Please complete and submit your report between September 1 and November 1, 2017.

Mail to:
Washington State Department of Health
Office of Immunization and Child Profile
PO Box 47843
Olympia, WA 98504-7843

FACILITY INFORMATION: All preschool and child care programs must complete this section.

Center or Preschool Name:__________________________________________________________

☐ Licensed provider ID___________________________________________________________

☐ ECEAP

☐ Head Start

☐ Preschool OSPI Building Code:____________________________________________________

Report Date: __________________________ Mailing Address: _________________________________
Completed by: _______________ City, State, Zip: ______________________________
Phone: _______________________ County: ____________________________

We do not accept faxed reports. If you have questions, please email oicpschools@doh.wa.gov or call 1-866-397-0337 or 360-236-3595.

SECTION 1

ENROLLMENT

<table>
<thead>
<tr>
<th>TOTAL NUMBER OF CHILDREN ENROLLED</th>
<th>NUMBER OF CHILDREN COMPLETE / IMMUNE FOR AGE</th>
<th>NUMBER OF CHILDREN EXEMPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

BOX 1 = 2 + 3 + 4 + 5; AND TOTAL OF 3A + 3B + 3C + 3D MUST ≥ BOX 3

SECTION 2 IMMUNIZATION STATUS

<table>
<thead>
<tr>
<th>NUMBER OF CHILDREN EXEMPT BY CATEGORY</th>
<th>NUMBER OF CHILDREN CONDITIONAL</th>
<th>NUMBER OF CHILDREN OUT OF COMPLIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL</td>
<td>PERSONAL</td>
<td>RELIGIOUS</td>
</tr>
<tr>
<td>RELIGIOUS MEMBERSHIP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 3 NUMBER OF CHILDREN LACKING REQUIRED VACCINES

<table>
<thead>
<tr>
<th>DIPHTHERIA / TETANUS</th>
<th>PERTUSSIS</th>
<th>POLIO</th>
<th>MEASLES, MUMPS, RUBELLA (MMR)</th>
<th>Hib</th>
<th>HEPATITIS B (HEP B)</th>
<th>VARICELLA (chickenpox)</th>
<th>PNEUMOCOCCAL (PCV, PPSV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
</tr>
</tbody>
</table>

TOTAL OF A + B + C + D + E + F + G + H MUST BE EQUAL OR GREATER THAN (≥) 3 + 4 + 5
INSTRUCTIONS to
Complete the 2017 Preschool And Child Care Center Immunization Status Report

**Center Information**
- Enter the complete name, address, and county name for the preschool or child care center being reported on.
- Please check the type of facility you are reporting on. If your facility is licensed by the Department of Early Learning (DEL), please provide your facility’s license number.
- Enter the date you completed the report.
- Enter your name and phone number in case we have questions and need to contact you.

**Section 1. Enrollment**
1. Total Number of Children Enrolled
   Enter the number of children enrolled at your facility.

**Section 2. Immunization Status**
You must account for all children in one of the Immunization Status categories. The sum of all the categories in SECTION 2 must equal the number given in SECTION 1 (this means that the number complete/immune (2) + number exempt (3) + number conditional (4) + number out of compliance (5) = the number of children enrolled (1)).

2. Number of Children Complete/Immune For Age
   Enter the total number of children with a signed Certificate of Immunization Status (CIS) form showing they have all required vaccinations for their age or showing proof of immunity.

3. Number of Children Exempt
   Enter the total number of children with a signed Certificate of Exemption (COE) form. Count each child only once, regardless if they have multiple exemptions.

   **Number of Children Exempt by Category:**
   - 3a. Medical
   - 3b. Personal
   - 3c. Religious
   - 3d. Religious Membership

   Enter the total number of children for each exemption type listed on their signed COE form. Count a child in each exemption type field if they have more than one exemption. The sum of boxes 3a, 3b, 3c, and 3d can be greater than box 3, because children can be exempt for more than one reason.

4. Number of Children Conditional
   Enter the number of children who have a signed CIS form and are making satisfactory progress toward full immunization by starting or continuing a schedule of immunizations and are within the recommended interval for the next dose.

5. Number out of Compliance
   Enter the number of children who are not complete / immune, not exempt, or not in conditional status (as defined above).

**Section 3. Number of Children Lacking Required Vaccines (Status is Exempt, Conditional or Out of Compliance)**
- Enter the total children under each vaccine for those children indicated in Section 2 as being exempt, conditional, or out of compliance.
- Count a child in a vaccine field if they are exempt, conditional, or out of compliance for that vaccine.
- Count a child in more than one vaccine field if they are exempt, conditional, or out of compliance for more than one vaccine.
- Count a child for the vaccine if they are exempt, conditional, or out of compliance for any dose of the series.
- Count children who are exempt, conditional or out of compliance to Diphtheria, Tetanus or both under Diphtheria/Tetanus.
- Count children who are exempt, conditional or out of compliance to Measles, Mumps, Rubella or any combination under MMR.
- The sum of boxes A, B, C, D, E, and F can be greater than box 3, because children can be exempt, conditional, or out of compliance to more than one vaccine.

- If you have questions, please email: OICPschools@doh.wa.gov or call 1-866-397-0337 or 360-236-3595.
- For more instructions for completing this form, see the Immunization Manual for Schools, Preschools and Child Care Facilities.
- For more information about vaccine requirements, please see the Vaccines Required for Child Care/Preschool Attendance chart.
- Department of Health Schools/Child Care Webpage: www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).