# Missouri School Immunization Schedule
# Vaccines Received 0 – 6 Years of Age

| Vaccine ▼ / Age ▶ | Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 19-23 months | 2-3 years | 4-6 years |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Hepatitis B[1] | Hep B | Hep B | | | Hep B | | | | | | |
| Diphtheria, Tetanus, Pertussis[2] | | | DTaP | DTaP | DTaP | See footnote[2] | DTaP | | | | DTaP |
| Inactivated Poliovirus[3] | | | IPV | IPV | IPV | | | | | | IPV |
| Measles, Mumps, Rubella[4] | | | | | | MMR | | See footnote[4] | | | MMR |
| Varicella[5] | | | | | | Varicella | | See footnote[5] | | | Varicella |

**Range of recommended ages**

1. **Hepatitis B vaccine (HepB).** *(Minimum age: birth)*
   **At birth:**
   - Administer monovalent HepB to all newborns before hospital discharge.
   - If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
   - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

   **Doses following the birth dose:**
   - The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
   - Infants born to HBsAg-positive mothers should be tested for HbsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
   - Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
   - Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
   - The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.

2. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** *(Minimum age: 6 weeks)*
   - The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

3. **Inactivated poliovirus vaccine (IPV).** *(Minimum age: 6 weeks)*
   - If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

4. **Measles, mumps, and rubella vaccine (MMR).** *(Minimum age: 12 months)*
   - The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

5. **Varicella vaccine.** *(Minimum age: 12 months)*
   - The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
   - For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

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- For those children who fall behind or start late, see the catch–up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events.
- One (1) dose of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-2006 school year through the end of the 2009-2010 school year.
- Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010-2011 school year.

Missouri's School Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 0 through 6 years. Additional information is available at http://www.cdc.gov/vaccines/recs/schedules. Schools should consult the relevant ACIP statement for detailed recommendations: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm. For additional information please visit the Missouri Immunization Program's website at http://www.dhss.mo.gov/Immunizations or call toll free 800-219-3224.

Rev 3-2011

# Missouri School Immunization Schedule
## Vaccines Received 7 – 18 Years of Age

| Vaccine ▼ Age ▶ | 7-10 Years | 11-12 YEARS | 13-18 YEARS |
|---|---|---|---|
| Tetanus, Diphtheria, Pertussis[1] | | Tdap | Tdap |
| Hepatitis B[2] | Hep B Series | | |
| Inactivated Poliovirus[3] | IPV Series | | |
| Measles, Mumps, Rubella[4] | MMR Series | | |
| Varicella[5] | Varicella Series | | |

Range of recommended ages | Catch-up immunization

1. **Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** *(Minimum age: 10 years for Boostrix and 11 years for Adacel)*
   - Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
   - Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
   - Persons aged 13 through 18 years who have not received Tdap must receive a dose.
   - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
2. **Hepatitis B vaccine (HepB).**
   - Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
   - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
3. **Inactivated poliovirus vaccine (IPV).**
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
   - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
4. **Measles, mumps, and rubella vaccine (MMR).**
   - The minimum interval between the 2 doses of MMR is 4 weeks.
5. **Varicella vaccine.**
   - 1 dose of varicella vaccine shall be required for all children starting kindergarten or who were 5 or 6 years of age as of and after the beginning of the 2005-2006 school year through the end of the 2009-2010 school year.
   - 2 doses of varicella vaccine shall be required for all children starting kindergarten or who were 5 or 6 years of age as of and after the beginning of the 2010-2011 school year.

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- For those children who fall behind or start late, see the catch–up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events.

Missouri's School Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 7 through 18 years. Additional information is available at http://www.cdc.gov/vaccines/recs/schedules. Schools should consult the relevant ACIP statement for detailed recommendations: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm. For additional information please visit the Missouri Immunization Program's website at http://www.dhss.mo.gov/Immunizations or call toll free 800-219-3224.

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## Catch-up Immunization Schedule for Persons Aged 4 Months – 18 Years Who Start Late or Who Are More Than 1 Month Behind

| CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS – 18 YEARS | | | | | |
|---|---|---|---|---|---|
| **Vaccine** | **Minimum Age for Dose 1** | **Minimum Interval Between Doses** | | | |
| | | **Dose 1 to Dose 2** | **Dose 2 to Dose 3** | **Dose 3 to Dose 4** | **Dose 4 to Dose 5** |
| **Hepatitis B**[1] | **Birth** | **4 weeks** | **8 weeks** (and at least 16 weeks after first dose) | | |
| **Diphtheria, Tetanus, Pertussis**[2] | **6 wks** | **4 weeks** | **4 weeks** | **6 months** | **6 months**[2] |
| **Inactivated Poliovirus**[3] | **6 wks** | **4 weeks** | **4 weeks** | **6 months**[3] | |
| **Measles, Mumps, Rubella**[4] | **12 mos** | **4 weeks** | | | |
| **Varicella**[5] | **12 mos** | **3 months** if person is younger than age 13 years **4 weeks** if person is aged 13 years or older | | | |
| **Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis**[6] | **7 yrs**[6] | **4 weeks** | **4 weeks** if first dose administered at younger than age 12 months **6 months** if first dose administered at 12 months or older | **6 months** if first dose administered at younger than age 12 months | |

1. **Hepatitis B vaccine (HepB).**
   - Administer the 3-dose series to those not previously vaccinated.
   - The minimum age for the third dose of HepB is 24 weeks.
   - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
2. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**
   - The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
3. **Inactivated poliovirus vaccine (IPV).**
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
   - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
   - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
4. **Measles, mumps, and rubella vaccine (MMR).**
   - Administer the second dose routinely at age 4 through 6 years. The minimum interval between the 2 doses of MMR is 4 weeks.
5. **Varicella vaccine.**
   - Administer the second dose routinely at age 4 through 6 years.
   - If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
6. **Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**
   - Doses of DTaP are counted as part of the Td/Tdap series.
   - Tdap should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years or as a booster for children aged 11 through 18 years; use Td for other doses.

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- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events.
- One (1) dose of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-2006 school year through the end of the 2009-2010 school year.
- Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010-2011 school year.
- One (1) dose of Tdap vaccine shall be required for all children starting eighth grade as of and after the beginning of the 2010-2011 school year.

Missouri's School Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 4 months through 18 years. Additional information is available at http://www.cdc.gov/vaccines/recs/schedules. Schools should consult the relevant ACIP statement for detailed recommendations: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm. For additional information please visit the Missouri Immunization Program's website at http://www.dhss.mo.gov/Immunizations or call toll free 800-219-3224.

Rev 3-2011

*AUTHORITY: sections 167.181 and 192.020, RSMo Supp. [2008]* ***2011,*** *and section 192.006, RSMo 2000. This rule was previously filed as 13 CSR 50-110.010. Original rule filed April 24, 1974, effective May 4, 1974. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Nov. 30, 2011.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.*

*PRIVATE COST: This proposed amendment will cost private entities sixteen thousand nine hundred four dollars ($16,904) annually in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirbey, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the* ***Missouri Register****. No public hearing is scheduled.*

# FISCAL NOTE
# PRIVATE COST

## I. RULE NUMBER

**Department Title:** Missouri Department of Health and Senior Services
**Division Title:** Division of Community and Public Health
**Chapter Title:** Immunization

| **Rule Number and Name:** | 19 CSR 20-28.010 Immunization Requirements for School Children |
|---|---|

| **Type of Rulemaking:** | Proposed Amendment |
|---|---|

## II. SUMMARY OF FISCAL IMPACT

| Estimate of the number of entities by class which would likely be affected by the adoption of the rule: | Classification by type of the business entities which would likely be affected: | Estimate as to the cost of compliance with the rule by the affected entities: |
|---|---|---|
| 936 privately insured children needing Tdap during the 2012-2013 school year | Private health insurance companies | $16,904 Annually in the aggregate |
| | | |
| | | |
| | | **$16,904** Annually in the aggregate |

## III. WORKSHEET

The annual estimate was calculated as follows:

*Private Health Insurance*
936 Doses of vaccine @ $18.06 $ 16,904

## IV. ASSUMPTIONS

1. Most children receive their Tetanus-Diphtheria/Tetanus-Diphtheria-Pertussis (Td/Tdap) vaccination ten years after their last DT/DTaP given at four to five years of age. Therefore, the Td/Tdap booster would be given at 14 to 15 years of age. Children who have not received Tdap will be required to receive a dose two years after the last Td dose. Of the remaining school-aged children required to receive Tdap, approximately 78,000 children would be eligible to receive Tdap for the 2012-2013 school year per the Population Estimates Survey for Missouri from the Centers for Disease Control and Prevention (CDC).

