

# **A REMINDER FOR THE PROFESSIONAL CHILD CARE PROVIDER**

**We are not requesting your personal immunization history, these are just suggestions for you**

As a professional child care provider, you have chosen to take care of our greatest treasures, children. In addition to providing a safe space, good food, education and fun, you need to be sure that you are not infecting them with diseases that can be prevented. You need to be up-to-date on your own immunizations so you can protect those who are too young for their shots. Most babies won't begin their shots until 2 months of age and won't be fully immunized until they are close to two years old. During that time, they have to rely on other people to protect them.

## **So what should you have?**

- You should make sure that you have had 2 doses of MMR (measles, mumps, and rubella) or have had all 3 diseases. If you were born before 1957, it's likely that you have had the diseases.
- You need to get a tetanus booster every 10 years. The tetanus booster now comes with pertussis (whooping cough) in it and it is very important to get that version so that you don't spread whooping cough to little babies. (Pertussis produces a bad cough that lasts for months (100 days) and is deadly to little babies.) Ask your physician or clinic for a Tdap shot (tetanus, diphtheria, and acellular pertussis).
- You should receive one dose of influenza vaccine annually.

***Thank you for looking out for all our children!***

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## ***A Reminder for Parents as per State statute***

*<http://www.hhs.state.ne.us/LifespanHealth/Immunization/docs/Chapter-4.pdf>*

**4-003.01 Each program must require the parent or guardian of each child enrolled in such program to present within 30 days of enrollment and periodically thereafter:**

1. Proof that the child is protected by age-appropriate immunization against measles, mumps, rubella, poliomyelitis, diphtheria, pertussis, tetanus, haemophilus influenzae type B, hepatitis B, varicella, and invasive pneumococcal disease;
2. Certification by a physician, advanced practice registered nurse, or physician assistant that immunization is not appropriate for a stated medical reason;
3. A written statement that the parent or guardian does not wish to have the child so immunized and the reasons therefore; or
4. Parental or clinical documentation of disease with year of infection for varicella. The documentation must include one of the following:
  - a. Signature of the parent or legal guardian and the date (year) of the child's varicella illness, or
  - b. Signature of a health care provider and the date (year) of the child's varicella illness, or
  - c. Laboratory evidence of a child's varicella immunity.

**4-003.02 If one of the documents described in 173 NAC 4-003.01 is not presented within 30 days of enrollment, the program must exclude a child from attendance until such proof, certification, or written statement is provided.**

4-003.03 At the time the parent or guardian is notified that such information is required, he or she must be notified in writing of his or her rights to submit a certification or a written statement as described in 173 NAC 4-003.01.