902 KAR 2:060. Immunization schedules for attending child day care centers, certified family child care homes, other licensed facilities which care for children, preschool programs, and public and private primary and secondary schools.

RELATES TO: KRS 158.035, 211.090, 211.220, 214.032-214.036

STATUTORY AUTHORITY: KRS 194A.050(1), 211.090(3), 211.180(1)(a), (e), 214.034(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.050 requires the secretary for the Cabinet for Health and Family Services to promulgate administrative regulations necessary to operate the programs and fulfill the responsibilities vested in the cabinet. KRS 211.190(3) requires the secretary to promulgate administrative regulations necessary to regulate and control all matters set forth in KRS 211.180. KRS 214.034(1) requires the cabinet to promulgate administrative regulations to establish immunization schedules. This administrative regulation establishes the mandatory immunization schedule for attendance at child day care centers, certified family child care homes, other licensed facilities which care for children, preschool programs, and public and private primary and secondary schools.

Section 1. Definitions.

(1) "Advanced practice registered nurse" or "APRN" means a nurse designated to engage in advanced registered nursing as defined in KRS 314.011.

(2) "Advisory Committee on Immunization Practices" or "ACIP" means the United States Department of Health and Human Services (HHS) Committee that makes national immunization recommendations to the Secretary of the HHS, the Assistant Secretary for Health, and the Director of the Centers for Disease Control and Prevention or CDC.

(3) "Child" means a person less than eighteen (18) years of age.

(4) "Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations" means an original, written, sworn, and notarized statement of a parent or guardian's objection to medical immunization against disease of a child on religious grounds.

(5) "Dose" means a measured quantity of vaccine, specified in the package insert provided by the manufacturer.

(6) "DT" means diphtheria and tetanus toxoids.

(7) "DTaP" means diphtheria and tetanus toxoids and acellular pertussis vaccine.

(8) "DTP" means diphtheria and tetanus toxoids and pertussis vaccine.

(9) "Healthcare provider" means a person licensed under KRS 311.530 to 311.620, 311.840 to 311.862, and a nurse designated to engage in advanced practice registered nursing as defined in KRS 314.011 and 314.042.

(10) "HepA" means hepatitis A vaccine.

(11) "HepB" means hepatitis B vaccine.

(12) "Hib" means Haemophilus influenzae type b conjugate vaccine.

(13) "IPV" means inactivated poliovirus vaccine.

(14) "MenACWY" means serogroups A, C, W, and Y meningococcal conjugate vaccine.

(15) "MMR" means measles, mumps, and rubella virus vaccine.24)

(16) "OPV" means trivalent oral poliovirus vaccine.

(17) "PCV" means pneumococcal conjugate vaccine.

(18) "Pharmacist" means a person licensed under KRS 315.002 to 315.050.

(19) "Physician assistant" means a person licensed under KRS 311.840 to 311.862.

(20) "Td" means tetanus and diphtheria toxoids for adult use.

(21) "Tdap" means tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.

(22) "Varicella" means varicella vaccine.

(23) "Varicella immunity (non-vaccine)" means:
(a) Diagnosis of varicella disease by a healthcare provider;
(b) Verification of a history of varicella disease by a healthcare provider;
(c) Diagnosis of herpes zoster by a healthcare provider; or
(d) Verification of a history of herpes zoster by a healthcare provider.

Section 2. Immunization Schedules. Except as provided in Section 3 of this administrative regulation:

(1) A current Commonwealth of Kentucky Certificate of Immunization Status shall be required to attend a:
(a) Child day care center, beginning at age three (3) months;
(b) Certified family child care home, beginning at age three (3) months;
(c) Licensed facility that cares for children, beginning at age three (3) months;
(d) Preschool program; or
(e) Public or private primary or secondary school.

(2) A current Commonwealth of Kentucky Certificate of Immunization Status shall be required for a child that is otherwise homeschooled in order to attend one (1) or more in-school classes or to participate in sports or any school-sponsored extra-curricular activities.

