New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Lanoka Harbor Elementary School	PQA-62	☒ Public ☐ Non-Public	From: K To: 4	497

*Facility Mailing Address	*City	*County
281 Manchester Avenue	Lanoka Harbor	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Alicia Crandall, RN	(609) 971-2090	ACrandall @laceyschools.org

☐ Child Care/Preschool

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit		Audit: /Re-Audit:	Audit: /Re-Audit:	Audit: /Re-Audit:												
Re-Audit/Completion																

☒ Kindergarten ☐ Grade 1 (Entry level)

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit		Audit: 3 /Re-Audit:	Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:												
02-09-16	81				0	0	0	0		0	0				0	100
Re-Audit/Completion																

☐ Grade 6

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit		Audit: /Re-Audit:	Audit: /Re-Audit:	Audit: /Re-Audit:												
Re-Audit/Completion																

☒ Transfers (Any Grade)

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit		Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:												
02-09-16	3				0											100
Re-Audit/Completion																

☐ Special Education/ Unassigned Grades

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit		Audit: /Re-Audit:	Audit: /Re-Audit:	Audit: /Re-Audit:												
Re-Audit/Completion																

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 84

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Mill Pond Elementary School	PQA-63	☒ Public ☐ Non-Public	From: 5 To: 6	0

*Facility Mailing Address	*City	*County
210 Western Blvd.	Lanoka Harbor	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Susan Kish, RN	(609) 971-2070	skish @laceyschools.org

☒ Child Care/Preschool

Religious Exemptions	Medical Exemptions	Provisional Status
Audit: _____/Re-Audit: 4	Audit: _____/Re-Audit: 0	Audit: _____/Re-Audit: 0

Date	Number Surveyed	Total Pupils Deficient	Number Deficient									Total Pupils Excluded	Compliance Rate
			DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
Audit													
Re-Audit/Completion 01-22-16	64	5	0	0	0	0		0	0	5		0	92

☐ Kindergarten ☐ Grade 1 (Entry level)

Religious Exemptions	Medical Exemptions	Provisional Status
Audit: _____/Re-Audit:	Audit: _____/Re-Audit:	Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient									Total Pupils Excluded	Compliance Rate
			DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
Audit													
Re-Audit/Completion													

☒ Grade 6

Religious Exemptions	Medical Exemptions	Provisional Status
Audit: 2 /Re-Audit: 2	Audit: 0 /Re-Audit: 0	Audit: 0 /Re-Audit: 0

Date	Number Surveyed	Total Pupils Deficient	Number Deficient									Total Pupils Excluded	Compliance Rate
			DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
Audit 12-17-15	345	97	94	0	0		0	0			96	0	72
Re-Audit/Completion 01-22-16	345	1	0	0	0		0	0			1	1	100

☒ Transfers (Any Grade)

Religious Exemptions	Medical Exemptions	Provisional Status
Audit: 0 /Re-Audit: 0	Audit: 0 /Re-Audit: 0	Audit: 0 /Re-Audit: 0

Date	Number Surveyed	Total Pupils Deficient	Number Deficient									Total Pupils Excluded	Compliance Rate
			DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
Audit 12-17-15	1	0											100
Re-Audit/Completion 01-22-16	1	0											100

☒ Special Education/ Unassigned Grades

Religious Exemptions	Medical Exemptions	Provisional Status
Audit: 0 /Re-Audit: 0	Audit: 0 /Re-Audit: 0	Audit: 0 /Re-Audit: 0

Date	Number Surveyed	Total Pupils Deficient	Number Deficient									Total Pupils Excluded	Compliance Rate
			DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
Audit 12-17-15	18	6	6	0	0	0	0	0	0	0	6	0	67
Re-Audit/Completion 01-22-16	18	0											100

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 428

Overall Compliance Rate: 99%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Cedar Creek Elementary	PQA-60	☒ Public ☐ Non-Public	From: K To: 4	533

*Facility Mailing Address	*City	*County
220 Western Blvd.	Lanoka Harbor	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Eileen Weaver	(609) 971-2000	eweaver @laceyschools.org

☐ Child Care/Preschool

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☒ Kindergarten
☐ Grade 1 (Entry level)

Religious Exemptions Audit: 2 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 03-08-16	84	0	0	0	0		0	0				0	100
Re-Audit/Completion													

