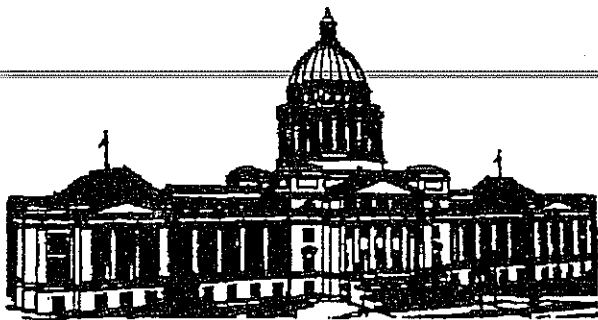


# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Rm. 026  
Little Rock, Arkansas 72201-1094

For Office  
Use Only:

Effective Date

8/28/00

Code Number

007.15.00 -- 002

Name of Agency Arkansas Department of Health

Department Division of Communicable Disease/Immunization

Contact Person Charles Beets

Statutory Authority for Promulgating Rules Act 870 of 1997 Ark. Code Ann. 20-78-20

Intended Effective Date

Date

☐ Emergency

Legal Notice Published . . . . . 4/22/2000

☒ 10 Days After Filing

Final Date for Public Comment . . . . . 5/22/2000

☐ Other

Reviewed by Legislative Council . . . . . 5/18/2000

Adopted by State Agency . . . . . 7/27/2000

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.

Richard H. Hays

Signature

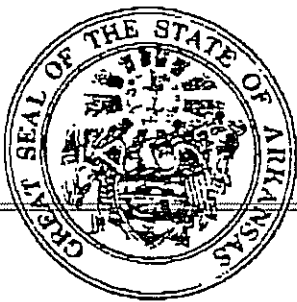
501 661 2252

Phone Number

General Counsel

Title

FILED  
AR. REGISTER DIV.  
00 AUG 18 PM 1:30  
SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS



# Arkansas State Library

## Agency Certification Form

For Depositing Final Rules and Regulations  
at the Arkansas State Library

Documents Services • Arkansas State Library  
One Capitol Mall • Little Rock, AR 72201-1094  
Telephone: (501) 682-2326 • FAX (501) 682-1532

For Office Use Only: Effective Date: _____ Classification Number: _____		
Name of Agency: Arkansas Department of Health		
Contact Person: Charles Beets		Telephone: 501-661-2784
Statutory Authority for Promulgating Rules: Act 870 of 1997 Ark. Code Ann. 20-78-20		
Title of Rule: Child Care Facility Immunization Law		
Rule Status:	Effective Date Status:	Effective Date
<input checked="" type="checkbox"/> New Rule/Regulation	<input type="checkbox"/> Emergency.....	
<input type="checkbox"/> Amended Rule/Regulation	<input checked="" type="checkbox"/> 10 Days after filing...	
<input type="checkbox"/> Repealed Rule/Regulation	<input type="checkbox"/> Other.....	
<input type="checkbox"/> Order	<input type="checkbox"/> Repealed.....	
<input type="checkbox"/> Emergency Rule/Regulation	Adopted by State Agency	
<input type="checkbox"/> Rule above is proposed and will be replaced by final version.		
<input checked="" type="checkbox"/> Financial and/or Fiscal Impact Statement Attached		
<b>Certification of Authorized Officer</b>		
I hereby certify that the attached rules were adopted in compliance with Act 434 of 1967 as amended.		
Signature <u>Rich D. Hogan</u>		Date <u>8/14/00</u>
Title <u>General Counsel</u>		

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**ARKANSAS STATE BOARD OF HEALTH**  
**BUREAU OF PUBLIC HEALTH PROGRAMS**  
**DIVISION OF CD/IMMUNIZATION**

**RULES AND REGULATIONS**  
**FOR**  
**CHILDCARE FACILITY IMMUNIZATION LAW**

**Promulgated Under the Authority of**  
**Act 870 of 1997**

**Effective September 1, 2000**  
**This Revision Effective July 27, 2000**  
**By the Arkansas Board of Health**

**Arkansas Department of Health**  
**Little Rock, AR**  
**Dr. Fay W. Boozman, Director**

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**RULES AND REGULATIONS PERTAINING TO CHILDCARE FACILITY  
IMMUNIZATION REQUIREMENTS PURSUANT TO  
~~ACT 870 OF 1997~~**

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Requirements:

No childcare facility shall continue to admit a child who has not been age-appropriately immunized against Poliomyelitis, Diphtheria, Tetanus, Pertussis, Red (Rubeola) Measles, Rubella (German Measles), and other diseases as designated by the State Board of Health, within fifteen (15) program days after the child's original admission. The immunization shall be evidenced by a certificate of a licensed physician or a public health department acknowledging the immunization.