(3) A Commonwealth of Kentucky Certificate of Immunization Status of a child shall be considered current for age-appropriate vaccines if the child is:
(a) At least aged three (3) months and less than five (5) months and has received at least:
1. One (1) dose of DTaP or DTP;
2. One (1) dose of IPV or OPV;
3. One (1) dose of Hib;
4. One (1) dose of HepB; and
5. One (1) dose of PCV;
(b) At least aged five (5) months and less than seven (7) months and has received at least:
1. Two (2) doses of DTaP or DTP or combinations of the two (2) vaccines;
2. Two (2) doses of IPV or OPV or combinations of the two (2) vaccines;
3. Two (2) doses of Hib;
4. Two (2) doses of HepB; and
5. Two (2) doses of PCV;
(c) At least aged seven (7) months and less than twelve (12) months and has received at least:
1. Three (3) doses of DTaP or DTP or combinations or the two (2) vaccines;
2. Two (2) doses of IPV or OPV or combinations of the two (2) vaccines;
3. Two (2) doses of Hib;
4. Two (2) doses of HepB; and
5.
a. Three (3) doses of PCV; or
b. Two (2) doses of PCV if the first dose was received when aged seven (7) months through eleven (11) months;
(d) At least aged twelve (12) months and less than sixteen (16) months and has received at least:
1. Three (3) doses of DTaP or DTP or combinations of the two (2) vaccines;
2. Two (2) doses of IPV or OPV or combinations of the two (2) vaccines;
3.
a. Three (3) doses of Hib;

b. Two (2) doses of Hib if the first dose was received when aged seven (7) months through eleven (11) months;

c. One (1) dose of Hib if the first dose was received when aged twelve (12) months through fourteen (14) months; or

d. One (1) dose of Hib if the first dose was received when aged fifteen (15) months;

4. One (1) dose of HepA;
5. Two (2) doses of HepB; and
6.

a. Four (4) doses of PCV with one (1) dose when aged twelve (12) months through fifteen (15) months;

b. Three (3) doses of PCV if the first dose was received when aged seven (7) months through eleven (11) months, with at least one (1) dose received when aged twelve (12) months through fifteen (15) months; or

c. Two (2) doses of PCV if the first dose was received when aged twelve (12) months through fifteen (15) months;

(e) At least aged sixteen (16) months and less than nineteen (19) months and has received at least:

1. Four (4) doses of DTaP or DTP or combinations of the two (2) vaccines;
2. Two (2) doses of IPV or OPV or combinations of the two (2) vaccines;
3.

a. Four (4) doses of Hib;

b. Three (3) doses of Hib if the first dose was received before aged twelve (12) months, and the second dose was received when younger than aged fifteen (15) months;

c. Two (2) doses of Hib if the first dose was received when aged twelve (12) months through fourteen (14) months; or

d. One (1) dose of Hib if the first dose was received when aged fifteen (15) months through eighteen (18) months;

4. One (1) dose of HepA;
5. Two (2) doses of HepB;
6.

a. Four (4) doses of PCV with one (1) dose when aged twelve (12) months through eighteen (18) months;

b. Three (3) doses of PCV if the first dose was received when aged seven (7) months through eleven (11) months, with at least one dose when aged twelve (12) months through eighteen (18) months; or

c. Two (2) doses of PCV if the first dose was received when aged twelve (12) months through eighteen (18) months;

7. One (1) dose of MMR; and
8.

a. One (1) dose of Varicella; or

b. A diagnosis or verification from a healthcare provider that the child has varicella immunity (non-vaccine);

(f) At least aged nineteen (19) months and less than forty-eight (48) months and has received at least:

1. Four (4) doses of DTaP or DTP or combinations of the two (2) vaccines;
2. Three (3) doses of IPV or OPV or combinations of the two (2) vaccines:
3.

a. Four (4) doses of Hib;

b. Three (3) doses of Hib if the first dose was received before aged twelve (12) months, and the second dose was received when younger than aged fifteen (15)

months;

c. Two (2) doses of Hib if the first dose was received when aged twelve (12) months through fourteen (14) months; or

d. One (1) dose of Hib if the first dose was received when aged fifteen (15) months through forty-seven (47) months;