☐ Grade 6

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☐ Transfers (Any Grade)

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☒ Special Education/ Unassigned Grades

Religious Exemptions Audit: 0 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 03-08-16	3	0											100
Re-Audit/Completion													

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 87

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Forked River School	PQA-37	☒ Public ☐ Non-Public	From: K To: 4	445

*Facility Mailing Address	*City	*County
110 Lacey Road	Forked River	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Kathleen Mattoon	(609) 971-2080	kmattoon @lacey schools.org

☐ Child Care/Preschool

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit		Audit: /Re-Audit:	Audit: /Re-Audit:	Audit: /Re-Audit:												
Re-Audit/Completion																

☒ Kindergarten ☒ Grade 1 (Entry level)

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 03-10-16	65	Audit: 4 /Re-Audit:	Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:	1	0	0	0		1	0				0	98
Re-Audit/Completion																

☐ Grade 6

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit		Audit: /Re-Audit:	Audit: /Re-Audit:	Audit: /Re-Audit:												
Re-Audit/Completion																

☒ Transfers (Any Grade)

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 03-10-16	2	Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:	0											100
Re-Audit/Completion																

☐ Special Education/ Unassigned Grades

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit		Audit: /Re-Audit:	Audit: /Re-Audit:	Audit: /Re-Audit:												
Re-Audit/Completion																

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 67

Overall Compliance Rate: 99%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Lacey Township Middle School	PQA-38	☒ Public ☐ Non-Public	From: 7 To: 8	0

*Facility Mailing Address	*City	*County
600 Denton Avenue	Forked River	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Kristen Patterson	(609) 242-2100	Kpatterson @laceyschools.org

☐ Child Care/Preschool

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☐ Kindergarten ☐ Grade 1 (Entry level)

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☐ Grade 6

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☒ Transfers (Any Grade)

Religious Exemptions Audit: 1 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 06-01-16	18	0	0	0	0	0	0	0	0		0	0	100
Re-Audit/Completion													

☐ Special Education/ Unassigned Grades

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 18

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

*** Required Fields**

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Lacey Township High School	PQA-61	☒ Public ☐ Non-Public	From: 9 To: 12	1217

*Facility Mailing Address	*City	*County
73 Haines St	Lanoka Harbor	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Anita Hergert, RN	(609) 971-2020	Attergert @laceyschools.org

☐ Child Care/Preschool

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
		Audit: ____/Re-Audit:	Audit: ____/Re-Audit:	Audit: ____/Re-Audit:												
Audit																
Re-Audit/Completion																

☐ Kindergarten ☐ Grade 1 (Entry level)

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
		Audit: ____/Re-Audit:	Audit: ____/Re-Audit:	Audit: ____/Re-Audit:												
Audit																
Re-Audit/Completion																

☐ Grade 6

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
		Audit: ____/Re-Audit:	Audit: ____/Re-Audit:	Audit: ____/Re-Audit:												
Audit																
Re-Audit/Completion																

☒ Transfers (Any Grade)

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
		Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:												
Audit 10-14-16	6				0											100
Re-Audit/Completion																

☐ Special Education/ Unassigned Grades

Date	Number Surveyed	Religious Exemptions	Medical Exemptions	Provisional Status	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
		Audit: ____/Re-Audit:	Audit: ____/Re-Audit:	Audit: ____/Re-Audit:												
Audit																
Re-Audit/Completion																

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 6

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

*** Required Fields**

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Lacey Township Middle School	PQA-38	☒ Public ☐ Non-Public	From: 7 To: 8	679

*Facility Mailing Address	*City	*County
600 Denton Avenue	Forked River	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Kristen Patterson	(609) 242-2100	Kpatterson @laceyschools.org

☐ Child Care/Preschool

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☐ Kindergarten ☐ Grade 1 (Entry level)

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☐ Grade 6

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☒ Transfers (Any Grade)

Date	Number Surveyed
Audit 10-28-16	8
Re-Audit/Completion	

Religious Exemptions Audit: 0 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
0											100

☐ Special Education/ Unassigned Grades

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 8

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

*** Required Fields**

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Forked River Elementary School	PQA-37	☒ Public ☐ Non-Public	From: K To: 4	405

*Facility Mailing Address	*City	*County
110 Lacey Road	Forked River	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Kathleen Mattoon	(609) 971-2080	kmattoon @lacey schools.org

☐ Child Care/Preschool

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☐ Kindergarten ☐ Grade 1 (Entry level)

Date	Number Surveyed
Audit 12-01-16	64
Re-Audit/Completion	

Religious Exemptions Audit: 0 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
0											100

☐ Grade 6

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☒ Transfers (Any Grade)

Date	Number Surveyed
Audit 12-01-16	2
Re-Audit/Completion	

Religious Exemptions Audit: 0 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
0											100

☐ Special Education/ Unassigned Grades

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 66

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Lanoka Harbor Elementary School	PQA-62	☒ Public ☐ Non-Public	From: K To: 4	479

*Facility Mailing Address	*City	*County
281 Manchester Avenue	Lanoka Harbor	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Alicia Crandall, RN	(609) 971-2090	ACrandall @laceyschools.org

☐ Child Care/Preschool

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☒ Kindergarten
☐ Grade 1 (Entry level)

Religious Exemptions Audit: 2 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 12-09-16	86	2	1	1	2		1	1				0	98
Re-Audit/Completion													

☐ Grade 6

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☒ Transfers (Any Grade)

Religious Exemptions Audit: 0 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 12-09-16	2	0											100
Re-Audit/Completion													

☐ Special Education/ Unassigned Grades

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 88

Overall Compliance Rate: 98%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Mill Pond Elementary School	PQA-63	☒ Public ☐ Non-Public	From: PK To: 6	766

*Facility Mailing Address	*City	*County
210 Western Blvd.	Lanoka Harbor	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Sonia Marchitello	(609) 971-2070	smarchitello @laceyschools.org

☒ Child Care/Preschool

Religious Exemptions	Medical Exemptions	Provisional Status
Audit: 5 /Re-Audit:	Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 01-20-17	73	0	0	0	0	0		0	0	0		0	100
Re-Audit/Completion													

☐ Kindergarten ☐ Grade 1 (Entry level)

Religious Exemptions	Medical Exemptions	Provisional Status
Audit: /Re-Audit:	Audit: /Re-Audit:	Audit: /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☒ Grade 6

Religious Exemptions	Medical Exemptions	Provisional Status
Audit: 4 /Re-Audit:	Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 01-20-17	337	1	1	0	0		0	0			1	0	100
Re-Audit/Completion													

☒ Transfers (Any Grade)

Religious Exemptions	Medical Exemptions	Provisional Status
Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 01-20-17	2	0											100
Re-Audit/Completion													

☒ Special Education/ Unassigned Grades

Religious Exemptions	Medical Exemptions	Provisional Status
Audit: 2 /Re-Audit:	Audit: 0 /Re-Audit:	Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 01-20-17	15	0	0	0	0	0	0	0	0	0	0	0	100
Re-Audit/Completion													

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 427

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Cedar Creek Elementary	PQA-60	☒ Public ☐ Non-Public	From: K To: 4	523

*Facility Mailing Address	*City	*County
220 Western Blvd.	Lanoka Harbor	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Eileen Weaver	(609) 971-2000	eweaver @laceyschools.org

☐ Child Care/Preschool

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☒ Kindergarten ☐ Grade 1 (Entry level)

Date	Number Surveyed
Audit 01-31-17	95
Re-Audit/Completion	

Religious Exemptions Audit: 4 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
0	0	0	0		0	0				0	100

☐ Grade 6

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☒ Transfers (Any Grade)

Date	Number Surveyed
Audit 01-31-17	13
Re-Audit/Completion	

Religious Exemptions Audit: 1 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
0	0	0	0	0	0	0	0		0	0	100

☐ Special Education/ Unassigned Grades

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 108

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Forked River Elementary School	PQA-37	☒ Public ☐ Non-Public	From: K To: 4	411

*Facility Mailing Address	*City	*County
110 Lacey Road	Forked River	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Kathleen Mattoon	(609) 971-2080	kmattoon @lacey schools.org

☐ Child Care/Preschool

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☒ Kindergarten ☐ Grade 1 (Entry level)

Date	Number Surveyed
Audit 11-30-17	78
Re-Audit/Completion	

Religious Exemptions Audit: 3 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
0	0	0	0		0	0				0	100

☐ Grade 6

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☒ Transfers (Any Grade)

Date	Number Surveyed
Audit 11-30-17	4
Re-Audit/Completion	

Religious Exemptions Audit: 0 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
0											100

☐ Special Education/ Unassigned Grades

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 82

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Lanoka Harbor Elementary School	PQA-62	☒ Public ☐ Non-Public	From: K To: 4	459

*Facility Mailing Address	*City	*County
281 Manchester Avenue	Lanoka Harbor	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Alicia Crandall, RN	(609) 971-2090	ACrandall @laceyschools.org

☐ Child Care/Preschool

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☒ Kindergarten
☐ Grade 1 (Entry level)

Religious Exemptions Audit: 5 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 12-11-17	93	0	0	0	0		0	0				0	100
Re-Audit/Completion													

☐ Grade 6

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☒ Transfers (Any Grade)

Religious Exemptions Audit: 0 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 12-11-17	9	0											100
Re-Audit/Completion													

☐ Special Education/ Unassigned Grades

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 102

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Cedar Creek Elementary	PQA-60	☒ Public ☐ Non-Public	From: K To: 4	514

*Facility Mailing Address	*City	*County
220 Western Blvd.	Lanoka Harbor	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Eileen Weaver	(609) 971-2000	eweaver @laceyschools.org

☐ Child Care/Preschool

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☒ Kindergarten ☐ Grade 1 (Entry level)

Date	Number Surveyed
Audit 01-30-18	96
Re-Audit/Completion	

Religious Exemptions Audit: 7 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
0	0	0	0		0	0				0	100

☐ Grade 6

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

☒ Transfers (Any Grade)

Date	Number Surveyed
Audit 01-30-18	9
Re-Audit/Completion	

Religious Exemptions Audit: 1 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		
0	0	0	0	0	0	0	0		0	0	100

☐ Special Education/ Unassigned Grades

Date	Number Surveyed
Audit	
Re-Audit/Completion	

Religious Exemptions Audit: _____/Re-Audit:
Medical Exemptions Audit: _____/Re-Audit:
Provisional Status Audit: _____/Re-Audit:

Total Pupils Deficient	Number Deficient								Total Pupils Excluded	Compliance Rate
	DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4		

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 105

Overall Compliance Rate: 100%

New Jersey Department of Health
Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT

* Required Fields

*Name of School/Child Care Center	*ASR School ID	*Type of School	*Grades in School	*Total School Enrollment
Mill Pond Elementary School	PQA-63	☒ Public ☐ Non-Public	From: PK To: 6	768

*Facility Mailing Address	*City	*County
210 Western Blvd.	Lanoka Harbor	Ocean

*School District	*School Contact Person	*Telephone Number	*Email Address
Lacey Township	Sonia Marchitello	(609) 971-2070	smarchitello @laceyschools.org

☒ Child Care/Preschool

Religious Exemptions Audit: 3 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 02-09-18	86	1	0	0	1	0		1	0	1		0	99
Re-Audit/Completion													

☐ Kindergarten ☐ Grade 1 (Entry level)

Religious Exemptions Audit: /Re-Audit:
Medical Exemptions Audit: /Re-Audit:
Provisional Status Audit: /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit													
Re-Audit/Completion													

☒ Grade 6

Religious Exemptions Audit: 4 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 02-09-18	340	0	0	0	0		0	0			0	0	100
Re-Audit/Completion													

☒ Transfers (Any Grade)

Religious Exemptions Audit: 1 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 02-09-18	4	0	0	0	0	0	0	0	0		0	0	100
Re-Audit/Completion													

☒ Special Education/ Unassigned Grades

Religious Exemptions Audit: 0 /Re-Audit:
Medical Exemptions Audit: 0 /Re-Audit:
Provisional Status Audit: 0 /Re-Audit:

Date	Number Surveyed	Total Pupils Deficient	Number Deficient: DTaP, DT, Td, Tdap	Polio	MMR	Hib	Hep B	Varicella	PCV13	Flu	MCV4	Total Pupils Excluded	Compliance Rate
Audit 02-09-18	17	0											100
Re-Audit/Completion													

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

*Name of Reviewer	*Auditing Agency	*Telephone Number	*Email Address
Bernadette Harris-Williams	OCHD	(732) 341-9700	xxxxxxxxxx@xxxx.xxx

IMM-15
OCT 15

Total Surveyed: 447

Overall Compliance Rate: 100%