



Protocol for the IP-100 School Immunization Reporting Process 2020-2021

Please refer to protocols for details of process.

- November 1st** School reports due to LHD with MCIR/SIRS waiver report and copies of waivers if applicable
Review required reports.
Document contacts with schools not ready to close.
- December 15th** Follow-up on all schools.
Close all schools for the November report period over 90%.
If the due date (December 15) falls on a weekend, the report is due at the close of business on the Friday before December 15.
Schools below 90% should remain open until December 31st.
Notify schools of immunization status.
Continue with documentation of contacts.
Status reports must be pulled no later than December 15 and keep on file.
- December 31st** Close all school reports for the November period regardless of compliancy percentage. **Notify Immunization Field Representative of any non-compliant schools.**
- February 1st** Reports are due to LHD for all schools with updated waiver report and any additional waivers.
Notify all schools of their compliance level, especially those under 95%.
Document activity and contact information.
- March 15th** Follow-up on all schools.
Close all schools for February report period over 95%.
Status reports must be pulled no later than March 15th and keep on file.
If the due date (March 15) falls on a weekend, the report is due at the close of business on the Friday before March 15.
Notify schools of immunization status.
Continue with documentation of contacts.
- March 31st** **Notify Immunization Field Representative of any non-compliant schools.**
Schools below 95% should remain open until school district reaches 95%
- February-March** Informational letters distributed/posted to all schools and available on mcir.org
- March- June 1st** Notify MDHHS of any new schools found in county.
Update addresses and contact names for schools.
- July 1st** School roster view displays next report period.
- August 1st** MCIR/SIRS advances all students to next grade, all waivers from previous reporting year and all children marked for McKinney Vento are deleted.
Inactivate any schools that have closed.

**April –
September
(Ongoing)**

Conduct MCIR/SIRS trainings as needed. (As determined by the local health department). Keep records of all local health department MCIR/SIRS or school/childcare trainings for accreditation purposes.

I. Introduction

Michigan state law mandates that by November 1, each school shall report to the local health department (LHD) the immunization status of all Kindergarten, 7th grade students, and students newly enrolled in their school district or intermediate school district between January 1 and September 30 **through age 18 years of age**, if a school district does not have a completed, waived, or provisional immunization record for at least 90% of these students as reflected on the November IP-100 report, 5% of the funds due to the district from the Michigan Department of Education (MDE) will be withheld from their June or July payment until the district meets a 90% compliancy level for immunization status reporting.

By February 1, each school shall again report to the LHD the immunization status of all Kindergarten, 7th grade students, and students newly enrolled in their school district or intermediate school district between January 1 and December 31st **through 18 years of age** students. If a school district does not have a completed, waived, or provisional immunization record for at least 95% of these students as reflected on the February IP-100 report, 5% of the funds due to the district from the MDE will be withheld from their June or July payment until the district shows they are at least 95% or above on immunization levels.

Vision screening for Kindergarten students should be reported in the MCIR/SIRS programs by November 1st.

McKinney Vento – is a child who is homeless. The child would be marked as McKinney Vento for the November and February reporting period.

Official School Immunization Documentation – It is acceptable for a school to accept an immunization record from the Electronic Medical Record (EMR) of a child's provider or an official Michigan Care Improvement Registry (MCIR) immunization record. If the school has any questions regarding the immunization record, contact your local health department.

II. How School Immunization Reports are Submitted

- A. Michigan Care Improvement Registry/School Immunization Reporting System (MCIR/SIRS) is the preferred system of reporting the immunization status of enrolled children. MCIR/SIRS is a web-based computer application designed for school staff. Information on this system can be obtained from the www.mcir.org website, local health departments, MCIR regional staff, or MDHHS Division of Immunization staff. Information regarding the MCIR/SIRS system is also included in the information packet received by each school building in the fall. School staff wishing to access MCIR/SIRS should contact their LHD and the names forwarded to MDHHS Regional Field Representative or MCIR Help Desk.

Schools lacking computer access may complete their immunization report using the IP-100 Reporting Form for School Immunization Reporting Paper form. These schools should work in conjunction with their LHD to complete the reporting process. (See Section VI)

III. Which Schools Must Report and What Students must be Reported.

All programs affiliated with the Michigan Department of Education (MDE) are required to report their immunization status of their students annually.

A. Public Schools

1. Students who were assessed in Development Kindergarten or Young 5 Programs in the prior year need not be reported again as they enter kindergarten in the same school district. Students in Special Education that are not identified with a grade would be reported either as SE=Special Education or at the age appropriate grade. Note that Early Childhood Developmentally Delayed (ECDD) or Pre-Primary Impaired (PPI) students who are five years or older should be assessed as school age students, and ECDD students less than five years of age should be assessed as though they are childcare and reported through the Childcare reporting process. A separate MCIR/SIRS Childcare site will need to be established for schools districts/ISDs that have special education programs with children four years of age or younger.

B. Charter Schools (Public School Academies)

1. (Public School Academies) are required to report the immunization status on all students enrolled the first year the charter academy opens. In subsequent years the Charter school would report only the immunization status of new entrants and all Kindergartners, and all 7th Graders. Charter schools (public schools academies) are a school district by themselves and are not associated with any other school district; therefore the funding is based on their school alone.

C. Non Public or Privately Owned

1. All privately owned and/or operated school programs are also required to collect and report the immunizations, and are encouraged to meet or exceed 95% immunization levels for their new students.

D. Special Education, Alternative, and Adult Education

They are to be included with the district that they receive their funding from, whether it is the ISD or other school district. Only students that are in attendance at the time that the reports are due need to be included in the report. Children who are **over 18 years of age** and enrolled in a special education, alternative, adult education the program needs to obtain a copy of the immunization record for the students file at the program. The special education program needs to work with their local health department to ensure these students records have been entered into MCIR. These students do not need to be included on the MCIR/SIRS report.

E. Virtual Schools

1. Virtual schools are required to report the immunization status for all students enrolled the first year the virtual school opens. In subsequent years the virtual school would report the immunization status of all kindergartners, all 7th Graders, and new entrants, **through age 18 years**. They are to be included with the district that they receive their funding from, whether it is the ISD or other school district. Only students that are in attendance at the time that the reports are due need to be included in the report. Children who are over 18 years of age and enrolled in a virtual school, the virtual school is required to obtain a copy of the immunization record for the students file at the program. The virtual school needs

to work with their local health department to ensure these students records have been entered into MCIR. **These students do not need to be included on the MCIR/SIRS report.**

F. Foreign Exchange Students

1. Foreign exchange students need to meet the same Immunization Requirements as any other child when entering into a school district. The Immunization Requirement document should be provided to potential foreign exchange students and their potential host families prior to the student's arrival in Michigan. If the Foreign Exchange student is not up-to-date with their immunizations, or does not have a physician-documented immunity, the responsibility for getting the student vaccinated may fall on the host family. If the Foreign Exchange student needs immunization's they can receive their vaccines at the Local Health Department or may schedule an appointment with their primary care provider. Either place can ensure that the Foreign Exchange student is up-to-date with all the recommended vaccines. In accordance with Michigan law, a host family/foreign exchange student that wants to claim a non-medical waiver will need to receive education regarding the benefits of vaccination and the risks of disease from the Local Health Department before obtaining the certified non-medical waiver form; or they can obtain a physician-signed medical waiver due to a medical contraindication from their health care provider.

Who should be reported? **The November 1 report should include all students who entered and are still enrolled in the school from January 1st, through September 30th. The February 1 report should include all students who entered and are still enrolled in the school from January 1st through December 31st.**

IV. School District Offices are Required to:

- A. Enforce an exclusion policy for students who do not meet immunization requirements.
- B. Accept MDHHS certified nonmedical waivers stamped and signed at the local health department. Any other religious or philosophical waivers are not acceptable.
- C. Communicate with and support building principals' efforts to complete immunization records.
- D. Ensure that all buildings report by the required dates and that, collectively, all buildings meet the required percent compliance levels without the use of excessive waivers.
- E. Schools should run a Future Vaccine Need Report to assess students who will need vaccines for next reporting period.
- F. If a school building loses their roster in MCIR/SIRS for any circumstance, please contact your Immunization Field Representative as soon as possible to retrieve data lost.

