PRESCHOOL AND CHILD CARE CENTER IMMUNIZATION STATUS REPORT FOR 2018



NOTE: Use this form **ONLY** for children ages birth through preschool on the day you prepare this report. Reporting is a requirement for all preschools and child care centers (RCW 28A.210-110).

Please read instructions below and explanations on the other side before completing this form.

Please complete and submit your report between September 1 and November 1, 2018.		mber 1,			IATION: All ame:	•		•	ograms m	ust comp	lete this section.	
Mail to:			Licensed	provider II	D							
Washington State Department of Health			☐ ECEAP									
Office of Immuni	ization and Child	Profile	Head Star	· t								
PO Box 47843 Olympia, WA 98504-7843			Preschool OSPI Building Code:									
			eport Date:				iling Addre					
			_ · ·					City, State, Zip:				
			Phone: County: ve questions, please email oicpschools@doh.wa.gov or call 1-866-397-0337 or 360-236-359							2.0.20.0.20.2		
We do not ac	cept faxed repo	rts. If you have	questions, p	olease ema	ail <u>oicpschool</u>	s@doh	.wa.gov 01	r call 1-8	366-397-0)337 or	360-236-3595.	
ONLY IN	CLUDE CHILDREN A	GES BIRTH THROU	GH PRESCHO	OL (DO NOT	INCLUDE CHILD	REN ENF	ROLLED IN K	-12, even i	f housed in	the same b	ouilding)	
		SECTION 2 IMMUNIZATION STATUS										
SECTION 1 ENROLLMENT	NUMBER OF CHILDREN COMPLETE	NUMBER OF CHILDREN					Γ BY CATEGORY			R OF	NUMBER OF CHILDREN OUT	
TOTAL NUMBER OF CHILDREN ENROLLED	/ IMMUNE FOR AGE	EXEMPT	MEDICAL	PERSON			MEMBERSHIP		CHILDREN CONDITIONAL		OF COMPLIANCE	
1	2	3	3A		3B	3C		3D		4	5	
BOX $1 = 2 + 3 + 4 + 5$	5; AND T	TOTAL OF 3A + 3	B + 3C + 3D N	MUST ≥ BC	OX 3							
	ONII V INIOI I	IDE OUIII DDEN AGE	O DIDTH THE	NIOU PRES	1011001 /D0 NOT		- O D.D.E.N.	LENDOLL				
	ONLY INCLU	JDE CHILDREN AGE	S BIRTH THRO	DUGH PRES	SCHOOL (DO NO I	INCLUD	DE CHILDREN	IENROLLI	=D IN K-12)			
					EN LACKING REC ONAL OR OUT OF							
DIPHTHERIA / TETANUS	PERTUSSIS	POLIO	MEASLES, RUBELLA		Hib		PATITIS B (HEP B)	VARICELLA (chickenpox)		PNEUMOCOCCAL (PCV, PPSV)		
A	В	C	;	D	E		F		G		Н	

TOTAL OF A + B + C + D + E + F + G + H MUST BE EQUAL OR GREATER THAN (\ge) 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 <u>Immunization Manual for Schools</u>, <u>Preschools and Child Care Facilities</u>.
- For more information about vaccine requirements, please see the <u>Vaccines Required for Child Care/Preschool Attendance</u> chart.
- Department of Health Schools/Child Care Webpage: www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization.