

**State of Alaska  
Child Care & School Immunization  
Requirements  
Packet**  
Revised 08/2010



**ALASKA IMMUNIZATION PROGRAM  
(907) 269-8000  
OR  
1-888-430-4321  
<http://www.epi.hss.state.ak.us/id/immune.stm>**

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## Common vaccines/vaccine combination names for *Required* immunizations:

**NOTE:** The following table is provided as a reference only. To lessen confusion, **PROVIDERS DOCUMENTING CURRENT IMMUNIZATIONS SHOULD USE GENERIC NAMES** (e.g., DTaP, Hepatitis B) rather than brand names.

Vaccine, by Generic Name or Trade Name (® or ™)	Used for Protection Against This Disease(s)
ACEL-IMUNE®	Diphtheria/ Tetanus/ Pertussis
ActHIB®	Hib ( <i>Haemophilus influenzae</i> type b)
ADACEL™	Tetanus/ Diphtheria/ Pertussis
Attenuvax®	Measles
Boostrix™	Tetanus/ Diphtheria/ Pertussis
Certiva™	Diphtheria/ Tetanus/ Pertussis
COMVAX™	Hepatitis B/ Hib ( <i>Haemophilus influenzae</i> type b)
DAPTACEL™	Diphtheria/ Tetanus/ Pertussis
Decavac®	Tetanus/ Diphtheria
DT	Diphtheria/ Tetanus
DTaP	Diphtheria/ Tetanus/ Pertussis
DTP	Diphtheria/ Tetanus/ Pertussis
DTwP	Diphtheria/ Tetanus/ Pertussis
Engerix-B®	Hepatitis B
HAV	Hepatitis A
Havrix®	Hepatitis A
HbOC	Hib ( <i>Haemophilus influenzae</i> type b)
HBV	Hepatitis B
Heptavax®	Hepatitis B
Hiberix®	Hib ( <i>Haemophilus influenzae</i> type b)
HibTITER®	Hib ( <i>Haemophilus influenzae</i> type b)
Infanrix™	Diphtheria/ Tetanus/ Pertussis
IPOL®	Polio
IPV	Polio
Kinrix™	Diphtheria/ Tetanus/ Pertussis/ Polio
Meruvax II®	Rubella
MMR	Measles/ Mumps/ Rubella
MMRV	Measles/ Mumps/ Rubella/ Varicella
MR	Measles/ Rubella
Mumpsvax®	Mumps
OmnihIB™	Hib ( <i>Haemophilus influenzae</i> type b)
OPV	Polio
ORIMUNE®	Polio
Pediarix™	Diphtheria/ Tetanus/ Pertussis/ Hepatitis B/ Polio
PedvaxHIB®	Hib ( <i>Haemophilus influenzae</i> type b)
Pentacel®	Diphtheria/ Tetanus/ Pertussis/ Polio/ Hib ( <i>Haemophilus influenzae</i> type b)
ProHIBIT™	Hib ( <i>Haemophilus influenzae</i> type b)
PROQUAD®	Measles/ Mumps/ Rubella/ Varicella
PRP-OMP (PedVaxHIB®)	Hib ( <i>Haemophilus influenzae</i> type b)
PRP-T (ActHIB®)	Hib ( <i>Haemophilus influenzae</i> type b)
RECOMBIVAX HB®	Hepatitis B
“Sabin”	Polio
“Salk”	Polio
Td	Tetanus/ Diphtheria
Tdap	Tetanus/ Diphtheria/ Pertussis
TETRAMUNE®	Diphtheria/ Tetanus/ Pertussis/ Hib ( <i>Haemophilus influenzae</i> type b)
TriHIBit®	Diphtheria/ Tetanus/ Pertussis/ Hib ( <i>Haemophilus influenzae</i> type b)
Tripedia®	Diphtheria/ Tetanus/ Pertussis
Twinrix®	Hepatitis A/ Hepatitis B (In US – Adult formulation for ≥ 18 yrs of age)
VAQTA®	Hepatitis A
Varicella	Chickenpox
VARIVAX®	Varicella (chickenpox)
VZV	Varicella (chickenpox)

Note: PPD, Mono-Vacc®, and Tine test are used for tuberculosis screening. They are *not* vaccines.