4. Two (2) doses of HepA;
5. Three (3) doses of HepB;
6.

a. Four (4) doses of PCV with one (1) dose when aged twelve (12) months through fifteen (15) months;

b. Three (3) doses of PCV if the first dose was received when aged seven (7) months through eleven (11) months, with at least one (1) dose when aged twelve (12) months through forty-seven (47) months;

c. Two (2) doses of PCV if the first dose was received when aged twelve (12) months through twenty-three (23) months; or

d. One (1) dose of PCV if the first dose was received when aged twenty-four (24) months through forty-seven (47) months;

7. One (1) dose of MMR; and
8.

a. One (1) dose of Varicella; or

b. A diagnosis or verification from a healthcare provider that the child has varicella immunity (non-vaccine);

(g) At least aged forty-eight (48) months and less than five (5) years and has received at least:

1. Four (4) doses of DTaP or DTP or combinations of the two (2) vaccines;
2. Three (3) doses of IPV or OPV or combinations of the two (2) vaccines;
3.

a. Four (4) doses of Hib;

b. Three (3) doses of Hib if the first dose was received before aged twelve (12) months, and the second dose was received when younger than aged fifteen (15) months;

c. Two (2) doses of Hib if the first dose was received when aged twelve (12) months through fourteen (14) months; or

d. One (1) dose of Hib if the first dose was received when aged fifteen (15) months through fifty-nine (59) months;

4. Two (2) doses of HepA;
5. Three (3) doses of HepB;
6.

a. Four (4) doses of PCV with one (1) dose when aged twelve (12) months through fifteen (15) months;

b. Three (3) doses of PCV if the first dose was received when aged seven (7) months through eleven (11) months, with at least one (1) dose when aged twelve (12) months through fifty-nine (59) months;

c. Two (2) doses of PCV if the first dose was received when aged twelve (12) months through twenty-three (23) months; or

d. One (1) dose of PCV if the first dose was received when aged twenty-four (24) months through fifty-nine (59) months;

7. Two (2) doses of MMR; and
8.

a. Two (2) doses of Varicella; or

b. A diagnosis or verification from a healthcare provider that the child has varicella immunity (non-vaccine);

(h) At least aged five (5) years and less than seven (7) years and has received at least:

1.
   a. Five (5) doses of DTaP or DTP or combinations of the two (2) vaccines; or
   b. Four (4) doses of DTaP or DTP or combinations of the two (2) vaccines if the fourth dose was received when aged four (4) years or older and at least six (6) months after the previous dose;
2.
   a. Four (4) doses of IPV or OPV or combinations of the two (2) vaccines with the fourth dose received when aged four (4) years through six (6) years and at least six (6) months after the previous dose;
   b. Four (4) or more doses of IPV or OPV or combinations of the two (2) vaccines received before age four (4) years and an additional dose received when aged four (4) years through six (6) years and at least six (6) months after the previous dose; or
   c. Three (3) doses of IPV or OPV or combinations of the two (2) vaccines if the third dose was received when aged four (4) years or older and at least six (6) months after the previous dose;
3. Two (2) doses of HepA;
4. Three (3) doses of HepB;
5. Two (2) doses of MMR; and
6.
   a. Two (2) doses of Varicella; or
   b. A diagnosis or verification from a healthcare provider that the child has varicella immunity (non-vaccine);

(i) At least aged seven (7) years and less than eleven (11) years and has received at least:

1.
   a. Five (5) doses of DTaP or DTP or combinations of the two (2) vaccines;
   b. Four (4) doses of DTaP or DTP or combinations of the two (2) vaccines if the fourth dose was received when aged four (4) years or older and at least six (6) months after the previous dose; or
   c. A dose of Td that was preceded by two (2) doses of DTaP, DTP, DT, or Td or combinations of the four (4) vaccines;
2.
   a. Four (4) doses of IPV or OPV or combinations of the two (2) vaccines with the fourth dose received when aged four (4) years or older and at least six (6) months after the previous dose;
   b. Four (4) or more doses of IPV or OPV or combinations of the two (2) vaccines received before age four (4) years and an additional dose received when aged four (4) years or older and at least six (6) months after the previous dose;
   c. Four (4) doses of IPV or OPV or combinations of the two (2) vaccines if the fourth dose was received before August 7, 2009, with all doses separated by at least four (4) weeks; or
   d. Three (3) doses of IPV or OPV or combinations of the two (2) vaccines if the third dose was received when aged four (4) years or older and at least six (6) months after the previous dose;
3. Two (2) doses of HepA;
4. Three (3) doses of HepB;
5. Two (2) doses of MMR; and
6.
   a. Two (2) doses of Varicella; or

b. A diagnosis or verification from a healthcare provider that the child has varicella immunity (non-vaccine);

(j) At least aged eleven (11) years and less than thirteen (13) years and has received at least:

1. One (1) dose of Tdap;
2. a. Five (5) doses of DTaP or DTP or combinations of the two (2) vaccines;
   b. Four (4) doses of DTaP or DTP or combinations of the two (2) vaccines if the fourth dose was received when aged four (4) years or older and at least six (6) months after the previous dose;
   c. A dose of Td that was preceded by two (2) doses of DTaP, DTP, DT, or Td or combinations of the four (4) vaccines; or
   d. Two (2) doses of Td after the dose of Tdap;
3. a. Four (4) doses of IPV or OPV or combinations of the two (2) vaccines with the fourth dose received when aged four (4) years and older and at least six (6) months after the previous dose;
   b. Four (4) or more doses of IPV or OPV or combinations of the two (2) vaccines received before age four (4) years and an additional dose received when aged four (4) years or older and at least six (6) months after the previous dose;
   c. Four (4) doses of IPV or OPV or combinations of the two (2) vaccines if the fourth dose was received before August 7, 2009, with all doses separated by at least four (4) weeks; or
   d. Three (3) doses of IPV or OPV or combinations of the two (2) vaccines if the third dose was received when aged four (4) years or older and at least six (6) months after the previous dose;
4. Two (2) doses of HepA;
5. a. Three (3) doses of HepB; or
   b. Two (2) doses of adult HepB approved by the FDA to be used for an alternative schedule for adolescents aged eleven (11) years through fifteen (15) years;
6. Two (2) doses of MMR;
7. a. Two (2) doses of Varicella; or
   b. A diagnosis or verification from a healthcare provider that the child has varicella immunity (non-vaccine); and
8. One (1) dose of MenACWY;

(k) At least aged thirteen (13) years and less than sixteen (16) years and has received at least:

1. One (1) dose of Tdap;
2. a. Five (5) doses of DTaP or DTP or combinations of the two (2) vaccines;
   b. Four (4) doses of DTaP or DTP or combinations of the two (2) vaccines if the fourth dose was received when aged four (4) years or older and at least six (6) months after the previous dose;
   c. A dose of Td that was preceded by two (2) doses of DTaP, DTP, DT, or Td or combinations of the four (4) vaccines; or
   d. Two (2) doses of Td after the dose of Tdap;
3. a. Four (4) doses of IPV or OPV or combinations of the two (2) vaccines with the fourth dose received when aged four (4) years or older and at least six (6) months after the previous dose;

b. Four (4) or more doses of IPV or OPV or combinations of the two (2) vaccines received before age four (4) years and an additional dose received when aged four (4) years or older and at least six (6) months after the previous dose;

c. Four (4) doses of IPV or OPV or combinations of the two (2) vaccines if the fourth dose was received before August 7, 2009, with all doses separated by at least four (4) weeks; or

d. Three (3) doses of IPV or OPV or combinations of the two (2) vaccines if the third dose was received when aged four (4) years or older and at least six (6) months after the previous dose;

4. Two (2) doses of HepA;
5.
   a. Three (3) doses of HepB; or
   b. Two (2) doses of adult HepB approved by the FDA to be used for an alternative schedule for adolescents aged eleven (11) through fifteen (15) years;
6. Two (2) doses of MMR;
7.
   a. Two (2) doses of Varicella; or
   b. A diagnosis or verification from a healthcare provider that the child has varicella immunity (non-vaccine); and
8. One (1) dose of MenACWY;

(l) At least aged sixteen (16) years or older and has received at least:

