



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



**NEVADA STATE
IMMUNIZATION
PROGRAM**

Nevada Division of Public and Behavioral Health 2024-2025 Annual Child Care Facility Immunization Reporting Instruction Packet

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I. Introduction

This instruction packet has been developed to help you with completing the immunization reporting survey.

- Visit https://dpbh.nv.gov/Programs/Immunization/School_and_Childcare/School_and_Child_Care_Immunizations/ for the 2024 Child Care and Accommodation Facility Immunization Reporting Frequently Asked Questions (FAQs).
- See Nevada's current immunization requirements at https://dpbh.nv.gov/Programs/SIP/dta/School_Requirements/School_Requirements.

II. Ages Reported

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

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

III. Access to Rate Reporting Survey

To access the annual immunization reporting survey online:

- Go to https://dpbh.nv.gov/Programs/Immunization/School_and_Childcare/School_and_Child_Care_Immunizations/
- Scroll down to the middle of the page and click on "Childcare Facility Survey."
- Reports must be submitted online by December 31st of the reporting year.
- See the following instructions for child care facility immunization reporting submission.

IV. Getting Started

- Collect immunization records for all children:
 - 1 year of age
 - 18 months through 3 years of age
 - 4 years of age

- [SEE APPENDIX E](#) for Nevada immunization requirements and resources.
- Each child care facility will submit the total counts rather than immunization percentages.
- Child care facilities with multiple campuses must submit each facility separately. For example, Sunshine Preschool has 3 campuses and will submit immunization information separately for the Happy Campus, the Smile Campus, and the Bright Campus.
- Once you access the survey at the link above, you will be redirected to a separate page.
- Fill out all required sections for your facility. Do **not** leave any sections blank.
- You will not be able to complete the survey unless entry is made in all fields.

V. General Information

- Enter in all general information for child care facilities.

Nevada Child Care Facility Immunization Rate Reporting Survey



Please complete the survey below.

Thank you!

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

VI. Collecting Data

- Please collect immunization records for children enrolled in your facility to complete the survey. **(SEE APPENDIX B)**
- Please answer questions for only the following age required vaccines: DTaP, Hepatitis A, Hepatitis B, Hib, MMR, PCV13, Polio and Varicella.

- Use the child care facility tally sheet and immunization resources to help in evaluating the immunization status of your establishment. ([SEE APPENDIX D & E](#))
- Do **not** submit tally sheet to the Nevada State Immunization Program.

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

- **(Question 1, 1a, 1b, 1c, 1d)**
 - Total enrollment: the total number of children in your facility.
 - Age-specific enrollment numbers
- **(Questions 2 - 14)**
 - Total number up-to-date (UTD): Number of children in specific age groups with "x" amount of doses of each vaccine required for that age group.
- **(Question 15)**
 - Total number medically exempt: the parent/guardian has provided a Nevada Division of Public and Behavioral Health State Medical Immunization Exemption Certificate signed by a licensed physician (MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.
 - [SEE APPENDIX E](#) for the Nevada Standardized Medical Immunization Exemption Certificate.
- **(Question 15a - 15h)**
 - Medical exemptions by vaccine: count the number of children who have medical exemptions for each of the vaccines listed on the survey.
- **(Question 16)**
 - Total number religiously exempt: a Nevada Division of Public and Behavioral Health State Religious Immunization Exemption Certificate was provided by the parent/guardian who prohibits the immunization of the student due to religious beliefs.
 - [SEE APPENDIX E](#) for the Nevada Standardized Religious Immunization Exemption Certificate.
- **(Question 16a)**
 - Religious exemptions by vaccine: count the number of children who have religious exemptions for each of the vaccines listed on the survey.
- **(Question 17)**
 - Total number conditionally enrolled: the child does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.

APPENDIX A: VACCINE ABBREVIATIONS

DTaP	Diphtheria, Tetanus, and Acellular Pertussis
Hep A/HAV	Hepatitis A
Hep B/HBV	Hepatitis B
IPV	Inactivated Polio
Hib	<i>Haemophilus influenzae</i> type b
PCV13	Pneumococcal conjugate
MMR	Measles, Mumps, and Rubella
MMRV	Measles, Mumps, Rubella, and Varicella (Chickenpox)
ROTA	Rotavirus
VAR/CPOX	Varicella (Chickenpox)

APPENDIX B: SAMPLE IMMUNIZATION RECORD

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

APPENDIX C: CHILD CARE FACILITY QUESTIONS

Child Care Facility

Note: This survey is to capture data as of September 1, 2023 so please report numbers within this specific timeframe.

