


# MEMO

**TO:** Early Child Care Providers  
**FROM:** Jenny Galbraith   
Immunization Surveillance Coordinator  
**RE:** Early Child Care Immunization Summary Report  
**DATE:** February 10, 2020

**\*\*If you are no longer a child care provider, please disregard this memo.**

North Dakota Administrative Code (33-06-05) requires child care and early childhood facilities to complete the 2020 Early Child Care Summary Report. This survey evaluated compliance with child care immunization requirements, in an effort to ensure North Dakota children are protected against vaccine preventable diseases. This survey must be submitted no later than **April 30, 2020**.

The immunization survey may be filled out online at: <https://www.health.nd.gov/immunize/schools-and-childcare>.

If you are unable to complete the online survey, the attached **Immunization Summary Form** (2 pages) may be completed and mailed back to the North Dakota Department of Health:

Jenny Galbraith  
North Dakota Department of Health  
Division of Disease Control  
2635 East Main Ave, PO Box 5520  
Bismarck, ND 58506-5520

**Do not include children attending public or private school in grades kindergarten through 12 when completing the immunization survey. There are no required immunizations for children ages 0-2 months in North Dakota, so this age group is not included in the survey.**

Enclosed you will find the Immunization Summary Form, along with other resources that may be helpful to you in completing the survey and ensuring your children are up to date on immunizations. All of these documents are also available on our website: <https://www.health.nd.gov/immunize/schools-and-childcare>.

Child care and early childhood facilities may have access to the North Dakota Immunization Information System (NDIIS), the statewide immunization registry. If you are interested in having access, please visit: <https://www.health.nd.gov/immunize/ndiis>

Please contact the NDDoH Immunization Program at 701.328.2378 or toll-free at 800.472.2180 with any questions or concerns regarding the early childcare immunization survey.

Enclosures

<b>Abbreviations:</b>	
<b>MMR</b>	Measles, Mumps, and Rubella
<b>MMRV</b>	Measles, Mumps, Rubella, and Varicella (chickenpox)
<b>VAR</b>	Varicella (chickenpox)
<b>HAV</b>	Hepatitis A Virus
<b>HBV</b>	Hepatitis B Virus
<b>RV</b>	Rotavirus Vaccine
<b>Hib</b>	<i>Haemophilus influenzae</i> type b
<b>IPV or OPV</b>	Polio
<b>PCV or PCV13</b>	Pneumococcal
<b>DTaP</b>	Diphtheria, Tetanus, and Pertussis
<b>DT</b>	Diphtheria and Tetanus
<b>UTD</b>	Up to date-Child has received the required number of doses of a specific vaccine.
<b>PBE</b>	Personal belief exemption-moral or philosophical-requires parent signature.
<b>Rel</b>	Religious exemption-requires parent signature.
<b>Med</b>	Medical exemption-requires health care provider signature.
<b>HD</b>	History of disease exemption (a child with a reliable history of chickenpox, measles, mumps, rubella, hepatitis B or hepatitis A is exempt from receiving the specific vaccine) – requires health care provider signature

**Immunization Summary Form**—*Please note, there are two pages to this form:*

Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

*Printed Name*

*Signature*

Do not include children enrolled in public or private school in kindergarten through 12<sup>th</sup> grade.

Shaded boxes do not need to be completed because the vaccines are not required for this age group.

				<b>Please enter the number of children who are either up to date (utd) or have an exemption for the following vaccines:</b>															
Age	Total number of children	No record on file	DTaP				Pneumococcal (PCV)				Polio (IPV)				Hib				
			UTD	PBE	REL	MED	UTD	PBE	REL	MED	UTD	PBE	REL	MED	UTD	PBE	REL	MED	
2-3 months																			
4-5 months																			
6-7 months																			
8-11 months																			
12-17 months																			
18-24 months																			
2-5 years																			
Totals																			

UTD: Up to date on the vaccine

PBE: Personal Belief Exemption (moral/philosophical)

Rel: Religious Exemption

Med: Medical Exemption

HD: History of Disease Exemption

**Immunization Summary Form** continued:

	Please enter the number of children who are either up to date (utd) or have an exemption for the following vaccines:																						
Age	Hepatitis B (HBV)					Rotavirus (RV)				Varicella (Chickenpox)					Hepatitis A (HAV)					MMR			
	UTD	PBE	REL	MED	HD	UTD	PBE	REL	MED	UTD	PBE	REL	MED	HD	UTD	PBE	REL	MED	HD	UTD	PBE	REL	MED
2-3 months																							
4-5 months																							
6-7 months																							
8-11 months																							
12-17 months																							
18-24 months																							
2-5 years																							
Totals																							

