

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. Here you can access the worksheet if you need to determine the immunization status of any children.

Once you are ready to begin the report, click the blue “Next” button at the bottom of the page.

The screenshot shows the landing page for the 2025-2026 Annual Child Care Immunization Report. The page has a blue header with the title "2025-2026 Annual Child Care Immunization Report". Below the header, the section "Reporting Instructions" is visible. It includes a red heading "For the 2025-2026 Annual Child Care Immunization Report:" followed by two bullet points: "Complete the Annual Report by midnight of November 15, 2025. No late reports will be accepted." and "Failure to submit the Annual Report per G.S. 130A-155 will be reported to the Local Health Director for your county. Complete a report even if your center is closed." Below this is a section "Helpful Resources Before Completing the Report:" with a paragraph of text and a link "CLICK HERE". A yellow arrow points from a text box on the right to this link. Another yellow arrow points from a text box on the left to the "Next" button at the bottom of the page. The "Next" button is a blue button with the word "Next" in white. Below the button is a progress bar showing 0% completion. A yellow text box on the right contains instructions about accessing the worksheet, and a yellow text box on the left contains instructions about clicking the "Next" button.

2025-2026 Annual Child Care Immunization Report

Reporting Instructions

For the 2025-2026 Annual Child Care Immunization Report:

- Complete the Annual Report by midnight of **November 15, 2025**. 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. [Complete a report even if your center is closed](#).

Helpful Resources 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 and does not need to be submitted; keep it for your records. The summary table on the fourth page contains the information you need to complete the report. The summary table on the fourth page contains the information you need to complete the 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 or call 919-270-1533.

If you need technical assistance with this report or do not receive a copy of your report via email after you submit this survey, please contact Colleen Ehatt, at colleen.ehatt@dhhs.nc.gov.

Click here to begin the online report.

bottom of the page. You can save and continue later, or email colleen.ehatt@dhhs.nc.gov

Next

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

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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	ALEXANDER WILSON ELEMENTARY PRE-K ▼
Facility License (ID) Number	01000429 ▼
Address	2518 NC 54 ▼
City	GRAHAM ▼
Zip Code	27253 ▼

Is the facility information listed correct? *

- ☒ Yes
- ☐ No
- ☐ My facility isn't listed

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Next

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

If your facility information is incorrect:

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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

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Select "No" and click "Next", you will be brought to a page where you can enter in the correct information.

If your facility is not listed:

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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	Hyde
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

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If your facility isn't listed under the County it is located in, select "Other", then select "No" when asked if facility information is correct. You will be brought to a page to add in your information manually.

Adding in facility information manually:

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Incorrect 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

Click here if you need to search for your facility ID.



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. If you still cannot locate your license number, enter 0000000.

Inputting facility information:

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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.

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Input 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.

Input information for children under 24 months

2025-2026 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

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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”.

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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, 2025 or children who attend school full time. *

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2025-2026 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). *

14	Up to Date
2	Provisionally Enrolled
0	Not Up to Date and No Exemption
0	Medical Exemption
2	Religious Exemption

Total : 18.00

Definitions:

- **Up-To-Date** - The child has all required immunizations for their age. [Click here](#) for additional information. Use the age worksheets to determine which immunizations are required where applicable. Use the age worksheets to determine which immunizations are required.
- **Provisionally Enrolled** - (Formerly "In Progress") - A child who has been medically approved intervals requires a period in excess of 30 calendar days, as they receive the required doses at the school. Applies to children on a catch-up schedule. The child may remain in child care as long as they are within the 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: 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.

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Next

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. Click "Next" to continue.

Input information for children 24 months or older

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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, 2025 or children who attend school full time. *

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Select yes if you have children attending you are 24 months old or older, and then enter the number of children 24 months of age or older who attend your facility. Click “Next” to continue.

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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). *

5	Up to Date
2	Provisionally Enrolled
	Not Up to Date and No Exemption
3	Medical Exemption
0	Religious Exemption

Total : 10.00

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.

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Next

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. Click "Next"

Review your answers and submit

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Response Review

Please REVIEW YOUR RESPONSES. 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.

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

- 7077777777

Please enter your facility operator's name.

- Test Lady

Please enter your operator's email address:

- teslady@dhs.nc.gov

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

- Yes

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

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

- Yes

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, 2025** or children who attend school full time.

- 20

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

- Up to Date : 19
- Religious Exemption : 1
- Total : 20

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.

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, 2025** or children who attend school full time.

- 10

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 : 7
- Provisionally Enrolled : 1
- Not Up to Date and No Exemption : 1
- Medical Exemption : 0
- Religious Exemption : 1
- Total : 10

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Submit

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Review the information you have entered. If you need to make any changes, click the "Back" button on the survey. Do not click back on your browser, as this may erase the information you have entered. If the information listed is correct, click "Submit".

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Thank You!

Thank you for completing the 2025-2026 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 and she will assist you.

100%



You have now completed your annual child care immunization report.