(1) As of September 1st, how many children are enrolled in your child care facility in total?
Total # of children enrolled in child care
** must provide value*

(1a) As of September 1st, how many children between 6 and 12 months are enrolled in your child care facility?
These specific ages correlate to the immunization minimum dosing requirement for child care enrollment in Nevada.
** must provide value*

(1b) As of September 1st, how many children between 12 and 17 months are enrolled in your child care facility?
These specific ages correlate to the immunization minimum dosing requirement for child care enrollment in Nevada.
** must provide value*

(1c) As of September 1st, how many children between 18 months and up to 3 years, 11 months of age are enrolled in your child care facility?
These specific ages correlate to the immunization minimum dosing requirement for child care enrollment in Nevada.
** must provide value*

(1d) As of September 1st, how many 4 year old children are enrolled in your child care facility?
These specific ages correlate to the immunization minimum dosing requirement for child care enrollment in Nevada.
** must provide value*

(2) Of the children enrolled from 6 months through 12 months of age, how many received 3 doses of Hepatitis B by 6 months, 30 days old?
** must provide value*

(3) Of the children enrolled from 6 months through 12 months of age, how many received 3 doses of Polio by 6 months, 30 days old?
** must provide value*

(4) Of the children enrolled from 12 months through 17 months of age, how many received 3 or 4 doses of Hib by 12 months, 30 days old?
** must provide value*

(5) Of the children enrolled from 12 months through 17 months of age, how many of them received 4 doses of PCV13 by 12 months, 30 days old?
** must provide value*

<p>(6) Of the children enrolled from 12 months through 17 months of age, how many of them received 1 dose of MMR by 12 months, 30 days old?</p>	<input type="text"/>
<p><i>* must provide value</i></p>	
<p>(7) Of the children enrolled from 12 months through 17 months of age, how many of them received 1 dose of Varicella by 12 months, 30 days old?</p>	<input type="text"/>
<p><i>* must provide value</i></p>	
<p>(8) Of the children enrolled from 12 months through 17 months of age, how many of them received 1 dose of Hepatitis A by 12 months, 30 days old?</p>	<input type="text"/>
<p><i>* must provide value</i></p>	
<p>(9) Of the children enrolled from 15 months through 17 months of age, how many of them received 4 doses of DTaP by 15 months, 30 days old?</p>	<input type="text"/>
<p><i>* must provide value</i></p>	
<p>(10) Of the children enrolled from 18 months up to 4 years of age, how many of them received 2 doses of Hepatitis A by 18 months, 30 days old?</p>	<input type="text"/>
<p><i>* must provide value</i></p>	
<p>(11) Of the children enrolled from 4 years old up to 5 years of age, how many of them received 5 doses of DTaP by 4 years, 30 days old?</p>	<input type="text"/>
<p><i>* must provide value</i></p>	
<p>(12) Of the children enrolled from 4 years old up to 5 years of age, how many of them received 4 doses of Polio by 4 years, 30 days old?</p>	<input type="text"/>
<p><i>* must provide value</i></p>	
<p>(13) Of the children enrolled from 4 years old up to 5 years of age, how many of them received 2 doses of MMR by 4 years, 30 days old?</p>	<input type="text"/>
<p><i>* must provide value</i></p>	
<p>(14) Of the children enrolled from 4 years old up to 5 years of age, how many of them received 2 doses of Varicella by 4 years, 30 days old?</p>	<input type="text"/>
<p><i>* must provide value</i></p>	

