

# Child Care Immunization Report – Electronic Report Guide

Using the link in the Annual Child Care Reporting Memo will open this landing page for the online reporting portal. Please read this page carefully.

If you need to access the worksheet to determine which students have all their required immunizations, click the link circled in orange below. If you have already assessed immunization status, you do not need to complete the worksheet.

## 2026-2027 Annual Child Care Immunization Report

Welcome! Before you proceed to the online Annual Child Care Immunization Report, please read the instructions on this page carefully. Then, use the button at the bottom of the page to proceed to the online report.

**For the 2026-2027 Annual Child Care Immunization Report:**

- Complete the Annual Report by midnight of **November 15, 2026**. No late reports will be accepted.
- Failure to submit the Annual Report per G.S. 130A-155 will be reported to the Local Health Director for your county.
- Please submit a report even if no children are attending your child care center or your child care center has closed. This will ensure your center meets the reporting requirement and is not considered delinquent.

**Before Completing the Report:**

To download instructions and a worksheet to assist in determining the status of each child, [click here](#). This worksheet is only an aid to easily enter data into the online report. **Do not mail or submit the worksheet itself**; keep that worksheet for your records and check with your local health department to see if they would like a copy. The state may also reach out to you if they have questions about your report. The summary table on the fourth page contains the information required to complete this online report.

To access a guide to submitting a child care report through this online portal, [click here](#).

**Contact Information & Technical Assistance:**

If you have questions about the Child Care Immunization Report, please email [Immunization.Reports@dhhs.nc.gov](mailto:Immunization.Reports@dhhs.nc.gov).

If you need technical assistance with this report or do not receive a copy of your report via email after you submit this survey, or if you need to edit a report that you already submitted, please contact Colleen Ehatt at [colleen.ehatt@dhhs.nc.gov](mailto:colleen.ehatt@dhhs.nc.gov) and she will assist you.

**To begin the online report, click Next at the bottom of the page.**

Next

Once you have your data prepared and are ready to begin the online report, click the blue “Next” button at the bottom of the page, circled in orange below.

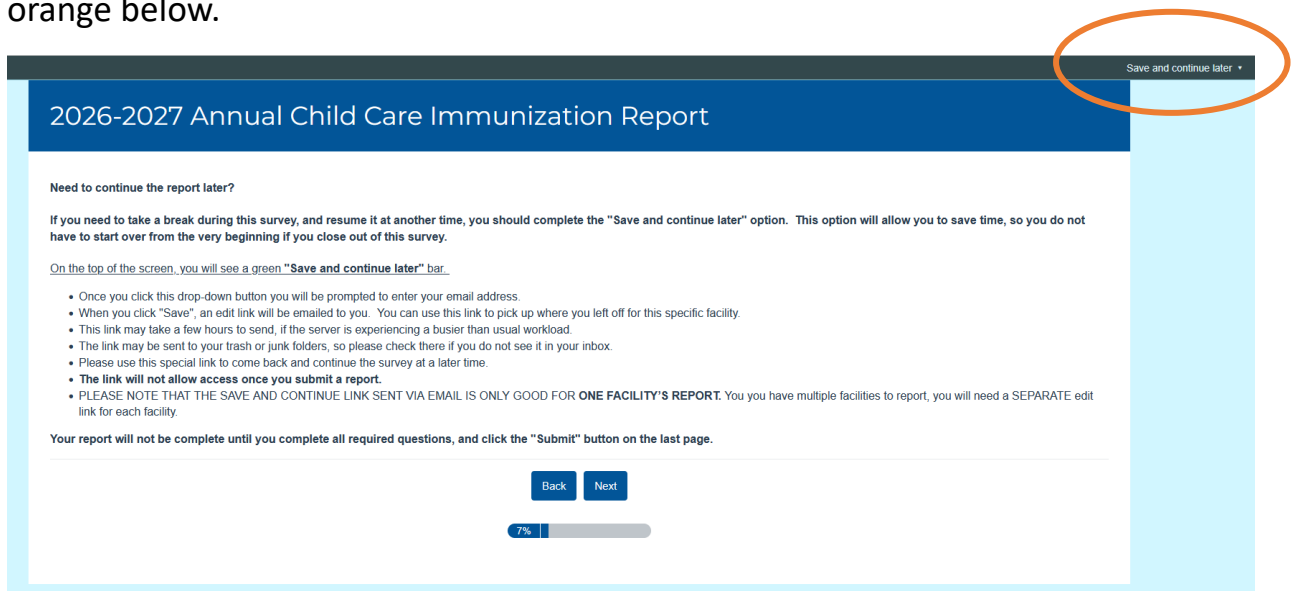
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**To begin the online report, click Next at the bottom of the page.**

Next

If you want to provide your email to save and continue the report at a later time, follow the instructions on this page and use the save and continue link, circled in orange below.



