

**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 or provided incomplete immunization records at the time of enrollment)

**3B. HOW MANY STUDENT HAVE RECEIVED AT LEAST ONE DOSE OF EACH REQUIRED VACCINE FOR THEIR AGE AND 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 extended conditional period has ended

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

- a. DTaP \_\_\_\_\_
- b. Polio \_\_\_\_\_
- c. MMR \_\_\_\_\_
- d. Hib \_\_\_\_\_
- e. Hep A \_\_\_\_\_
- f. Hep B \_\_\_\_\_
- g. PCV (pneumococcal) \_\_\_\_\_
- h. Varicella (chicken pox) \_\_\_\_\_

i. 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 with less than the required number of **DTP/DTap or Td** vaccine \_\_\_\_\_

b. Students with less than the required number of **polio** vaccine \_\_\_\_\_

c. Students with less than the required number of **MMR** vaccine \_\_\_\_\_

d. Students with less than the required number of **Hib** vaccine \_\_\_\_\_

e. Students with less than the required number of **hepatitis A** vaccine \_\_\_\_\_

f. Students with less than the required number of **hepatitis B** vaccine \_\_\_\_\_

g. Students with less than the required number of **PCV** vaccine \_\_\_\_\_

h. Students with less than 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?** \_\_\_\_\_