Exemptions:

A. Medical

Only a letter issued by the MEDICAL DIRECTOR, DIVISION OF COMMUNICABLE DISEASE/IMMUNIZATION, stating the vaccine or vaccines for which a child is exempt are to be accepted as a valid medical exemption by the school. Statements from private physicians are not to be accepted by the school without this letter.

A child who has had a vaccine-preventable disease, as documented by an appropriate diagnostic or blood serology test, should not be required to have the vaccine for that disease. A child who is uncertain of their disease history or has lost their immunization records should be immunized for that disease(s), if serology test results are unavailable.

B. Religious

The Arkansas Department of Health's standard form for religious exemptions must be submitted to the Division of CD/Immunization. A notarized statement is required from a pastor or church official that the parents or guardians are members or adherents of a recognized church or religious denomination whose tenets are opposed to immunization.

Documentation of Records

The following documentation of child's immunizations is required:

All childcare facilities are required to maintain a copy of the authorized immunization record in the child's folder. The only proof of immunizations to be accepted by the childcare facility authority shall be a certificate issued by a licensed physician, health

department, or military service. The certificate must state the vaccine type, and dates of vaccine administration must be provided and entered on the school record. Terms such as "up-to-date", "complete", "adequate", etc. are not to be used.

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The Department of Health is charged with the responsibility of immunizing all children who need vaccine. In order to identify areas where additional emphasis is needed and to measure levels, the Arkansas Department of Health will conduct annual surveys and on-site immunization record audits in childcare facilities. The childcare facilities' cooperation in completing these surveys and audits is required.

### Exclusion

Children will not be allowed to attend a childcare facility unless they can document appropriate immunizations or are in the process of completing the minimum requirements. "In process" means they have received at least one dose of the required immunizations and are waiting the minimum time interval to receive the additional doses. When a student is admitted who is in the process of completing the required minimum immunizations, it is the responsibility of the childcare facility to assure the child completes the required doses on schedule. A written statement from a public health nurse (IMM-25) or private physician stating that the child is in process and containing a date when he/she must return for the next immunization should be in the child's file. If a child does not produce documentation of additional immunization per the schedule, they must be excluded from the childcare facility until documentation is provided. The immunization series does not need to be restarted as each dose of vaccine counts toward the minimum requirement.

An accurate and current list of all exempt and deficient children must be maintained. Children who are exempt or deficient (except those who have had the disease) will be excluded from school if the Health Department determines that a sufficient outbreak of the related disease exists in the local community.

### Exemptions

Parents may request exemptions from immunizations for medical or religious reasons. Medical exemptions are issued for a period of time designated by the Medical Director of the Division of Communicable Disease/Immunization and usually do not exempt a child from all of the immunization requirements. Religious exemptions are issued for one year only and must be renewed at the beginning of each school year. These requests should be forwarded to the Director, Division of CD/Immunization, Arkansas Department of Health, 4815 W. Markham, Slot 48, Little Rock, Arkansas, 72205. Letters of exemption or denial will be issued to the childcare facility.

Only an appropriate diagnostic or blood serology test result from a certified laboratory, documenting that a child has had a vaccine-preventable disease, will be accepted in lieu of vaccine for that disease. Test results must be submitted to the Division of CD/Immunization's Medical Director for approval. A copy of these results must be

contained in the child's permanent record. **EXCEPTION:** A history of Varicella (chickenpox) disease obtained from the parent/guardian or physician of a child may be accepted in lieu of vaccine.

## DAY CARE FACILITY IMMUNIZATION GUIDELINES

Prepared by the Arkansas Departments of Health and Human Services

Rules and Regulations Pertaining to Communicable Disease Control, Arkansas State Board of Health as authorized by Act 96 of 1913 (Arkansas Statutes, 1947, Section 82-110). Section XII: GENERAL IMMUNIZATIONS ARE REQUIRED BY ACTS 224 OF 1967, 633 OF 1973, AND 870 OF 1997.

### Immunization Requirements for Child Care Facility Attendance

Childcare facilities are to use the following chart to determine if a child is age-appropriately immunized and meets the immunization requirements to attend their facility.