2026-2027 Annual Child Care Immunization Report

Need to continue the report later?

If you need to take a break during this survey, and resume it at another time, you should complete the "Save and continue later" option. This option will allow you to save time, so you do not have to start over from the very beginning if you close out of this survey.

On the top of the screen, you will see a green "Save and continue later" bar.

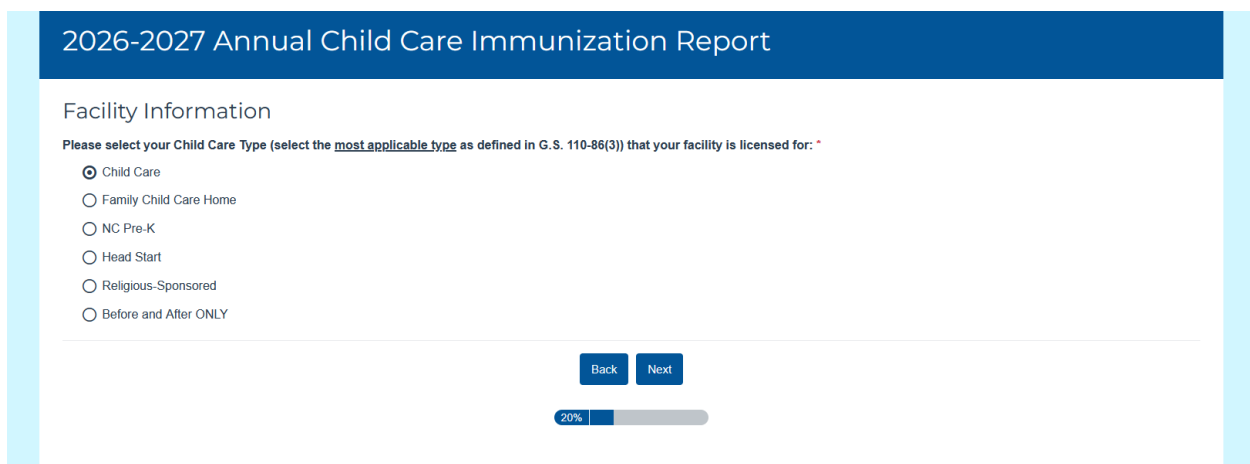
- Once you click this drop-down button you will be prompted to enter your email address.
- When you click "Save", an edit link will be emailed to you. You can use this link to pick up where you left off for this specific facility.
- This link may take a few hours to send, if the server is experiencing a busier than usual workload.
- The link may be sent to your trash or junk folders, so please check there if you do not see it in your inbox.
- Please use this special link to come back and continue the survey at a later time.
- **The link will not allow access once you submit a report.**
- PLEASE NOTE THAT THE SAVE AND CONTINUE LINK SENT VIA EMAIL IS ONLY GOOD FOR ONE FACILITY'S REPORT. You have multiple facilities to report, you will need a SEPARATE edit link for each facility.

Your report will not be complete until you complete all required questions, and click the "Submit" button on the last page.

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7%

Select your child care type and click "Next".



2026-2027 Annual Child Care Immunization Report

Facility Information

Please select your Child Care Type (select the most applicable type as defined in G.S. 110-86(3)) that your facility is licensed for: \*

☒ Child Care

☐ Family Child Care Home

☐ NC Pre-K

☐ Head Start

☐ Religious-Sponsored

☐ Before and After ONLY

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20%

Select your county, facility name, and license number if there is more than one facility with the same name. Your information should fill automatically once you select the facility name. If the information listed is correct, select “yes” and click “Next”.

## 2026-2027 Annual Child Care Immunization Report

### Facility Information

Facility Information \*

Select your county and facility name. If your facility has more than one license, select the correct facility license number. Your facility information should automatically populate. If any of the information needs to be updated, answer "No" to the question "Is the facility information listed correct?" and you will be given an option to update the information that is incorrect.