1. One (1) dose of Tdap;
2.
   a. Five (5) doses of DTaP or DTP or combinations of the two (2) vaccines;
   b. Four (4) doses of DTaP or DTP or combinations of the two (2) vaccines if the fourth dose was received when aged four (4) years or older and at least six (6) months after the previous dose;
   c. A dose of Td that was preceded by two (2) doses of DTaP, DTP, DT, or Td or combinations of the four (4) vaccines; or
   d. Two (2) doses of Td after the dose of Tdap;
3.
   a. Four (4) doses of IPV or OPV or combinations of the two (2) vaccines with the fourth dose received when aged four (4) years and older and at least six (6) months after the previous dose;
   b. Four (4) or more doses of IPV or OPV or combinations of the two (2) vaccines received before age four (4) years and an additional dose received when aged four (4) years or older and at least six (6) months after the previous dose;
   c. Four (4) doses of IPV or OPV or combinations of the two (2) vaccines if the fourth dose was received before August 7, 2009, with all doses separated by at least four (4) weeks; or
   d. Three (3) doses of IPV or OPV or combinations of the two (2) vaccines if the third dose was received when aged four (4) years or older and at least six (6) months after the previous dose;
4. Two (2) doses of HepA;
5.
   a. Three (3) doses of HepB; or
   b. Two (2) doses of adult HepB approved by the FDA to be used for an alternative schedule for adolescents aged eleven (11) years through fifteen (15) years;
6. Two (2) doses of MMR;
7.
   a. Two (2) doses of Varicella; or

b. A diagnosis or verification from a healthcare provider that the child has varicella immunity (non-vaccine); and

8.

a. Two (2) doses of MenACWY; or

b. One (1) dose of MenACWY if that dose was received at age sixteen (16) years or older.

(4) Immunizations shall be received in accordance with the minimum ages and intervals between doses recommended by the ACIP. Partial, split, half, or fractionated doses or quantities shall not be administered and shall not be counted as a valid dose.

Section 3. Exceptions and Exemptions to the Required Immunization Schedules in Section 2.

(1) If the first two (2) doses of Hib vaccine were meningococcal group B outer membrane protein (PRP-OMP) vaccines, the third dose may be omitted.

(2) A child with a medical contraindication to pertussis vaccine may be given DT in lieu of DTaP or Td in lieu of Tdap.

(3)

(a) If both IPV and OPV were administered as part of a series, a total of four (4) doses shall be administered.

(b) If only OPV was administered, and all doses were received prior to four (4) years of age, one (1) dose of IPV shall be administered when aged four (4) years or older and at least four (4) weeks after the last OPV dose.

(4) A child aged seven (7) years or older may receive one (1) dose of Tdap in the catch-up series if the child is not fully immunized with DTaP vaccine.

(5) A Commonwealth of Kentucky Certificate of Immunization Status marked to designate a medical exemption shall be issued for a child with a temporary or permanent medical contraindication to receiving a vaccine.

(6)

(a) If an immunization is administered but another is objected to on religious grounds, a healthcare provider, pharmacist, local health department, or other licensed healthcare facility administering immunizations:

1. May request that a parent or guardian complete the Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations form to be submitted upon enrollment in a child care facility or school;

2. Shall issue a Commonwealth of Kentucky Certificate of Immunization Status marked to designate "religious objection" to the requirements of Section 2 of this administrative regulation, in compliance with KRS 214.036; and

3. Shall list administered immunizations on the Commonwealth of Kentucky Certificate of Immunization Status.

(b) An EPID 230A form, Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations, shall:

1. Be valid for the requirements of Section 2 of this administrative regulation;

2. List the immunizations that a parent or guardian objects to being administered to a child based on religious grounds;

3. Be an original document written, sworn, and signed before a notary public; and

4. Be submitted at the time of enrollment in a child care facility or school.

(7) A Commonwealth of Kentucky Certificate of Immunization Status marked to designate "Provisional Status" shall:

(a) Be issued for a child who is behind in required immunizations listed in Section 2 of this administrative regulation;

(b) Be issued for a child who has received at least one (1) dose of each of the required vaccines but has not completed all the required immunizations;

(c) Permit a child to attend a child day care center, certified family child care home, licensed facility which cares for children, preschool program, or primary or secondary school until the child reaches the appropriate age or upon passage of the time interval between required doses;

(d) Expire:

1. Fourteen (14) days from the date the next dose is required to be given for school use; or

2. Thirty (30) days from the date the next dose is required to be given for use in a day care center, certified family child-care home, or other licensed facility which cares for children; and

(e) Not be valid for more than one (1) year.