AGE	DTaP DTP/DT	POLIO	Hib	HEPATITIS B	***** MMR	***** VARICELLA
0-2 months	None	None	None	None (1-2 doses possible)	None	None
3-4 months	1 dose	1 dose	1 dose	1 dose (2 doses possible)	None	None
5-6 months	2 doses OR 1 dose within last 2 months	2 doses OR 1 dose within last 2 months	2 doses OR 1 dose within last 2 months	2 doses OR 1 dose within last 2 months	None	None
7-12 months	3 doses OR 1 dose within last 2 months	2-3 doses OR 1 dose within last 2 months	2-3 doses OR 1 dose within last 2 months	2 doses OR 1 dose within last 2 months	None	None

<b>AGE</b>	<b>DTaP DTP/DT</b>	<b>POLIO</b>	<b>Hib</b>	<b>HEPATITIS B</b>	<b>***** MMR</b>	<b>***** VARICELLA</b>
<b>13-15 months</b>	3 doses <b>OR</b> 1 dose within last 2 months	2-3 doses <b>OR</b> 1 dose within last 2 months	2-3 doses <b>OR</b> 1 dose within last 2 months	2 doses <b>OR</b> 1 dose within last 2 months	None (1 dose possible)	None (1 dose possible) <b>OR</b> History of disease
<b>16-18 months</b>	3 doses <b>OR</b> 1 dose within last 2 months	2-3 doses <b>OR</b> 1 dose within last 2 months	3-4 doses with last dose on/after 1 <sup>st</sup> birthday <b>OR</b> 1 dose on/after 15 months of age	2 doses <b>OR</b> 1 dose within last 2 months	1 dose	None (1 dose possible) <b>OR</b> History of Disease
<b>19-48 months</b>	4 doses <b>OR</b> 3 <sup>rd</sup> dose within last 6 months <b>OR</b> 1 dose within last 2 months	3 doses <b>OR</b> 1 dose within last 2 months	3-4 doses with last dose on/after 1 <sup>st</sup> birthday <b>OR</b> 1 dose on/after 15 months of age	3 doses **** <b>OR</b> 2 doses with 3 <sup>rd</sup> dose due 5 months after 2 <sup>nd</sup> dose <b>OR</b> 1 dose within last 2 months (Child must be at least 6 months of age for 3 <sup>rd</sup> dose)	1 dose	1 dose <b>OR</b> History of disease

AGE	DTaP DTP/DT	POLIO	Hib	HEPATITIS B	***** MMR	***** VARICELLA
49-72 months	5 doses * <b>OR</b> 4 <sup>th</sup> dose within last 6 months** <b>OR</b> 1 dose within last 2 months <b>OR</b> 3 doses with last dose on/after 4 <sup>th</sup> birthday	4 doses*** <b>OR</b> 1 dose within last 2 months <b>OR</b> 3 doses with last dose on/after 4 <sup>th</sup> birthday	3-4-doses with last dose on/after 1 <sup>st</sup> birthday <b>OR</b> 1 dose on/after 15 months of age (not required on/after 5 <sup>th</sup> birthday)	**** 3 doses <b>OR</b> 2 doses with 3 <sup>rd</sup> dose due 5 months after 2 <sup>nd</sup> dose <b>OR</b> 1 dose within last 2 months (Child must be at least 6 months of age for 3 <sup>rd</sup> dose)	1 dose	1 dose <b>OR</b> History of disease

**FOOTNOTES:**

- \* 5<sup>th</sup> DTaP/DTP/DT (Pre-school dose) must be given on/after the child's 4<sup>th</sup> birthday and may be given at anytime from 49 to 72 months of age.
- \*\* Interval between 4<sup>th</sup> DTaP/DTP/DT and 5<sup>th</sup> DTaP/DTP/DT should be at least 6 months
- \*\*\* If 3<sup>rd</sup> polio primary dose administered on/after the child's 4<sup>th</sup> birthday, no pre-school dose needed. The 4<sup>th</sup> polio may be given anytime from 49 to 72 months of age.
- \*\*\*\* 3<sup>rd</sup> dose of hepatitis B should be given at least 4 months after 1<sup>st</sup> dose and child must be at least 6 months of age. (All 3<sup>rd</sup> doses of hepatitis B vaccine given earlier than 6 months of age before 6/21/96 are valid doses).
- \*\*\*\*\* MMR must be given on/after the child's first birthday.
- \*\*\*\*\* All children are required to have received a dose of varicella (chickenpox) vaccine on or after their first birthday or a history of disease obtained from the parent/guardian or a physician documented in the child's file.

Every child must have received all of the vaccines and the number of doses listed in the chart for their age in order to continue attendance in a child care facility. If the child does not meet the immunization requirements for entering the childcare facility refer the child to a medical authority (private doctor or health department) for immunization or consultation for when the immunization is due.



## CERTIFICATION

This is to certify that the foregoing Rules and Regulations for the Childcare Facility Immunization Requirements were adopted by the Arkansas State Board of Health at a regular session of said Board held in Little Rock, Arkansas on the 27<sup>th</sup> day of July, 2000.