## Common vaccines/vaccine combination names NOT required for school/child care attendance:

**NOTE:** While not required for school/child care attendance, many of these vaccines are *medically recommended*.

Vaccine, by Generic Name or Trade Name (® or ™)	Used for Protection Against This Disease(s)	Additional Information
Afluria®	Seasonal Influenza	
BCG	Tuberculosis	Not used in the U.S.
Cervarix®	Human Papillomavirus	
Fluarix®	Seasonal Influenza	
FluLaval®	Seasonal Influenza	
FluMist®	Seasonal Influenza	Nasal Spray (LAIV)
Fluvirin®	Seasonal Influenza	
Fluzone®	Seasonal Influenza	
GARDISIL®	Human Papillomavirus	
HPV	Human Papillomavirus	
MCV4	Meningococcal disease	Meningococcal Conjugate Vaccine 4-valent
Menactra™	Meningococcal disease	Meningococcal Conjugate Vaccine 4-valent
Menomune™	Meningococcal disease	Meningococcal Polysaccharide Vaccine 4-valent
Menveo®	Meningococcal disease	
MPV4	Meningococcal disease	Meningococcal Polysaccharide Vaccine 4-valent
PCV7	Pneumococcal disease	Pneumococcal Conjugate Vaccine 7-valent
PCV13	Pneumococcal disease	Pneumococcal Conjugate Vaccine 13-valent
Pneumovax® 23	Pneumococcal disease	Pneumococcal Polysaccharide Vaccine 23-valent
PPV23	Pneumococcal disease	Pneumococcal Polysaccharide Vaccine 23-valent
Prevnar™	Pneumococcal disease	
Rotarix®	Rotavirus	
Rotashield®	Rotavirus	No longer used in the U.S.
RotaTeq®	Rotavirus	

Note: PPD, Mono-Vacc®, and Tine test are used for tuberculosis screening. They are *not* vaccines.

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Infancy Thru- Preschool Page 1 of 3	Alaska Immunization Compliance Standards Infancy Thru Preschool EFFECTIVE July 1, 2009					
	<i>Diphtheria, Tetanus, Pertussis (DTP/DTaP/DT)</i>		<i>Polio (OPV, IPV)</i>		<i>Measles, Mumps, Rubella (MMR)</i>	
	Required spacing		Required spacing		Required spacing	
Dose #	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>
1	Not valid before 6 wks of age	By 3 mos of age	Not valid before 6 wks of age	By 3 mos of age	Not valid before 1st birthday	By 16 mos of age
2	1 mo after #1	3 mos after #1	1 mo after #1	3 mos after #1		
3	1 mo after #2	3 mos after #2	1 mo after #2	1 yr after #2		
4	4 mos after #3	1 yr after #3				
	An additional dose is required if minimum spacing requirements are not met.  A child who has received 6 or more doses does not require more, regardless of spacing.		An additional dose is required if minimum spacing requirements are not met.		An additional dose is required if minimum spacing requirements are not met.	

**For compliance purposes:**

**Age** = age in calendar weeks or months (e.g., "by 6 wks of age" or "by 2 mo of age")

**Interval** between doses calculated as 28 days = 1 month

**"Maximum"** (under required spacing) - refers to the maximum time period before a child who has not completed the required number of doses would be "out of compliance." Doses received *after* the "maximum" intervals are medically acceptable and bring the child back into agreement with compliance standards.

**"Kindergarten"** - For the purposes of these guidelines, a "child in kindergarten" is one who was born prior to September 2 at least five years prior to kindergarten entry. For example, a child entering kindergarten in 2010 must have been born before September 2, 2005. Definition follows kindergarten age criteria established by the AK Dept of Education and Early Development.

Infancy Thru Preschool Page 2 of 3	Alaska Immunization Compliance Standards Infancy Thru Preschool EFFECTIVE July 1, 2009					
	Hepatitis A		Hepatitis B		Varicella "Chickenpox"	
	Required spacing		Required spacing		Required spacing	
Dose #	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
1	Not valid before 1 <sup>st</sup> birthday	By 25 mos of age	At birth	By 2 mos of age	Not valid before 1st birthday	By 19 mos of age
2	6 mos after #1	19 mos after #1	1 mo after #1	3 mos after #1		
3			2 mos after #2 <b>and</b> at least 4 mos after #1	18 mos after #2		
	An additional dose is required if minimum spacing requirements are not met.		An additional dose is required if minimum spacing requirements are not met.		An additional dose is required if minimum spacing requirements are not met.	