If your facility is not listed, select "Other", then select "My facility isn't listed" to the question "Is the facility information correct?". You will be given an option to enter your information.

|                              |                  |
|------------------------------|------------------|
| County                       | Alamance         |
| Facility Name                | A MOTHER'S TOUCH |
| Facility License (ID) Number | 01000552         |
| Address                      | 518 HATCH STREET |
| City                         | BURLINGTON       |
| Zip Code                     | 27217            |

Is the facility information listed correct? \*

☐ Yes

☐ No

☐ My facility isn't listed

[Back](#) [Next](#)

**If your facility information is incorrect:** Select “No” and click “Next”, you will be brought to a page where you can enter in the correct information manually.

## 2026-2027 Annual Child Care Immunization Report

### Facility Information

Facility Information \*

Select your county and facility name. If your facility has more than one license, select the correct facility license number. Your facility information should automatically populate. If any of the information needs to be updated, answer "No" to the question "Is the facility information listed correct?" and you will be given an option to update the information that is incorrect.

If your facility is not listed, select "Other", then select "My facility isn't listed" to the question "Is the facility information correct?". You will be given an option to enter your information.

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| County                       | Alamance         |
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| Address                      | 518 HATCH STREET |
| City                         | BURLINGTON       |
| Zip Code                     | 27217            |

Is the facility information listed correct? \*

☐ Yes

☒ No

☐ My facility isn't listed

[Back](#) [Next](#)

**If your facility is not listed:** If your facility isn't listed under the correct county, select "Other", then select "No" when asked if facility information is correct. Click "Next". You will be brought to a page to add in your information manually.

**2026-2027 Annual Child Care Immunization Report**

### Facility Information

Facility Information \*

Select your county and facility name. If your facility has more than one license, select the correct facility license number. Your facility information should automatically populate. If any of the information needs to be updated, answer "No" to the question "is the facility information listed correct?" and you will be given an option to update the information that is incorrect.

If your facility is not listed, select "Other", then select "My facility isn't listed" to the question "Is the facility information correct?". You will be given an option to enter your information.

|                              |          |
|------------------------------|----------|
| County                       | Alamance |
| Facility Name                | Other    |
| Facility License (ID) Number | Other    |
| Address                      | OTHER    |
| City                         | Other    |
| Zip Code                     | Other    |

Is the facility information listed correct? \*

☐ Yes

☐ No

☒ My facility isn't listed

[Back](#) [Next](#)

**When entering information manually:** Enter your county, facility name, license number, and other information. If you do not know your facility license number you can look it up by using DCDEE childcare search, circled below in orange. If you still cannot locate your license number, enter 0000000. Click "Next" to proceed.

### Missing Facility Information

You indicated the facility information listed was incorrect. Please enter the correct information for any fields that need to be updated.

County \*

Facility Name \*

Facility License Number

If you need help finding your facility license number, you can look it up [here](#) \*

Facility Address \*

Facility City \*

Facility Zip Code \*

Characters used: 0 out of 5.

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Next, enter your facility contact information on this page. If your facility is closed, select “No, our facility is closed” and then select “Next”. This will end the report for you. If your facility is open for the 2025-26 year, click “Yes”, then click “Next” to continue the report.

### Child Care Facility & Operator Contact Information

Please enter your facility's phone number.

*\*Note: Enter your phone number without any spaces or dashes. \**

Characters used: 0 out of 10.

Please enter your facility operator's name. \*

Please enter your operator's email address: \*

Is this the same person that is completing the report (the operator)? \*

☐ Yes

☐ No

Is your facility open for the 2025-26 year?

Note: if your center is open but has zero children enrolled, please select "Yes" below. Only select "No" if your center is closed. \*

☐ Yes

☐ No, our facility is closed.

**Input information for children under 24 months.** If you have children under two years of age, select “Yes” and then enter the number of children attending under 2 years and click “Next”.

### 2026-2027 Annual Child Care Immunization Report

#### Reporting Children Under 24 Months of Age

Do not include afterschoolers in the following questions.

Do you have children at your child care center that are under 24 months old? \*

☒ Yes

☐ No

Number of children attending your facility that are under 24 months old.

