

# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR PRE-KINDERGARTEN (CHILD CARE)



Starting July 1, 2019

**Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:**

| Age at Entry/checkpoint  | Required Doses   |
|--------------------------|--|
| <b>2–3 Months</b>        | <b>1 Polio</b><br><b>1 DTaP</b><br><b>1 Hep B</b><br><b>1 Hib</b>  |
| <b>4–5 Months</b>        | <b>2 Polio</b><br><b>2 DTaP</b><br><b>2 Hep B</b><br><b>2 Hib</b>  |
| <b>6–14 Months</b>       | <b>2 Polio</b><br><b>3 DTaP</b><br><b>2 Hep B</b><br><b>2 Hib</b>  |
| <b>15–17 Months</b>      | <b>3 Polio</b><br><b>3 DTaP</b><br><b>2 Hep B</b><br><b>1 Hib*</b> (on or after 1st birthday)<br><b>1 Varicella</b><br><b>1 MMR</b> (on or after 1st birthday) |
| <b>18 Months–5 Years</b> | <b>3 Polio</b><br><b>4 DTaP</b><br><b>3 Hep B</b><br><b>1 Hib*</b> (on or after 1st birthday)<br><b>1 Varicella</b><br><b>1 MMR</b> (on or after 1st birthday) |

\* One Hib dose must be given on or after the 1st birthday regardless of previous doses.  
Required only for children younger than 5 years old.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#), and acellular [pertussis](#) vaccine  
 Hep B = [hepatitis B](#) vaccine  
 Varicella = [chickenpox](#) vaccine

Hib = [Haemophilus influenzae, type B](#) vaccine  
 MMR = [measles](#), [mumps](#), and [rubella](#) vaccine