**For compliance purposes:**

**Age** = age in calendar weeks or months (e.g., "by 6 wks of age" or "by 2 mo of age")

**Interval** between doses calculated as 28 days = 1 month

**"Maximum"** (under Required spacing) - refers to the maximum time period before a child who has not completed the required number of doses would be "out of compliance." Doses received *after* the "maximum" intervals are medically acceptable and bring the child back into agreement with compliance standards.

**"Kindergarten"** - For the purposes of these guidelines, a "child in kindergarten" is one who was born prior to September 2 at least five years prior to kindergarten entry. For example, a child entering kindergarten in 2010 must have been born before September 2, 2005. Definition follows kindergarten age criteria established by the AK Dept of Education and Early Development.

## Special Information about Hib Compliance

**BRAND OF VACCINE USED** – At least three brands of Hib vaccine currently are licensed in the United States. For children beginning Hib immunization in infancy, two brands require 4 total doses, while one requires only 3. **For purposes of compliance**, the 3-dose schedule shown below will be used, regardless of the type of vaccine received.

Infancy Thru Preschool Page 3 of 3	Alaska Immunization Compliance Standards for Hib Hib is required <u>only for children under 5 years of age</u>		
Dose #	Hib		
		Required spacing	
		<i>Minimum</i>	<i>Maximum</i>
<b>1</b>	6 wks-59 mos of age	Not valid before 6 wks of age	By 3 mos of age
<b>2</b>	6 wks-11 mos of age	1 mo after #1	3 mos after #1
	12-14 mos of age	1 mo after #1 <sup>+</sup>	3 mos after #1 <sup>+</sup>
	15-59 mos of age	2 mo after #1	3 mos after #1
<b>3</b>	6 wks - 11 mos	Not valid <i>for compliance</i> if received before 12 mos of age	Not applicable
	12-59 mos	2 mos after #2 (Not valid <i>for compliance</i> if received before 12 mos of age)	3 mos after #2
<p><i>An additional dose is required if:</i></p> <ul style="list-style-type: none"> <li>Minimum spacing requirements are not met.</li> </ul> <p><i>An additional dose is <b>NOT</b> required if:</i></p> <ul style="list-style-type: none"> <li>Child is 5 yrs of age and older.</li> <li>Child received at least one dose after 15 mo of age.</li> <li>Child received 2 doses after 12 mos of age with a minimum interval of 2 mos.</li> </ul> <p>+ If a child received dose #1 after 12 mo of age, a minimum of 2 months is required between dose #1 and #2. To remain in compliance, the child must receive dose #2 a maximum of 3 months after dose #1. If the child receives dose #2 at least 2 months after dose #1, no additional doses are needed.</p>			



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**Alaska Immunization Compliance Standards  
FOR CHILDREN IN KINDERGARTEN Thru 12<sup>th</sup> GRADE  
EFFECTIVE July 1, 2009**

Dose #	<i>Diphtheria, Tetanus, Pertussis (DTP/DTaP/DT/Td/Tdap)</i>		<i>Polio (OPV, IPV)</i>		<i>Measles, Mumps, Rubella (MMR)</i>	
	Required spacing		Required spacing		Required spacing	
	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>
<b>1</b>	Not valid before 6 wks of age	Before facility entry	Not valid before 6 wks of age	Before facility entry	Not valid before 1st birthday	Before facility entry
<b>2</b>	1 mo after #1	3 mos after #1	1 mo after #1	3 mos after #1	1 mo after #1 (measles only)	3 mos after #1 (measles only)
<b>3</b>	<u>current age less than 7 yrs</u> 1 mo after #2   3 mos after #2		1 mo after #2	1 yr after #2		
	<u>current age 7 yrs or older</u> 6 mos after #2   1 yr after #2					
<b>4</b>	<u>current age less than 7 yrs</u> 4 mos after #3   1 yr after #3					
	<u>current age 7 yrs or older</u> Only 3 valid doses required					
<b>5*</b>	<u>current age less than 7 yrs</u> 6 mos after #4 <i>and</i> on or after 4 yrs of age   Before facility entry					
	<u>current age 7 yrs or older</u> Only 3 valid doses required					
	<p>An additional dose is required if minimum spacing requirements are not met.</p> <p>* Dose #5 is not required if an appropriately-spaced dose #4 was received on or after 4 years of age.</p> <p>A child who has received 6 or more doses does not require more, regardless of spacing.</p> <p>Pertussis is not required on or after 7 years of age unless 10 years has passed since last tetanus/diphtheria containing vaccine.</p>		<p>An additional dose is required if minimum spacing requirements are not met.</p> <p>Polio is not required on or after 18 years of age.</p>		<p>An additional dose is required if minimum spacing requirements are not met.</p> <p><b>2<sup>nd</sup> Dose:</b> A 2<sup>nd</sup> dose of <i>measles only</i> is required. However, mumps and rubella often are received as a component of MMR vaccine.</p> <p>Rubella is not required on or after 12 years of age.</p>	
<b>10 year Booster</b>	<p><u><b>Tdap Requirement:</b></u> Required within 10 years of last tetanus/diphtheria-containing vaccine.</p>					

