**CHILD CARE STAFF DOCUMENTATION OF**

**IMMUNITY TO MEASLES, MUMPS, AND RUBELLA**

\*REQUIRED FOR PROGRAMS REGULATED BY EEC\*

To determine which staff have immunity to measles, mumps, and rubella, follow the instructions below. Use the attached worksheet and indicate immunity with a mark in the appropriate column.

**Requirements**:

A staff member may be considered to have proof of immunity according to the following criteria:

|  |  |  |
| --- | --- | --- |
| **Born before 1957** | | **Born in or after 1957** |
| **In the United States** | **Outside the United States** |
| These individuals are considered immune to measles, mumps, and rubella and do not need any further documentation of immunity.\* | * 1 dose of MMR; or * Laboratory tests to confirm immunity to measles, mumps, and rubella. | * 2 doses of MMR vaccine (or 2 doses of a measles-containing vaccine and 1 dose each of mumps and rubella vaccines); or * Laboratory tests to confirm immunity to measles, mumps, and rubella. |

\*It is recommended that women who could become pregnant receive 1 dose of MMR vaccine regardless of age.

**Instructions**:

For each staff member:

1. Record staff member name and date of birth in Column 1.
2. Place an “X” in the column corresponding to their documented immunity. Each staff member should only be counted once and only 1 “X” should be placed in Column 2-8 for each individual. If an individual has documentation of *both* MMR vaccine and laboratory evidence of immunity, please mark only the vaccine documentation column.
3. Total each column.
4. Record the totals of staff members having adequate proof of immunity in questions 23-27 in the online survey.

Note: The total number of staff members that meet the MMR requirement is equal to Column 3+4+5+6 and should not be greater than the total number of staff listed in Column 1.

**EXAMPLE WORKSHEET**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Staff Member’s Name** | **DOB** | **No**  **Record/ Non-compliant** | **Born Before 1957** | | **Born In or After 1957** | | **Medical Exemption** | **Religious Exemption** |
| **In the United States** | **Outside of the United States** | **2 doses of MMR\*** | **Lab evidence** |
| **1 dose of MMR OR Lab evidence** |
| 1. Staff 1 | xx/xx/55 |  | X |  |  |  |  |  |
| 1. Staff 2 | xx/xx/56 |  |  | X |  |  |  |  |
| 1. Staff 3 | xx/xx/58 | x |  |  |  |  |  |  |
| 1. Staff 4 | xx/xx/60 |  |  |  |  |  | X |  |
| 1. Staff 5 | xx/xx/80 |  |  |  |  |  |  | x |
| 1. Staff 6 | xx/xx/70 |  |  |  |  | x |  |  |
| 1. Staff 7 | xx/xx/75 |  |  |  | x |  |  |  |
| **Total: 7** | | **1** | **1** | **1** | **1** | **1** | **1** | **1** |

\*or 2 doses of a measles-containing vaccine and 1 dose each of mumps and rubella

**CHILD CARE STAFF WORKSHEET**

\*REQUIRED FOR PROGRAMS REGULATED BY EEC\*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Staff Member’s Name** | **DOB** | **No**  **Record/ Non-compliant** | **Born Before 1957** | | **Born In or After 1957** | | **Medical Exemption** | **Religious Exemption** |
| **In the United States** | **Outside of the United States** | **2 doses of MMR\*** | **Lab evidence** |
| **1 dose of MMR OR Lab evidence** |
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| **Total:** | |  |  |  |  |  |  |  |

***Important information:*** Please appropriately record the MMR immunity status for each staff member at your facility. Use this worksheet to help you fill out the staff questions on the child care Immunization Survey. **Keep this worksheet** as a summary of staff immunity status. In the event of a case of a vaccine-preventable disease at your center, this worksheet will help you identify which staff members are not fully immunized. This worksheet is for your records only. PLEASE DO NOT SEND THIS WORKSHEET TO DPH. The total numbers should be reported in the online Immunization Survey. Make copies of the blank worksheet before filling it out if you know you will need more.

\*or 2 doses of a measles-containing vaccine and 1 dose each of mumps and rubella