare/requirements.htm> for information.

Medical and Religious Beliefs exemption forms are available in Arizona preschool/child care settings.

- Medical exemptions must be completed by the child's physician or nurse practitioner on the form provided by the Arizona Department of Health Services.
- Religious exemptions must be completed by the child's parent/guardian on the form provided by the Arizona Department of Health Services.

2. Count doses on record and circle missing ones on referral form


EXAMPLE:

- Minnie is 7 1/2 months old.
- Her immunization record was found in ASIIS and printed.
- The child care director checks the referral notice to see requirements for 6 months of age.
- Minnie is missing Hep B #2, DTaP #3 and Hib #2 from her record.
- The immunization doses Minnie is missing are circled on the referral notice pictured.

Patient Vaccination Record				
Summary (Does not include all vaccine types)				
IRMS:				
Facility:				
Date: 7/10/2017				
Patient ID: 00000000				
Name: Minnie Mouse				
Phone:				
Birth Date: 12/1/2016				
Street:				
Sex: Female				
City:				
Guardian:				
States:				
Physician:				
Country:				
Zip Code:				
Medicaid No:				
WIC ID:				

Vaccine Family	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DTP/Td	02/02/2017 9 weeks	05/02/2017 5 months		
OPV/IPV	02/02/2017 9 weeks	05/02/2017 5 months		
MMR				
Hib	02/02/2017 9 weeks			
Hep A				
Hep B - 3 Dose	12/04/2016 3 days			
Varicella				
Rotavirus	02/02/2017 9 weeks			


Signature of physician or authorized representative of health agency:

Referral Notice of Required Immunizations in Child Care and Preschool	
	
ADHS	
Child's Name	Minnie Mouse
Date of Birth	12/1/2016
Notification Date	7/17/2017
Due Date	8/1/2017
<p>The chart below shows the ages when vaccines are required for child care and preschool attendance in Arizona. Proof of immunizations must be attached to the child's emergency card. PLEASE BRING YOUR CHILD'S MOST CURRENT IMMUNIZATION RECORD to show proof of the doses circled below. This is due within 15 days of the notification date.</p>	
0-1 month	Hepatitis B #1
2 months	Hep B #1 + DTaP #1 + Polio #1 + Hib #1
4 months	Hep B #2 + DTaP #2 + Polio #2 + Hib #2
6 months	Hep B #2 + DTaP #3 + Polio #2 + Hib #2-3
12 months	Hep B #3 + DTaP #3 + Polio #3 + Hib #2-3 + MMR #1 + Varicella #1
15 months and older	Hep B #3 + DTaP #4 + Polio #3 + Hib #3-4* + MMR #1 + Varicella #1 + Hep B #4 (if Hep B #3 was given before 24 weeks of age)
<p>*The last dose of Hib #3-4 is required at 12 months or later. A Hib dose given at or after 15 months meets all Hib requirements. Hib is not required for children 5 years and older.</p>	
Maricopa County Only	12 months and older: Hepatitis A #1
	18 months and older: Hepatitis A #2 (6 months after Hep A #1)

3. Give referral form to parent and require proof of shots within 15 days

EXAMPLE:

- Child care centers are required to review each child's record of immunization and to notify parents if required doses are missing.
- Harry's parents will have 15 days from the date of notice (7/25/13) to provide proof that he has received the circled MMR #1.
- The referral notice also advises parents about exemptions to immunization requirements.



Referral Notice of Required Immunizations in Child Care and Preschool

ADHS

Child's Name Harry Potter Date of Birth 7/1/2016

Notification Date 7/17/2017 Due Date 8/1/2017

The chart below shows the ages when vaccines are required for child care and preschool attendance in Arizona. Proof of immunizations must be attached to the child's emergency card. **PLEASE BRING YOUR CHILD'S MOST CURRENT IMMUNIZATION RECORD** to show proof of the doses circled below. This is due within 15 days of the notification date.

0-1 month	Hepatitis B #1
2 months	Hep B #1 + DTaP #1 + Polio #1 + Hib #1
4 months	Hep B #2 + DTaP #2 + Polio #2 + Hib #2
6 months	Hep B #2 + DTaP #3 + Polio #2 + Hib #2-3
12 months	Hep B #3 + DTaP #3 + Polio #3 + Hib #2-3 + MMR #1 + Varicella #1
15 months and older	Hep B #3 + DTaP #4 + Polio #3 + Hib #3-4* + MMR #1 + Varicella #1 + Hep B #4 (if Hep B #3 was given before 24 weeks of age) <small>*The last dose of Hib #3-4 is required at 12 months or later. A Hib dose given at or after 15 months meets all Hib requirements. Hib is not required for children 5 years and older.</small>
<u>Maricopa County Only</u>	12 months and older: Hepatitis A #1 18 months and older: Hepatitis A #2 (6 months after Hep A #1)

3. Give referral form to parent and require proof of shots within 15 days


What if the parent requests to sign an exemption form instead of bringing in the child's immunization record?

- Tell the parent about the types of exemptions available in child care, preschool and Head Start programs:
 1. **Religious exemptions** are available for children of parents who are raising their child in a religion that opposes immunization.
 2. **Medical exemptions** are available for children whose physician or nurse practitioner determines that there are medical reasons why the child should not be vaccinated.
- Provide the July 2013 version of the ADHS "Religious Beliefs Exemption Form" to *all* parents who state that vaccination is against their religious beliefs. Parents who have an older version of the religious exemption form on file need to complete the new form. After the parent has completed all areas of the form, make a copy and give it to the parent.
- Provide the July 2013 version of the ADHS "Medical Exemption Form" to parents who state that there are medical reasons why their child cannot be vaccinated. **All Medical Exemptions must be signed and completed by the health care provider (physician or nurse practitioner) before you accept them from the parent.**
- Visit <https://www.whyyimmunize.org/free-materials/> for free handouts about immunizations and vaccine safety.

4. Attach immunization record(s) to emergency form

- Attach immunization record(s) and exemption forms to the child's [Emergency Information and Immunization Record Card](#) (EIIRC).
- If an exempt child has received *any* vaccine doses in the past, attach record of the doses to the EIIRC. This will be very important if there is an outbreak of disease in your center.

Note: Immunization status & dates of referrals on back of the EIIRC.

		CDC/SGH# or name: _____
Arizona Department of Health Services Bureau of Child Care Licensing Emergency, Information and Immunization Record Card		
Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Parent or Guardian Name:		Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:	
Parent or Guardian Name:		Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:	
I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)		
Name:	Contact Telephone Number:	
Name:	Contact Telephone Number:	
Name:	Contact Telephone Number:	
Name:	Contact Telephone Number:	
If Medical care is necessary, call:		
Health Care Provider*	Name:	Contact Telephone Number:
*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.		
In case of injury or sudden illness, I request that this individual be called first:		
The following individual(s) may NOT remove my child from the facility:		
Name(s):		
Custody papers have been provided and are on file at the facility. <input type="checkbox"/> yes <input type="checkbox"/> no		
Telephone Authorization Code (optional): _____		

**5. Complete
immunization data
report due
November 15th**

- The Immunization Data Report (IDR) is required by November 15th each year.
- IDR forms and directions are posted at <http://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#schools-immunization-reports>
- To complete the IDR, you will need the immunization records of all enrolled children who are 18 months through 5 years old as of the IDR submission date.