

Infant Vaccination Schedule for Daycare Providers

Date: [Insert Date]

To: [Daycare Provider's Name]

Dear [Daycare Provider's Name],

We hope this letter finds you well. As part of our commitment to ensuring the health and safety of the children in your care, we would like to provide you with the vaccination schedule for infants enrolled at [Daycare Name].

Vaccination Schedule

Age (Months)	Vaccination	Notes
2	DTP, IPV, Hib, PCV13, HepB	First dose
4	DTP, IPV, Hib, PCV13	Second dose
6	DTP, Hib, PCV13, HepB	Third dose
12-15	MMR, VAR, Hib	First dose
15-18	DTP	Fourth dose
18	HepA	First dose

Please ensure that the vaccination records are kept up to date and submitted to our office in a timely manner. For any questions or further information, do not hesitate to contact us.

Thank you for your cooperation in ensuring a healthy environment for the children

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]