Fay W. Bozeman, M.D.  
Director, Arkansas Department of Health  
Secretary of Arkansas State Board of Health

The foregoing Rules and Regulation, copy having been filed in my office, are hereby approved on the ~~27~~ day of August, 2000.



Mike Huckabee  
Governor

## FORMAT FOR FINANCIAL IMPACT STATEMENT

~~Ark. Code Ann. § 25-15-204, 10-3-309 (e)(1) and Act 1104 of 1995 describe the financial statement:~~

### Description:

*The scope of the financial impact statement shall be determined by the agency but shall include, at a minimum, the estimated cost of complying with the Rule and the estimated cost for the agency to implement the Rule. If the agency has reason to believe that the development of a financial impact statement will be so speculative as to be cost prohibited, the agency shall submit a statement and explanation to that effect. If the purpose of a state agency Rule or Regulation is to implement a federal Rule or Regulation, the financial impact statement shall be limited to any incremental additional cost of the state Rule or Regulation as opposed to the federal Rule or Regulation*

## FINANCIAL IMPACT STATEMENT

DEPARTMENT Arkansas Department of Health  
DIVISION Communicable Disease/Immunization  
PERSON COMPLETING THIS STATEMENT Charles Beets  
PHONE NUMBER 501/661-2784 FAX # 501/661-2300

SHORT TITLE OF THIS RULE Childcare Facility Immunization Requirements

1. Does this proposed, amended, or repealed Rule or Regulation have a financial impact?  
Yes X No
2. Please estimate the cost of compliance to regulated entities & others outside the department. Identify any financial impact on municipalities or counties. N/A
3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibitive, please explain. No N/A
4. If the purpose of this Rule or Regulation is to implement a federal Rule or Regulation, please give the incremental cost for implementing the Regulation. No N/A

FILED  
ARK. REGISTER DIV.  
00 AUG 18 PM 1:30  
SHAHN EMMETT  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_

2000/2001	<u>Fiscal Year</u>	2001/2002	<u>Fiscal Year</u>
General Revenue	_____	General Revenue	_____
Federal Funds	_____	Federal Funds	_____
Cash Funds	_____	Cash Funds	_____
Special Revenue	_____	Special Revenue	_____
Other	_____	Other	_____
Total	_____	Total	_____

5. What is the total estimated cost by fiscal year to any entity or individual subject to the proposed, amended, or repealed Rule or Regulation?

2000/2001	<u>Fiscal Year</u>	2001/2002	<u>Fiscal Year</u>

6. What is the total estimated cost by fiscal year to the agency to implement this Regulation?

2000/2001	<u>Fiscal Year</u>	2001/2002	<u>Fiscal Year</u>
389,510		389,510	

All costs except chickenpox vaccine on-going

7. Does the Proposed Rule impose a cost on state or local school districts? If yes, then file a fiscal impact statement. No

References: Act 884 of 1995, Ark. Code Ann. § 10-3-309  
Act 1104 of 1995, Ark. Code Ann. § 25-15-204  
Act 221 of 1977, Ark. Code Ann. § 19-1-302

**FORMAT FOR COVER SUMMARY OF PROPOSED ADMINISTRATIVE  
RULES AND REGULATIONS**

**NOTE:** See the Administrative Procedures Process instructions to determine which packets this cover summary accompanies.

**Arkansas Department of Health**

**Cover Summary of Proposed Administrative Rules/Regulation**

DIVISION	<u>Communicable Disease/Immunization</u>
ADDRESS	<u>4815 W. Markham St. Slot 48</u>
CONTACT PERSON	<u>Charles Beets</u>
PHONE NUMBER	<u>501-661-2784</u>

**SHORT TITLE OF THIS RULE** Child Care Facility Immunization Requirements

1. The subject of the proposed rule is Immunizations required to attend child care facilities
2. If this is a new rule or repeal or amendment of an existing rule? State specifically what is amended? New
3. What State or Federal law or regulation grants the authority for this proposed rule? Act 870 of 1997 Ark. Ann. Code 20-78-206
4. What is the purpose of this proposed rule? Why is it necessary? To protect children attending a child care facility against very serious communicable diseases
5. Will this proposed rule be controversial? If yes, explain nature of controversy. No
6. What is the financial impact of this proposed rule? Will cost approximately \$389,000 to implement cost included in Arkansas Department of Health Immunization Grant
7. Was a public hearing held on this proposed rule? If yes, state the date, time and location of such hearing. If no, state the date the public comment period ends.  
NO 8 a.m. May 22, 2000 Arkansas Department of Health Auditorium
8. What is the proposed effective date of this proposed rule September 1, 2000

**FILED**  
AL. REGISTER DIV.  
00 AUG 18 PM 1:30  
SHARON JONES  
SECRETARY OF STATE  
STATE OF ARKANSAS