

# Immunization Manual

*For Schools, Preschools, and Child Care Facilities*

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Mary Selecky, Secretary of Health

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This manual is available online at [www.doh.wa.gov/cfh/Immunize/schools/school-manual.htm](http://www.doh.wa.gov/cfh/Immunize/schools/school-manual.htm)

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# Manual Overview

The *Immunization Manual for Schools, Preschools, and Child Care<sup>1</sup> Facilities* is a guidebook for staff members who serve on the immunization frontline at schools, preschools, and child care facilities. By 'frontline,' we mean staff who process Certificates of Immunization Status (CIS), complete immunization status reports, and answer questions from parents and guardians about immunization requirements for children. Many of you don't deal with immunizations every day, but when you do, you are expected to know a lot about them right away. This manual will help you.

Find the manual in PDF format on the Department of Health's Immunization Program CHILD Profile Web site at [www.doh.wa.gov/cfh/Immunize/schools/school-manual.htm](http://www.doh.wa.gov/cfh/Immunize/schools/school-manual.htm). While you may want to download and print the manual and place it in a three-ring binder, we suggest you access it electronically so that you get the latest versions of the information, forms, and letters.

The manual can help you:

- Understand Washington State immunization requirements for schools, preschools, and child care facilities.
- Work successfully with parents, school administrators, and health care providers regarding immunization regulations.
- Answer questions about the immunizations a child needs for school or child care.
- Organize an efficient filing system for the Certificate of Immunization Status (CIS).
- Set up a reminder system to track students with exempt and conditional immunization statuses.
- Know what to include in letters you must send to families about disease outbreaks, incomplete immunization records, overdue immunizations, and exclusion of children from school or child care.
- Prepare the required school and child care Annual Immunization Status Reports.
- Report communicable diseases at your school or child care facility to local public health officials.
- Work with public health officials to get susceptible children immunized during a disease outbreak.
- Understand vaccine-preventable diseases, their causes and symptoms, and how they spread.
- Find immunization resources.

The manual contains these chapters:

- What is Required?
- Who is Responsible for What?
- What Must be Recorded?
- Additional Recommendations
- Resources

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<sup>1</sup> "Preschools and child care facilities" in this manual include preschools and child care centers associated with public and private schools, Head Start/ECEAP programs, licensed in-home child care, licensed child care centers, and children's group homes.

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# Chapter I: What is Required?



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# Requirements Snapshot

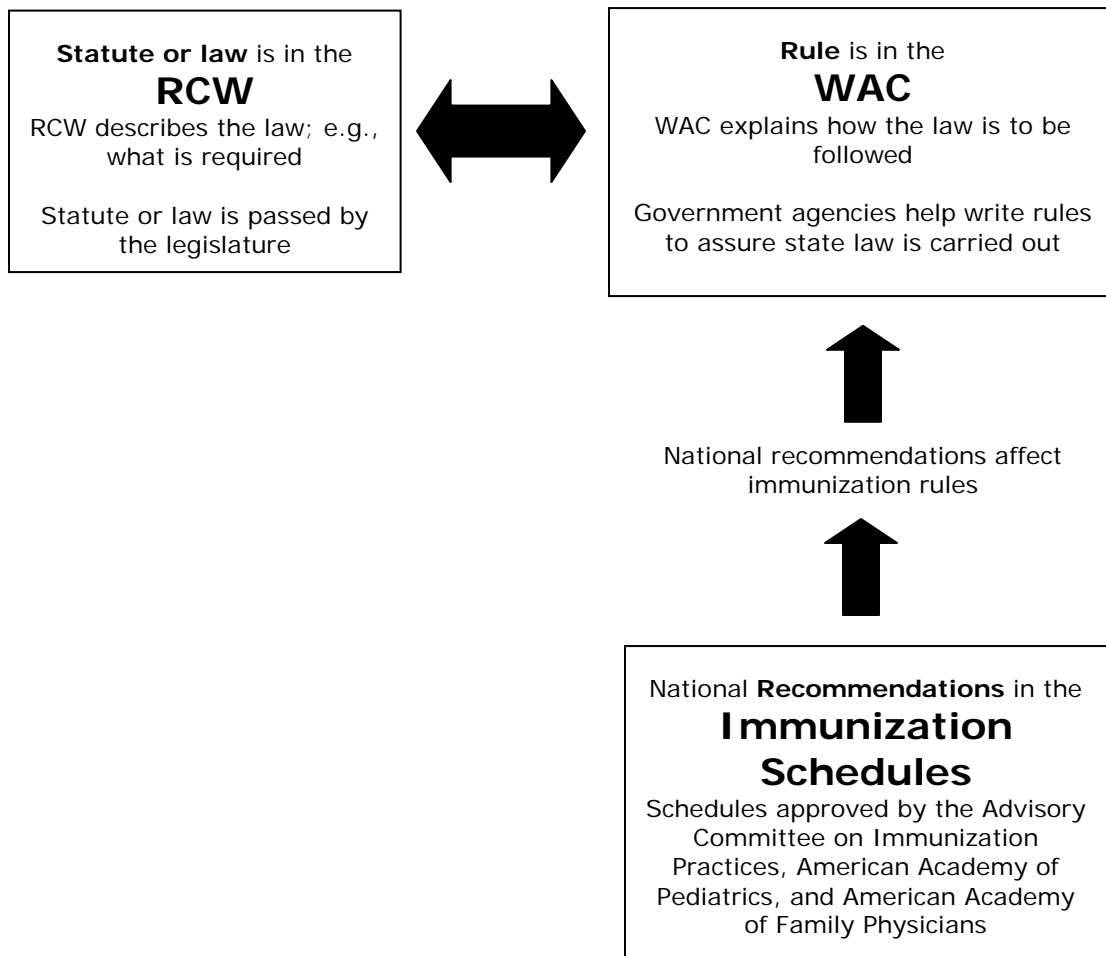
Immunization requirements really mean legal mandates by Washington State statutes and rules.

State lawmakers pass **statutes**. These become part of the Revised Code of Washington (RCW). The RCW equals state **law**.

State law gives government agencies the authority to define the law further and to assure that the law gets carried out through **rules**. They write the rules into the Washington Administrative Code (WAC). WAC Rules can never create a requirement beyond what their source, the RCW, allows.

Together, Board of Health and Department of Health create the rules. They use national vaccine recommendations when making our state immunization rules. National vaccine recommendations for children come out every year: one for children 0–6 years old and one for children 7–18 years old.

See a basic picture below of Washington State immunization regulations:



# Required Versus Recommended Immunizations

The difference between immunization requirements and recommendations can get confusing. Make sure you understand the difference so you can get what you need from parents and guardians. These definitions can help:

- **Requirements:** the minimum level of vaccination to enter school, preschool, and child care. Washington State rule uses the federal Recommended Immunization Schedules to decide our minimum requirements. The schedule referenced in the WAC may not be the most current schedule, but gets updated yearly.
- **Recommendations:** the “best practice” level for children and adults of all ages to get the best protection from vaccine-preventable diseases. Students may have more immunizations recorded than the minimum because they follow these “best practice” recommendations.

The students at your school, preschool, or child care facility must meet the **minimum requirements** for entry. Use the Vaccines Required Charts to help with finding these for the children you work with. For the recommendations by age group, use:

- Recommended Childhood Immunization Schedule Ages Birth-6 Years
- Recommended Adolescent Immunization Schedule Ages 7-18 Years

Find below a key part of the WAC needed for your work. Look at Chapter 5 for the full WAC.

**Per WAC 246-105-030, any child attending school, preschool, or child care in Washington State is required by law to be fully immunized at the ages and intervals consistent with the national immunization guidelines for their age/grade against the following diseases:**

- (A) Diphtheria
- (B) Tetanus
- (C) Pertussis (whooping cough)
- (D) Poliomyelitis (polio)
- (E) Measles (rubeola)
- (F) Mumps
- (G) Rubella (German measles)
- (H) Hepatitis B
- (I) *Haemophilus influenzae* type b (Hib disease)
- (J) Varicella

If a child does not have a required vaccination, he or she must be in the process of getting immunized (see Determining Status), or have an exemption from that immunization.

In addition, the school, preschool, or child care facility must have a completed and signed Certificate of Immunization Status (CIS). Accept only a CIS approved by the Department of Health and:

- Filled out by the parent/guardian, **OR**
- Printed by school personnel or health care providers from Washington’s CHILD Profile Immunization Registry, which automatically fills in the immunization record for the particular child.

To get the most updated versions, please print these documents from the Internet:

- **2011-2012 Vaccines Required for School Attendance, Grades K-12**  
English <http://www.doh.wa.gov/cfh/Immunize/documents/vacregschool09.pdf>  
Español <http://www.doh.wa.gov/cfh/Immunize/documents/vacregscholsp11.pdf>
- **2011-2012 Vaccines Required for Child Care/Preschool Attendance**  
English <http://www.doh.wa.gov/cfh/Immunize/documents/vacregschool11.pdf>  
Español <http://www.doh.wa.gov/cfh/Immunize/documents/vacreqchcarsp11.pdf>

For the 2011-2012 School Year, schools and child cares must reference the 2010 Immunization Schedules:

- **2010 Recommended Immunization Schedule Ages Birth – 6 Years**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/0-6immssched10.pdf>
- **2010 Recommended Immunization Schedule Ages 7 – 18 Years**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/7-18immssched10.pdf>
- **Individual Vaccine Requirements: Guidelines on Immunizations Required for School and Child Care/Preschool Entry**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/individualvacreq.pdf>



