



PRESCHOOL & CHILD CARE IMMUNIZATION REPORTING 2020-21

Office of Immunization and Child Profile



WHAT IS COVERED IN THIS DOCUMENT

- An overview of the reporting requirements
- The options for reporting
- How to collect information for the report
- How to complete the reporting survey
- Additional resources and contact info

OVERVIEW OF IMMUNIZATION REPORTING

All public/private K-12 schools, preschool and childcare centers are required to report the immunization status of their students each year; RCW [28A.210.110](#) and WAC [246-105-060](#) .

Reporting is required for:

- Licensed child care center with 13 or more children
- Preschool located at a public or private school
- Head Start, ECEAP programs

Reporting is optional for:

- Licensed family home child care with 12 or fewer children
- Private preschools not located at a public or private school
- Co-Op preschool

The Department of Health (DOH) collects the reports and processes the data

IMMUNIZATION REPORTING FOR 2021-22

For the 2021-22 school year

- Reporting opens on 11/01/2021
- Reports are due by 12/01/2021

Report in one of the following ways

- School Module
- Complete online survey

Spreadsheets produced from student information systems are no longer accepted.

Reporting: School Module

A preschool or child care center with an active School Module doesn't have to report. DOH can pull the report from the module itself

A School Module is considered active if:

- the roster is kept up to date,
- missing immunization dates and exemptions are entered.

More info about the School Module:

<https://www.doh.wa.gov/SchoolModule>

Reporting: Online Survey

By Nov 1, 2021 DOH will:

- Add the online survey link and the instructions/worksheet to the preschool/child care reporting website:
<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ChildCareStatusReporting>
- Email info to those on Listerv:
<http://public.govdelivery.com/accounts/WADOH/subscriber/new?preferences=true#tab1>

Person reporting:

1. Gather information needed on the Reporting Instructions/Worksheet
2. Click on survey link on the website and completes the survey
3. Check survey for error messages and corrects as needed
4. Submit
5. Receives a confirmation email with a copy of the report submitted



COLLECT INFORMATION FOR THE REPORT

Collect Information

The Immunization Status Report is a snapshot in time.

Complete the information as it is on the day you are compiling your report.

The Department of Health is aware that enrollment and the immunization status of students changes over time.

You do not need to send another report if the immunization status of your students changes after you have submitted your report.

Use the Reporting Instruction/Worksheet to collect the information you will need for the report before clicking the online survey link.

Section A: CHILDREN ENROLLED

First, determine the total number of children enrolled in the preschool or child care. DO NOT include children attending school in grades K-12. The school will report the status of these students.

For example, a sample child care has 15 children, 5 attend school so the child care will report on the remaining 10:

Number of Children Enrolled	10
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The total of 10 does not include the 5 attending school in kindergarten-12th grade.

Section B: IMMUNIZATION STATUS OF EACH STUDENT

Determine the immunization status of each child on the day you are compiling the data. Use the information on the Certificate of Immunization Status (CIS) and the Certificate of Exemption (COE).

Each child can only have **one** overall immunization status. This means a child must be categorized into one status even though a child could be complete for some required immunizations, conditional or out of compliance for others, and exempt for still others.

Status Categories:

- COMPLETE
- OUT OF COMPLIANCE
- EXEMPT
- CONDITIONAL

IMMUNIZATION STATUS OF EACH Child

COMPLETE:

- Has a signed Certificate of Immunization Status on file, and
- Has documented immunity to **all** of the required vaccine-preventable diseases by
 - Vaccination at the appropriate ages and intervals, or
 - Health care provider documentation of immunity, or
 - Health care provider documentation of history of varicella (chickenpox) disease

See the Preschool/Child Care Requirements Charts and the Individual Vaccine Requirements Summary for details about the vaccine doses needed. Find these in the [Immunization Requirements](http://www.doh.wa.gov/SCCI) section of the School and Child Care Immunization page www.doh.wa.gov/SCCI.

Vaccines Required for Preschool/Child Care 2021-2022

Vaccines Required for Child Care and Preschool



	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, mumps rubella)	Varicella (Chickenpox)
By 3 Months	2 doses	1 dose	1 dose	1 dose	1 dose	Not routinely given before 12 months of age	Not routinely given before 12 months of age
By 5 Months	2 doses	2 doses	2 doses	2 doses	2 doses		
By 7 Months	2 doses	3 doses	3 doses	2 doses	3 doses		
By 16 Months	2 doses	3 doses	4 doses	2 doses	4 doses	1 dose	1 dose
By 19 Months	3 doses	4 doses	4 doses	3 doses	4 doses	1 dose	1 dose
By 7 years or Kindergarten entry	3 doses	5 doses	Not routinely given to children age 5 years and older	4 doses	Not routinely given to children age 5 years and older	2 doses	2 doses

School aged children (K-12) in before and after-school programs must meet the immunization requirements for their grade in school.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.

Review the Individual Vaccine Requirements Summary for more detailed information, located on our web page: <https://www.doh.wa.gov/scci>.

To request this document in another format, call 1-800-525-0127.

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Vaccines Required Chart page 2 for Preschool/Child Care 2021-2022

Vaccine	Dose #	Minimum Age*	Minimum Interval* Between Doses	Notes
Hepatitis B (HepB)	Dose 1	Birth	4 weeks between dose 1 & 2	The final dose in the series should be given at least 24 weeks of age.
	Dose 2	4 weeks	8 weeks between dose 2 & 3	
	Dose 3	24 weeks	16 weeks between dose 1 & 3	
Diphtheria, Tetanus, and Pertussis (DTaP)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Typical vaccine schedule: 2, 4, 6 and 15-18 months of age. Recommended: 6 months between dose 3 and 4, but at least 4 months minimum interval acceptable.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	12 months	6 months between dose 4 & 5	
	Dose 5	4 years	—	
Haemophilus influenzae type B (Hib)	Dose 1	6 weeks	4 weeks between dose 1 & 2	If all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be \geq 12 months of age.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
Haemophilus influenzae type B (Hib)	Dose 1	6 weeks	4 weeks between dose 1 & 2	If all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be \geq 12 months of age. Only one dose required if the dose is given on or after 15 months of age. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Polio (IPV or OPV)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Three doses are acceptable if the child received dose 3 on or after their 4th birthday.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	4 years	—	
Measles, Mumps, and Rubella (MMR or MMRV)	Dose 1	12 months	4 weeks between dose 1 & 2	MMRV (MMR + Varicella) may be used in place of separate MMR and varicella vaccines. Must be given the same day as varicella OR at least 28 days apart, also see* footnote.
	Dose 2	13 months	—	
Varicella (Chickenpox) (VAR)	Dose 1	12 months	3 months between dose 1 & 2 (12 months through 12 years). 4 weeks between dose 1 & 2 (13 years and older)	Recommended: 3 months between varicella doses, but at least 28 days minimum interval is acceptable. Must be given the same day as MMR OR at least 28 days apart, also see* footnote.
	Dose 2	15 months	—	

*The 4 day grace period can be applied to all doses except between two doses of different live vaccines (such as MMR, MMRV, varicella, and Flumist).

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INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care/Preschool and School Entry in Washington State
SCHOOL YEAR 2021-2022

INTRODUCTION

The Individual Vaccine Requirements Summary (IVRS) is a companion piece to the [Vaccines Required charts](#) for child care/preschool and school entry. The purpose of the summary is to assist school and child care staff and those working with student information systems to understand state immunization requirements and the immunization schedule. Both the requirements and schedule are based on the recommendations of the national Advisory Committee on Immunization Practices (ACIP).

Requirements are listed in alphabetical order by vaccine. In each section, you will find detailed information about the immunization schedule and the exceptions to the schedule. Exceptions may apply when vaccine administration errors occur or when the ACIP recommendations are not followed.

Find the ACIP schedules here: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

IVRS: Individual Vaccine Requirements Summary

List details of the vaccination rules, exceptions to the rules and catch-up schedules.

Updated annually and available on our website:

www.doh.wa.gov/SCCI

IMMUNIZATION STATUS OF EACH CHILD

OUT OF COMPLIANCE:

- Does not have documentation of immunity (as defined in the definition for complete) for **any one or more** of the diseases for which documentation is required, and
- Is not in temporary conditional period for the disease/s that are missing documentation of immunity, and
- Does not have a completed Certificate of Exemption on file exempting them from immunization against the disease/s that are missing documentation of immunity

IMMUNIZATION STATUS OF EACH CHILD

EXEMPT:

- Has a completed Certificate of Exemption on file for **any one or more** of the immunization requirements, and
- They are **not** out of compliance for **any** of the other immunization requirements.

IMMUNIZATION STATUS OF EACH CHILD

CONDITIONAL:

- Is not Out of Compliance or Exempt for **any** required immunization, and
- Is in the process of obtaining documentation of immunity within the allowed timeframes:
 - Waiting for the next dose in a vaccination series to come due plus an additional 30 days to turn documentation into the school
 - If they get the dose, then the conditional status continues in a similar manner until the school or child care provider is given documentation of all the doses needed for full immunity.
 - If the conditional status expires without providing documentation of the vaccine dose or a completed Certificate of Exemption, then the child's status changes to *out of compliance*.

Section B: IMMUNIZATION STATUS OF EACH CHILD

Remember each child can only have **one** overall immunization status. This means a child must be categorized into one status even though a child could be complete for some required immunizations, conditional or out of compliance for others, and exempt for still others.

Status Categories:

- Complete
- Out of compliance
- Exempt
- Conditional

Section B: IMMUNIZATION STATUS OF EACH CHILD

For example, a child who is:

- Out of compliance for Hepatitis B, conditional for Polio, exempt for Varicella and complete for all other required immunizations has an overall status of:
 - **Out of compliance**
- Conditional for Measles, Mumps and Rubella, exempt for Varicella and complete for all other required immunizations has an overall status of:
 - **Exempt**
- Out of compliance for Measles, Mumps and Rubella, exempt for Varicella and complete for all other required immunizations has an overall status of:
 - **Out of compliance**
- Exempt for Varicella and complete for all other required immunizations has an overall status of:
 - **Exempt**
- Conditional for Polio and complete for all other required immunizations has an overall status of:
 - **Conditional**
- Has provider documentation of history of Varicella (chickenpox) disease and all other required immunizations has an overall status of:
 - **Complete**

Sample

We will use this sample child care when filling out the worksheet: Very Healthy Child Care

Total enrollment of children not in K-12 school: 10 children

- 6 children complete for all required immunizations
- 1 child is out of compliance for Diphtheria, Tetanus and Pertussis and has a religious exemption to Polio and Hepatitis B (overall status is “out of compliance”)
- 1 child is conditional for Measles, Mumps and Rubella
- 2 children exempt
 - 1 child has a religious exemption for Measles, Mumps and Rubella
 - 1 child has a personal exemption for Polio and Hepatitis B, and a medical exemption for varicella

Section B: IMMUNIZATION STATUS OF EACH CHILD

Write the number of children with each overall status.

Each child can only have one overall status.

For example, our sample child care looks like this:

	Complete	Out of Compliance	Conditional	Exempt	Total The total must equal the total children enrolled reported in section A above.
Overall Status	6	1	1	2	10

Note the total is the same as the total of children reported enrolled in section A.

Section C: CHILDREN WITH EXEMPTIONS

Count the number of children with a completed COE that have an exemption for one or more of the immunization requirements.

Children can be counted more than once if they have more than one type of exemption.
Do not count multiple vaccine exemptions in the same category for the same child.

- Our child care example has 3 children with exemptions:
 - 2 children with religious exemption(s), one child for Measles, Mumps and Rubella and another child for both polio and Hepatitis B
 - Count as 2 children with a religious exemption(s)
 - 1 child with a personal exemption for both Polio and Hepatitis B, and a medical exemption for varicella
 - Count as 1 child with personal exemption(s) (Polio and Hepatitis B are 2 exemptions but 1 child) and as 1 child with medical exemptions(s). This child is counted once in personal and once in medical.

This section counts **children** with a type of exemption.

Type of Exemption	Personal or Philosophical	Medical	Religious	Religious Membership
Children	1	1	2	0

Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Count the number of children who have a complete, conditional, out of compliance or exempt status for each of the required immunizations.

COMPLETE: Count the disease immunity as ‘complete’ if the child has documented immunity to the disease. Documented immunity includes vaccination at the appropriate ages and intervals or by health care provider documentation of immunity by antibody titer or history of disease.

EXEMPT: Count the disease immunity as ‘exempt’ if the child has a completed COE exempting them from the requirement for full immunization against the disease, **and they** do not have documentation of immunity to the disease.

CONDITIONAL: Count the disease immunity as ‘conditional’ if the child is in the process of obtaining documentation of immunity within the allowed timeframes. See the definition in section B for more information.

OUT OF COMPLIANCE: Count the disease immunity as ‘out of compliance’ if the child does not have documentation of immunity to the disease, **and they** are not in a temporary conditional period, **and they** do not have a completed Certificate of Exemption (COE) exempting them from the requirement for full immunization against the disease.

Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of CHILDREN whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	8	8	8	8	8	9
Out of Compliance	K	1	1	1						
Conditional	K					1	1	1		
Exempt – Personal/Philosophical Not allowed for Measles, Mumps and Rubella	K				1	NA	NA	NA	1	
Exempt - Medical	K									1
Exempt - Religious	K				1	1	1	1	1	
Exempt – Religious Membership	K									
Total Must equal the total number of children reported in the enrollment section A.	K	10	10	10	10	10	10	10	10	10

Child Care example enrollment:
10 children

- 6 complete for all immunization requirements
- 1 out of compliance for Diphtheria, Tetanus and Pertussis and has a religious exemption to Polio and Hep B
- 1 conditional for Measles, Mumps and Rubella
- 2 with exemptions
 - 1 child has a religious exemption for Measles, Mumps and Rubella
 - 1 child has a personal exemption for Polio and Hepatitis B, and a medical exemption for varicella

Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of CHILDREN whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	8	8	8	8	8	9
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical Not allowed for Measles, Mumps and Rubella	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	1	1	1	1	1	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
Total Must equal the total number of children reported in the enrollment section A.	K	10	10	10	10	10	10	10	10	10

Make sure to add zeros (0) if there are no children in that status for a disease.

On the online survey every field must be entered.

You can use the Tab key to move through the table

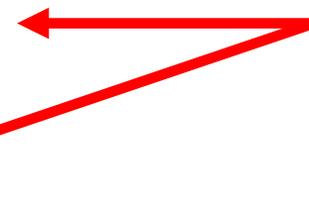
Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of CHILDREN whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	9
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical <small>Not allowed for Measles, Mumps and Rubella</small>	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
Total <small>Must equal the total number of children reported in the enrollment section A.</small>	K	10	10	10	10	10	10	10	10	10

Data Quality Check 1:

The total of each column **must** equal the total number of children reported in the enrollment section A.

Table	Number of Children Enrolled
Kindergarten	10



Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

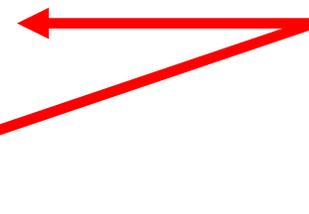
Number of CHILDREN whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	9
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical <small>Not allowed for Measles, Mumps and Rubella</small>	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
Total <small>Must equal the total number of children reported in the enrollment section A.</small>	K	10	10	10	10	10	10	10	10	11

Data Quality Check 1:

The total of each column **must** equal the total number of children reported in the enrollment section A.

Check the totals and edit so that they equal the number of children enrolled.

Table	Number of Children Enrolled
Kindergarten	10



Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of CHILDREN whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	9
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical Not allowed for Measles, Mumps and Rubella	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
Total Must equal the total number of children reported in the enrollment section A.	K	10	10	10	10	10	10	10	10	10

Data Quality Check 2:

The number of children Out of Compliance in Section B cannot be less than the number of children in the Out of Compliance row for **any one** of the diseases in Section D.

	Complete	Out of Compliance	Conditional	Exempt	Total The total must equal the total children enrolled reported in section A above.
K	6	1	1	2	10

Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of CHILDREN whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	8	9	8	8	8	9	9
Out of Compliance	K	1	1	2	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical <small>Not allowed for Measles, Mumps and Rubella</small>	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
Total <small>Must equal the total number of children reported in the enrollment section A.</small>	K	10	10	10	10	10	10	10	10	10

Data Quality Check 2:

For example, if 2 children are Out of Compliance for Pertussis in Section D, then **at least 2 children must** have an Overall Status of Out of Compliance in Section B.

If 2 children are Out of Compliance for any one disease, then the number of Out of Compliance in section B must be at least 2. Adjust so it still adds up to the number of students enrolled.

	Complete	Out of Compliance	Conditional	Exempt	Total <small>The total must equal the total children enrolled reported in section A above.</small>
K	6	1	1	2	10

Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of CHILDREN whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	8	9	8	8	8	9	9
Out of Compliance	K	1	1	2	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical <small>Not allowed for Measles, Mumps and Rubella</small>	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
Total <small>Must equal the total number of children reported in the enrollment section A.</small>	K	10	10	10	10	10	10	10	10	10

Data Quality Check 2:

Remember if a child is Out of Compliance for any one or more of the immunization requirements their Overall Status is Out of Compliance.

Here we changed Overall Status Out of Compliance to '2' and Complete to '5' so the total add up to the number enrolled.

	Complete	Out of Compliance	Conditional	Exempt	Total <small>The total must equal the total children enrolled reported in section A above.</small>
K	5	2	1	2	10

Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of CHILDREN whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	9
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical Not allowed for Measles, Mumps and Rubella	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	1
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
Total Must equal the total number of children reported in the enrollment section A.	K	10	10	10	10	10	10	10	10	10

Data Quality Check 3:

The number of children Exempt in Section C cannot be less than the number of students with that type of exemption for any one of the diseases in Section D.

Type of Exemption	Personal or Philosophical	Medical	Religious	Religious Membership
Kindergarten	1	1	2	0

Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of CHILDREN whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	8
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical Not allowed for Measles, Mumps and Rubella	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	2
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
Total Must equal the total number of children reported in the enrollment section A.	K	10	10	10	10	10	10	10	10	10

Data Quality Check 3:

For example, if 2 children have a medical exemption for Varicella in Table D, then at least 2 students must have a medical exemption in Table C.

Type of Exemption	Personal or Philosophical	Medical	Religious	Religious Membership
Kindergarten	1	1	2	0

Section D: STATUS OF SPECIFIC IMMUNIZATION REQUIREMENTS

Number of CHILDREN whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella
Complete	K	9	9	9	9	8	8	8	9	8
Out of Compliance	K	1	1	1	0	0	0	0	0	0
Conditional	K	0	0	0	0	1	1	1	0	0
Exempt – Personal/Philosophical Not allowed for Measles, Mumps and Rubella	K	0	0	0	1	NA	NA	NA	1	0
Exempt - Medical	K	0	0	0	0	0	0	0	0	2
Exempt - Religious	K	0	0	0	0	1	1	1	0	0
Exempt – Religious Membership	K	0	0	0	0	0	0	0	0	0
Total Must equal the total number of children reported in the enrollment section A.	K	10	10	10	10	10	10	10	10	10

Data Quality Check 3:

For example, if 2 children have a medical exemption for Varicella in Table D, then at least 2 children must have a medical exemption in Table C.

Here we changed the number of students with a medical exemption to '2'.

Type of Exemption	Personal or Philosophical	Medical	Religious	Religious Membership
Kindergarten	1	2	2	0

FINAL REPORTING QUESTIONS

E: Student Exclusion

Does your preschool or child care exclude children out of compliance with the State immunization requirements in accordance with RCW 28A.210.120?

- Yes
- No



COMPLETING THE REPORTING SURVEY ONLINE

Complete the Online Report

After you have completed the worksheet click on the survey link on Preschool-Child Care Reporting webpage:

<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ChildCareStatusReporting>

Complete the Online Report

Step 1

Enter the information about the preschool or child care you collected on the general information section of your worksheet

Step 2

Enter your name, email and phone number

Step 3

Enter the information you wrote on your worksheet in sections A through F.

All cells in all tables must have data to submit. Enter "0" for cells with no counts or that do not apply.

As you enter the data the survey checks for data errors and will give you an error alert if one is found. You must correct any errors so that the error counter at the bottom of the survey says "0" before you can submit the survey.

Step 4

Click the Submit button to send the data. You will receive an email confirmation and a copy of the data that was submitted.

ADDITIONAL RESOURCES

School Immunization Status Reporting webpage:

<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolStatusReporting>

Preschool-Child Care Reporting webpage:

<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ChildCareStatusReporting>

School Module Web Page:

<https://www.doh.wa.gov/SchoolModule>

School and Child Care Immunization Web Page:

<https://www.doh.wa.gov/SCCI>

Contact us at:

OICPSchools@doh.wa.gov



DOH 348-847 October 2021

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.