2. Of the 78,000 unvaccinated children, approximately 45% (35,100) will be immunized through the federal Vaccines for Children (VFC) program per the Vaccine Ordering Forecast Application from CDC.

3. Of the 78,000 unvaccinated children, approximately 15% (11,700) will be immunized through Local Public Health Agencies.

4. The remaining 40% (31,200) unvaccinated children will receive their vaccine from private insurance. Of that number, approximately 97% (30,264) will have already received Tdap vaccine from their private provider and 3% (936) will have received Td vaccine and will need to be vaccinated with Tdap, based on 2009 VFC private provider orders for Td/Tdap. Since Tdap is replacing an existing Td vaccine, the additional private sector cost represents the difference between the two vaccines. Additional private sector cost of Tdap versus Td vaccine is $18.06 per dose.

   936 X $18.06 = $16,904

## Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
## Division 20—Division of Community and Public Health
## Chapter 28—Immunization

### PROPOSED AMENDMENT

**19 CSR 20-28.040 Day Care Immunization Rule**. The department is amending sections (1), (3), and (4) and the forms and schedules which follow the rule in the *Code of State Regulations*.

*PURPOSE: The purpose of the amendment serves to provide clarification of immunization reporting processes and requirements. The amendment also provides clarification of what persons are qualified to sign a written statement documenting previous varicella (chickenpox) disease.*

(1) As mandated by section 210.003, RSMo, the administrator of each public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator's jurisdiction. *[The administrator shall also make an annual summary report to the Department of Health and Senior Services on form Imm.P.32, included herein, no later than January 15 of each year.]* **An annual summary report shall be made by January 15 of each year showing the immunization status of each child enrolled using forms provided for this purpose by the Department of Health and Senior Services. All facilities caring for or licensed for ten (10) or more children must submit a summary report. This report shall include immunization information by age up to kindergarten entry, by vaccine antigen, number of children enrolled, number of children fully immunized, number of children in progress, number of children with signed medical exemption, number of children with signed parental exemption, number of children in noncompliance, and number of children with proof of varicella disease.**

(3) Section 210.003, RSMo, provides that a child who has not completed all appropriate immunizations may enroll if—

(A) Satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as *[the immunization process is being accomplished according to the Department of Health and Senior Services' recommended schedule]* **they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. The Department of Health and Senior Services form Imm.P.14, included herein, shall be completed and placed on file with the child's immunization health record for each child with immunizations in progress**. Failure to meet the next scheduled appointment constitutes noncompliance with the day care immunization law, and action shall be initiated immediately by the administrator to have the child excluded from the facility.

(B) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

1. A medical exemption, by which a child shall be exempted from the requirements of this rule upon **signed** certification by a licensed doctor of medicine **(MD),** *[or]* doctor of osteopathy **(DO), or his or her designee indicating** that either the immunization would seriously endanger the child's health or life, or the child has documentation of **disease or** laboratory evidence of immunity to the disease. The Department of Health and Senior Services' form Imm.P.12, included herein, shall be **placed** on file with the immunization record of each child with a medical exemption. The medical exemption need not be renewed annually; or

2. A parent or guardian exemption, by which a child shall be exempted from the requirements of this rule if one (1) parent or guardian files a written objection to immunization with the day care administrator. The Department of Health and Senior Services' form Imm.P.11, included herein, shall be **signed by the parent or guardian and placed** on file with the immunization record of each child with a parental exemption. The parental exemption *[form]* must be renewed annually.