V. Time Table for School Buildings

A. January – September

1. Schools will collect the immunization data on all new entrants to the district and all students who will be in 7th Grade at the time of the November report period utilizing MCIR/SIRS to obtain immunization information. *Enter the data on the IP-100/101 reporting form if reporting manually.* Using the MCIR/SIRS roster, determine which students are incomplete, and send appropriate letter to families (“warning”, “exclusion”, or “letters to parents”) based on the time of school year.
2. Add students to school roster who will be attending kindergarten in the fall in each building. If kindergarten students are added prior to August 1st, make sure those students on roster have the grade code designation of C=childcare or NG=No Grade with the current reporting period November 2020 and marked as round-up.
3. Schools should follow up with parents to achieve at least a 90% immunization level at the time of the November report.
4. Report the vision screening of kindergarten or developmental kindergarten, new entrants by November 1 of each year. Vision screening reports are not included on the IP-100 Summary Report in MCIR/SIRS. Vision screening reports should be run separately for submission to the LHD according to the LHD policy.
5. **School rosters may not be deleted until August 2nd.** This rule applies for every school reporting year.

B. First Day of School

A teacher or principal should not permit a child to enter or attend school unless a certificate of immunization is presented indicating that a minimum of one dose of an immunizing agent against each of the diseases specified by MDHHS has been received, or a certified nonmedical waiver form from the local health department or medical contraindication form for any non-administered vaccine is on file at the school.

C. November 1

Information is due to the LHD showing the immunization data of all new enterers to the district, kindergartners and all 7th grade.

1. If reporting manually, the IP-100 Reporting Form for School Immunization Reporting will be submitted, following directions on the instruction sheet.
2. For those schools using MCIR/SIRS, the local health department will determine if the LHD wants any paper reports submitted in addition to the MCIR/SIRS data.
3. A copy of each certified nonmedical waiver or medical contraindication form should be completely filled out and submitted to the local health department with a copy of the waiver report from MCIR/SIRS.
4. The school may close the November report period when all of the following conditions are met on the IP Status Screen in MCIR/SIRS: a) accurately lists the correct number of students for each grade level, b) accurately lists the correct number of waivers, c) shows the correct compliancy percentage, and d) the school is at or above a 90% level.
5. If a school does not reach the 90% compliance level in MCIR/SIRS, it will not be able to close the November report period. Schools must consult with the LHD about closing the report period.
6. All schools should be closed out prior to December 15th (for Accreditation Purposes), if over 90% compliant. All school buildings should be closed if the district has reached 90%.

D. No later than February 1

1. If reporting manually, the IP-100 Reporting Form for School Immunization Reporting will be submitted, following direction on the instruction sheet. Schools should attach copies of waivers for any new students entering the school between October 1 and December 31 of the previous year, if applicable
2. If using MCIR/SIRS, schools add to the roster any additional new enterers to the district through the end of the calendar year. The February roster should include all new enterers for the entire past calendar year, except for those who no longer attend the school.
3. The school may close the February report period when all of the following conditions are met on the IP Status Screen in MCIR/SIRS: a) accurately lists the correct number of students for each grade level, b) accurately lists the correct number of waivers, c) shows the correct compliancy percentage, and d) the school is at or above a 95% level.
4. If the 95% compliancy level is not met, the school must contact the LHD for assistance in closing the report period.
5. All schools should be closed out prior to March 15th (for Accreditation Purposes), if over the 95% compliant. All school buildings should be closed if the district has reach 95%.