K-12 Page 2 of 2	Alaska Immunization Compliance Standards FOR CHILDREN IN KINDERGARTEN Thru 12 <sup>TH</sup> GRADE EFFECTIVE July 1, 2009					
	Hepatitis A		Hepatitis B		Varicella “chickenpox”	
	Required spacing		Required spacing		Required spacing	
Dose #	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
1	Not valid before 1 <sup>st</sup> birthday	Before facility entry	At birth	Before facility entry	Not valid before 1 <sup>st</sup> birthday	Before facility entry
2	6 mos after #1	19 mos after #1	1 mo after #1	3 mos after #1	1 mo after #1	4 mos after #1
3			2 mos after #2 <b>and</b> at least 4 mos after #1	18 mos after #2		
	An additional dose is required if minimum spacing requirements are not met.		<p><b>2-dose option for adolescents:</b></p> <p>Three (3) appropriately-spaced doses of hepatitis B are required <i>unless</i> a copy of a medically-verified record that clearly documents receipt of 2 doses that meet <b>ALL</b> the following criteria is maintained at school/child care:</p> <p><b>Vaccine Used</b></p> <ul style="list-style-type: none"> <li>● Merck <i>RecombivaxHB</i><sup>®</sup></li> <li>● “Adult” formulation (contains 10 mcg of hepatitis B surface antigen)</li> </ul> <p><b>Age when BOTH doses were received</b></p> <ul style="list-style-type: none"> <li>● 11 through 15 years</li> </ul> <p><b>Interval</b></p> <ul style="list-style-type: none"> <li>● at least 4 mo between doses</li> <li>● compliance “maximum” = 7 mos after #1</li> </ul>		An additional dose is required if minimum spacing requirements are not met. 2 doses of varicella required for K through 6 <sup>th</sup> grades only. Varicella is NOT required for 7 <sup>th</sup> -12 <sup>th</sup> grades.	

**For compliance purposes (also applies to previous charts):**

**Age** = age in calendar weeks or months (e.g., “by 6 wks of age” or “by 2 mo of age”)

**Interval** between doses calculated as 28 days = 1 month

**“Maximum”** (under Required spacing) - refers to the maximum time period before a child who has not received the required number of doses would be considered out of compliance. Doses received *after* the “maximum” intervals are medically acceptable and bring the child back into agreement with compliance standards.

**“Kindergarten”** - For the purposes of these guidelines, a “child in kindergarten” is one who was born prior to September 2 at least five years prior to kindergarten entry. For example, a child entering kindergarten in 2010 must have been born before September 2, 2005. *Definition follows kindergarten age criteria established by the AK Dept of Education and Early Development.*

## Immunization Disease History & Exemption Documentation Requirements

### **Disease History for School/Child Care/Head Start and Preschool:**

#### **For ALL required immunizations:**

- The State form (enclosed) must be used for documentation of disease history. (Previously written, and dated prior to July 1, 2009, medically valid documentation will be grandfathered.)
- Documentation must be signed by an Alaska-licensed MD, DO, ANP, or PA, stating the child has had the disease.
- Titer results are not required to be filed in school/child care records.

### **Medical Exemptions for School/Child Care/Head Start and Preschool:**

#### **For ALL required immunizations:**

- The State form (enclosed) must be used for documentation of medical exemptions. (Previously written, and dated prior to July 1, 2009, medically valid documentation/forms will be grandfathered.)
- Documentation must be signed by an Alaska-licensed MD, DO, ANP, or PA, stating the child is exempt.

### **Religious Exemptions for School/Child Care/Head Start and Preschool:**

#### **For ALL required immunizations:**

- The State religious exemption form (enclosed) does not have to be used; however, the exemption must contain the exact wording as detailed in the State regulation. Modification to the wording of the State regulations may make the exemption invalid. Statements of “philosophical” or “personal” opposition will invalidate the exemption.
- Notarization of the exemption form is not required for State compliance purposes, however, school districts, private schools, and child care facilities should develop their own policies about whether they will accept religious exemptions that have not been signed by a notary public.

**ALASKA IMMUNIZATION REQUIREMENTS  
MEDICAL EXEMPTION & DISEASE HISTORY FORM**

Alaska Immunization Regulations 4 AAC 06.055 and 7 AAC 57.550 require that all children in Alaska public/private schools, certified preschools, and licensed child care facilities be immunized, unless he/she is exempt due to medical contraindications, disease history, or religious reasons.

If a MEDICAL exemption is requested, complete the required information below and return this form to the school, preschool, or child care facility.

\_\_\_\_\_  
*Name of Child*

\_\_\_\_\_  
*Date of Birth*

**The following section must be completed by an Alaska-licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Nurse Practitioner (ANP), or Physician Assistant (PA).**

**MEDICAL EXEMPTION**

In my professional opinion, the following immunizations would be injurious to the health of the above named child or members of the child's family or household.

**Check "all vaccines" or appropriate single antigen(s)**

All vaccines

Diphtheria

Tetanus

Pertussis

Measles

Mumps

Rubella

Polio

Hepatitis A

Hepatitis B

Varicella

Hib

**DISEASE HISTORY**

**Check appropriate antigen(s) – immunity due to history of disease**

Diphtheria

Tetanus

Varicella

Measles

Mumps

Rubella

Polio

Hepatitis A

Hepatitis B

**For Pertussis & Hib – History of disease does not infer immunity. Vaccination is recommended.**

\_\_\_\_\_  
NAME [Please Print] of MD, DO, ANP or PA

Check one:  MD  DO  ANP  PA

\_\_\_\_\_  
SIGNATURE of MD, DO, ANP or PA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Phone Number

**ALASKA IMMUNIZATION REQUIREMENTS  
RELIGIOUS EXEMPTION FORM**

All children in Alaska public/private schools, preschools and child care facilities must be immunized in accordance with Alaska Immunization Regulations 4 AAC 06.055 and 7 AAC 57.550, unless he/she is exempt for medical or religious reasons.

Religious exemption requests must be signed by the child's parent or guardian and contain the wording found in the Alaska Administrative Code **7 AAC 57.550 for child care** affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the parent or guardian is a member; or **4 AAC 06.055 for school** affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

If a RELIGIOUS exemption is requested, complete the information below and return this form to the school, preschool, or child care facility.

\_\_\_\_\_  
*Name of Child* *Birth date*

*NOTE: Personal or philosophical exemptions are not allowed under Alaska regulations.*

**To be completed by the child's parent or guardian.**

**I/We affirm that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant/parent/guardian is a member.**

\_\_\_\_\_  
*Signature of Parent or Guardian* *Date* *Telephone*

State of \_\_\_\_\_

Judicial District \_\_\_\_\_ SS.

The Foregoing Instrument was acknowledged before me by

\_\_\_\_\_ on this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_.

Witness my hand and seal.

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Notary's printed name

My commission expires \_\_\_\_\_

**SCHOOLS:**  
**Applicable Excerpts from Alaska Immunization Regulations**

**REGULATIONS**

Register 185, April 2008 EDUCATION AND EARLY DEV.  
4 AAC 06.055(a) is amended to read:

**4 AAC 06.055. Immunizations required.** (a) Before entry in a state public school district or nonpublic school offering pre-elementary education through the 12th grade, or any combination of these grades, a child shall be immunized against

(1) diphtheria, tetanus, polio, pertussis, measles, mumps, hepatitis A, hepatitis B, and rubella, except rubella is not required in children 12 years of age or older; and

(2) beginning July 1, 2009, varicella.

(b) This section does not apply if the child

(1) has a valid immunization certificate consisting of

(A) a statement by a physician listing the date that each required immunization was given; or

(B) a copy of a clinic or health center record listing the date that each required immunization was given;

(2) has a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed to practice in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household; or

(3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

(c) A student registering in a school in a community where regular medical services are not available on at least a weekly basis and who does not have the required immunizations, may be provisionally admitted to a pre-elementary, elementary, or secondary program for a reasonable period of time for the prevailing circumstances but not exceeding 90 days after enrollment. No children will be provisionally admitted except in exceptional circumstances. Where exceptions are granted, they shall be reported to and discussed with the epidemiology section of the division of public health, Department of Health and Social Services, who will then be responsible for determining that the required immunizations are completed during the provisional period.

(d) If a parent or guardian is unable to pay the cost of immunization, or immunization is not available in the district or community, immunization shall be provided by state or federal public health services.