(4) The parent or guardian shall furnish the day care administrator satisfactory evidence of completion of the required immunizations, exemption from immunization, or progress toward completing all required immunizations. Satisfactory evidence of immunization means a statement, certificate, or record from a physician or **his or her designee,** other recognized health facility**, or immunization registry** stating that the required immunizations have been given to the person and verifying type of vaccine *[and the dates, including the month, day, and year of each immunization]*. **This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration.** However, if a child has had varicella (chickenpox) disease, a licensed *[doctor of medicine or doctor of osteopathy]* **healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician)** may sign and place on file with the day care administrator a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: "This is to verify that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine."

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**IMMUNIZATIONS IN PROGRESS**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

| **THIS IS TO CERTIFY THAT** | NAME OF CHILD (PRINT OR TYPE) |
|---|---|

received the following immunization(s) on _____ as required by State Immunization Laws
MONTH/DAY/YEAR

☐ DIPHTHERIA ☐ HEPATITIS B ☐ HIB ☐ MMR
☐ PERTUSSIS ☐ PNEUMOCOCCAL ☐ POLIO ☐ TETANUS
☐ VARICELLA ☐ OTHER _____

and is scheduled to return on _____
MONTH/DAY/YEAR

**NOTE**: This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the Advisory Committee on Immunization Practices (ACIP) recommendations.

PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE/NAME (PRINT OR TYPE)

| PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE SIGNATURE | DATE |
|---|---|

MO 580-0828 (7-10) Imm.P.14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**PARENT/GUARDIAN IMMUNIZATION EXEMPTION**

MUST BE RENEWED ANNUALLY

Required under Missouri state immunization laws (Section 210.003, RSMo) for public, private, or parochial day care center, preschool or nursery school caring for ten or more children.

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

☐ I have read and been informed of the consequences of not immunizing my child. (please initial)

| THIS IS TO CERTIFY THAT I, THE PARENT/ GUARDIAN OF | NAME OF CHILD (print or type) |
|---|---|

DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S):

| | | | |
|---|---|---|---|
| ☐ DIPHTHERIA | ☐ HEPATITIS B | ☐ HIB | ☐ MMR |
| ☐ PERTUSSIS | ☐ PNEUMOCOCCAL | ☐ POLIO | ☐ TETANUS |
| ☐ VARICELLA | ☐ OTHER _____ | | |

| PARENT/GUARDIAN NAME (PRINT OR TYPE) | PARENT/GUARDIAN SIGNATURE | DATE |
|---|---|---|
| | | |

MO 580-0959 (07/10) Imm.P.11

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**MEDICAL IMMUNIZATION EXEMPTION**

**FOR LICENSED DOCTOR OF MEDICINE OR DOCTOR OF OSTEOPATHY ONLY**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL AND PUBLIC, PRIVATE OR PAROCHIAL PRESCHOOL, DAY CARE CENTER , PRESCHOOL, OR NURSERY SCHOOL CARING FOR TEN OR MORE CHILDREN

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

| **THIS IS TO CERTIFY THAT** | NAME OF CHILD (PRINT OR TYPE) |
|---|---|

IS EXEMPT FROM RECEIVING THE FOLLOWING IMMUNIZATION(S) BECAUSE:

☐ The child has documentation of disease or laboratory evidence of immunity to the disease. _____ (month/year)

☐ The physical condition of the above-named child is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.

| | | | |
|---|---|---|---|
| ☐ DIPHTHERIA | ☐ HEPATITIS B | ☐ HIB | ☐ MMR |
| ☐ PERTUSSIS | ☐ PNEUMOCOCCAL | ☐ POLIO | ☐ TETANUS |
| ☐ VARICELLA | ☐ OTHER _____ | | |

PHYSICIAN/PHYSICIAN'S DESIGNEE NAME (PRINT OR TYPE)

| PHYSICIAN SIGNATURE | DATE |
|---|---|

MO 580-0807 (11-10) Imm.P 12

# Missouri Day Care Immunization Requirements
## Vaccines Received 0 – 6 Years of Age

| Vaccine ▼ Age ▶ | Birth | 1 month | 2 months | 4 months | 6 months | 12 months | 15 months | 18 months | 19-23 months | 2-3 years | 4-6 years |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Hepatitis B[1] | Hep B | Hep B | | | Hep B | | | | | | |
| Diphtheria, Tetanus, Pertussis[2] | | | DTaP | DTaP | DTaP | See Footnote[2] | DTaP | | | | DTaP |
| *Haemophilus influenzae* type b[3] | | | Hib | Hib | Hib[3] | Hib | | | | | |
| Pneumococcal[4] | | | PCV | PCV | PCV | PCV | | | | | |
| Inactivated Poliovirus[5] | | | IPV | IPV | IPV | | | | | | IPV |
| Measles, Mumps, Rubella[6] | | | | | | MMR | | See footnote[6] | | | MMR |
| Varicella[7] | | | | | | Varicella | | See footnote[7] | | | Varicella |

Range of recommended ages

1. **Hepatitis B vaccine (HepB).** *(Minimum age: birth)*
   **At birth:**
   - Administer monovalent HepB to all newborns before hospital discharge.
   - If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
   - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

   **Doses following the birth dose:**
   - The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
   - Infants born to HBsAg-positive mothers should be tested for HbsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
   - Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
   - Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
   - The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.
2. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** *(Minimum age: 6 weeks)*
   - The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
3. ***Haemophilus influenzae* type b conjugate vaccine (Hib).** *(Minimum age: 6 weeks)*
   - If PRP-OMP (PedvaxHIB or ComVax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
   - Hiberix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.
4. **Pneumococcal vaccine.** *(Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])*
   - PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
   - A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
   - A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
   - A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.
   - The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
   - Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.
5. **Inactivated poliovirus vaccine (IPV).** *(Minimum age: 6 weeks)*
   - If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
6. **Measles, mumps, and rubella vaccine (MMR).** *(Minimum age: 12 months)*
   - The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
7. **Varicella vaccine.** *(Minimum age: 12 months)*
   - The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
   - For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

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- For those children who fall behind or start late, see the catch–up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.

Missouri's Day Care Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 0 through 6 years. Additional information is available at http://www.cdc.gov/vaccines/recs/schedules. Child care facilities should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm. For additional information please visit the Missouri Immunization Program's website at http://www.dhss.mo.gov/Immunizations or call toll free 800-219-3224.

# Catch-up Immunization Schedule
## for Persons Aged 4 Months – 6 Years Who Start Late or Who Are More Than 1 Month Behind

**CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS – 6 YEARS**

| Vaccine | Minimum Age for Dose 1 | Minimum Interval Between Doses | | | |
|---|---|---|---|---|---|
| | | Dose 1 to Dose 2 | Dose 2 to Dose 3 | Dose 3 to Dose 4 | Dose 4 to Dose 5 |
| Hepatitis B[1] | Birth | 4 weeks | 8 weeks (and at least 16 weeks after first dose) | | |
| Diphtheria, Tetanus, Pertussis[2] | 6 wks | 4 weeks | 4 weeks | 6 months | 6 months[2] |
| *Haemophilus influenzae* type b[3] | 6 wks | 4 weeks if first dose administered at younger than age 12 months; 8 weeks (as final dose) if first dose administered at age 12-14 months; No further doses needed if first dose administered at age 15 months or older | 4 weeks[3] if current age is younger than 12 months; 8 weeks (as final dose)[3] if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months; No further doses needed if previous dose administered at age 15 months or older | 8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months | |
| Pneumococcal[4] | 6 wks | 4 weeks if first dose administered at younger than age 12 months; 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months; No further doses needed for healthy children if first dose administered at age 24 months or older | 4 weeks if current age is younger than 12 months; 8 weeks (as final dose for healthy children) if current age is 12 months or older; No further doses needed for healthy children if previous dose administered at age 24 months or older | 8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for children at high-risk who received 3 doses at any age | |
| Inactivated Poliovirus[5] | 6 wks | 4 weeks | 4 weeks | 6 months | |
| Measles, Mumps, Rubella[6] | 12 mos | 4 weeks | | | |
| Varicella[7] | 12 mos | 3 months | | | |

