

**2020 IMMUNIZATION REPORT
PROVIDER IDENTIFICATION SHEET**

Due November 1, 2020

1. Child Care Program Name: _____

License Number # _____

Total Number of Children enrolled in your facility and not enrolled in public/private school as of September 30th 2020: _____

Address as licensed: _____

City, State, Zip: _____ County: _____

Contact Person: _____ Phone Number: (____) _____

Contact Person Email: _____

2. Are you caring for children at this time? YES (submit vaccination records) **NO** (return this page)

3. If sending in reports for more than one facility, please list all the names, license numbers, and addresses of the programs below:

1. _____

2. _____

3. _____

BE SURE TO INCLUDE THE FACILITY NAME ON ANY ITEM MAILED, FAXED, OR EMAILED

Nebraska Immunization Program
Attn: Child Care Survey
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-6426 [fax]
Email: DHHS.Immunization@nebraska.gov



