

ANNUAL IMMUNIZATION REPORT ON CHILDREN ENROLLED IN CHILD CARE CENTERS

Please Type or Print

County _____ Phone No. () _____

Center Name _____

Address _____

City _____ Zip Code _____

Type of Facility

☐ Public☐ Private☐ Head Start

License No. _____

☐ **Enrollment of children under 2 years of age**
(Do not include these children in the section below.
Don't forget — all these children may need additional immunizations)

NOTE: Information for this report should be obtained from the blue California School Immunization Records (PM 286) of all enrolled children. See enclosed instructions for details.

1. VACCINE DOSE SUMMARY for children ages 2 years through 4 years, 11 months (use work sheet grand totals)

Enrollment of children ages 2 through 4 years, 11 months

VACCINE	Number of children between ages 2 and 4 years-11 months with exactly:					Total Children
	0 doses	1 dose	2 doses	3 doses	4 doses	
POLIO						
DTP/DT						
MMR						
HIB						
HEP B						
VARICELLA (CHICKENPOX)						

2. EXEMPTIONS:

2a. How many children are exempt from all or some immunizations for medical reasons? _____

2b. How many children are exempt from all or some immunizations for personal beliefs? _____

(Row 2b must equal Row 2b(i) + 2b(ii) + 2b(iii))

i. 'Pre-January 2014' Exemption _____

ii. 'Health Care Practitioner Counseled' Exemption _____

iii. 'Religious' Exemption _____

3. SUMMARY:

3a. **Number of Children with Follow-up Needed.** (Those with less than 3 polio, 4 DTP, 1 MMR, 1 Hib, 3 Hep B, and 1 varicella. Do not include children who have physician-documented varicella (chickenpox) disease. Include children who have not yet completed all of these doses. Do not include children under 2 years of age.)

3b. **Number of Children with No Follow-up Needed.** (This includes children who are exempt.)

3c. **TOTAL** (3a+3b = 3c) Must equal the Enrollment shown above of children ages 2 through 4 years, 11 months.

Please complete this report by October 1st. Return a copy of this report to the Immunization Coordinator at your **county/local health department**. Retain a copy for your files. This form can be completed online at www.shotsforschool.org

School Staff Member Completing This Form

Designated School Contact

Name _____

Name _____

Email _____

Email _____

Date _____, 20 _____

Phone () _____

INSTRUCTIONS FOR COMPLETING THE ANNUAL IMMUNIZATION REPORT (CDPH 8018) ON CHILDREN ENROLLED IN CHILD CARE CENTERS

California law requires that all child care centers, day nurseries, nursery schools, and development centers submit the ANNUAL IMMUNIZATION REPORT ON CHILDREN ENROLLED IN CHILD CARE CENTERS (CDPH 8018) every year.

- Included in the category of child care centers are head start programs.
- This report includes the immunization status of all children ages 2-4 years, 11 months.
- While the report does not include children who are younger than 2 years, these children must be checked as often as necessary to assure that their immunizations are up-to-date.

First, complete the Worksheet for the Annual Immunization Report on Children Enrolled in Child Care Centers (CDPH 8342) by filling in the following information:

1. Enter name, initials, or I.D. for each child. Enter the date of birth for each child 2-4 yrs 11 months.
2. Check only the last dose of polio vaccine received. If a child has not received the vaccine, check the zero (0) column.
3. Check only the last dose of DTP/DTaP vaccine received. If a child has not received the vaccine, check the zero (0) column.
4. For measles, mumps and rubella, check the MMR (1+) column only if the vaccine was given on or after the first birthday. If a child has not received the vaccine, check the zero (0) column.
5. For Hib, check the HIB (1+) column only if the vaccine was given on or after the first birthday. If a child has not received the vaccine, check the zero (0) column.
6. Check only the last dose of hepatitis B vaccine received. If a child has not received the vaccine, check the zero (0) column.
7. Check the varicella (1+) column only if the child has received the vaccine or has physician-documented varicella (chicken pox) disease. If the child has not received the vaccine and does not have physician documentation of the disease, check the zero (0) column.
8. Check the medical exemption column only if the parent has provided a written statement from a licensed physician.
9. Check the personal beliefs exemption column only if the parent has
 - **For entry before January 1, 2014:** signed a statement of personal beliefs on the back of CA School Immunization Record **OR**
 - **For entry after January 1, 2014:** completed the 'new' PBE (['Personal Beliefs Exemption to Required Immunizations'](#) -CDPH 8262)

AND check **only one** of the following:

- *Pre-Jan 2014* column - if the child only has a personal beliefs exemption(s) prior to January 1, 2014 **OR**
 - *Health Care Practitioner* column - if there is documentation of counseling from an authorized health care practitioner in section A of CDPH 8262 or it's equivalent* **OR**
 - *Religious* column if the parent had indicated a religious personal beliefs in Section B of CDPH 8262*
- *Note: If both pre-January 2014 and a new PBE form are submitted only indicate the PBE type recorded on the new PBE form.*

10. Check the follow-up needed column only if the child:
has less than 3 polio, 4 DTP/DT, 1 each of measles, mumps and rubella (MMR) on or after the first birthday, 1 Hib on or after the first birthday, 3 hepatitis B, 1 varicella or physician documented varicella (chickenpox) disease, AND does not have a permanent medical exemption to immunization or a personal beliefs exemption.
11. After all children have been listed and the immunization information in each row has been entered, count the number of check marks in each column and enter the total at the bottom of the worksheet. When applicable, please use the subtotal row for centers with an enrollment of more than 25 children.

Second, complete the Annual Immunization Report on Children Enrolled in Child Care Centers (CDPH 8018)

1. Transfer the total numbers from the bottom of the work sheet columns to the corresponding boxes on the vaccine dose summary section of the report. In the Polio row, the number of children in column 0+1+2+3 must equal the total number of children enrolled. In the DTP/DT row, the number of children in column 0+1+2+3+4 must equal the total number of children enrolled, etc.
2. Transfer the total number of medical exemptions and personal beliefs exemptions to the corresponding lines on the exemptions section of the report. Row 2b must equal Row 2b(i) + 2b(ii) +2b(iii).
3. Transfer the total number of children who have Follow-up Needed to the corresponding box in the follow-up section of the report. Subtract this number from the TOTAL ENROLLMENT ages 2-4 years, 11 months number and enter the result in the box No Follow-up Needed. Double check that the two boxes summing the Number of Children with Follow-up Needed plus Number of Children with No Follow-up Needed is equal to the TOTAL ENROLLMENT ages 2-4 years, 11 months.

Last, submit the report.

1. Submit a copy to the Immunization Coordinator of your local health department. Retain a copy and the worksheet(s) for your records. The worksheet(s) can also remind you which children need further follow-up. These reports must be submitted to your local health department **on or before October 1ST.**