CALIFORNIA IMMUNIZATION REQUIREMENTS FOR Child Care



REFERENCE

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

INSTRUCTIONS To attend child care, children must have immunizations outlined below by age. Parents must present their child's Immunization Record as proof of immunization. Copy the full date of each shot onto the blue California School Immunization Record card and then determine if the child is up-to-date. Blue cards are available free from the Immunization Coordinator at your local health department. As the child care provider, it is your responsibility to follow up regularly until all shots are finished.

| IMMUNIZATIONS | Age When Entering | Immunizations (Shots) Required | Vaccines |
|--|---|--|--|
| (SHOTS) REQUIRED TO ATTEND CHILD CARE, BY AGE | | 2 each of Polio, Hib, Hep B 3 each of Polio, DTaP 2 Hep B 1 MMR, on or after the first birthday ¹ 1 Hib, on or after the first birthday ^{1, 3} | DTaP : Diphtheria, tetanus, and pertussis combined vaccine. |
| | 4–5 months 6–14 months 15–17 months | | Hib : <i>Haemophilus influenzae</i> type b vaccine; required only for children up to age 4 years, 6 months. |
| | 18 months–5 years | | MMR: Measles, mumps, and rubella combined vaccine. |
| | | | Hep B: Hepatitis B vaccine. |
| | | | Varicella: Chickenpox vaccine. |
| | You may admit a child who is lacking one or more required vaccine doses if the dose(s) is not currently due on the condition that they receive the remaining dose(s) when due, according to the schedule above. You will need to review records to make sure this occurs. If the maximum time interval between doses has passed, the child cannot be admitted until the next immunization is obtained. ¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the child care entry immunization requirement. ² If a child had chickenpox disease and this is indicated on the Immunization Record by the child's physician, they meet the requirement. Write "disease" in the chickenpox date box on the blue card. | | |
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| | WHEN NEXT SHOTS ARE DUE | Polio #3 DTaP #2, #3 Hib #2 DTaP #4. Hep B #2 | 6–10 weeks after 1st dose 6 weeks–12 months after 2nd dose 4–8 weeks after previous dose 2–3 months after 1st dose 6–12 months after 3rd dose 1–2 months after 1st dose Under age 18 months: 2–12 months after 2nd Age 18 months and older: 2–6 months after 2r |
| bas phy | ed on their personal b /sician/s written statem | uardians to submit an exemption from in eliefs or medical conditions. For childre ent should be submitted. Child care staf ions, so they can be excluded quickly if | n with medical exemptions, the f should maintain an up-to-date |

For more information, visit ShotsForSchool.org