Section 4. Commonwealth of Kentucky Certificate of Immunization Status.

(1) A Commonwealth of Kentucky Certificate of Immunization Status shall be issued by:

(a) A physician licensed in any state;

(b) An advanced practice registered nurse licensed in any state;

(c) A physician assistant licensed in Kentucky;

(d) A pharmacist licensed in Kentucky;

(e) A local health department in Kentucky;

(f) A licensed healthcare facility administering immunizations in Kentucky; or

(g) An authorized user of the Kentucky Immunization Registry.

(2) Signatures on the Commonwealth of Kentucky Certificate of Immunization Status shall:

(a) Contain the printed name;

(b) Be in ink or an electronic signature;

(c) Be dated; and

(d) Be that of:

1. A physician;

2. An advanced practice registered nurse;

3. A physician assistant;

4. A pharmacist;

5. The local health department administrator; or

6. A registered nurse or licensed practical nurse designee of a physician, local health department administrator, or other licensed healthcare facility.

(3) A Commonwealth of Kentucky Certificate of Immunization Status printed from the Kentucky Immunization Registry shall not require a signature.

(4) A healthcare provider, pharmacist, local health department, or other licensed healthcare facility administering immunizations may obtain a blank hard copy of the following from the Cabinet for Health and Family Services:

(a) Commonwealth of Kentucky Certificate of Immunization Status; and

(b) Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations.

(5) The Commonwealth of Kentucky Certificate of Immunization Status shall:

(a) Be on a hard copy provided by the Cabinet for Health and Family Services; or

(b) Be a copy electronically produced in the size, orientation, and format printed by:

1. A Kentucky medical provider's electronic medical record system;

2. A local health department's electronic medical record system;

3. A Kentucky licensed healthcare facility administering immunizations electronic medical record system; or

4. The Kentucky Immunization Registry.

(6) An electronically produced copy of a Commonwealth of Kentucky Certificate of Immunization Status shall contain at least the following information:

(a) The name of the child;
(b) The birthdate of the child;
(c) The name of the parent or guardian of the child;
(d) The address of the child, including street, city, state, and ZIP Code;
(e) The type(s) of vaccine(s) administered to the child;
(f) The date that each dose of each vaccine was administered;
(g) Certification that the child is current for immunizations until a specified date, including a statement that the certificate shall not be valid after the specified date;
(h) The printed name, ink or electronic signature, and date as described in subsection (2) of this section; and
(i) The name, address, and telephone number of the healthcare provider practice, pharmacy, local health department, or licensed health care facility issuing the certificate.

(7) A signed certificate or a certificate printed from the Kentucky Immunization Registry may be faxed from a medical office to a:
(a) Medical office;
(b) Healthcare facility;
(c) Child care facility;
(d) School; or
(e) State or local health department.

(8) All immunizations required by Section 2 of this administrative regulation and received by a child shall be included on the Commonwealth of Kentucky Certificate of Immunization Status.

(9) All ACIP recommended immunizations a child has received in addition to the immunizations required by Section 2 of this administrative regulation may be included on the Commonwealth of Kentucky Certificate of Immunization Status.

(10) A completed Commonwealth of Kentucky Certificate of Immunization Status shall be:
(a) On file for a child:
1. Cared for in a:
a. Child day care center;
b. Certified family child care home; or
c. Licensed facility that cares for children; or
2. Enrolled in a:
a. Preschool program;
b. Public or private primary or secondary school; or
c. Preschool program or a public or private primary or secondary school for all in-school classes or to participate in sports or any school sponsored extra-curricular activities if the child is otherwise homeschooled; and
(b) Available for inspection and review by a representative of the Cabinet for Health and Family Services or a representative of a local health department.

Section 5. Out-of-State Certificate of Immunization Status

(1) An Out-of-State Certificate of Immunization Status shall be accepted when completed by an out-of-state physician or advanced practice registered nurse.