Form may be mailed or faxed to the Department of Health by April 30, 2020:

Jenny Galbraith  
North Dakota Department of Health  
Division of Disease Control  
2635 East Main Ave,  
PO Box 5520  
Bismarck, ND 58506-5520

Fax# 701.328.0355

IMMUNIZATION WORKSHEET FOR CHILD CARE AND EARLY CHILDHOOD FACILITIES. DO NOT RETURN THIS FORM. KEEP FOR YOUR RECORDS.																										
Facility name:					Age-appropriately immunized against:																					
Total enrollment:																										
Date:																										
Prepared by:																										
	Date of Birth	Age	No Record	Exempt*	DTaP		Polio IPV/OPV		Hepatitis B (HBV)		MMR - Measles, Mumps and Rubella		Haemophilus influenzae type B (Hib)		Varicella (Chicken-pox)		Hepatitis A (HAV)		Pneumo-coccal (PCV)		Rotavirus (RV)		Adequately Immunized			
Name					YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
Sub-total this page																										
Summary totals																										

This worksheet is included to help you determine which children are up to date. This is not required and does not need to be returned to the NDDoH.

\*Allowable exemptions include medical (med), religious (rel), or Personal Belief (PBE) which includes moral or philosophical, and history of disease (hd).

Transfer summary totals to the immunization summary form.

## Introduction to NDIIS

### Brief Overview

The North Dakota Immunization Information System (NDIIS) is a confidential, population-based, computerized information system that collects vaccination data about all North Dakotans. Most North Dakota children have an immunization record in the NDIIS. Children vaccinated at U.S. Air Force Bases and out-of-state may not have a complete record in the NDIIS.

Licensed child cares have the option of having read-only access to NDIIS. This means they can access the immunization records of their children, but they cannot enter information into the system. If your institution would like to gain access to NDIIS, contact a member of the Immunization Program at 701.328.3386 or toll-free at 800.472.2180. For more information about NDIIS, please visit our website at <https://www.health.nd.gov/immunize/ndiis>.

### NDIIS Forecaster

NDIIS contains a tool that allows users to determine whether or not a child is up to date on immunizations. Child cares can use this tool to determine if the child meets the immunization requirements. The vaccine forecaster will generate a list of vaccines the child is due for or will be due for in the future. Be sure to check that the recommended date has passed, as the forecaster recommends doses due in the future, not only vaccine doses that are past due. Also, the forecaster will show all recommended vaccines, not only those required for child care entry. Be sure to check the vaccination requirements.

---

#### Vaccination Forecast

Vaccine Type	Dose Number	Recommended Date	Minimum Valid Date
IPV	2	12/18/2012	12/18/2012
DTaP	2	12/18/2012	12/18/2012
Hep B	2	12/18/2012	12/14/2012
MMR	2	01/11/2013	01/11/2013
Varicella	2	03/14/2013	03/14/2013
Hep A	2	05/20/2013	05/20/2013
Influenza	1	08/01/2013	08/01/2013
Td	1	01/01/2015	01/01/2015
MCV4	1	01/01/2019	01/01/2019
HPV	1	01/01/2019	01/01/2019

---

Template letter: Send to parents of children who have not submitted an immunization record or are not up to date on all required vaccinations, along with Certificate of immunization.

To the Parent or Guardian of \_\_\_\_\_

North Dakota State Law requires all children in child care be up to date on certain vaccinations.

Our records show that your child is not compliant with the requirements. Non-compliance may be due to absence of an immunization record or because your child is in need of an immunization. The reason for your child's noncompliance is noted below.

In order to meet the requirements, please submit an official certificate of immunization to the child care. If vaccinations are added or if you are claiming a medical or history of disease exemption, the form must be signed by a medical professional.

**Reason for noncompliance:**

☐ Our facility does not have a copy of your child's immunization record.

☐ Your child needs the following circled vaccines:

- MMR\*
- Varicella (chickenpox)\*
- Hepatitis A\*
- Hepatitis B\*
- Rotavirus
- Hib (*Haemophilus influenzae*)
- Polio
- PCV (Pneumococcal)
- DTaP

\* If your child has had a history of disease, please have a health care provider enter the date of illness on the attached form in the history of disease section and sign.

Please note, not all recommended vaccines are required for child care. There may be additional immunizations recommended for your child that are not listed here because they are not mandated by state law. Please contact your child's health care provider about other immunizations your child may need.