(e) Immunizations shall be recorded on each pupil's permanent health record form.

(f) School districts shall initiate action to exclude from school any child to whom this section applies but who has not been immunized as required by this section.

(g) A homeless child or youth, within the meaning of 42 U.S.C. 11434a(2) (McKinney - Vento Homeless Assistance Act), revised as of January 8, 2002 and adopted by reference, who does not have a record of the required immunizations, may be provisionally enrolled in a public school program for a period of time not exceeding 30 days if a parent or legal guardian has signed a witnessed statement that the child has received the required immunizations and the child's immunization records are not immediately available. A district shall report each provisional enrollment under this subsection to the epidemiology section of the division of public health, Department of Health and Social Services. The division of public health, with the assistance of the district's homeless liaison, will be responsible for locating the required immunization records. If the immunization records are not located during the provisional period, or the records indicate that the child has not received the required immunizations, the child must be immunized as described in (a) and (b) of this section to continue being enrolled in the public school program. The division of public health, with the assistance of the district's homeless liaison, will be responsible for ensuring that the child receives the required immunizations.

**History: Eff. 1/13/73, Register 44; am 8/28/77, Register 63; am 12/30/2000, Register 156; am 3/22/2008, Register 185**

**Authority: [AS 14.07.020](#)**

[AS 14.30.125](#)



**CHILD CARE FACILITIES:**  
**Applicable Excerpts from Alaska Immunization Regulations**

**REGULATIONS**

**7 AAC 57.545. Reducing the spread of disease.** To reduce the spread of disease, a child care facility shall meet the applicable requirements of 7 AAC 10.1045 (Universal Precautions) and 7 AAC 10.1050 (Caregiver Hygiene). (Eff. 6/23/2006, Register 178)

**7 AAC 57.550. Health.** (a) At or before admission of a child, a child care facility shall obtain from the child's parent

- (1) a valid immunization certificate; or
- (2) evidence that the child is exempt from immunization.

(b) A valid immunization certificate is a copy of the child's original immunization record showing that, in a manner consistent with the timetable prescribed by the department's childhood immunization schedule, the child has received, or has begun and is continuing to receive, immunizations.

(c) The immunization record includes a statement or record by a physician, clinic, or health center indicating the date each required immunization was given.

(d) Evidence of exemption from immunization must include

(1) a statement signed by a doctor of medicine (M.D.), a doctor of osteopathy (D.O.), a physician assistant, or an advanced nurse practitioner, licensed in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household;

(2) an affidavit signed by the child's parent or guardian, affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the parent or guardian is a member; or

(3) an entry, for a one-day exemption, that the child is attending the child care facility for the first time.

(e) A child care facility in a community where medical services are not available on at least a weekly basis may provisionally admit a child who does not have the immunization certificate or evidence of exemption required under (a) of this section until the certificate or evidence can be obtained, but for no longer than 60 days.

(f) A satisfactory immunization audit report from the department during the previous 12 months will be accepted as evidence that the child care facility satisfied the requirements of (a) - (e) of this section.

(g) A child care facility may admit a mildly ill child or allow the child to remain in attendance if the child's needs do not compromise the care of other children.

(h) A child care facility that cares for a mildly ill child shall arrange a plan of care with the parent and provide a place where, under supervision, the child may rest or play quietly, apart from other children, if warranted.

(i) A child care facility may not admit a child who shows definite signs of a serious illness or of a highly communicable disease or allow the child to remain in attendance unless a medical provider approves the child's attendance.

(j) A child care facility shall provide an opportunity for supervised rest or sleep periods for each child under the age of five who is in care more than five hours, and for any other child, if desired by the child. For a child who is unable to sleep, the facility shall provide time and

space for quiet play. The facility may place in a crib only an infant, a non-climbing toddler, or a child identified as having special needs under 7 AAC 57.940, if appropriate. (Eff. 6/23/2006, Register 178)

**Authority:** AS 44.29.020 AS 47.32.010 AS 47.32.030

**Register 178, July 2006 HEALTH AND SOCIAL SERVICES** 7 AAC 57 -- Child Care Licensing  
FILED REGULATIONS – Effective: June 23, 2006 50

**Editor's note:** The childhood immunization schedule referred to in 7 AAC 57.550 may be obtained from the Department of Health and Social Services, Division of Public Health, Section of Epidemiology, P.O. Box 240249, Anchorage, AK 99524-0249, (telephone: 907-269-8000).