

PRESCHOOL/EARLY CHILDHOOD PROGRAM FALL REPORT

School Year: _____

Phone Number: _____

Completed By (Name and Title): _____

School: _____

Email address: _____

PART 1: TOTAL NUMBER OF STUDENTS ENROLLED IN YOUR FACILITY _____

PART 2: EXEMPTIONS

Vaccine	Medical	Religious	Personal	Total Exemptions
A. Total number of preschoolers who claimed an exemption (total number of exemption forms you have)				
B. DTap, DTP, or Td				
C. Polio				
D. MMR				
E. Hib (Haemophilus influenza type B)				
F. Hepatitis A				
G. Hepatitis B				
H. PCV (Pneumococcal conjugate vaccine)				
I. Varicella				

PART 3A: HOW MANY STUDENTS ARE ON A 30 DAY CONDITIONAL ENROLLMENT? _____

(Students who did not provide the school with immunization records, an exemption form, or provided incomplete immunization records at the time of enrollment)

3B. HOW MANY STUDENTS HAVE NOT RECEIVED ALL THE REQUIRED VACCINES FOR THEIR AGE, BUT ARE ON SCHEDULE TO RECEIVE THE REMAINING DOSES? _____

3C. NUMBER OF STUDENTS ON EXTENDED CONDITIONAL ENROLLMENT _____

(Early childhood director agreed that an additional extension will likely lead to compliance with school immunization record requirements during the additional extension period)

3D. TOTAL NUMBER OF STUDENTS WHO ARE ON CONDITIONAL AND EXTENDED CONDITIONAL ENROLLMENT (sum of 3A, 3B, and 3C) _____

PART 4: NUMBER OF NON-COMPLIANT STUDENTS _____

Examples: students who lack immunization records, lack an exemption form, have an incomplete record, etc. after the conditional or extended conditional period has ended

PART 5: HOW MANY STUDENTS HAVE PROOF OF HISTORY OF DISEASE FOR ANY OF THE FOLLOWING VACCINES?

a. MMR _____

b. Hep A _____

c. Varicella (chicken pox) _____

d. Total number of students with past history of disease _____

PART 6: NUMBER OF CHILDREN UP TO DATE FOR EARLY CHILDHOOD PROGRAM ENTRY:

6A. How many students **under age one** have received all doses of each required vaccine for school entry? (enter 0 if there are no students under age one) _____

6B. How many students **one year old and older** have received all doses of each required vaccine for school entry? _____

6C. Total number of children up to date for early childhood program attendance (sum of 6A and 6B) _____

PART 7: BREAKDOWN OF CONDITIONAL AND/OR EXTENDED CONDITIONAL ENROLLMENT AND/OR NON-COMPLIANT STUDENTS

a. Students missing the required number of **DTP/DTap or Td** vaccine _____

b. Students missing the required number of **polio** vaccine _____

c. Students missing the required number of **MMR** vaccine _____

d. Students missing the required number of **Hib** vaccine _____

e. Students missing the required number of **hepatitis A** vaccine _____

f. Students missing the required number of **hepatitis B** vaccine _____

g. Students missing the required number of **PCV** vaccine _____

h. Students missing the required number of **varicella** vaccine _____

7I. TOTAL NUMBER OF STUDENTS WITH NO IMMUNIZATION RECORDS _____

7J. TOTAL NUMBER OF STUDENTS WHO CLAIMED THEY HAVE AN EXEMPTION, BUT DID NOT TURN IN THEIR EXEMPTION CERTIFICATE _____

7K. TOTAL NUMBER OF STUDENTS WHO CLAIMED A HISTORY OF DISEASE, BUT DID NOT SUBMIT PROOF OF IMMUNITY _____