Enter the total number of children for each age group attending the child care facility on a regular basis (at least once per week for more than four hours, but less than 24 hours per day). Include children who are within the 30-calendar day grace period of enrollment, regardless of their immunization status. **Do not** include any children born after October 01, 2026 or children who attend school full time. \*

On the next page, you can access a table listing what immunizations are required by age or if you need more information on exemptions by clicking the links circled in orange below. Otherwise, enter the immunization status of children under 24 months of age. This should match the information from the first line of the summary table on the age worksheets. The number of children listed must equal the number of children listed as attending under 24 months of age. If you do not have children in a category, enter 0. Click “Next” at the bottom of the page when you are ready to continue.

2026-2027 Annual Child Care Immunization Report

Immunization Status - Under 24 Months

Enter the number of children under 24 months of age in each category (enter 0 if needed). \*

Up to Date

Provisionally Enrolled

Not Up to Date and No Exemption

Medical Exemption

Religious Exemption

0 out of 5 Total

Definitions:

- **Up-To-Date** - The child has all required immunizations for their age, include children with recorded history of disease where applicable. Use the age worksheets to determine which immunizations are required. [Click here](#) for additional information on what doses are required.
- **Provisionally Enrolled** - (Formerly "In Process") If the administration of vaccine in a series of doses given at medically approved intervals requires a period in excess of 30 calendar days, additional days upon verification by a physician may be allowed to obtain the required immunization. This usually applies to children on a catch-up schedule. The child may remain in child care as long as they receive the required doses at the scheduled intervals. Include children who are within the first 30 days of attendance grace period if they are not Up-to-Date.
- **Not Up to Date and no exemption** - A child who has not obtained the required immunizations for their age within 30 calendar days of their first day of attendance, has no medical exemption, or religious exemption, and is not in process
- **Medical Exemption** - There is a valid Medical Exemption Form (or Request for Medical Exemption Form) in their file that is signed by a North Carolina physician.
- **Religious Exemption** - There is a written statement from the parent/guardian that says immunizing their child is against their bona fide religious beliefs. It must include the child's name and date of birth Integrated HR Payroll System
- **Note: Reference is not considered an Exemption.**

[Click here](#) if you need more information about what is required for exemptions.

The total number of children listed must equal the number of children listed as enrolled for the age group.

**Input information for children 24 months or older.** Select yes if you have children attending you are 24 months old or older. Then enter the number of children 24 months of age or older who attend your facility. Click “Next” to continue.

2026-2027 Annual Child Care Immunization Report

Reporting Children 24 Months and Older

Do you have children at your child care center that are 24 months or older (up to the first day of kindergarten)? \*

☒
Yes

☐
No

Number of children attending your facility that are 24 months of age and older, up to the first day of kindergarten.

Enter the total number of children for each age group attending the child care facility on a regular basis (at least once per week for more than four hours, but less than 24 hours per day). Include children who are within the 30-calendar day grace period of enrollment, regardless of their immunization status **Do not** include any children born after October 01, 2026 or children who attend school full time. \*

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Next

On the next page, enter the immunization status of children 24 months of age or older who attend your facility. This should match the information from the second line of the summary table on the age worksheets. The number listed must equal the number of students you entered in the previous question as being 24 months of age or older. Enter 0 when needed. Click “Next” when you are ready to continue.

## 2026-2027 Annual Child Care Immunization Report

### Immunization Status - 24 Months or Older

Enter the number of children **24 months of age and older** who were, up to the first day of kindergarten in each category (enter 0 if needed). \*

|                      |                                 |
|----------------------|---------------------------------|
| <input type="text"/> | Up to Date                      |
| <input type="text"/> | Provisionally Enrolled          |
| <input type="text"/> | Not Up to Date and No Exemption |
| <input type="text"/> | Medical Exemption               |
| <input type="text"/> | Religious Exemption             |

0 out of 7 Total

Definitions:

- **Up-To-Date** - The child has all required immunizations for their age, include children with recorded history of disease where applicable. Use the age worksheets to determine which immunizations are required. [Click here](#) for additional information on what doses are required.
- **Provisionally Enrolled** - (Formerly "In Process") If the administration of vaccine in a series of doses given at medically approved intervals requires a period in excess of 30 calendar days, additional days upon certification by a physician may be allowed to obtain the required immunization. This usually applies to children on a catch-up schedule. The child may remain in child care as long as they receive the required doses at the scheduled intervals. Include children who are within the first 30 days of attendance grace period if they are not Up-to-Date.
- **Not Up to Date and no exemption** - A child who has not obtained the required immunizations for their age within 30 calendar days of their first day of attendance, has no medical exemption, or religious exemption, and is not in process
- **Medical Exemption** - There is a valid Medical Exemption Form (or Request for Medical Exemption Form) in their file that is signed by a North Carolina physician.
- **Religious Exemption** - There is a written statement from the parent/guardian that says immunizing their child is against their *bona fide* religious beliefs. It must include the child's name and date of birth.
- **Note: Preference is not considered an Exemption.**

[Click here](#) if you need more information about what is required for exemptions.