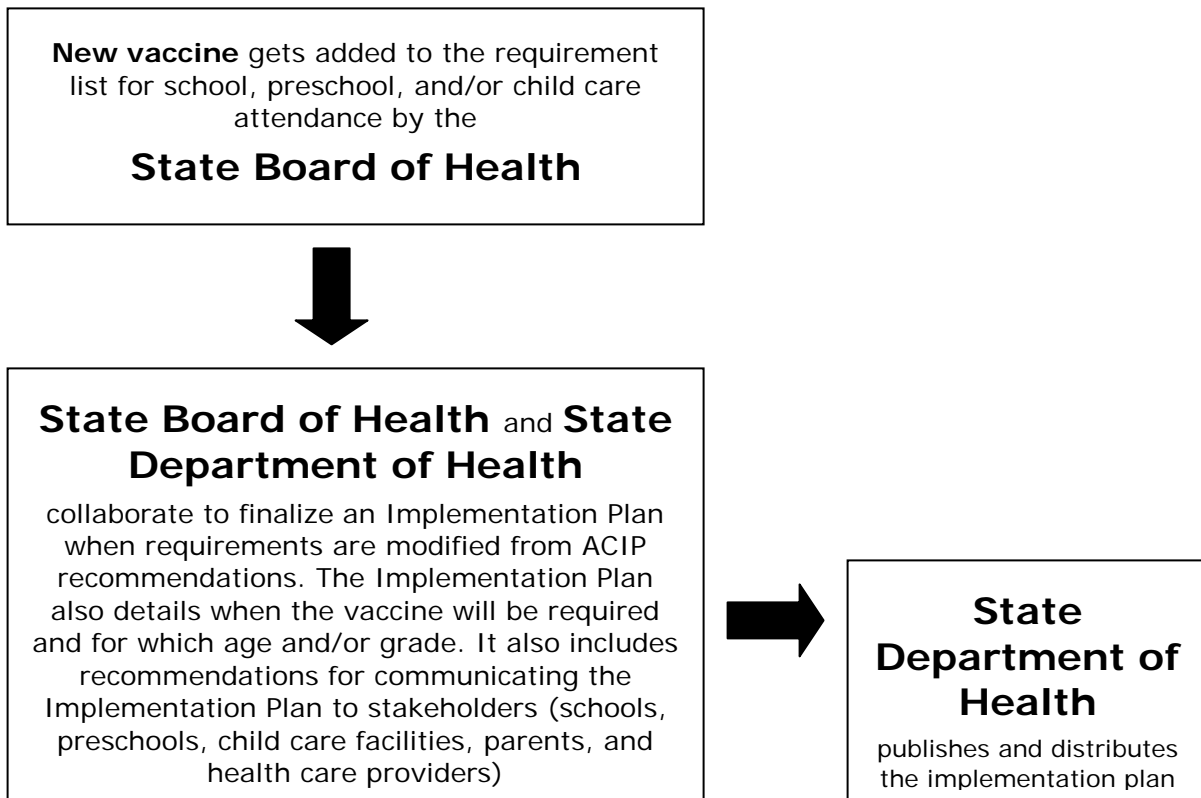
# Implementation Plans Snapshot

First, the Washington State Board of Health adds a new vaccine to the requirements list for attending school, preschool, and/or child care. Next, the board and the Washington State Department of Health collaborate to create an **Implementation Plan** to explain how to apply the requirement.

To make this implementation simpler, the department often takes the age and spacing of each required vaccine and translates that to grade level. Sometimes, implementation happens in phases to reduce school workload. For example, Tdap implementation started with sixth graders in 2007 and adds a grade each school year until all students in 6<sup>th</sup>-9<sup>th</sup> grades must have a Tdap booster to go to school.

In addition to new vaccine requirements, the department creates an Implementation Plan during vaccine shortages. In these cases, national immunization guidelines (from ACIP) may need to change. Because the WAC uses these guidelines, the board must approve a unique Implementation Plan pointing out the specific changes.

See below for a basic picture of this process:



These types of plans can easily get complicated to track. Read through them and post the plans where needed.

We have two Implementation Plans: one for Tdap (2006) one for Varicella (2008). Find links on the next page.

To get the most updated versions, please print these documents from the Internet:

- **Tdap Implementation Plan**

English only: <http://www.doh.wa.gov/cfh/Immunize/documents/tdapimplementplan.pdf>

- **Varicella Implementation Plan**

English only: <http://www.doh.wa.gov/cfh/Immunize/documents/varimplementplan.pdf>



# CIS and COE Snapshot

## CIS

All children entering school, preschool or child care must fill out a Certificate of Immunization Status (CIS). Our **WAC 246-105-050** defines the CIS and its requirements as:

**Schools, preschools and child care facilities must require proof of the child or student's immunization status on the Certificate of Immunization Status (CIS).**

**Certificate of Immunization (CIS) means:**

- Department of Health approved certificate
- Legible copy of the Department of Health approved certificate
- Certificate printed from the Washington State Immunization Registry
- Certificate that is approved by the Department of Health

**Do not accept an unapproved certificate.**

**CIS must include:**

- Name of child or student
- Birth date of child or student
- Type of vaccine(s) received
- Month, day and year of each dose of vaccine received
- Parent Signature

Every school, preschool, and child care facility must check the child's immunization status. Our **WAC 246-105-020** states:

**Immunization Status of the child or student can be:**

- **Complete** (fully immunized according to minimum requirements)
- **Conditional** (in the process of being immunized according to minimum requirements)
- **Exempt** (if parent/guardian or health care provider signs a Certificate of Exemption indicating a vaccine or full required dosage of vaccine will not be received)
- **Out of Compliance** (if child does not have any of the other statuses)

**For reporting purposes, a student can only have one status.**

## COE

**WAC 246-105-050** allows four different types of exemptions (shown below). A parent or guardian must claim at least one to file an exemption for a child or student on the Certificate of Exemption (COE). A parent or guardian must also sign and date the COE for all exemptions.

As of July 22, 2011, a licensed health care provider must sign the COE (or write and sign a letter) to verify that the parent or guardian got benefit and risk information about immunizations. This signature is required for all exemptions, except the Religious Membership Exemption. The Religious Membership Exemption is only for families who demonstrate membership in a church or religious body that does not believe in medical treatment. If the parent or guardian fills this information out correctly, no provider signature is required.

- **Medical Exemption** (Health care provider must sign the COE twice; once when indicating Temporary or Permanent exemption – if Temporary, must include date the exemption expires; and once for the benefit and risk information.)
- **Religious Exemption** (Health care provider must sign. Parent/guardian must indicate which vaccine(s).)
- **Religious Membership Exemption** (Parent/guardian must state which church or religious body he or she is a member of and must indicate which vaccine(s).)
- **Personal Exemption** (Parent/guardian must indicate which vaccine(s).)

**Parents/guardians of exempt children or students MUST receive notification** that the child/student may get excluded from school, preschool or child care if an outbreak of a disease occurs that they have not gotten fully immunized against, for the duration of the outbreak.

To get the most updated versions, please print these documents from the Internet:

- **Frequently Asked Questions: Certificate of Immunization Status (CIS) and Certificate of Exemption (COE)**  
English Only <http://www.doh.wa.gov/cfh/Immunize/documents/faqciscoeform.pdf>
- **Certificate of Immunization Status (CIS)**  
English <http://www.doh.wa.gov/cfh/Immunize/documents/certimmunstatus.pdf>  
Español <http://www.doh.wa.gov/cfh/Immunize/documents/cisspanish.pdf>  
**For other languages, see:**  
<http://www.doh.wa.gov/cfh/Immunize/forms/otherlanguages.htm> **OR go directly to the following links:**
  - Albanian <http://www.doh.wa.gov/cfh/Immunize/documents/cisalbanian.pdf>
  - Arabic <http://www.doh.wa.gov/cfh/Immunize/documents/cisarabic.pdf>
  - Bosnian <http://www.doh.wa.gov/cfh/Immunize/documents/cisbosnian.pdf>
  - Cambodian <http://www.doh.wa.gov/cfh/Immunize/documents/ciscambodian.pdf>
  - Chinese <http://www.doh.wa.gov/cfh/Immunize/documents/cischinese.pdf>
  - French <http://www.doh.wa.gov/cfh/Immunize/documents/cisfrench.pdf>
  - Haitian Creole <http://www.doh.wa.gov/cfh/Immunize/documents/cishaitiancreole.pdf>
  - Hmong <http://www.doh.wa.gov/cfh/Immunize/documents/cishmong.pdf>
  - Japanese <http://www.doh.wa.gov/cfh/Immunize/documents/cisjapanese.pdf>
  - Korean <http://www.doh.wa.gov/cfh/Immunize/documents/ciskorean.pdf>
  - Laotian <http://www.doh.wa.gov/cfh/Immunize/documents/cislaotian.pdf>
  - Portuguese <http://www.doh.wa.gov/cfh/Immunize/documents/cisportuguese.pdf>
  - Punjabi <http://www.doh.wa.gov/cfh/Immunize/documents/cispunjabi.pdf>
  - Russian <http://www.doh.wa.gov/cfh/Immunize/documents/cisrussian.pdf>
  - Somali <http://www.doh.wa.gov/cfh/Immunize/documents/cissomali.pdf>
  - Tagalog <http://www.doh.wa.gov/cfh/Immunize/documents/cistagalog.pdf>
  - Thai <http://www.doh.wa.gov/cfh/Immunize/documents/cisthai.pdf>
  - Urdu <http://www.doh.wa.gov/cfh/Immunize/documents/cisurdu.pdf>
  - Vietnamese <http://www.doh.wa.gov/cfh/Immunize/documents/cisvietnamese.pdf>
- **Certificate of Immunization Status (CIS) Child Care/Preschool Overlay**  
For Kindergarten Entry Only (print out on transparency paper):  
<http://www.doh.wa.gov/cfh/Immunize/documents/kindrcisoverlay.pdf>
- **Certificate of Immunization Status (CIS) Kindergarten Overlay**  
For Child Care/Preschool Entry Only (print out on transparency paper):  
<http://www.doh.wa.gov/cfh/Immunize/documents/ccarecisoverlay.pdf>
- **Certificate of Exemption (COE)**  
English <http://www.doh.wa.gov/cfh/Immunize/documents/coe2011.pdf>  
Español <http://www.doh.wa.gov/cfh/Immunize/documents/coe2011spanish.pdf>
- **Frequently Asked Questions: 2011 School and Child Care Exemption Law of Exemption**  
English Only <http://www.doh.wa.gov/cfh/Immunize/schools/exemption-FAQ.htm>
- **Find these Sample Signature Requirements for Exemptions here:**  
<http://www.doh.wa.gov/cfh/Immunize/forms/default.htm#temp-sample>
  - Temporary Medical Exemption
  - Permanent Medical Exemption
  - Standard Religious Exemption
  - Religious Exemption Demonstrating Membership in a Church or Religious Body
  - Personal/Philosophical Exemption

# Reporting Snapshot

Immunization requirements really mean legal mandates by Washington State law (RCW) and rules (WAC). State law (RCW) gives the Washington State Board of Health and the Washington State Department of Health the authority to define this law further and to assure that the law gets carried out through rules (WAC).

The rule states that schools, preschools, and child care facilities must:

- Report the immunization status of their students/children and
- Create a policy for controlling disease spread at their facility

## Report Immunization Status

Per **WAC 246-100-166**, the chief administrator of every school, preschool, and child care facility in Washington State must:

1. Submit an immunization status report to the Washington State Department of Health every year by November 1.
2. Submit the report either electronically or by mail (using the status report created by the Department of Health).

## Status Definitions

Find below definitions for the Immunization Statuses used on the Annual Status Report:

School Entry. The Centers for Disease Control and Prevention (CDC) defines “School Entry” as kindergarten entry. Schools that do not have a kindergarten but start with first grade need to report on first grade, or their “School Entry” level. Schools that do not have either kindergarten or first grade do not need to complete the “Entry Level Only” row in part C of the status report.

Status. Many students have complex vaccine histories. For example, a student may have gotten some vaccines, may have an exemption for one vaccine, and may not have any doses of other vaccines. **When you report, use only one status per student or child.** Use one of these four immunization statuses:

- **Complete.** This status means the child has a signed CIS and is fully immunized according to minimum requirements for age or grade.
- **Conditional.** This status means a type of temporary immunization status where a child lacks immunization against one or more of the vaccine-preventable diseases required for full immunization. A child in this status has a signed CIS and can attend a school or child care facility if he or she makes satisfactory progress toward full immunization.
- **Exempt.** This status means the child has a signed CIS and that the child’s parent/guardian or health care provider signed a Certificate of Exemption to excuse the child from a vaccine or from the full required dosage of a vaccine. Parents must show all exempted vaccines on the Certificate of Exemption.
- **Out of Compliance.** This status means the child has no signed CIS or has a signed CIS but also does not have any other status.

Susceptible List. A student with any status other than “Complete” must be included on the school, preschool, or child care facility’s **susceptible list** for follow-up or exclusion in the event of an outbreak.

## Disease Prevention and Control

Per **Chapter 246-110 WAC—Contagious disease—school districts and day care centers**, all facilities responsible for children are required to establish policies and procedures for preventing and controlling the spread of communicable diseases in children, employees, and volunteer staff.

To get the most updated versions, please print these documents from the Internet:

- **Required School Immunization Status Report Form**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/348-014a.pdf>
- **Required Preschool and Child Care Immunization Status Report Form**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/348-002a.pdf>
- **Web-Based School and Preschool/Child Care Immunization Status Report Form (IMMENU)**  
English only <https://fortress.wa.gov/doh/immenu/>
- **How to Complete Your Preschool/Child Care Immunization Status Report Form**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/ccinstruct4web.pdf>
- **How to Complete Your School Immunization Status Report Form**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/schinstruc4web.pdf>

# Disease Outbreak Notice

All schools, preschools, and child care facilities responsible for children must have clear policies and procedures to prevent and control the spread of communicable diseases in children, employees, and volunteer staff (Chapter 246-110 WAC). These policies must concur with current practices recommended by your local health jurisdiction or the Washington State Department of Health.

When children or students get sick, facilities must often take measures to prevent or control outbreaks in their care or school community. Facilities should promote healthy hygiene, such as “keep your child home if sick,” cough into your sleeve, and wash your hands often with soap and warm water. Also, use other actions like:

- Review immunization records to protect peers or classmates who may not be immunized against a particular disease,
- Identify all students exposed to the disease and those susceptible, and
- Exclude susceptible students (those not vaccinated or undervaccinated) until the danger of the outbreak passes.

**Call your local health jurisdiction right away if you suspect a communicable disease in a child or staff member. See contact list in Chapter 5, Resources.**

Also in Chapter 5, Resources, please find two sample policies based on the Washington State School Directors' Association policy for infection control. These serve as references for school staff and volunteers.



# Required Notification Letters Snapshot

Schools, preschools, and child care facilities must notify parents or guardians of certain immunization-related information.

## Exclusion Notification

Per **WAC 246-105-060**, parents/guardians must get notification that:

- Their child may need to stay home (get excluded) from school, preschool, or child care in the event of an outbreak of a vaccine-preventable disease for which their child has an exemption, for the duration of the outbreak.

Parents/guardians must get written notification of their child's exclusion, prior to the child getting excluded, for failing to follow WAC immunization requirements, per:

- **392-380 WAC** for parents/guardians of children in public school
- **180-38 WAC** for parents/guardians of children in private school

## Disease and Vaccine Information

Per **RCW 28A-210-080**, parents/guardians of all students beginning with the Grade 6 must get a letter with information about meningococcal disease and vaccine.

Per **RCW 28A-210-080**, parents/guardians of students in:

- Public schools beginning with Grade 6 must get a letter about the Human Papillomavirus disease and vaccine.
- Private schools beginning with Grade 6 must get notification that they can access information about Human Papillomavirus prepared by the Department of Health.

**To get the most updated versions, please print these documents from the Internet:**

**Find these Sample letters here**

[http://www.doh.wa.gov/cfh/Immunize/forms/default.htm#sample\\_letters](http://www.doh.wa.gov/cfh/Immunize/forms/default.htm#sample_letters)

- Notice of Child's Conditional Immunization Status (Public & Private Schools)
- Notice of Exclusion for Immunization Noncompliance (Public Schools)
- Notice of Exclusion for Immunization Noncompliance (Private Schools)
- Meningococcal Disease (Public & Private Schools)
- Human Papillomavirus (HPV) (Public Schools)
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# Chapter II: Who is Responsible for What?

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- Local Health Jurisdictions
- State Agencies
  - Department of Health
  - Board of Health
  - Department of Early Learning
  - Office of the Superintendent of Public Instruction



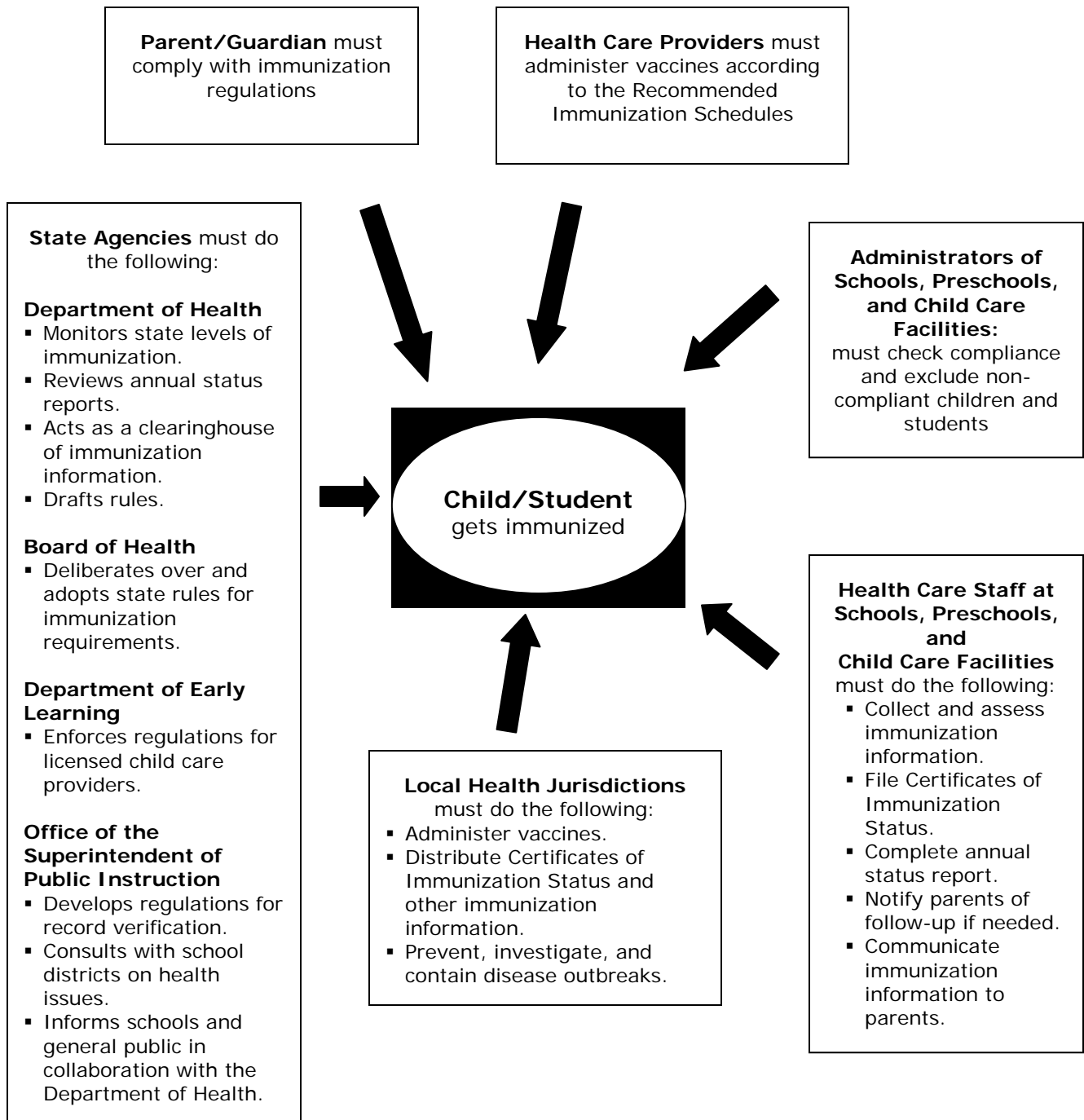
#### 3. Special School Populations

- Alternative School Programs
  - Home-Schooled Students, Running Start Students, Virtual School Students
- Foster Care Students
- Graduating Students
- Homeless Students
- International Students
- Special Education Students
- Summer School Students
- Transfer Students
  - In-State Transfer Students
  - Out-of-State Transfer Students

# Responsibilities Snapshot

Many of us have responsibility to get children and students immunized in Washington State, from parents to state agencies. See below a picture of this network.

*Passive: 0%*    *Reading Ease: 50.4*    *Grade Level: 9.4*



# Who and What?

Many organizations and individuals have responsibilities for immunizing children or students in Washington State. See below for specific responsibilities.

## Parents/Guardians

The responsibility for a child meeting immunization regulations falls to parents, including foster parents and guardians. Parents should keep accurate and up-to-date immunization records for their children. Parents must use correct records to complete the Certificate of Immunization Status (CIS) when their child's school, preschool, and/or child care.



The immunization dates on the CIS must come from a written record. Written records include personal records, records from a clinic or health care provider, or records printed from the state's immunization registry. When the child gets immunized, the parent or guardian must tell the school nurse or designated staff. This way, the school can update the child's CIS right away.

## Health Care Providers

These licensed health care providers can prescribe and give (administer) vaccines:

- Licensed medical doctors (MD),
- Doctors of osteopathy (DO),
- Naturopathic doctors (ND),
- Licensed Physician's Assistants (PA), and
- Nurse Practitioners (ARNP) with prescriptive authority

Health care providers immunize patients as shown in the most current Recommended Immunization Schedules. By law, health care providers must:

- Educate parents and guardians about communicable diseases and immunizations by giving them a current Vaccine Information Statement (VIS) for each vaccine.
- Verify, for any parents or guardians wanting to exempt (excuse) their child from immunization requirements, that the parent or guardian got information on the benefits and risks of immunization. By verify, the law says they can either sign the exemption form or a letter.

In addition, health care providers should give parents up-to-date records of their child's immunization history. Also, nurses and medical assistants can help parents fill out the Certificate of Immunization Status (CIS) with the child's immunization history. See RCW link Chapter 5, Resources.

Health care providers, under HIPAA guidelines, may share a child's immunization information with other health care providers without parental consent. However, according to the 1991 Uniform Health Care Information Act, this information sharing can only happen if the exchange will help to provide health care. Also, a licensed health care provider can exchange immunization information with a school nurse or designee. A parent's signed consent to share immunization information with someone other than a health care provider stays valid for only 90 days.

## **Administrators of Schools, Preschools, and Child Care Facilities**

Administrators have final responsibility when it comes to immunizations. But, they can give other staff members some tasks (see below). If this happens, that staff person becomes the designee.

The administrator or designee excludes children from school, preschool, or child care if they do not meet immunization requirements. Students with a temporary “conditional” immunization status switch to an “out-of-compliance” status if they fall more than 30 days behind schedule in getting immunized. The facility must also exclude these students.

## **Designated Health Care Staff at Schools, Preschools, and Child Care Facilities**

The program director or principal can give immunization duties to a nurse, health assistant, secretary, clerk, or volunteer. They can:

- Gather, check, and assess immunization information to ensure correct and complete records,
- Contact parents for follow-up,
- Keep an up-to-date list of not fully immunized children,
- Turn in timely annual immunization status reports,
- Report (right away) communicable diseases to the local health jurisdiction, school or preschool administrator, child care director, and parents,
- Work with the local health jurisdiction and the school/preschool administrator or child care facility director to prevent and control the spread of a disease when an outbreak threatens or occurs.
- Create a filing system for the required CIS to make it easier to update records; identify students who have skipped immunizations or need more doses; identify and keep a list of susceptible students to use in the event of a disease outbreak; keep completed CISs together, alphabetized by grade level and last name; keep a separate alphabetical list of students not fully immunized; and collect data for the required annual status report.
- Ensure that immunization-tracking software (if used) will separate immunization records into “complete,” “conditional,” “exempt,” and “out-of-compliance” categories, list which immunizations a student needs and when due, and make status reports,
- Teach staff and parents about the importance of immunizations, the CIS, state immunization laws, and school requirements.

Because families trust schools for information, school nurses, health assistants, and secretaries can help protect students against serious diseases by encouraging full and timely immunization. Use enrollment and Kindergarten Round-Up to talk with parents about immunizations. Help parents understand that:

- Each child must record his or her immunization status on a CIS
- Immunizing on time gives children the best protection
- The Recommended Immunization Schedule show when kids need which vaccines
- Children must get some vaccines to attend school
- Communicable diseases still exist and international travel can bring diseases common in other parts of the world to our communities
- Keeping up-to-date records at home and school is vital
- Children can get free or low-cost immunizations in our state and some health care providers have evening and weekend hours.

## Local Health Jurisdictions

Most local health jurisdictions (LHJs) give immunizations. Some also give out Certificates of Immunization Status and other forms, as well as materials about communicable disease and immunization rules. Public health officials take steps to prevent and control disease outbreaks, and study them when they occur. They also work to increase or maintain high immunization levels in their communities.

## State Agencies

### Department of Health

The Immunization Program CHILD Profile (IPCP) at the Washington State Department of Health tracks immunization levels in the whole state as part of a federal requirement. The program works closely with other agencies. These agencies include:

- Office of the Superintendent of Public Instruction,
- Department of Social and Health Services,
- Local health jurisdictions,
- child care facilities, and
- Health care providers.

The program helps by answering questions, making referrals, and serving as an information clearinghouse about vaccines and vaccine-preventable diseases. Public health staff may review school, preschool, and child care facility records ensure they comply with state regulations.

### Board of Health

The Board of Health adopts regulations about immunization requirements and communicable disease control.

### Department of Early Learning

The Department of Early Learning enforces rules for licensed child care providers.

### Office of the Superintendent of Public Instruction

The Office of the Superintendent of Public Instruction (OSPI) works mainly with schools when it comes to immunizations by:

- Creating rules for checking school immunization records,
- Consulting with school districts on health issues, and
- Helping the Department of Health tell schools and the general public about immunization issues.

OSPI refers questions about individual student immunization records to the student's health care provider or local health jurisdiction.

# Special Populations

There are additional special school populations that have responsibilities regarding immunizations. They are outlined below.

## Alternative School Programs

### Home-Schooled Students, Running Start Students, and Virtual School Students

Because many diseases spread through the air, the principle of “sharing air space” is fitting for students in alternative programs. Such programs include home-schooling, Running Start, and distance learning. If the student is “sharing air space” with other students, he or she must follow school immunization requirements. “Sharing air space” includes riding the school bus or going into the school building for any activity, such as music, drama, or sports.

These students in alternative programs must have a signed Certificate of Immunization Status (CIS) on file at the school. The student must show:

- Full immunization for his or her age or grade,
- Satisfactory progress toward full immunization, or
- A signed Certificate of Exemption (COE)

## Foster Care Students

Foster students must follow the same rules as all other students and have a completed CIS on file at the school they attend. Foster children can get routine medical services with their foster parent’s permission. Medical services include getting immunized and signing the Certificate of Immunization Status (CIS). By law, foster parents have to tell the social worker of all known health information specific to that child (WAC 388-148-0350).

Foster children can also claim an exemption. But, to do this, the foster parent must get approval from a judge or a statement from a doctor stating why the child should not get immunized.

## Graduating Students

When students graduate, they should get their most recent and accurate CIS (the student’s parent can also get this information). Schools may want to keep a copy on file, but do not need to. Colleges may require immunization records as do various jobs, especially those in health-related fields.



We recommend that schools give a letter with information about additional adolescent vaccine recommendations to graduating students with their CIS. See Chapter 5, Resources, “Sample Graduating Senior Letter.”

## Homeless Students

Schools must allow homeless students to enroll, attend classes, and fully take part in school activities even if the student does not have immunization records. After a student enrolls, the homeless coordinator must help to either get the student immunized or find his or her immunization records. A student is homeless if he or she meets the definition as explained in the McKinney-Vento\* law.

No Child Left Behind legislation states: The “enrolling school shall immediately refer the parent or guardian of the student to the local educational agency liaison who shall assist in obtaining necessary immunizations or immunization records.”

Schools cannot keep out homeless students because they lack immunization records.

**\*Who is homeless (Sec. 725 McKinney-Vento Act; USC 11432)**

The term “homeless children and youth”

- A) means individuals who lack a fixed, regular, and adequate nighttime residence...;  
and
- B) includes:
  - i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.
  - ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human being.
  - iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
  - iv. migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

## International Students

International students must follow the same rules as all other students and have a completed CIS on file at the school they attend. This includes short-term visitors. The school must have the CIS before their first day of school. Host parents of international students act as legal guardians and may sign a CIS. However, by law they cannot take the student to get immunized unless they have notarized permission from the student’s parents to do so, or if the student is 18 years or older.

We strongly recommend that the CIS be filled out as part of pre-registration for all international students. Schools should also give copies of the CIS to agencies that sponsor international students. The agency can then include the CIS when they arrange student visits. In other words, completing the CIS should become a regular part of the application process. School districts can already know if an international student is in compliance with immunization requirements when he or she arrives in Washington State.

## Special Education Students

Students should generally follow immunization requirements for their grade. For example, a student who is 10 years old but is held back a grade should follow the immunization requirements for that grade. Developmentally delayed students in special education programs should follow requirements for whichever grade they are in. If these students are not associated with a specific grade, they should follow the requirements for students who are about the same age. For example, students over 18 years of age in a special education program should follow the requirements for 12<sup>th</sup> graders. Special education students who are 12 years of age should follow the 6<sup>th</sup> grade requirements since many 6<sup>th</sup> graders are 12 years old.

## Summer School Students

All students enrolled in a Washington State public or private summer school must have a CIS on file. If students attending summer school in a building other than the school they regularly attend but within the same school district and they have a CIS on file at their regular school, they are in compliance with the immunization law. This policy also applies to skill centers and off campus and alternative schools. However, the records must be accessible. If the school with the immunization records closes during the summer, a copy of the CIS must be available at the summer school location.

## Transfer Students

When a student transfers to another school district, the parent can take the original or copy of the CIS to the new school. If the school gives a copy to the parent, it can send the original with the student's other school records.

**Note:** A former school cannot withhold the student's CIS for any reason, including non-payment of fees. See Chapter 5, Resources, for the WAC reference.

### In-State Transfer Students

If a student transfers to a new school district within the state, he or she is considered 'new' and must have a fully-completed and signed (CIS) on file at the new school. We recommend using a copy of the CIS from the former school.

### Out-of-State Transfer Students

If a student transfers from another state, he or she must have a completed Washington State CIS on file at the new school. You cannot use forms from other states, even if the information complies with Washington State immunization law. We recommend using the information from other states to complete the Washington State CIS.

# Chapter III: What Must be Recorded?

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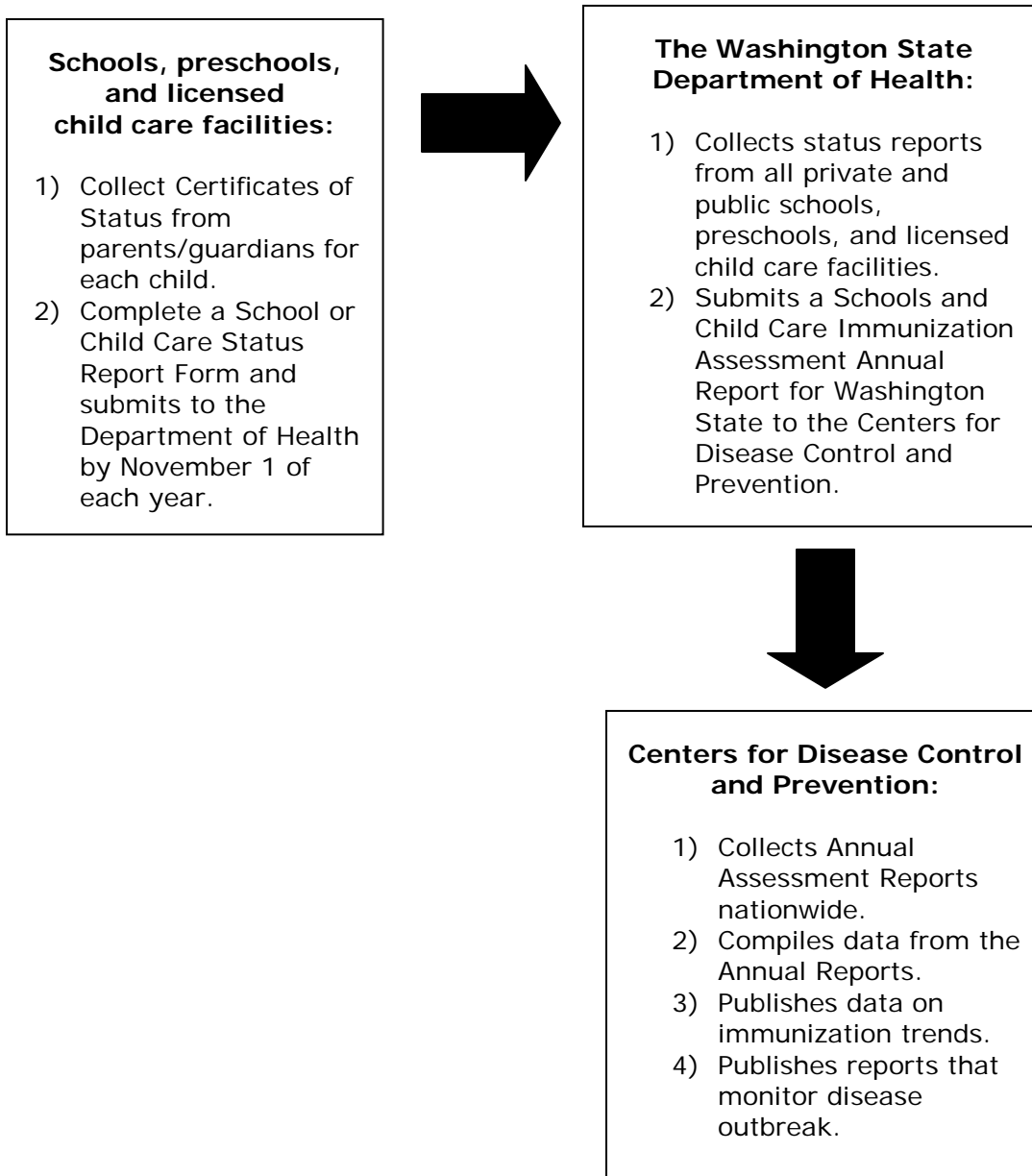
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# Record Keeping Snapshot

Find below a picture of how your local immunization reporting goes to the state and federal levels.

*Passive: 0%    Reading Ease: 45.0    Grade Level: 11.1*



# Recording Immunization Information

## Parents/Guardians

Parents and guardians should track their children's immunization history. They can:

- Get a printed history from Washington's Web-based, statewide CHILD Profile Immunization Registry, if their provider uses it.
- Get a printed history from their provider's electronic health record.
- Hand-write the history on their provider's own record card.
- Hand-write the history on the **Lifetime Immunization Record** card, which most babies get at birth.

## Schools, Preschools, and Child Care Facilities

No matter how parents and guardians record immunizations, each child in Washington State needs a signed Certificate of Immunization Status (CIS) on file before beginning school, preschool, or child care. This means that you:

- Use a CIS printed directly from the CHILD Profile Immunization Registry with the child's immunization history automatically filled in. The school or provider can print the CIS.
- May need to transfer by hand the information from the child's record card or **Lifetime Immunization Record** card to the CIS.
- May need to transfer by hand the information from an electronic health record to the CIS or attach a copy of the printout to the CIS. Remember: the parent or guardian must sign this record to get it entered into the child's file.

Schools, preschools, and child care facilities may accept:

- A CIS printed from the CHILD Profile Immunization Registry.
- An immunization record printed from a provider's electronic health record.
- A legible copy of the official CIS. No need for double-sided, color copies on card stock paper.

## Approved Changes to an Existing CIS

Schools, preschools, and child care facilities may accept:

- One CIS per child for the duration of his or her stay at the school, preschool, or child care facility. School staff can update an existing CIS by:
  - **Phone or in-person approval from a parent.** If school personnel get updated information, staff can handwrite the change, initial the change, and document the in-person or phone call date.
  - **CHILD Profile Immunization Registry.** If school staff search and find updated information in the Registry, staff **MUST obtain parent approval in-person or by phone**, and then can document that the information came from the Registry and got approved by the parent in person or by phone and the date.

# Organizing Records

## Certificate of Immunization Status

### Manual Record Keeping

To enter school, preschool, or child care, every child must, by law, have a completed Certificate of Immunization Status (CIS) on file. Consider the following when setting up a filing system:

- Keep completed CISs together in a folder, arranged alphabetically by grade level and then by last name.
- Keep a separate alphabetical list of not-fully immunized students.

A systematic filing system makes it easier to:

- Update your records.
- Identify students who have skipped immunizations or are due for more.
- Identify and keep a list of susceptible students, to be used in the event of a vaccine-preventable disease outbreak.
- Compile the required annual status report for the Department of Health.

### Computerized Record Keeping

If using immunization-tracking software, be sure the software will:

- Separate immunization records into “complete,” “conditional,” “exempt,” and “out-of-compliance” categories.
- List which immunizations a student needs and the due date for each.
- Produce annual status reports.

## Certificate of Exemption

### Manual Record Keeping

If a parent exempts a child from any required immunization(s), that child must, by law, have a completed and signed Certificate of Exemption (COE) on file for at school, preschool, or child care. Starting July 22, 2011, all exemptions must also have a licensed health care provider signature verifying that the parent or guardian got information on the benefits and risks of immunizations. The only exception is for those families claiming a Religious Exemption AND demonstrating membership in a church or religious body that doesn't believe in medical treatment by a health care provider.



Consider the following when setting up a filing system:

- Keep completed COEs together in a folder, arranged alphabetically by grade level and then by last name (be sure to use a different folder than the CIS folder).
- Keep a separate alphabetical list of exempt students.

A systematic filing system makes it easier to:

- Update your records.
- Give the list to your local health jurisdiction in the event of an outbreak or exposure of a vaccine-preventable disease.
- Complete the exemption portion of annual status report.

# Determining Immunization Status

Each child's immunization status must be determined for the annual status report. Use the student's Certificate of Immunization Status (CIS) and/or Certificate of Exemption (COE). If the student is exempt, the COE must explain the status. Find below descriptions of all four possible immunization statuses.

## Status of Immunizations

### ■ Complete (for Age)

A child has an immunization status of "complete" as described in WAC 246-105-020 if he or she:

- has been fully immunized for his or her age against each of the vaccine-preventable diseases listed in WAC 246-105-030 according to the national immunization guidelines described in WAC 246-105-040 or
- has provided proof of acquired immunity

A completed CIS must be signed and on file at the school or facility.

### ■ Conditional

The State Board of Health designed "conditional" status as a temporary solution for children lacking immunization against one or more of the required vaccine-preventable diseases (WAC 246-105-040). This status allows children to stay in school while parents arrange for their children to get the missing immunizations. Schools also have time to get their records in order to avoid excluding a student.

A child in this status can attend school or child care if he or she makes satisfactory progress toward full immunization. "Satisfactory progress" (for conditional status or an expired temporary medical exemption) means the child must start, or continue, getting missed immunizations while following national immunization guidelines described in WAC 246-105-040 and within these timeframes:

- Get any missing immunizations within 30 days after the first day of attendance or after a temporary medical exemption becomes invalid, unless getting the vaccine within such time creates an inconsistency with the national immunization guidelines.
- Get missing immunization doses in a vaccine series at recommended intervals and no later than 30 days past the recommended date as established by the national immunization guidelines.

After children catch up on missing immunizations, their "conditional" status changes to "complete."

Schools need to ensure:

1. Proper screening of the child,
2. School communication to the parent takes place about the child's status before the child starts school, and
3. Complete and accurate immunization status records on file at the school in the event of an outbreak so that officials know which children have "conditional" status

▪ **Out of Compliance**

A child has an immunization status of “out of compliance” if as described in WAC 246-105-020 if he or she:

- has not gotten fully immunized,
- does not have a temporary conditional status, and
- has no exemption(s) on file or
- has no signed CIS on file

Any child with “out of compliance” status **must** be excluded from attending school or child care until he or she meets the legal requirements of the law.

▪ **Exempt**

A child may be exempt (excused) from immunization requirements for medical, personal/philosophical, or religious reasons. Exemptions must be documented on the COE as follows:

**All exemptions:**

- All exemptions (medical, personal/philosophical, or religious) must include a signature by a parent or guardian, no exceptions.
- All exemptions (medical, personal/philosophical, or religious) must include a signature by a licensed health care provider\*. This signature verifies that the parent or guardian received information on the benefits and risks of immunizations. This can be a signature on the COE or in a letter.
  - The only exception to having a provider signature on the COE is for families claiming a Religious exemption AND who demonstrate membership in a church or religious body that doesn't believe in medical treatment by a health care provider.

**Medical exemptions:**

- Medical exemptions must have a signature by a licensed health care provider\* with which vaccine(s) apply. Health care providers must sign the COE twice for medical exemptions – once for the actual exemption and once verifying the parent or guardian got information on the benefits and risks of immunizations. Health care providers can use either the COE or a signed note attached to the COE to document medical exemptions.
  - Permanent medical exemption: A child may have a medical reason to permanently exempt an immunization. Health care providers must write in “permanent” for this type of exemption.
  - Temporary medical exemption: A child may have a medical reason to temporarily delay an immunization with the intent to be immunized later. Health care providers must give an expected date that the temporary exemption ends. Staff at a school, preschool, or child care facility should monitor temporary exemptions.

**Philosophical/Personal exemptions:**

- Personal/Philosophical exemptions must include a signature by a licensed health care provider\*. This signature verifies that the parent or guardian received information on the benefits and risks of immunizations.

**Religious exemptions:**

- Religious exemptions must include a signature by a licensed health care provider\*. This signature verifies that the parent or guardian received information on the benefits and risks of immunizations.
  - The only exception to having a provider signature on the COE is for

families claiming a Religious exemption AND who demonstrate membership in a church or religious body that doesn't believe in medical treatment by a health care provider.

\* Licensed health care providers include the following: medical doctor (MD), doctor of osteopathy (DO), naturopathic doctor (ND) (see RCW 18.36A.040), licensed physicians assistant (PA), or nurse practitioner (ARNP)

## Annual Status report

Even though a child could be complete for some vaccines, conditional for others, and exempt for still others, **each child can only have one status entered for the annual status report**. Consider these examples:

- A child exempt for any dose or vaccine means the child's status is **exempt**.
- A child conditional for any vaccine or dose in a series and with no exemptions means the child's status is **conditional**.
- A child neither exempt nor conditional for any vaccine or dose in a series but out of compliance for a vaccine or dose in a series means the child's status is **out of compliance**.
- A child with no CIS means the child's status is **out of compliance**.



# Accessing Records

## Washington's Child Profile Immunization Registry (immunization information system)

Many health care providers and clinics in the state use Washington's Web-based, statewide CHILD Profile Immunization Registry to record immunization information for patients. However, all the children at your school, preschool, or child care facility may not have immunization information entered into the Registry. Schools, Head Start, and ECEAP programs can access the Registry as well in order to find and print immunization information for students. See the picture below that shows access.

### Access Snapshot

**With a current Information Sharing Agreement on file with CHILD Profile, and following appropriate HIPAA and FERPA regulations regarding medical data,**

#### **Health Care Providers**

**may complete the following tasks in the Registry:**

- 1) Enter immunization data (vaccine, date received)
- 2) View and Edit (change) immunization data
- 3) Print immunization records
- 4) Print automatically-populated Certificate of Immunization Status (CIS)

**With a current Information Sharing Agreement on file with the school district and CHILD Profile,**  
**Schools**

**with a school nurse\* on staff may complete the following tasks in the Immunization Registry:**

- 1) View immunization data
  - 2) Print immunization records
  - 3) Print auto-populated CIS
- Or staff assigned by the school nurse

**With a current Information Sharing Agreement on file with CHILD Profile,**

#### **Head Start and ECEAP Facilities**

**with a nurse consultant\* on staff may complete the following tasks in the Immunization Registry:**

- 1) View immunization data
  - 2) Print immunization records
  - 3) Print auto-populated CIS
- Or staff conducting immunization tasks under the direction of the nurse.

#### **Schools and Head Start/ ECEAP Facilities**

**MUST also comply with the following:**

- 1) Sign a Confidentiality Agreement
- 2) Follow HIPAA and FERPA regulations regarding medical data
- 3) Give a record of the immunizations to the parent/guardian

## Registry Overview

### What is the CHILD Profile Immunization Registry?

CHILD (Children's Health Immunizations Linkages and Development) Profile is Washington State's Immunization Registry and Health Promotion System designed to help ensure Washington's children receive the preventive health care they need. The Washington State Department of Health is responsible for the system and contracts with Public Health--Seattle & King County for primary CHILD Profile operations. The CHILD Profile system has grown from a two-county pilot project to a statewide system that now serves parents and health care providers in every Washington county.

### What does the Registry offer health care providers?

The CHILD Profile Immunization Registry is a tool for a child's health care provider to access patient immunization information in a shared, secure database. Health plans and local health jurisdictions can get population-based immunization information to help with reporting. To help providers manage their immunization services, the Registry includes:

- Immunization histories.
- Recommendations and forecasts of immunizations needed.
- Recall/reminder lists, mailing labels, or postcards for patients who are due or who have missed immunizations.
- Vaccine usage reports.
- Data for practice-specific immunization assessment reports.

If a child changes health care providers, the new provider can access the CHILD Profile Immunization Registry to review the child's record. This ensures that the child's health information gets continually updated in one central location. Providers with an Information Sharing Agreement can always access Registry. The agreement assures Registry confidentiality, privacy, and security.

## School Access

### Do schools have access to the Registry?

Yes! Since September 2006, Registry access is available to all school districts throughout the state for schools to view immunization records. Access was created after a 2004–2005 pilot program that the department conducted with school districts. Results of the pilot showed that school access to the Registry saves resources, time, and energy for staff and nurses.



### How do schools get access to the Registry?

A "Step-by-Step Guide" outlines the five steps needed to complete the process for Immunization Registry access for school districts. Find this guide on the CHILD Profile Web site at [www.childprofile.org](http://www.childprofile.org). Look for the schoolhouse icon on the left side of the page. The guide shows you a simple process that you can complete independently.

First, check with your school district superintendent's office to learn if they have already signed an Information Sharing Agreement and sent it to CHILD Profile.

- If yes, meet with other school district nurses to develop a coordinated approach to implementation of Registry view access and follow the instructions outlined in the "Step-By-Step Guide."

- If no, meet with other school district nurses to develop a coordinated approach to Registry access that begins with the submission of a signed Information Sharing Agreement to CHILD Profile. (Please note: The school district superintendent or designee must sign the Information Sharing Agreement.) See instructions outlined in Step Two of the Guide.

If you still have technical questions after reading the five-step instructions, call the CHILD Profile Help Desk at 1-800-325-5599 or 206-205-4141.

## Head Start/ECEAP Access

### **Do Head Start/ECEAP programs have access to the Registry?**

Yes! Since June 2007, Registry access is available for all federal, tribal, and migrant Head Start and Washington State ECEAP programs to view immunization records. A pilot program in 2004 showed that Registry access for Head Start/ECEAP saves time and resources.

We selected this specific group of child care facilities for Registry access because they meet the legal criteria of having a licensed health care provider on staff or providing services under contract and collecting valid medical records for health services, including immunizations and a bona fide need to know.

### **How do Head Start/ECEAP programs get access to the Registry?**

A "Step-by-Step Guide" outlines the five steps needed to complete the process for Immunization Registry access for Head Start/ECEAP programs. Find this guide on the CHILD Profile Web site at [www.childprofile.org](http://www.childprofile.org). Look for the building block icon on the left side of the page. The guide shows you a simple process that you can complete independently.

The process for Registry access begins by following the instructions outlined in the "Step-By-Step Guide" and the submission of a signed Information Sharing Agreement to CHILD Profile. Instructions for the agreement are outlined in Step Two of the Guide. (Please note: The program director or designee must sign the Information Sharing Agreement.)

If you still have technical questions after reading the five-step instructions, call the CHILD Profile Help Desk at 1-800-325-5599 or 206-205-4141.

## Child Care Access

### **Do child care programs have access to the Registry?**

Yes, under limited circumstances. A child care facility that has a licensed health care provider on staff but does not fall under the specific criteria of Head Start or ECEAP may get access to the Registry. Non-Head Start/ECEAP child care facilities that do not have a licensed health care provider on staff or on contract cannot have access to the Registry since they do not meet the current legal criteria.

If your non-Head Start/ECEAP child care facility has a licensed health care provider on staff or on contract and you want to explore the possibility of Registry access, call the CHILD Profile Help Desk at 1-800-325-5599 or 206-205-4141.

**Is there any way child care programs can access immunization information in the Registry?**

Yes. Child care facilities can work with staff at their local health jurisdiction. With signed parental consent, this staff member can review and update immunization records.

To get the most updated versions, please print these documents from the Internet:

- **How to Print the CIS from the Immunization Registry**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/CISprinting.pdf>

# Confidentiality of Records - Schools

The CHILD Profile Immunization Registry must follow the Washington State Health Care Information Act (RCW 70.02) as well as other state and federal laws that govern the use and sharing of health information. RCW 70.02 allows licensed health care professionals to exchange patient-specific health care information without patient or parental consent for these reasons:



- providing, coordinating, or facilitating health care, and
- preventing and controlling disease.

## Key Points for School Nurses

1. School nurses can access the CHILD Profile Immunization Registry because they:
  - are licensed health care providers per RCW 70.02, and
  - have a bona fide need to know the immunization status of students for the purpose of preventing or controlling disease.The school district must first sign an Information Sharing Agreement and file it with the Washington State Department of Health.
2. School nurses can assign a non-licensed school staff to use the Registry to get information for immunization records. These staff members must have signed a Confidentiality Agreement.
3. RCW 28A.210.100 and 28A.210.110 state that the parent must submit immunization information to the school. When they use the Registry, school nurses or assigned staff members can help parents report their child's information. They can **give parents** immunization information for their child by printing a CIS from the Registry. Then, they can tell the parents to review, change if needed, sign, and submit the CIS to the school.
4. **Unlawful:** School nurses or assigned staff cannot submit information from the CHILD Profile Immunization Registry directly to the school.

At this time, school staff can only view records in the Registry. Parent signature is not required to **view** data in the registry. **FERPA guides the school's authority to disclose information.** According to FERPA, a school nurse or assigned staff member must get written parent consent to add immunization information to a child's record in the CHILD Profile Immunization Registry. If this becomes possible for schools in the future, parent consent will be a requirement.

Any non-health professional assigned to use the Registry by a school nurse must sign a Confidentiality Agreement. Many nurses have also elected to sign the form. The signed Confidentiality Agreement should be held by the nurse at the school office (it does not need to be sent to CHILD Profile). A sample of the Confidentiality Agreement follows.

## Confidentiality Agreement Sample (download at [www.childprofile.org](http://www.childprofile.org) to fill out)

As a school employee and assignee of the licensed health care provider on staff, I understand that I am responsible for maintaining the confidentiality of any data/information collected, maintained, stored, or analyzed within CHILD Profile that I may handle during the course of my employment. Release of any data/information and documents must be in accordance with public disclosure or research laws and policies or other laws and policies controlling specific data/information.