(15) Total # of children medically exempt from any required vaccines	<input type="text"/>
* must provide value	Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.
(15a) Total # of children medically exempt from DTaP (Diphtheria, tetanus, and acellular pertussis)	<input type="text"/>
* must provide value	Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.
(15b) Total # of children medically exempt from Varicella (Chickenpox)	<input type="text"/>
* must provide value	Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.
(15c) Total # of children medically exempt from MMR (Measles, mumps, and rubella)	<input type="text"/>
* must provide value	Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.
(15d) Total # of children medically exempt from IPV (Polio)	<input type="text"/>
* must provide value	Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.
(15e) Total # of children medically exempt from Hepatitis A	<input type="text"/>
* must provide value	Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.
(15f) Total # of children medically exempt from Hepatitis B	<input type="text"/>
* must provide value	Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.
(15g) Total # of children medically exempt from Hib (Haemophilus influenzae type B)	<input type="text"/>
* must provide value	Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.
(15h) Total # of children medically exempt from PCV13 (Pneumococcal conjugate vaccine)	<input type="text"/>
* must provide value	Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.
(16) Total # of children with religious exemptions from any required vaccines	<input type="text"/>
* must provide value	Note: Please report only on children between the ages of 6 months - 4 years, 11 months old.
(16a) Do all the religious exemptions include all required vaccines? i.e. Each religious exemption form on file is exempt for all required child care vaccines - DTaP/Tdap, Hepatitis A, Hepatitis B, IPV, Hib, MMR, Varicella, and Pneumococcal (PCV).	<input type="radio"/> Yes <input type="radio"/> No
* must provide value	reset
(17) Total # of children conditionally enrolled between 6 months and up to 4 years, 11 months of age.	<input type="text"/>
* must provide value	Conditionally Enrolled: the child does not have required immunizations due to the minimum age requirements and/or dose intervals and is in the process of completing the series of shots.
(18) Do you need additional information about vaccines needed for child care entry or anything else pertaining to childhood vaccines? If not, please put "N/A."	<input type="text"/>
* must provide value	
<input type="button" value="Submit"/>	












APPENDIX D: CHILD CARE FACILITY TALLY SHEET

Date:

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

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

APPENDIX E: CHILD CARE FACILITY IMMUNIZATION REQUIREMENTS RESOURCE

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

- As of [January 2018](#), it is necessary for children being admitted to a child care and/or accommodation facility in Nevada to receive all required vaccines at the youngest recommended age per the recommendation of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) Immunization Schedule.

For example, the 5th dose of DTaP is recommended between 4 and 6 years of age. The 5th dose of DTaP vaccine is required at 4 years of age if the child is attending a child care and/or accommodation facility in Nevada. If a child turns an age that meets the youngest recommended age to receive the required vaccines (i.e. DTaP at 4 years old), after enrollment or child care entry, the child has 30 days to complete the required immunizations pursuant to Nevada Revised Statute [\(NRS\) 432A.230](#) and [\(NRS\) 432A.235](#).

- A child is considered up-to-date if Pediarix was administered at 2, 4, or 6 months of age.
- If a child receives immunizations late, fewer doses may be required. Depending on the vaccine brand and the age the child started, the child may receive a series of one to four doses of Hib.
- If a child receives immunizations late, fewer doses may be required. Depending on the age of the child started, the child may receive a series of one to four doses of PCV13.
- The first dose of Hep A vaccine should be given at 12 months of age. The second dose should be given 6 months after the last dose.

Resources for Immunization Requirements and COVID-19 Response

Immunization requirements and COVID-19 resources are available to provide equitable access to vaccinations:

- Connect with local health care providers, pharmacies, community/public health nurses, or county health districts for access to vaccines or visit <https://www.vaccines.gov/> for COVID-19 and flu vaccines.
- Current Nevada Division of Public and Behavioral Health school, child care, and accommodation facility requirements:
 - https://dpbh.nv.gov/Programs/Immunization/School_and_Childcare/School_and_Child_Care_Immunizations/
- Nevada school/child care facility immunizations resources and links to Technical Bulletins:
 - https://dpbh.nv.gov/Programs/SIP/dta/School_Requirements/School_Requirements/
- Nevada Division of Public and Behavioral Health Technical Bulletins for COVID-19, monkeypox, and other public health topics
 - https://dpbh.nv.gov/Resources/Technical_Bulletins-New/
- Nevada State Immunization Program Facebook announcements:
 - <https://www.facebook.com/NevadaStateImmunizationProgram>
- Nevada Health Care Quality and Compliance child care listserv email list:
 - <https://dpbh.nv.gov/Reg/HealthFacilities/dta/Lists/Listservs/>

Exemptions

As of July 2021, medical and religious immunization exemptions must be submitted on a standardized Nevada Division of Public and Behavioral Health form (see the [Immunization Exemption Requirement Technical Bulletin](#)). Children may be exempt from immunization requirements for the following reasons (continued on Page 15):

- **Medical Exemption:** Requires a Nevada Division of Public and Behavioral Health State Medical Immunization Exemption Certificate signed by a licensed physician (MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.
- **Religious Exemption:** Requires a Nevada Division of Public and Behavioral Health State Religious Immunization Exemption Certificate signed by the parent or guardian who prohibits the immunization of the child due to religious beliefs.

The standardized immunization exemption forms and resources can be found at:

- https://dpbh.nv.gov/Programs/SIP/dta/School_Requirements/School_Requirements/

Exclusion

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