Thank you so much for your cooperation.

---

*Child care provider*

---

*Date*



**CERTIFICATE OF IMMUNIZATION**  
**NORTH DAKOTA DEPARTMENT OF HEALTH**  
SFN 16038 (Revised 01-2018)

Division of Disease Control  
2635 East Main Ave. PO Box 5520  
Bismarck, ND 58506-5520  
800.472.2180 or 701.328.3386

Child's Name (Last, First, Middle Initial):			Date of Birth:				
Parent's Name:			Telephone Number:				
Vaccine Type		Exemption Type*	Enter Month/Day/Year for Each Immunization Given				
Hepatitis B	Hepatitis B						
Rotavirus	Rotavirus						
Hib	<i>Haemophilus influenzae</i> type B						
PCV	Pneumococcal conjugate						
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis						
IPV/OPV	Polio						
MMR	Measles-Mumps-Rubella						
Varicella	Chickenpox						
Hepatitis A	Hepatitis A						
Td/Tdap	Tetanus-Diphtheria (and Pertussis)						
MCV4	Meningococcal ACYW-135						
HPV	Human Papillomavirus						
Men B	Meningococcal B						
Other							

***To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.***

Physician, Nurse, Local/State Health:	Title:	Date:
---------------------------------------	--------	-------

**If additional doses are added after initial signature, please initial dose and sign below.**

Update signature #1:		
Physician, Nurse, Local/State Health:	Title:	Date:

Update signature #2:		
Physician, Nurse, Local/State Health:	Title:	Date:

My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) and to submit a signed Certificate of Immunization.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Exemption to Immunization Law**

**In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.**

☐ **Medical (Med) Exemption:** (Indicate vaccine above, requires physician signature) The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

☐ **History of Disease (HD) Exemption:** (Indicate vaccine above, requires physician signature) To the best of my knowledge, the above named person has had prior infection with chickenpox disease as indicated by prior diagnosis or laboratory confirmation.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Religious (Rel), Philosophical/Moral (PBE) Exemption:** (Indicate vaccine above, requires parental signature)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Medical =Med, History of Disease = HD, Religious = Rel, Philosophical/Moral = PBE



## North Dakota Local Public Health Units/IHS/Tribal Clinics

Department Name	Address	P.O. Box	City	Zip Code	Phone Number
Bismarck-Burleigh Public Health	500 East Front Avenue	P.O. Box 5503	Bismarck	58506-5503	701.355.1540
Cavalier County Health District	901 3rd Street Suite 11		Langdon	58249	701.256.2402
Central Valley Health District- Logan County	301 Broadway		Napoleon	58561	701.252.8130
Central Valley Health District- Stutsman County	122 2nd Street NW	P.O. Box 880	Jamestown	58401	701.252.8130
City-County Health District	415 2nd Avenue NE		Valley City	58072	701.845.8518
Custer Health- Grant County	106 2nd Avenue NE	P.O. Box 164	Carson	58529	701.622.3591
Custer Health- Mercer County	1101 3rd Ave NW	P.O. Box 311	Beulah	58532	701.873.4433
Custer Health- Morton County	403 Burlington Street SE		Mandan	58554	701.667.3370
Custer Health- Oliver County	111 East Main	P.O. Box 375	Center	58530	701.794.3105
Custer Health- Sioux County	403 Burlington Street SE		Mandan	58554	888.667.3370
Dickey County Health District	205 15th St. North	P.O. Box 238	Ellendale	58436	701.349.4348
Emmons County Public Health	118 E Spruce Ave	P.O. Box 636	Linton	58552-0636	701.254.4027
Fargo Cass Public Health	1240 25 <sup>th</sup> St S.		Fargo	58103	701.241.1360
First District Health Unit- Bottineau County	314 5th Street W. Ste. 7		Bottineau	58318	701.228.3101
First District Health Unit- Burke County	103 Main Street SE	PO BOX 326	Bowbells	58721	701.377.2316
First District Health Unit- McHenry County	112 Main Street South	PO Box 517	Towner	58788	701.537.5732
First District Health Unit- McLean County	141 N. Main	P.O. Box 972	Garrison	58540	701.463.2641
First District Health Unit- McLean County	712 5 <sup>th</sup> Avenue	P.O. Box 1108	Washburn	58577	701.462.3300
First District Health Unit- Renville County	205 Main St. E.	P.O. Box 68	Mohall	58761	701.756.6383
First District Health Unit- Sheridan County	215 E. 2nd Avenue	P.O. Box 410	McClusky	58463	701.363.2506
First District Health Unit- Ward County	113 1 <sup>st</sup> Avenue NW	P.O. Box 836	Kenmare	58746	701.385.4328
First District Health Unit- Ward County	801 11th Avenue SW	P.O. Box 1268	Minot	58702-1268	701.852.1376
Foster County Public Health	881 Main Street		Carrington	58421	701.652.3087
Grand Forks Public Health Department	151 S. 4th Street, Ste. N301		Grand Forks	58201-4735	701.787.8100
Kidder County District Health Unit	422 2nd Avenue NW		Steele	58482	701.475.2582
Lake Region District Health Unit- Benson County	330 C Avenue	PO Box 86	Minnewaukan	58351	701.473.5444
Lake Region District Health Unit- Eddy County	24 8th Street North		New Rockford	58356	701.947.5311
Lake Region District Health Unit- Pierce County	240 SE 2nd Street		Rugby	58368	701.776.6783
Lake Region District Health Unit- Ramsey County	524 4th Avenue, Unit 9		Devils Lake	58301	701.662.7035
LaMoure County Public Health Department	100 1st Ave. SW Omega City Plaza	P.O. Box 692	LaMoure	58458	701.883.5356
McIntosh District Health Unit	511 3rd Ave. NW		Ashley	58413	701.288.3957
Nelson/Griggs District Health Unit	116 Main Street	P.O. Box 365	McVile	58254	701.322.5624

