ChildCare
Immunization Assessment

1 Facility Information

FACILITY INFORMATION

Facility Name: A.U.S.D.- WOODSTOCK CHILD DEVELOPMENT CENTER
Facility Number: 013420589
Type: ☐ private ■ public ☐ headstart
County: ALAMEDA

Administer/Principal: HUNT, VIRGINIA
Facility Email:
Physical Address: 500 PACIFIC AVENUE

2 Contact Information

DESIGNATED FACIILITY CONTACT

Name: LINDA L. TORRES
Email: LTORRES@ALAMEDA.K12.CA.US
Phone Number: 510-748-4001

3 Summary Report

FACIILITY STAFF MEMBER COMPLETING THIS FORM

Name: LINDA L. TORRES
Email: LTORRES@ALAMEDA.K12.CA.US
Phone Number: 510-748-4001
Report Submitted Date: 2017-08-24

Total number of Children:
Report on ages 2-5 years: 20

UNCONDITIONAL ADMISSION:

Requirements Met

All required immunizations	A	10

Requirements Met, But Missing Doses

Personal Belief Exemption	E	1	*Pre 2016*
Permanent Medical Exemption	C	1	
IEP Services	F1	2	

Missing Doses By Vaccine

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

Polio	10	Hep B	2
DTP	5	Varicella	2
MMR	3	Hib	10

CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Conditional Entrant *Not including Temporary Medical Exemptions*	B	3
Temporary Medical Exemption	D	2

REQUIREMENTS NOT MET, MISSING DOSES

Overdue *Previously Known as Enrolled But Not Attending*	G	1

TOTAL 20