(2) The out-of-state certificate shall contain at least the following information:
(a) The name of the child;
(b) The birthdate of the child;
(c) The name of the parent or guardian of the child;
(d) The address of the child, including street, city, state, and ZIP Code;
(e) The type(s) of vaccine(s) administered to the child;
(f) The date that each dose of each vaccine was administered;

(g) All age appropriate immunizations required in Kentucky as identified in Section 2(3) of this administrative regulation;

(h) Certification that the child is current for immunizations until a specified date, including a statement that the certificate shall not be valid after the specified date;

(i) A printed name, ink or electronic signature, and date as described in Section 4(2) of this administrative regulation; and

(j) The name, address, and telephone number of the healthcare provider practice, local health department, or licensed health care facility issuing the certificate.

(3) The Out-of-State Certificate of Immunization Status may be in the size, orientation, and format required by another state.

(4) Immunizations documented on an out-of-state certificate shall be transferred to a hard copy of a Commonwealth of Kentucky Certificate of Immunization Status or shall be documented on an electronically produced Commonwealth of Kentucky Certificate of Immunization Status when one (1) or more immunizations are administered in Kentucky.

Section 6. Review of Immunization Status.

(1) A current Commonwealth of Kentucky Certificate of Immunization Status or an Out-of-State Certificate of Immunization Status for a child shall be provided by a parent or guardian:

(a) Upon enrollment in a:

1. Child day care center;
2. Certified family child care home;
3. Licensed facility that cares for a child; or
4. School at:
   a. Kindergarten entry;
   b. Seventh grade entry;
   c. Eleventh grade entry;
   d. Twelfth grade entry for the first twelve (12) months this administrative regulation is effective; and
   e. New enrollment at any grade resulting from a transfer to:
      (i) Kentucky from another state;
      (ii) Kentucky from a country outside the United States; or
      (iii) A school from another school within Kentucky;

(b) Upon legal name change; or

(c) At a school required examination pursuant to 702 KAR 1:160.

(2) Upon review of a Commonwealth of Kentucky Certificate of Immunization Status or an Out-of-State Certificate of Immunization Status:

(a) A child whose certificate has exceeded the date for the certificate to be valid shall be recommended to visit the child's medical provider or local health department to receive immunizations required by this administrative regulation; and

(b) An updated and current certificate shall be provided to the:

1. Day care center, certified family child care home, or other licensed facility that cares for children by a parent or guardian within thirty (30) days from when the certificate was found be invalid; or
2. School by a parent or guardian within fourteen (14) days from when the certificate was found to be invalid.

(3) A Commonwealth of Kentucky Certificate of Immunization Status or an Out-of-State Certificate of Immunization Status for a child or group of children shall be reviewed upon request of a local health department as part of controlling an outbreak of a vaccine preventable disease.

Section 7. Effective Date. For all child day cares, certified family child care homes, other licensed facilities which care for children, preschool programs, and public or private

primary and secondary schools:

(1) This administrative regulation, except for Section 2, shall become effective for the school year beginning on or after July 1, 2017; and

(2) Section 2 of this administrative regulation shall become effective for the school year beginning on or after July 1, 2018.

Section 8. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) Form "EPID 230, Commonwealth of Kentucky Certificate of Immunization Status", 1/2017; and

(b) Form "EPID 230A, Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations", 6/2017.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Public Health, 275 East Main Street, Frankfort Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.

(CDS-6; 1 Ky.R. 188; Am. 460; eff. 3-12-75; 3 Ky.R. 162; eff. 9-1-76; 785; 4 Ky.R. 114; eff. 8-3-1977; 5 Ky.R. 933; eff. 7-17-1979; 16 Ky.R. 666; 1187; eff. 11-29-1989; 23 Ky.R. 2628; 2997; eff. 1-15-1997; 27 Ky.R. 1351; 2160; eff. 2-1-2001; 29 Ky.R. 1097; 1613; eff. 12-18-2002; 37 Ky.R. 1101; Am. 1442; eff. 12-15-2010; 43 Ky.R. 1454, 1989, 2143; eff. 6-21-2017; Cert. eff. 8-10-2023.)