

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**IMMUNIZATION RECORD REVIEW IN LEGALLY EXEMPT  
GROUP CHILD CARE PROGRAM**

DATE: / /	PROGRAM'S LEGAL NAME:	ENROLLMENT ID. (CCFS NO.):
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This form is a supplement to the **OCFS-LDSS-7029**, *Legally Exempt Group Child Care Program Inspection Report*.

**HEALTH AND SAFETY REQUIREMENTS 18 NYCRR 415.13(b)(8)(ii)**

Review immunization records. Children enrolled in kindergarten or a higher grade in a public or private school are exempt from this requirement but should be listed on the chart and marked "n/a."

CHILD'S NAME	DOB	DOCUMENTATION ON FILE	SATISFACTORY?	CHILD CARE START DATE	NOTES
	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
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Observations: