

EFFECTIVE NEBRASKA DEPARTMENT OF HEALTH 173 NAC 4 2/6/08 AND HUMAN SERVICES
TITLE 173 CONTROL OF COMMUNICABLE DISEASE
CHAPTER 4 IMMUNIZATION IN LICENSED CHILD CARE PROGRAMS

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TITLE 173 CONTROL OF COMMUNICABLE DISEASE
CHAPTER 4 IMMUNIZATION IN LICENSED CHILD CARE PROGRAMS

4-001 SCOPE AND AUTHORITY: These regulations implement Neb. Rev. Stat. §§ 71-1913.01 to 71-1913.03 of the Child Care Licensing Act by establishing levels of protection for those diseases preventable through immunization and the reporting by licensed child care programs of each child's immunization status.

4-002 DEFINITIONS: For purposes of these regulations:

Program means the provision of services in lieu of parental supervision for children under 13 years of age for compensation, either directly or indirectly, on the average of less than 12 hours per day, but more than 2 hours per week. Program includes any employer-sponsored child care, family child care home, child care center, school-age child care program, school-age services under Neb. Rev. Stat. § 79-1104, or preschool or nursery school. Program does not include casual care at irregular intervals, a recreation camp as defined in Neb. Rev. Stat. § 71-3101, classes or services provided by a religious organization other than child care or a preschool or nursery school, a preschool program conducted in a school approved under Neb. Rev. Stat. § 79-318, services provided only to school-age children during the summer and other extended breaks in the school year, or foster care as defined in Neb. Rev. Stat. § 71-1901.

DTP and DTaP means diphtheria, tetanus toxoid, and pertussis vaccine.

DT means diphtheria and tetanus toxoid vaccine pediatric preparation.

Hep B means hepatitis B vaccine.

Hib means haemophilus influenzae type B vaccine.

MMR means measles, mumps, and rubella vaccine.

MMRV means measles, mumps, rubella, and varicella vaccine.

PCV means pneumococcal vaccine.

Polio means polio vaccine, including oral polio (OPV) and/or injectable polio (IPV).

Td means diphtheria and tetanus toxoid vaccine adult preparation.

Tdap means diphtheria, tetanus, and pertussis vaccine (booster).

VZV means varicella (chickenpox) vaccine.

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4-003 REQUIRED IMMUNIZATION INFORMATION; EXCLUSION FROM ATTENDANCE; NOTICE

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 therefor; 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.

4-004 REQUIRED LEVELS OF PROTECTION: For the purposes of complying with the requirement of immunization against the diseases listed in 173 NAC 4-003 and in recognition of the fact that immunization needs vary depending on the age of the child, the required minimum number of doses of each vaccine is indicated in the Childhood Immunization Schedule, Attachment 1, which is incorporated in these regulations by this reference.

4-004.01 For purposes of compliance with the immunization requirement, the licensee of a child care program must require the presentation of an immunization history which contains:

1. Names of the vaccines;
2. Month and year of administration for DTaP, DTP, DT, Td, Tdap, polio, Hep B, Hib, and pneumococcal vaccine;
3. Day, month, and year of administration of MMR, MMRV, and/or varicella;
4. Name of the health practitioner or agency where the immunizations were obtained; and

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5. Signature of the physician, parent, guardian or of other such person maintaining the immunization history of the child, verifying that the child has received these vaccines.

Children with a reliable history of chickenpox (validated by written parental/clinical documentation including year of infection) can be assumed to be immune to varicella and therefore need not receive the varicella vaccination.

4-005 FREQUENCY OF REVIEW AND REPORTS; RECORDKEEPING

4-005.01 Each program must review the status of immunization for all children on entry. The immunization status of children under 20 months of age must be reviewed again in March and September to insure compliance with age-specific requirements. Records of children who are 20 months of age or older need not be reviewed again until kindergarten entry except as noted in 173 NAC 4-005.02.

4-005.02 Parents/guardians submitting written statements refusing immunizations for children are required to resubmit, sign, and date that statement on an annual basis.

4-005.03 Each program must keep as part of each child's file the immunization history, or the certification by the medical provider, or the written statement from the parent or guardian. These records must be available to the Department for inspection and review.

4-005.04 The licensee of each program must report to the Department by November 1 of each year the records of immunization for all children enrolled as of September 30 of that year. Children who have reached kindergarten age and who are enrolled in a public or private school need not be included in the report. Each report must consist of the following items:

1. The name, address, and telephone number of the licensee and the number of children enrolled on September 30;
2. For each child enrolled, a report of the name of the child, the child's date of birth, and the child's immunization record; and
3. Copy of refusal of immunization or medical certification if the child is not up to date.

The copy of the certification from the medical professional must state the medical reason(s) for not immunizing the child. The copy of the written statement from the parent or guardian must state the reason(s) why the parent or guardian does not wish to have the child immunized.

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CHILDHOOD IMMUNIZATION SCHEDULE Child's Age At Entrance or At Time of Record Review	<<<<Minimum>>>> Number of Doses Required of Each Vaccine						
	DT aP/ DT/ Td/ Tdap Vaccine	Polio Vaccine	MMR/ MMRV Vaccine	Hib Vaccine	Hep B Vaccine	VZV Vaccine	PCV Vaccine
0 but not yet 3 Months	None	None	None	None	None	None	None
3 months but not yet 5 Months	1 Dose	1 Dose	None	1 Dose	1 Dose	None	1 Dose
5 months but not yet 7 Months	2 Doses	2 Doses	None	2 Doses	2 Doses	None	2 Doses

7 months but not yet 16 Months	3 Doses	2 Doses	None	2 Doses **	3 Doses	None	3 Doses ****
16 months but not yet 19 Months	3 Doses	2 Doses	1 Dose *	3 Doses **	3 Doses	1 Dose or Documented History of Disease	4 Doses ****
19 Months to School Entry	4 Doses	3 Doses	1 Dose *	3 Doses **	3 Doses	1 Dose or Documented History of Disease	4 Doses ****
At School Entry	4 Doses	3 Doses	2 Doses *	None ***	3 Doses	2 Doses or Documented History of Disease	None