ChildCare
Immunization Assessment

1 Facility Information

FACILITY INFORMATION

Facility Name: A.U.S.D. - WOODSTOCK C.D.C. - HAIGHT
Facility Number: 013420892
Type: ☐ private ■ public ☐ headstart
County: ALAMEDA

Administer/Principal: ARELLANO, CRISTIN
Facility Email:
Physical Address: 2025 SANTA CLARA AVE

2 Contact Information

DESIGNATED FACIILITY CONTACT

Name: TEST
Email: TEST@TEST.COM
Phone Number: 510-333-3333

3 Summary Report

FACIILITY STAFF MEMBER COMPLETING THIS FORM

Name: TEST
Email: TEST@TEST.COM
Phone Number: 510-333-3333
Report Submitted Date: 2016-09-27

Total number of Children:
Report on ages 2-5 years: 90

UNCONDITIONAL ADMISSION:

Requirements Met

All required immunizations	A	90

Requirements Met, But Missing Doses

Personal Belief Exemption	E	0	*Pre 2016*
Permanent Medical Exemption	C	0	
IEP Services	F1	0	

Missing Doses By Vaccine

0 Students are missing doses.
Please indicate the total number of students missing each vaccine:

Polio	0	Hep B	0
DTP	0	Varicella	0
MMR	0	Hib	0

CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Conditional Entrant *Not including Temporary Medical Exemptions*	B	0
Temporary Medical Exemption	D	0

REQUIREMENTS NOT MET, MISSING DOSES

Overdue *Previously Known as Enrolled But Not Attending*	G	0

TOTAL 90
ages 2-5 years