VI. Time Table for Local Health Departments

A. Ongoing

1. Provide assistance and education in the IP-100 reporting process to schools as needed.
2. Provide a list of scheduled immunization clinics for eligible students.
3. If possible, conduct special immunization clinics to assist schools in updating students.
4. Update MCIR/SIRS news screen with pertinent information on a regular basis.
5. Promote enrollment of schools in MCIR/SIRS.
6. By June 1 of each year, notify MDHHS if there are any new schools in the jurisdiction, which do not appear on the MCIR/SIRS listing. Addresses and contact names for schools should be updated.
7. If a school uses the IP-100 paper form, the number "1" should be entered into the box in MCIR/SIRS by June 1 of each year to indicate that this site requires the IP-100 form.
8. The health department must keep a log of their contacts with the schools throughout the reporting year. Any type of log that documents updating and communication with schools is adequate. (You may use your own log or the Sample School and Childcare Follow-up Log.)

B. April - Early September

1. Distribute the IP-100 informational letter to the schools. This can be done by mail from MDHHS or distributed by the local health department. The complete school packet is available at www.mcir.org website. It is recommended that they be delivered personally so that any questions regarding the completion of the current year's report can be answered. These packets can also be mailed out from the MDHHS if the local health department prefers.
2. Conduct trainings and/or provide assistance to schools as needed for use of MCIR/SIRS, IP-100 reporting form, and immunization reporting guidelines. The

MCIR/SIRS Help Desk and Immunization Field Representatives are also available for technical assistance with MCIR/SIRS.

C. **November 1**

1. Collect the IP-100 reporting form from all schools, who are not using MCIR/SIRS. Assess each student's immunization record according to the criteria outlined by the Division of Immunization Program (identical to assessment criteria used in MCIR/SIRS) or alternatively, build a roster for the sites using the IP100 form. Return the IP-100 reporting form to the schools as soon as possible, showing child's immunization status and any additional immunizations, which are needed.
2. **Review the MCIR/SIRS county status screen frequently to check for delinquent schools, and schools which have not reported all applicable grade levels (or appropriate numbers of students for each grade level).** Contact delinquent schools immediately and weekly until the IP-100 data is received. Document this follow-up with delinquent schools for future reference. Contact your immunization field representative for assistance if there are problems with delinquent schools.
3. **Reports local health departments need to review in MCIR/SIRS**
 - a. **Invalid Grade Report**-check the grade levels are appropriate for each school building. Correct information on this report. **(Closing out a report does not freeze the grades on the roster for each individual person).**
 - b. **Status Report** – check for the number of waivers, check that the number of students reported in each grade level is appropriate
 - c. **Waiver Report** – check for the number of waivers on report to compare the number of certified nonmedical waivers and medical contraindications forms submitted to local health department by type.
4. Review IP-100 county status reports for the number of waivers that are reported by each school.
5. Review the IP-100 county status report and notify all districts of their compliance level, especially those that do not meet the 90% level. Please keep appropriate documentation for accreditation purposes.
6. Data must be submitted for all applicable grade levels (K, O, and 7). If there are no new entering students for a grade level, zeros should be entered in the data fields in MCIR/SIRS (for schools using MCIR/SIRS, this process can only be completed after the report period is closed for the site). Two new tip sheets have been added to mcir.org under the close out process for local health departments. These tip sheets are called Add a Zero Report and Close-Out Process.
7. After the data has been completely entered, **run the IP-100 Status Reports** for the appropriate reporting date. This report will detail whether or not the district has met the required compliance level for school funding formulas. You may need to be flexible and accept updated immunization records from schools in districts with immunization levels below 90% to help prevent a district from having funding withheld. These reports need to be maintained for three years.

D. **December 15 – (If the due date (December 15) falls on a weekend, the report is due at the close of business on the Friday before December 15).**

1. The summary data from all IP-100/101 reporting forms should be entered into MCIR/SIRS. By this time, the IP-100/IP-101 reporting form should be returned to the schools so that principals/secretary/school nurse knows what the student's immunization status is.
2. LHD's should contact any schools which have not closed their report periods by this time and instruct the schools to close, unless extenuating circumstances exist. Reporting for the February report cannot be completed until the November report period is closed.
3. **Local health departments must have all of their schools closed out for the November 1 report period. Only exception is if the district percentage is below 90% leave buildings open to continue to work to meet the district compliancy of 90%. This applies to all public funded entities.** The IP-100 status report generated by MCIR/SIRS can be used to notify schools of their Immunization levels. Superintendents should be made aware of the immunization levels within their districts.
4. LHD's needs to run status reports for all their counties they oversee no later than December 15th and keep them on file for 3 years.

E. **December 31st**

1. Close all schools for November report period.

F. **February 1**

1. The final IP-100 manual report is due from the schools to the LHD. Assess each student's immunization record according to the criteria outlined by the Division of Immunization Program (identical to assessment criteria used in MCIR/SIRS). Return the IP-100 to the schools when the assessment is complete if there are students who are still incomplete.
2. **Review the MCIR/SIRS county status screen or report frequently to check for delinquent schools, and schools which have not reported all applicable grade levels (or appropriate numbers of students for each grade level).** Contact delinquent schools immediately and weekly until the IP-100 information is received. Document this follow-up with delinquent schools for future reference. Contact your immunization field representative for assistance if there are problems with delinquent schools.
3. **Reports local health departments need to review in MCIR/SIRS**
 - a. **Invalid Grade Report** - check the grade levels are appropriate for each school building. Correct information on this report. Closing out a report does not freeze the grades on the roster for each individual person.
 - b. **Status Report** – check for the number of waivers, check that the number of students reported in each grade level is appropriate
 - c. **Waiver Report** – check for the number of waivers on report to compare the number of certified nonmedical waivers and medical contraindications forms submitted to local health department by type.
4. Notify MDHHS or your immunization field representative about any updated reports for those districts that were below 90% in the November Report so their funding will be restored.
5. Review the IP-100 county status reports to determine the number of waivers, which have been reported by the schools. Please keep all appropriate documentation for accreditation purposes.

6. Notify all districts of their compliance level for the February report, especially schools that do not meet 95%.
7. Data must be submitted for all applicable grade levels (K, O, and/or 7). If there are no new students for a grade level, zeros should be entered in the data fields in MCIR/SIRS (for schools using MCIR/SIRS, this process can only be completed after the report period is closed for the site). Two new tip sheets have been added to mcir.org under the close out process for local health departments. These tip sheets are called Add a Zero Report and Close-Out Process.
8. After the data has been completely entered, **run the IP-100 Status Reports** for the appropriate reporting date. This report will detail whether or not the district has met the required compliance level for school funding formulas. You may need to be flexible and accept updated immunization records from schools in districts with immunization levels below 95% to help prevent a district from having funding withheld. These reports need to be maintained for three years.

G. March 15 – (If the due date (March 15) falls on a weekend the report is due the close of business the Friday before March 15).

1. The summary data from all IP-100 reporting forms should be entered into MCIR/SIRS. By this time, the IP-100 reporting form should be returned to the schools so that principals/secretary/school nurse knows what the student's immunization status is.
2. **Any schools, which have been determined to have no students to report for certain grade levels, should have zero's entered into MCIR/SIRS by the LHD, so that the "no data reported" lines are removed from the status report and only truly delinquent schools remain listed as delinquent.**
3. All schools that have reached 95% compliancy should have the February report period closed in MCIR/SIRS. If a school has not closed the report period, contact the school and instruct them to close the report period, unless extenuating circumstances exist.
4. The status report generated by MCIR/SIRS can be used to notify schools of their immunization levels. Superintendents should be made aware of the immunization levels within their districts.
5. Districts with compliancy levels below 95% should be notified and assistance provided as needed to increase the compliancy levels.
6. Local health departments must have all of their schools closed out for the February 1 report period. **Only exception is if the district percentage is below 95% leave buildings open to continue to work to meet the district compliancy of 95%. This applies to all public funded entities.**
7. LHD's needs to run status reports for all their counties they oversee no later than March 15th and keep them on file for 3 years.

