



Dear Parents/Guardians,

According to the regulations of the Connecticut State Department of Health Services, all children enrolled in preschool programs are required to be fully immunized. Section 19a-79-6a Section e (1)(B) and (C) of the Public Health Code require that each child admitted to a center or group day care home shall annually provide a physical examination form, valid during the school year, signed by a licensed physician, physician assistant or an advanced practice registered nurse. The Early Childhood Health Assessment Record shall provide a statement about the child's general health and presence of any known medical or emotional illness or disorder that would currently pose a risk to other children, or which currently affect the child's functional ability to participate safely in a preschool setting. The form shall also include an immunization record indicating the month, day and year of each immunization required for admission to a preschool by the State of Connecticut Department of Public Health.

The State of Connecticut currently requires the following immunizations: 3 doses of the oral polio vaccine, 4 doses of DTP (diphtheria, tetanus, pertussis), 1 dose of the measles, mumps and rubella vaccine (MMR), 4 doses of the hemophilus influenzae b vaccine (HIB), 3 doses of the hepatitis b vaccine (Hep B), 1 dose of the varicella (chicken pox) vaccine, 4 doses of the pneumococcal conjugate vaccine (PCV), 2 doses of the hepatitis a vaccine (HAV) and 1 dose of the influenza vaccine.

State regulations make allowances for medical exemptions. If immunizations are medically contraindicated because of the physical condition of your child, a statement from your physician is required. A copy of this statement is available electronically. Please let me know if you need one. In the event of an outbreak or epidemic of a vaccine preventable disease, any child without documented evidence of immunity will be excluded from the program. This exclusion order will remain in effect for one incubation period after the last case occurs, generally two to three weeks.

It is your responsibility to provide written documentation of your child's immunization history. This documentation should include the month, day and year on which each dose of vaccine was received. If your child is in the process of completing the immunization series, please furnish the date that additional doses of vaccine are received.

We appreciate your cooperation in providing this essential information which will enables us to maintain a healthy environment for all our children.

*Mary Nevin Gauthier*

Mary Nevin Gauthier  
Administrative Director

### CT Immunization Requirements Schedule For Day Care, Family Day Care, Group Day Care Homes

Vaccines	Under 2 months of age	By 3 months of age	By 5 months of age	By 7 months of age	By 16 months of age	16–18 months of age	By 19 months of age	2 years of age (24–35 months)	3 to 5 years of age (36–59 months)
DTP/DTaP/DT	None	1 dose	2 doses	3 doses	3 doses	3 doses	4 doses	4 doses	4 doses
Polio	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
MMR	None	None	None	None	1 dose after 1 <sup>st</sup> birthday <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday <sup>1</sup>
Hep B	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
HIB	None	1 dose	2 doses	2 or 3 doses depending on vaccine given <sup>2</sup>	1 booster dose after 1 <sup>st</sup> birthday <sup>3</sup>	1 booster dose after 1 <sup>st</sup> birthday <sup>3</sup>	1 booster dose after 1 <sup>st</sup> birthday <sup>3</sup>	1 booster dose after 1 <sup>st</sup> birthday <sup>3</sup>	1 booster dose after 1 <sup>st</sup> birthday <sup>3</sup>
Varicella	None	None	None	None	1 dose after 1 <sup>st</sup> birthday or prior history of disease <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday or prior history of disease <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday or prior history of disease <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday or prior history of disease <sup>1</sup>	1 dose after 1 <sup>st</sup> birthday or prior history of disease <sup>1</sup>
Pneumococcal Conjugate Vaccine (PCV)	None	1 dose	2 doses	3 doses	1 dose after 1 <sup>st</sup> birthday	1 dose after 1 <sup>st</sup> birthday	1 dose after 1 <sup>st</sup> birthday	1 dose after 1 <sup>st</sup> birthday	1 dose after 1 <sup>st</sup> birthday
Hepatitis A	None	None	None	None	1 dose after 1 <sup>st</sup> birthday <sup>4</sup>	1 dose after 1 <sup>st</sup> birthday <sup>4</sup>	1 dose after 1 <sup>st</sup> birthday <sup>4</sup>	2 doses given 6 months apart <sup>4</sup>	2 doses given 6 months apart <sup>4</sup>
Influenza	None	None	None	1 or 2 doses	1 or 2 doses <sup>5</sup>	1 or 2 doses <sup>5</sup>	1 or 2 doses <sup>5</sup>	1 or 2 doses <sup>5</sup>	1 or 2 doses <sup>5</sup>

1 Laboratory confirmed immunity also acceptable

2 A Complete primary series is 2 doses of PRP-OMP (PedvaxHIB) or 3 doses of HbOC (ActHib or Pentacel)

3 As a final booster dose if the child completed the primary series before age 12 months. Children who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose

4 Hepatitis A is required for all children born after January 1, 2009

5 Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons

<b><u>Vaccines:</u></b>	<b><u>Brand Names:</u></b>
DTaP-IPV-Hib	Pentacel
Varicella	Varivax
DTaP-Hib	TriHibit
Hib	ActHib or PedvaxHIB or Hiberix
HIB-Hep B	Comvax
DTaP-IPV	Kinrix

<b><u>Vaccines:</u></b>	<b><u>Brand Names:</u></b>
Influenza	Flumist or Fluarix or Fluzone or Fluvirin or Flulaval
DTaP-IPV-Hep B	Pediarix
Hepatitis A	Havrix or Vaqta
MMRV	ProQuad
PCV 7	Prevnar
PCV 13	Prevnar 13