The total number of children listed must equal the number of children listed as enrolled for the age group.

**Review your answers and submit.** Review the information you have entered. Click “Next” when you get to the page below.

## 2026-2027 Annual Child Care Immunization Report

### Review Your Report

Please **review your report** on the next page. If your report is correct, you will submit the report and see a Thank You page. Your report is **not** "complete" until you have reviewed and submitted.

[Back](#) [Next](#)

Review your information carefully. If you need to make any changes, click the “Back” button at the **bottom of the survey**, circled below in orange. **Do not click back on your browser**, as this may erase the information you have entered.

2026-2027 Annual Child Care Immunization Report

Response Review

Please review your responses below. If you need to make edits, click the “Back” button. If you are ready to submit your report, please CLICK “SUBMIT.”

**Please select your Child Care Type (select the most applicable type as defined in G.S. 110-86(3)) that your facility is licensed for:**

Child Care

Facility Information

County : Alamance

Facility Name : A MOTHER'S TOUCH

Facility License (ID) Number : 01000552

Address : 518 HATCH STREET

City : BURLINGTON

Zip Code : 27217

Is the facility information listed correct?

Yes

**Please enter your facility's phone number.**

Yes

*\*Note: Enter your phone number without any spaces or dashes.*

999999999

**Please enter your facility operator's name.**

test

**Please enter your operator's email address:**

colleen.ehart@dohhs.nc.gov

**Is this the same person that is completing the report (the operator)?**

Yes

**Is your facility open for the 2025-26 year?**

Yes

*Note: If your center is open but has zero children enrolled, please select “Yes” below. Only select “No” if your center is closed.*

**Do you have children at your child care center that are under 24 months old?**

No

**Do you have children at your child care center that are 24 months or older (up to the first day of kindergarten)?**

Yes

**Number of children attending your facility that are 24 months of age and older, up to the first day of kindergarten.**

7

Enter the total number of children for each age group attending the child care facility on a regular basis (at least once per week for more than four hours, but less than 24 hours per day). Include children who are within the 30-calendar day grace period of enrollment, regardless of their immunization status **Do not** include any children **born after October 01, 2026** or children who attend school full time.

**Enter the number of children 24 months of age and older who were, up to the first day of kindergarten in each category (enter 0 if needed).**

Up to Date : 1

Provisionally Enrolled : 1

Not Up to Date and No Exemption : 2

Medical Exemption : 2

Religious Exemption : 1

Total : 7

Back

Submit

If the information listed is correct, click “Submit”.

2026-2027 Annual Child Care Immunization Report

Response Review

Please review your responses below. If you need to make edits, click the “Back” button. If you are ready to submit your report, please CLICK “SUBMIT.”

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**Enter the number of children 24 months of age and older who were, up to the first day of kindergarten in each category (enter 0 if needed).**

Up to Date : 1

Provisionally Enrolled : 1

Not Up to Date and No Exemption : 2

Medical Exemption : 2

Religious Exemption : 1

Total : 7

Back

Submit

Once you see the page below, you have completed your annual child care immunization report. Contact [colleen.ehatt@dhhs.nc.gov](mailto:colleen.ehatt@dhhs.nc.gov) if you do not receive a copy of your report via email within 24 hours or if you need to make a revision to a report you submitted.

#### 2026-2027 Annual Child Care Immunization Report

Thank You!

**Thank you for completing the 2026-27 Child Care Immunization Report!**

You will receive a PDF copy of your report in an email attachment. You may need to check your junk/spam email.

**Please note that during high volume times, the report may take a couple of hours to send.**

If you do not receive a copy of your report and more than 24 hours has passed, or need to edit your report, you do not need to start over. Please contact Colleen Ehatt at [colleen.ehatt@dhhs.nc.gov](mailto:colleen.ehatt@dhhs.nc.gov) and she will assist you.

100%