VII. Local Health Department Instructions for IP-100 Reporting Form for School Immunization Reporting

See the instruction sheet for the IP-100 Reporting Form for School Immunization Reporting.

1. Review each student's immunization data, assessing records using the same criteria as MCIR/SIRS for determining complete, provisional or incomplete status for each age and vaccine.
 - a. Complete – child has received all required vaccines
 - b. Provisional – child is in a dose waiting period (specific time periods are used to determine provisional status, after which the child will be assessed as incomplete).
 - c. Incomplete – child has not received all required vaccines and child has passed the dose waiting period without receiving these additional vaccines
 - d. Waivered – Waivers are recorded by individual vaccine, as R=Religious, M=Medical or O=Other. A child who has a certified nonmedical waiver for any or all vaccines is considered waived, unless the child is incomplete for one of the non-waivered vaccines. In this case the child would be considered incomplete.

2. Vision Screen

The Revised School Code (Act 451 of 1976, section 380.1177) requires that parents of children entering kindergarten present a statement to school officials confirming that they have received the Michigan Department of Health and Human Services Vision Screening OR a statement, signed by a licensed eye care practitioner (optometrist or ophthalmologist) or medical/osteopathic physician, indicating that a child's eyes have been examined at least once after age three and before initial school entry may also be presented. School officials are required to enter vision screening data into MCIR/SIRS by November 1st. Local health department should encourage the school to use the vision reporting in MCIR/SIRS. A "Y" or "N" to indicate if the student has had a vision screen should only be reported for Kindergarten students. The Immunization Program is not responsible for vision reporting.

VIII. Time Table for Michigan Department of Health and Human Services-Immunization Program

- A. Ongoing
 1. Guarantee an ample supply of all forms and materials.
 2. Train LHD personnel on how to collect, report, and review the required data.
 3. Serve as a resource for MCIR/SIRS. Assist schools with enrollment in MCIR/SIRS.
 4. Share communications with MDE.

- B. January
 1. Review and revise all cover letters and obtain signatures of the Michigan Departments of Community Health and Education directors.
 2. Review and revise all forms for the coming reporting period.

- C. **April - August**
1. Distribute the IP-100 informational letter and post documents to mcir.org website.
 2. July 31– All data from the previous reporting year will become permanent and can no longer be edited.
 3. **August 1st - All students in MCIR/SIRS will be promoted to the next grade level (round-up students will be promoted to grade K), all waivers from previous reporting year (include any child marked for McKinney Vento) will be deleted from MCIR/SIRS.**
 4. The Tuesday after Labor Day the system will reassess all students.
- D. **August - March**
1. Provide training for LHD's and schools as needed on use of MCIR/SIRS and immunization reporting requirements.
 2. Immunization field representatives review MCIR/SIRS IP-100 county data for accuracy and completeness.
 3. Official status reports for each county will be run, which will be kept on file, on December 15 for the November report period and March 15 for the February report period, showing compliancy levels and delinquent schools.
- E. **December 31**
- Statewide assessment due from MDHHS to MDE. All school districts not meeting the 90% compliance level are reported to MDE. MDHHS furnishes a list of non-reporting schools to MDE.
- F. **March 31**
- Statewide assessment due from MDHHS to MDE. All school districts not meeting the 95% compliance level are reported to MDE. MDHHS furnishes a list of non-reporting schools to MDE.
- G. **April 15**
- After MDE follow up, furnish a list of non-responding school buildings to the Attorney General's Office for possible legal action.

SAMPLE SCHOOL FOLLOW-UP LOG

(Optional)

Schools _____

Notes: _____

Contact Person: _____

Phone #: _____

Address: _____

City: _____

Email address: _____

Schools: _____

Notes: _____

Contact Person _____

Phone #: _____

Address: _____

City: _____

Email address: _____

Schools: _____

Notes: _____

Contact Person: _____

Phone #: _____

Address: _____

City: _____

Email address: _____

Schools: _____

Notes: _____

Contact Person: _____

Phone #: _____

Address: _____

City: _____

Email address: _____
