



COLORADO IMMUNIZATION INFORMATION SYSTEM (CIIS) CHILD CARE SITE INFORMATION FORM



Instructions: Use this form to share important information about your site with CIIS. *You can only complete this form if your site has a signed Letter of Agreement with CIIS. Please complete the form and either fax it to 303.758.3640 or email it to CDPHE.CIIS@state.co.us.

NOTE: All fields marked with * are required.

Have questions on how to complete this form? Call us toll-free at 1.888.611.9918, option #1 or 303.692.2437, option #2.

*Date _____

SITE INFORMATION

Please PRINT clearly.

*Site/Organization Name			
*Director			
*Director Contact Information	Phone #:	Fax #:	Email:
*Site Address			
*County, City, State and Zip Code			
*Site Information	Phone #:	Fax #:	Email:

SITE PERSONNEL CONTACT

*Site Personnel Name and Title			
*Contact Information	Phone #:	Fax #:	Email:

Please designate a CIIS Site Administrator for your site.

CIIS SITE ADMINISTRATOR INFORMATION

*CIIS Site Admin Name and Title			
*Admin Contact Information	Phone #:	Fax #:	Email:

***What is the best way to contact you?** Phone Email ***What hours are you available?** _____

Are you replacing the previous CIIS Site Administrator for your site? Yes No

*CIIS Site Administrator Responsibilities Agreement

I understand that by accepting the role of CIIS Site Administrator, I am:

- Required to approve the creation, deletion or inactivation of any user accounts for my site
- The sole authority for account approval – no account creation will occur without my approval and signature
- The point of contact for account verifications, system alerts and policy changes
- Responsible for ensuring that my staff:
 - Comply with all applicable laws, regulations and CIIS policies
 - Access immunization information only to ensure compliance with Colorado school entry laws and regulations for enrolled students
 - Treat all information in CIIS as confidential
 - Not release or re-disclose any information in CIIS to any unauthorized person
 - Not allow another person to use their account information to access CIIS
 - Receive training on the appropriate use of CIIS
- Responsible for notifying CIIS if staff members leave site and require account inactivation
- Responsible for notifying CIIS at least one week in advance that I am no longer able to perform these tasks to allow for the transition to a new CIIS Site Administrator.

***Site CIIS Administrator Signature:** _____

Are there other child care sites associated with your organization? Yes No

If yes, please list contact information for additional facilities.

Site Name	Address	Phone	Email

Copy this form as needed for additional sites.

- CIIS Office Use Only -

Site Code: _____	Entered into production by: _____	Date: _____
	Entered into CRC by: _____	Date: _____