Pembina County Health Department	301 Dakota Street W., #2		Cavalier	58220-4100	701.265.4248
Ransom County Public Health Department	404 Forest Street	P.O. Box 89	Lisbon	58054	701.683.6140
Richland County Health Department	413 3rd Avenue North		Wahpeton	58075	701.642.7735
Rolette County Public Health District	211 1st Ave NE	PO Box 726	Rolla	58367-0726	701.477.5646
Sargent County District Health Unit	316 Main St.	P.O. Box 237	Forman	58032-0237	701.724.3725
Southwestern District Health Unit- Adams County	609 2nd Avenue	P.O. Box 227	Hettinger	58639	701.567.2720
Southwestern District Health Unit- Billings/Golden Valley Counties	First Street SE	P.O. Box 185	Beach	58621	701.872.4533
Southwestern District Health Unit- Bowman/Slope Counties	104 First St. NW, Suite 6		Bowman	58623	701.523.3144
Southwestern District Health Unit- Dunn County	205 Owens Street		Manning	58642	701.573.5513
Southwestern District Health Unit- Hettinger County	309 Millionaire Avenue		Mott	58646	701.824.3215
Southwestern District Health Unit- Stark County	227 16 <sup>th</sup> Street W		Dickinson	58601	701.483.0171
Spirit Lake Tribal Health Program	816 3rd Ave N	P.O. Box 480	Fort Totten	58335	701.766.1706
Standing Rock		P.O. Box D	Fort Yates	58538	701.854.8211
Steele County Public Health Department	201 Washington Avenue w.	P.O. Box 317	Finley, ND	58230	701.524.2060
Three Affiliated Tribes	404 Frontage Road		New Town	58763	701.627.4742
Three Affiliated Tribes- Elbowoods	1058 College Drive		New Town	58763	701.627.4750
Towner County Public Health District	404 5th Ave., Suite #3	PO Box 705	Cando	58324-0705	701.968.4353
Traill District Health Unit	114 W. Caledonia,	P.O. Box 58	Hillsboro	58045	701.636.4434
Trenton Community Clinic	331 4th Ave E	P.O. Box 210	Trenton	58853	701.774.0461
Turtle Mountain Chippewa Quentin Burdick Health Care Facility		P.O. Box 160	Belcourt	58316	701.477.8469
Upper Missouri District Health Unit	110 West Broadway, Suite 101		Williston	58801	701.774.6400
Upper Missouri District Health Unit- Divide County	Maisey Dental Building 18 1 <sup>st</sup> Ave NW	P.O. Box 69	Crosby	58730	701.965.6813
Upper Missouri District Health Unit- McKenzie County	109 W 5 <sup>th</sup> Street	P.O. Box 1066	Watford City	58854	701.444.3449
Upper Missouri District Health Unit- Mountrail County	Memorial Building 18 2 <sup>nd</sup> Ave SE	P.O. Box 925	Stanley	58784	701.628.2951
Walsh County Health District	638 Cooper Avenue, Suite 3		Grafton	58237	701.352.5139
Wells County District Health Unit	600 N. Railway Street,	P.O. Box 6	Fessenden	58438	701.547.3756