I have read the *Confidentiality, Privacy, and School Access to the Immunization Registry* statement regarding disclosure to school nurses and understand the responsibilities I am assigned by the school nurse. I recognize and respect the confidential nature of any data/information I may have access to in using the CHILD Profile Immunization Registry. I will not at any time, nor in any manner, either directly or indirectly divulge, disclose, release, or communicate any confidential data/information to any third party outside the scope of my position unless authorized under the laws and policies indicated in the disclosure document. I recognize that maintaining confidentiality includes not discussing confidential data/information outside of the workplace. I agree to limit my own access to person-specific data in the CHILD Profile System to that which is necessary to perform my job duties.

I understand that if I discuss, release, or otherwise disclose confidential data/information outside of the scope of this policy through any means, I may be subject to disciplinary action, which may include termination of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date Received by  
School Nurse: \_\_\_\_\_

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Prior to Registry access, a signed copy of this form completed by each assignee will be kept on file by the school nurse.

# Confidentiality of Records – Head Start/ECEAP

The CHILD Profile Immunization Registry must follow the Washington State Health Care Information Act (RCW 70.02) as well as other state and federal laws that govern the use and sharing of health information. RCW 70.02 allows licensed health care professionals to exchange patient-specific health care information without patient or parental consent for these reasons:



- providing, coordinating, or facilitating health care, and
- preventing and controlling disease.

## Key Points for Program Nurses

5. Program nurses can access the CHILD Profile Immunization Registry because they:
  - are licensed health care providers per RCW 70.02, and
  - have a bona fide need to know the immunization status of students for the purpose of preventing or controlling disease.The program must first sign an Information Sharing Agreement and file it with the Washington State Department of Health.
6. Program nurses can assign a non-licensed program staff member to use the Registry to get information for immunization records. These program staff members must have first signed a Confidentiality Agreement.
7. RCW 28A.210.100 and 28A.210.110 state that the parent must submit immunization information to the Head Start and/or ECEAP program. When they use the Registry, program nurses or assigned staff members can help parents report their child's information. They can **give parents** immunization information for their child by printing a CIS from the Registry. Then, they must tell the parents to review, change if needed, sign, and submit the CIS to Head Start or ECEAP.
8. **Unlawful:** Program nurses or assigned staff cannot submit information from the CHILD Profile Immunization Registry directly to Head Start or ECEAP.

At this time, Head Start and/or ECEAP staff can only view records in the Registry. Parent signature is not required to **view** data in the registry. A school program nurse or assigned staff member must get written parent consent to add immunization information to a child's record in the CHILD Profile Immunization Registry. If this becomes possible for Head Start or ECEAP in the future, parent consent will be a requirement.

Any non-health professional assigned to use the Registry by a school nurse must sign a Confidentiality Agreement. Many nurses have also elected to sign the form. The signed Confidentiality Agreement should be held by the nurse at the school office (it does not need to be sent to CHILD Profile). A sample of the Confidentiality Agreement follows.

## Confidentiality Agreement Sample (download at [www.childprofile.org](http://www.childprofile.org) to fill out)

As a Head Start/ECEAP agency employee and assignee of the licensed health care provider on staff, I understand that I am responsible for maintaining the confidentiality of any data/information collected, maintained, stored, or analyzed within CHILD Profile that I may handle during the course of my employment. Release of any data/information and documents must be in accordance with public disclosure or research laws and policies or other laws and policies controlling specific data/information.

I have read the *Confidentiality, Privacy, and Head Start and/or ECEAP Access to the Immunization Registry* statement regarding disclosure to school nurses and understand the responsibilities to which I am assigned by the school nurse. I recognize and respect the confidential nature of any data/information I may have access to in using the CHILD Profile Immunization Registry. I will not at any time, nor in any manner, either directly or indirectly divulge, disclose, release, or communicate any confidential data/information to any third party outside the scope of my position unless authorized under the laws and policies indicated in the disclosure document. I recognize that maintaining confidentiality includes not discussing confidential data/information outside of the workplace. I agree to limit my own access to person-specific data in the CHILD Profile System to that which is necessary to perform my job duties.

I understand that if I discuss, release, or otherwise disclose confidential data/information outside of the scope of this policy through any means, I may be subject to disciplinary action, which may include termination of employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date Received by  
Agency Nurse: \_\_\_\_\_

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Prior to Registry access, a signed copy of this form completed by each assignee will be kept on file by the program nurse.

# HIPAA and FERPA - Schools

## HIPAA Considerations

### Disclosures for Public Health under the Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Privacy Rule permits a covered entity (such as a health care provider) to disclose protected health information for public health activities and purposes without individual authorization (Section 164.512(b)(1)(i)). These activities include: "...for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or..." The U.S. Department of Health and Human Services' Office for Civil Rights guidance issued on December 4, 2002 further clarifies that the public health purpose does not need to be mandated by law (pp. 4–5).

Historically, only health care providers could access the Child Profile Immunization Registry. Significant interest in broadening access to the Registry prompted review by the state Attorney General's Office. They decided that school nurses and staff assigned by the school nurse can use the Registry under the Washington State Health Care Information Act (RCW 70.02).

RCW 28A.210.100 and 28A.210.110 state that the parent must submit immunization information to the school. When they use the Registry, school nurses or assigned staff members can help parents report their child's information. They can **give parents** immunization information for their child by printing a CIS from the Registry. Then, they can tell the parents to review, change if needed, sign, and submit the CIS to the school.

To get access to the Registry, the school district **must first** sign an Information Sharing Agreement and file it with the Washington State Department of Health. When using the CHILD Profile Immunization Registry, school staff responsible for immunization records must:

- Be a licensed school nurse or a staff member assigned by the nurse.
- First sign and file the Child Profile Confidentiality Agreement.
- Maintain the confidentiality of information in the CHILD Profile Immunization Registry as described in the Confidentiality Agreement.
- Give the immunization information (Certificate of Immunization Status printed from the Registry) to the parent, guardian, or eligible student. Ask them to review, sign, and submit to the school.
- NOT submit the CIS directly to the school without parental (or eligible student) review.

## FERPA Considerations

The Family Educational Rights and Privacy Act (FERPA) law protects the privacy of student education records, including immunization records. This law applies to any educational agencies or institutions that get funding from the United States Department of Education. HIPAA rules do not apply to education records. Most private schools do not receive funding from this source and therefore do not need to follow FERPA rules.

School nurses, or assignees, must have written parent/guardian consent to add immunization information to a child's record. The parent/guardian signature on the Certificate of Immunization Status allows the school to include the immunization records in the education record. The parent/guardian must also authorize adding any records to the CIS. This right transfers from the parent/guardian to the student at the age of 18.

### **CHILD Profile Immunization Registry**

According to FERPA, a school nurse, or staff member assigned by the school nurse, must have written parent consent to add immunization information to a child's record in the CHILD Profile Immunization Registry. However, because school nurses and their assignees can only view data in the Registry, this does not apply. No parent signature is required just to view data in the Registry. The school nurse or assignee must have a parent or guardian sign the Certificate of Immunization Status printed from the registry to add this information to the child's education record. If the school nurse cannot get a parent signature, nurses can accept a verbal approval (in person or over the phone). The nurse, or assignee, should date, sign, and make a note of the verbal approval on the CIS.

### **School-Based Clinics**

School-based clinics may need to follow HIPAA or FERPA rules. School-based clinics not receiving funding from the United States Department of Education must follow HIPAA rules. School-based clinics that do receive funding from the United States Department of Education are covered under FERPA.

For example, in the event a public health clinic provides an on-site school clinic, the records belong to the public health clinic and must follow HIPAA rules. On the other hand, if a school contracts privately with an agency or individual health care provider to provide a school-based clinic, the records from that clinic belong to the school education record and must follow FERPA rules.

Exceptions to following these rules may happen. We encourage you to seek legal counsel about such conditions regarding HIPAA, FERPA, and other Washington State laws since we do not intend to give legal advice here. Exceptions to sharing immunization information without a proper release may include:

- Compliance with a lawfully issued subpoena
- A significant health or safety emergency if necessary to protect the health or safety of students or other individuals. The exception in this case would be:
  - Limited to the period of the emergency
  - A specific release - not a blanket release
  - Only for "need to know" and "appropriate parties"
- A designated emergency by a public health authority. Note that:
  - An emergency can exist with or without a public health authority designation, and
  - A federal designation of an emergency means a current outbreak or safety issue in the school or school district.

If immunization records get shared because of an exception, school nurses must write this in the student's education record. They must write this within a reasonable period of time and include a description of why the exception happened. Schools must retain the record of each request for access to the educational record AND each disclosure made from the record.

**References:**

- U.S. Department of Health and Human Services <http://www.hhs.gov/ocr/privacy/>
- U.S. Department of Education  
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- WA OSPI FERPA Resources  
<http://www.k12.wa.us/search.aspx?SearchTermsHeader=ferpa>

Note: We do not intend to provide legal advice with this information. We encourage you to seek your own counsel regarding HIPAA, FERPA, and Washington State laws.

# HIPAA and FERPA – Head Start

## HIPAA Considerations

### Disclosures for Public Health under the Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Privacy Rule permits a covered entity (such as a health care provider) to disclose protected health information for public health activities and purposes without individual authorization (Section 164.512(b)(1)(i)). These activities include: "...for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or..." The U.S. Department of Health and Human Services' Office for Civil Rights guidance issued on December 4, 2002 further clarifies that the public health purpose does not need to be mandated by law (pp. 4–5).

Historically, only health care providers could access the CHILD Profile Immunization Registry. Significant interest in broadening access to the Registry prompted review by the state Attorney General's Office. They decided that Head Start/ECEAP nurse consultants, as well as staff conducting immunization compliance activities under the direction of that program nurse, can use the Registry under the Washington State Health Care Information Act (RCW 70.02).

RCW 28A.210.100 and 28A.210.110 state that the parent must submit immunization information to Head Start and/or ECEAP program. When they use the Registry, program nurses or assigned staff members can help parents report their child's information. They can **give parents** immunization information for their child by printing a CIS from the Registry. Then, they can tell the parents to review, change if needed, sign, and submit the CIS to the school.

To get access to the Registry, the Head Start/ECEAP program **must first** sign an Information Sharing Agreement and file it with the Washington State Department of Health. When using the CHILD Profile Immunization Registry, program staff responsible for immunization records must:

- Be a nurse, nurse consultant, or a staff member assigned by the nurse.
- First sign and file the CHILD Profile Confidentiality Agreement.
- Maintain the confidentiality of information in the CHILD Profile Immunization Registry as described in the Confidentiality Agreement.
- Give the immunization information (Certificate of Immunization Status printed from the Registry) to the parents or guardians. Ask them to review, sign, and submit to the program.
- NOT submit the CIS directly to the school without parental (or eligible student) review.

## FERPA Considerations

The Family Educational Rights and Privacy Act (FERPA) law protects the privacy of children's preschool records, including immunization records. This law applies to any educational agencies or institutions that get funding from the United States Department of Education. HIPAA rules do not apply to education records.

Program nurses, or assignees, must have written parent/guardian consent to add immunization information to a child's record. The parent/guardian signature on the Certificate of Immunization Status allows the Head Start/ECEAP program to include the immunization records in the education record. The parent/guardian must also authorize adding any records to the CIS.

### **CHILD Profile Immunization Registry**

According to FERPA, a program nurse, or staff member assigned by the nurse, must have written parent consent to add immunization information to a child's record in the CHILD Profile Immunization Registry. However, because program nurses and their assignees can only view data in the Registry, this does not apply. No parent signature is required just to view data in the Registry. The program nurse or assignee must have a parent or guardian sign the Certificate of Immunization Status printed from the registry to add this information to the child's education record. If the program nurse cannot get a parent signature, nurses can accept a verbal approval (in person or over the phone). The nurse, or assignee, should date, sign, and make a note of the verbal approval on the CIS.

### **Exceptions**

Exceptions to following HIPAA and FERPA rules may happen. We encourage you to seek legal counsel about such conditions regarding HIPAA, FERPA, and other Washington State laws since we do not intend to give legal advice here. Exceptions to sharing immunization information without a proper release may include:

- Compliance with a lawfully issued subpoena
- A significant health or safety emergency if necessary to protect the health or safety of children or other individuals. The exception in this case would be:
  - Limited to the period of the emergency
  - A specific release - not a blanket release
  - Only for "need to know" and "appropriate parties"
- A designated emergency by a public health authority. Note that:
  - An emergency can exist with or without a public health authority designation, and
  - A federal designation of an emergency means a current outbreak or safety issue in the program.

If immunization records get shared because of an exception, program nurses must write this in the child's record. They must write this within a reasonable period of time and include a description of why the exception happened. Head Start and ECEAP programs must retain the record of each request for access to the child's record AND each disclosure made from the record.

### **References:**

- U.S. Department of Health and Human Services <http://www.hhs.gov/ocr/privacy/>
- U.S. Department of Education <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- WA OSPI FERPA Resources <http://www.k12.wa.us/search.aspx?SearchTermsHeader=ferpa>

Note: We do not intend to provide legal advice with this information. We encourage you to seek your own counsel regarding HIPAA, FERPA, and Washington State laws.

# Retaining Records

Washington State law (RCW 28A.210.110) requires that schools, preschools, and child cares keep proof of immunization for each child. This means you must:

- Keep the CIS and COE for as long as the child attends the school or child care.
- Keep information about each child excluded due to a lack of immunization. Keep the child's name, address, and date of exclusion for at least three years from date of exclusion.



# Chapter IV: Additional Recommendations

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1. **Vaccine Recommendations for Staff**
  - Vaccine Administration Record
  - Recommended Adult Immunization Schedule
  
2. **Additional Vaccines Recommended for Children and Adolescents**  
(vaccines recommended, but not required)
  - Hepatitis A
  - Human Papillomavirus (HPV)
  - Influenza
  - Meningococcal
  - Rotavirus



# Vaccine Recommendations and Policies for Staff

Schools, preschools, and child care facilities must try to prevent the spread of disease. They must also protect the health of staff members. To do this, they should:

- Keep track of which vaccines staff members have had. This will tell you which have no or limited protection to certain vaccine-preventable diseases. We call these staff members “susceptible.”
- Promote vaccination for staff members in an effort to safeguard the school, preschool, and child care community.
- Exclude susceptible staff members during an outbreak (refer to your school or agency policies about whether staff can take sick leave when excluded).

The Recommended Adult Immunization Schedule includes the following vaccines. For more information, recommendations, and correct immunization schedules, visit the Department of Health at:

<http://www.doh.wa.gov/cfh/Immunize/immunization/adults.htm>

- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Influenza
- Meningococcal
- MMR (protects against measles, mumps, and rubella)
- Pneumococcal (polysaccharide)
- Tdap (protects against tetanus, diphtheria, and pertussis [whooping cough])
- Varicella (chickenpox)
- Zoster

Find more about these diseases in Chapter 5, Resources, “Vaccine-Preventable Diseases.”

To get the most updated versions, please print these documents from the Internet:

- **Vaccine Administration Record**

English only <http://www.doh.wa.gov/cfh/Immunize/documents/vacadminrecord.pdf>

**We encourage School and Child Care staff members to follow the most recent Immunization Schedule**

- **Recommended Adult Immunization Schedule**

English only <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>

# Additional Vaccines Recommended for Children and Adolescents

Recommended vaccines give people the best protection from diseases that vaccines prevent. Washington State does not require every recommended vaccine for students attending school, child care, or preschool.

The list of vaccines below show those recommended for children and adolescents. We encourage students to get these vaccines, but we do not require them in our state for entry to school, child care, or preschool.

## Infants

- Rotavirus
- Influenza – yearly, six months of age and older

## Children

- Hepatitis A – not earlier than one year of age
- Influenza – yearly

## Adolescents

- Human Papillomavirus
- Meningococcal
- Influenza – yearly (Our state supplies flu vaccine to children up the 19<sup>th</sup> birthday up to the nineteenth birthday)

For more information on these diseases, see the link in Chapter 5 to Vaccine Resources, “Vaccine-Preventable Diseases.”



# Chapter V: Resources

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1. **School Resources**
  - School Susceptible List (Exempt Children)
  - School Susceptible List (Need Follow-Up)
  - Sample Letter: Meningococcal and HPV (combination)
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2. **Child Care Resources**
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  - Child Care Susceptible List (Need Follow-Up)
  
3. **Laws and Regulations**
  - Revised Code of Washington
  - Washington Administrative Code
  
4. **Vaccine Resources**
  - Vaccine-Preventable Diseases
  - Vaccine Trade Names
  - Foreign Language Terms: Aids to translating foreign immunization records
  
5. **References**
  - Glossary of Immunization and Public Health Terms
  - Office of Immunization and Child Profile School and Child Care Resources
  - Local Health Jurisdiction Contact List



To get the most updated versions of Resources, please print these documents from the Internet. Check to see if you really need them printed, since some are long documents.

## School Resources

- **School Susceptible List (Exempt Children)**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/schexemptlist.pdf>
- **School Susceptible List (Need Follow-Up)**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/schfollowuplist.pdf>
- **Sample Letter: Meningococcal & HPV (combination)**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/combopvmenltr.doc>
- **Sample Graduating Senior**  
English only [http://www.doh.wa.gov/cfh/Immunize/forms/default.htm#sample\\_letters](http://www.doh.wa.gov/cfh/Immunize/forms/default.htm#sample_letters)

## Child Care

- **Child Care Susceptible List (Exempt Children)**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/ccexemptlist.pdf>
- **Child Care Susceptible List (Need Follow-Up)**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/ccfollowuplist.pdf>

## Laws and Regulations

- **Revised Code of Washington**  
Search for 28A.210 RCW at the Washington State Legislature  
<http://apps.leg.wa.gov/RCW/>
- **Washington Administrative Code**  
Search for the following WACs at the Washington State Legislature  
<http://apps.leg.wa.gov/wac/>  
  
WACs for child care and preschool only (Department of Early Learning)
  1. 170-151—School-age child care center minimum licensing requirements.
  2. 170-295—Minimum licensing requirements for child care centers.
  3. 170-296—Child care business regulations for family home child care.  
WACs for K–12 school only (Board of Education)
  1. 180-38—Private school pupil immunization requirement.  
WACs for child care, preschool, and K–12 school (State Board of Health)
  1. 246-101—Notifiable conditions.
  2. 246-105—Immunization of child care and school children against certain vaccine-preventable diseases.
  3. 246-110—Contagious disease—school districts and day care centers.

WACs for K–12 school only (Office of the Superintendent of Public Instruction)

1. 392-182—Student—health records.
2. 392-380—Public school pupils – immunization requirement and life-threatening health condition.

WACs for child care and preschool only

1. 170-151 WAC; School-age child care center minimum licensing requirements.
2. 170-295 WAC; Minimum licensing requirements for child care centers.
3. 170-296 WAC; Child care business regulations for family home child care.

## Vaccine Resources

- **Vaccine-Preventable Diseases**  
<http://www.doh.wa.gov/cfh/Immunize/diseases/default.htm>
- **Vaccine Trade Names**  
<http://www.cdc.gov/vaccines/about/terms/USVaccines.html>
- **Foreign Language Terms: Aids to translating foreign immunization records**  
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf>

## References

- **Glossary of Immunization and Public Health Terms**  
English only <http://www.doh.wa.gov/cfh/Immunize/documents/glossaryofterms.pdf>

## Office of Immunization and Child Profile School and Child Care Resources

- **Staff and Contacts**  
<http://www.doh.wa.gov/cfh/Immunize/schools/schoolresources.htm>
- **Free Immunization Information and Educational Materials**  
**Order hard copies:**  
<https://fortress.wa.gov/prt/printwa/wsprt/default.asp>  
**Ordering instructions:**  
<http://www.doh.wa.gov/cfh/Immunize/vaccine/order-materials.htm>  
**Download electronic copies:**  
[www.doh.wa.gov/cfh/immunize](http://www.doh.wa.gov/cfh/immunize)
- **Local Health Jurisdiction Contact List**  
**Find contacts here:**  
<http://www.doh.wa.gov/LHJMap/LHJMap.htm>

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This manual is available online at [www.doh.wa.gov/cfh/Immunize/schools/school-manual.htm](http://www.doh.wa.gov/cfh/Immunize/schools/school-manual.htm)

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360-236-3595  
1-866-397-0337