

REQUIRED 2009 ANNUAL PRESCHOOL AND CHILD CARE CENTER IMMUNIZATION STATUS REPORT (RCW 28A.210.110)

Please read instructions below before completing this form.

NOTE: This form is ONLY for children from birth through preschool in your program.

Please complete and submit your report online by November 1, 2009 at:
<https://fortress.wa.gov/doh/immenu>

Or mail this completed report by Nov 1, 2009 to:
Washington State Department of Health
Immunization Program CHILD Profile
111 Israel Rd. SE, 3rd Floor
PO Box 47843
Olympia, WA 98504-7843

Fax reports are no longer accepted.

If you have questions, please call 1-866-397-0337,
(360) 236-3565 or (360) 236-3527.

CENTER INFORMATION: This section is to be completed by ALL preschool and child care programs.

Center Name: _____

Mailing Address: _____

City, State, Zip: _____

Check all that apply:

- New center
- Name change (Previous name _____)
- Closed/no longer in business
- Inactive/temporary closure
- Drop in center

Date: _____

County: _____

Phone: _____

Completed by: _____

Check all that apply:

- Child Care
- Preschool
- Federal Headstart/ECEAP
- School age only (K-12)
- Seasonal/Migrant program

See directions on back.

DO NOT INCLUDE CHILDREN ENROLLED IN K-12

SECTION 1 ENROLLMENT	SECTION 2 IMMUNIZATION STATUS					
TOTAL NUMBER OF STUDENTS ENROLLED	COMPLETE FOR AGE/IMMUNE	CONDITIONAL	MEDICAL EXEMPT	PERSONAL EXEMPT	RELIGIOUS EXEMPT	OUT OF COMPLIANCE
7	1	2	3	4	5	6

BOX 7 = 1 + 2 + 3 + 4 + 5 + 6.

DO NOT INCLUDE CHILDREN ENROLLED IN K-12

SECTION 3 NUMBER OF CHILDREN LACKING REQUIRED VACCINES									
DIPHTHERIA/TETANUS	PERTUSSIS	POLIO	MEASLES	MUMPS	RUBELLA	HIB	HEP B	VARICELLA	PCV
A	B	C	D	E	F	G	H	I	J

Total of A through J must be equal to or greater than 2 + 3 + 4 + 5 + 6.

EXPLANATIONS

Center Information	
CENTER NAME	Name of the facility for which this form is being completed. Normally this will be the facility whose name is preprinted on the form. If you copy a preprinted form for use by another facility, please mark out the preprinted name. Indicate if there is a name change from the previous year.

Section 1
Enter the number of children enrolled at the facility the date the report is prepared.

Section 2	
All children must be accounted for in one of the following Immunization Status categories. The sum of all the categories in SECTION 2 must equal the number given in SECTION 1 (this means that # complete/immune + # conditional + # medical exempt + # personal/philosophical exempt + # religious exempt + # out of compliance = # of students enrolled).	
1. NUMBER COMPLETE/IMMUNE	Number of children who have presented a signed CIS form showing sufficient immunization dates to meet the requirements by age or documented immunity by blood test or note from health care provider.
2. NUMBER CONDITIONAL	Number of students who have presented a signed CIS form with proof of initiation or continuation of a schedule of immunizations, but who do not meet the requirements for age, but are within the recommended interval for the next doses. Determine what doses are needed. Request documentation as additional doses are received.
3., 4., and 5. NUMBER EXEMPT	Number of students who have presented a signed CIS form certifying that he/she is exempt for any or all vaccines for medical, personal/philosophical or religious reasons.
6. NUMBER OUT OF COMPLIANCE	Number of students whose immunization status is not complete, conditional, or exempt. A child is considered out of compliance if he/she has not presented a signed, completed CIS form. A child whose immunization status is out of compliance should be excluded from attendance until the requirements are met.

Section 3
Document number of children whose status in section 2 is reported as either exempt, conditional or out of compliance by individual vaccine lacking to meet the requirements.

For more information, please refer to the “Vaccines Required for Child Care/Preschool Attendance” chart.