1. **Hepatitis B vaccine (HepB).**
   - Administer the 3-dose series to those not previously vaccinated.
   - The minimum age for the third dose of HepB is 24 weeks.
   - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
2. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**
   - The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
3. ***Haemophilus influenzae* type b conjugate vaccine (Hib).**
   - 1 dose of Hib vaccine should be considered for unvaccinated persons aged 5 years or older who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy.
   - If the first 2 doses were PRP-OMP (PedvaxHIB or ComVax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
   - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.
4. **Pneumococcal vaccine.**
   - Administer 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13) to all healthy children aged 24 through 59 months with any incomplete PCV schedule (PCV7 or PCV13).
   - For children aged 24 through 71 months with underlying medical conditions, administer 1 dose of PCV13 if 3 doses of PCV were received previously or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
   - A single dose of PCV13 is recommended for certain children with underlying medical conditions through 18 years of age. See age-specific schedules for details.
   - Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
5. **Inactivated poliovirus vaccine (IPV).**
   - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
   - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
   - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
6. **Measles, mumps, and rubella vaccine (MMR).**
   - Administer the second dose routinely at age 4 through 6 years. The minimum interval between the 2 doses of MMR is 4 weeks.
7. **Varicella vaccine.**
   - Administer the second dose routinely at age 4 through 6 years.
   - If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

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- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.

Missouri's Day Care Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 4 months through 6 years. Additional information is available at http://www.cdc.gov/vaccines/recs/schedules. Child care facilities should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm. For additional information please visit the Missouri Immunization Program's website at http://www.dhss.mo.gov/Immunizations or call toll free 800-219-3224.

*AUTHORITY: sections 192.006 and 210.003, RSMo 2000. Emergency rule filed Aug. 1, 1995, effective Aug. 11, 1995, expired Dec. 8, 1995. Original rule filed April 17, 1995, effective Nov. 30, 1995. Emergency amendment filed June 14, 2000, effective June 24, 2000, expired Feb. 22, 2001. Amended: Filed June 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 3, 2001, effective July 30, 2001. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirbey, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

## Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
## Division 30—Division of Regulation and Licensure
## Chapter 70—Lead Abatement and Assessment Licensing, Training Accreditation

### PROPOSED AMENDMENT

**19 CSR 30-70.620 Work Practice Standards for a Lead Risk Assessment**. The Department of Health and Senior Services is amending subsection (10)(B).

*PURPOSE: This amendment updates the dust lead concentration values to be consistent with federal analytical lead sampling regulations.*

(10) Sampling Results. Analytical sampling results which are received as a result of having conducted a risk assessment, an EBL investigation risk assessment, or lead hazard screen risk assessment shall be interpreted in accordance with the following for the matrices indicated:

(B) Dust. A dust sample which has a lead concentration that exceeds the values indicated below is considered to be a lead-bearing substance.

| |
|---|
| Floors—*[50]* **40** micrograms per square foot ($\mu g/ft^2$) |
| Window Sills—250 $\mu g/ft^2$ **for interior window sills** |
| Window Troughs—*[800]* **400** $\mu g/ft^2$ **for window troughs** |

*AUTHORITY: section[s] 701.301, **RSMo 2000, and section** 701.312 [and 701.316], RSMo Supp. [1998] **2011**. Emergency rule filed Aug. 19, 1999, effective Aug. 30, 1999, expired Feb. 25, 2000. Original rule filed Aug. 19, 1999, effective Feb. 29, 2000. Amended: Filed Nov. 30, 2011.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirbey, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

## Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
## Division 30—Division of Regulation and Licensure
## Chapter 70—Lead Abatement and Assessment Licensing, Training Accreditation

### PROPOSED AMENDMENT

**19 CSR 30-70.630 Lead Abatement Work Practice Standards**. The Department of Health and Senior Services is amending subsections (9)(A) and (B) and (11)(A).

*PURPOSE: This amendment removes the requirement for a lead abatement supervisor to be on-site at all times during a lead abatement project, removes the wind speed restriction as a prohibited lead abatement practice, and updates the dust lead concentration values to be consistent with federal analytical lead sampling regulations.*

(9) Lead Abatement Project Requirements.

(A) General.

1. A licensed lead abatement supervisor is required for each abatement project and shall be on-site during all work site preparation*[, abatement activities and during post-abatement cleanup of work areas]* **and during the post-abatement cleanup of work areas**. **At all other times when abatement activities are being conducted, the licensed supervisor shall be on-site or available by telephone, pager, or answering machine and able to be present at the work site in no more than two (2) hours.**

2. The lead abatement supervisor, as well as the lead abatement contractor employing that lead abatement supervisor, shall ensure that all abatement project activities are conducted according to the requirements of these work practice standards for conducting lead-bearing substance activities (19 CSR 30-70.600 through 19 CSR 30-70.630) and all federal, state**,** and local laws, regulations or ordinances pertaining to lead-bearing substance activities.

3. The lead abatement supervisor shall have on-site a list of all licensed lead abatement workers, which shall include their names and license numbers, working on the current project.

4. All abatement project activities shall be performed by persons currently licensed by OLLA as lead abatement workers and/or lead abatement supervisors. These people shall present, upon request, proof of licensure in the form of the photo identification badge issued by OLLA.

5. A written occupant protection plan shall be developed prior to all abatement projects according to section (7) of this regulation.

6. Access to the regulated area shall be limited to OLLA licensed lead professionals or department-authorized persons.

7. All waste generated from a lead-based paint abatement project shall be disposed of in accordance with the requirements of Environmental Protection Agency (EPA), Missouri Department of Natural Resources**,** and any other applicable federal, state**,** and local laws.

(B) Prohibited Lead Abatement Project Strategies. The following lead abatement project strategies are prohibited:

1. Open-flame burning or torching of lead-bearing substances;

2. Machine sanding or grinding or abrasive blasting or sandblasting of lead-bearing substances without containment and high

efficiency particulate air (HEPA)-vacuum exhaust control;

3. Hydroblasting or pressurized water washing of lead-bearing substances without containment and water collection and filtering;

4. Heat guns operating above one thousand one hundred degrees Fahrenheit (1,100°F);

5. Methylene chloride based chemical strippers;

6. Solvents that have flashpoints below one hundred forty degrees Fahrenheit (140°F);

7. Dry scraping strategies unless in conjunction with heat guns or around electrical outlets or when treating defective paint spots totaling no more than two (2) square feet in any one room, hallway or stairwell or totaling no more than twenty (20) square feet on exterior surfaces;

8. Enclosure strategies where the barrier is not warranted by the manufacturer to last at least twenty (20) years under normal conditions, or where the primary barrier is not a solid barrier; **and**

9. Encapsulation strategies where the encapsulant is not warranted by the manufacturer to last at least twenty (20) years under normal conditions, or where the encapsulant has been improperly applied*[; and*

*10. Exterior abatement project activities when constant wind speeds are greater than ten (10) miles per hour]*.

(11) Clearance Levels. For each respective media, the following clearance levels shall be met for a lead-abatement project to be considered complete (if background lead levels are lower than the following clearance levels, clearance is not complete until background values are met):

(A) Dust samples—

| Media | Clearance Level |
|---|---|
| Floors | *[50]* **40** μg/ft$^2$ |
| Interior window sills | 250 μg/ft$^2$ |
| Window troughs | *[800]* **400** μg/ft$^2$ |

*AUTHORITY: section[s] 701.301,* ***RSMo 2000, and section*** *[701.309,] 701.312 [and 701.316], RSMo Supp. [1998]* ***2011****. Emergency rule filed Aug. 19, 1999, effective Aug. 30, 1999, expired Feb. 25, 2000. Original rule filed Aug. 19, 1999, effective Feb. 29, 2000. Amended: Filed Nov. 30, 2011.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirbey, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the* ***Missouri Register****. No public hearing is scheduled.*

## Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
## Division 2145—Missouri Board of Geologist Registration
## Chapter 1—General Rules

### PROPOSED AMENDMENT

**20 CSR 2145-1.040 Fees**. The board is proposing to amend subsection (1)(F).

*PURPOSE: The board is statutorily obligated to enforce and administer the provisions of sections 256.450–256.483, RSMo. Pursuant to section 256.465, RSMo, the Missouri State Board of Geologist Registration shall set fees necessary to administer the provisions of sections 256.450–256.483, RSMo. The board is proposing to increase the license renewal fee.*

(1) The following fees are established by the Board of Geologist Registration and are payable in the form of a cashier's check, personal check, or money order:

(F) License Renewal Fee*[s:*

*1. Until February 28, 2006]* $100.00

*[2. Beginning March 1, 2008 with the 2010 renewal $ 10.00]*

*AUTHORITY: section 256.465.2, RSMo Supp. [2008]* ***2011****. This rule originally filed as 4 CSR 145-1.040. Emergency rule filed June 29, 1995, effective July 9, 1995, expired Nov. 5, 1995. Original rule filed Sept. 28, 1995, effective May 30, 1996. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Nov. 23, 2011.*

*PUBLIC COST: This proposed amendment will increase revenue for the Board of Geologist Registration, by approximately sixty-one thousand six hundred fifty dollars ($61,650) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*PRIVATE COST: This proposed amendment will cost private entities approximately sixty one thousand six hundred fifty dollars ($61,650) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Geologist Registration, Pamela Groose, Executive Director, PO Box 1335, Jefferson City, MO 65102-1335, by facsimile at (573) 526-3489, or via email at geology@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the* ***Missouri Register****. No public hearing is scheduled.*

## PUBLIC FISCAL NOTE

**I. RULE NUMBER**
**Title 20 -Department of Insurance, Financial Institutions and Professional Registration**
**Division 2145 - Missouri Board of Geologist Registration**
**Chapter 1 - General Rules**
**Proposed Amendment to 20 CSR 2145-1.040 Fees**
Prepared November 23, 2011 by the Division of Professional Registration

**II. SUMMARY OF FISCAL IMPACT**

**Estimated Fiscal Impact**

| Affected Agency or Political Subdivision | Estimated Revenue | |
|---|---|---|
| Board of Geologist Registration | | $61,650 |
| | Estimated Biennial Increase in Revenue for the Life of the Rule | $61,650 |

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTION**

1. The total increase of revenue is based on the costs reflected in the Private Entity Fiscal Note filed with this amendment.
2. The board utilizes a rolling five year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five year analysis, the board voted on a $90 increase in renewal fees.
3. It is anticipated that the total increase in revenue will occur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

## PRIVATE FISCAL NOTE

**I. RULE NUMBER**
**Title 20 -Department of Insurance, Financial Institutions and Professional Registration**
**Division 2145 - Missouri Board of Geologist Registration**
**Chapter 1 - General Rules**
**Proposed Amendment to 20 CSR 2145-1.040 Fees**
Prepared November 23, 2011 by the Division of Professional Registration

**II. SUMMARY OF FISCAL IMPACT**

| Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment: | Classification by type of the business entities which would likely be affected: | Estimated cost of compliance with the amendment by affected entities: |
|---|---|---|
| 685 | Application Fee<br>(Application Fee Increase @ $90) | $61,650 |
| | **Estimated Biennial Cost of Compliance for the Life of the Rule** | **$61,650** |

**III. WORKSHEET**
See Table Above

**IV. ASSUMPTION**

1. The above figures are based on FY08-FY10 actuals.
2. It is anticipated that the total fiscal costs will occur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

## Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
## Division 2231—Division of Professional Registration
## Chapter 2—Designation of License Renewal Dates and Related Information

### PROPOSED AMENDMENT

**20 CSR 2231-2.010 Designation of License Renewal Dates and Related Renewal Information**. The division is proposing to amend subsection (2)(O).

*PURPOSE: This amendment changes the renewal date for geologists from May 1 to October 1.*

(2) The license renewal dates designated for each agency assigned to the division are—

(O) Board of Geologist Registration—*[May 1;]*

**1. Geologist-registrant in-training—May 1; and**

**2. Registered geologist—October 1;**

*AUTHORITY: section [620.010.14(2), RSMo Supp. 2007]* ***324.001, RSMo Supp. 2011****. This rule originally filed as 4 CSR 231-2.010. Emergency rule filed Feb. 9, 1982, effective Feb. 19, 1982, expired May 12, 1982. Original rule filed Feb. 9, 1982, effective May 13, 1982. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Nov. 23, 2011.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Division of Professional Registration, Jane Rackers, Division Director, PO Box 1335, Jefferson City, MO 65102, or via email at profreg@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the* ***Missouri Register****. No public hearing is scheduled.*