

Protocol for the IP-101 Childcare Immunization Reporting Process 2020-2021

Quick Look Timeline for LHD's for Childcare/School Reporting

Please refer to protocols for details of process.

October	Childcare reports due with waiver report and waivers. Review required reports. Document contact with childcares not ready to close and below 90%.
February 1st	All childcare centers closed for October report period. Local Health Departments pull status reports no later than February 1 st for all counties they oversee and keep for 3 years.
February-March	Informational letters distributed/posted to all childcares.
March 31st	Notify Immunization Field Representative of any non-compliant childcare centers.
March-June 1st	Check Department of Health and Human Services (MDHHS) website http://w1.lara.state.mi.us/ChildCareSearch , add new childcare centers to MCIR/SIRS listing. Update addresses and contact names for childcares.
May 1st	Childcare roster view displays next report period.
August 1st	Inactivate any childcares 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

All childcare programs/centers that are licensed by the Michigan Department of Human and Health Services (MDHHS) are required to submit records of immunization on all children enrolled in the program each year. These programs include Preschool, Childcare, Early Head Start, Head Start, Nursery, Pre-Primary Impaired (PPI) and Early Childhood Developmental Delayed (ECDD) programs with children less than 5 years of age. Latch Key or “Before and After” school programs need not report school-age children’s immunizations as they are reported by their school. The IP-101 form or MCIR/SIRS computer program, should be used.

MCIR/SIRS is the preferred system to report the immunization status of enrolled children. Information on this system can be obtained from the www.mcir.org website, local health departments, MCIR regions or the MDHHS, Division of Immunization. Information regarding the system is also included in the information packet received by childcare programs each fall.

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

New childcare centers added to MCIR/SIRS before December 31st will report on the current reporting period. Any new childcare center added to MCIR/SIRS after December 31st will be reported on the next reporting year.

Official Childcare Immunization Documentation – It is acceptable for a childcare program/center 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 center has any questions regarding the immunization record, contact your local health department.

II. Time Table for Childcare Center Operators

A. Ongoing

1. **The operator of the childcare program/center shall not permit a child to attend the program unless a minimum of one dose of a required immunizing agent against each of the diseases specified by MDHHS has been received, or a certified nonmedical waiver or medical contraindication form has been received for the non-administered vaccine(s).**
2. Enforce exclusion of all children not meeting the minimum stated above.
3. Follow up with parents of children who are “incomplete” to bring their child’s vaccine status compliant.

B. September

1. The childcare center will collect the immunization data on all children enrolled in the program/center. If using the MCIR/SIRS program, create a roster of all children enrolled at the center. MCIR/SIRS will assess a child's record, print a list of incomplete children, and print both warning and exclusion letters. If reporting manually use the IP-101 reporting form, the instructions posted on www.mcir.org should be followed.

C. No later than October 1

Report the immunization status on all children enrolled in the program/center to their Local Health Department (LHD).

1. If reporting manually, submit the IP-101 immunization reporting forms, following the directions on the instruction sheet for the IP-101 form.
2. If using MCIR/SIRS, the LHD will determine if any paper reports need to be submitted by the childcare center in addition to the MCIR/SIRS data.
3. Childcare centers submit a copy of certified nonmedical waiver for each religious, philosophical or medical waiver to the LHD with a copy of the waiver report from MCIR/SIRS.
4. The childcare center may close the October 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 children,
 - b. Accurately lists the correct number of waivers, and
 - c. Accurately lists the correct compliancy percentage. Childcare centers must have a compliancy level of 90% in order to close their report period themselves; otherwise the LHD must close the report period.

III. Time Table for Local Health Departments

A. Ongoing

1. Provide assistance and education on the IP-101 process to program/center personnel as needed.
2. Provide a list of scheduled immunization clinics for eligible children.
3. If possible, conduct special immunization clinics as needed.
4. Update MCIR/SIRS news screen regularly with pertinent information.
5. A master list of childcare programs can be printed from MCIR/SIRS. In MCIR/SIRS, update the database so the most current demographic information is available for each program/center.
6. By **June 1** of each year, LHD's should add new childcare centers to the MCIR/SIRS listing. (See "*LHD Protocol for Maintaining MCIR/SIRS Childcare Listings*" on the last page of this document.) The number "1" should be entered into the box indicating the number of IP-101 forms needed by each center.

7. The health department must keep a log of their contacts with the childcares throughout the reporting year. Any type of log that documents updating and communication with childcare centers is adequate. (You may use your own log or the Sample School and Childcare Follow-Up Log.)
 8. Assist new centers with enrollment in MCIR/SIRS.
- B. **April - Early September**
1. Distribute the IP-101 informational letter to programs/centers. This can be done by mail from MDHHS or distributed by the local health department. The complete childcare packet is available at www.mcir.org website.
 2. Conduct trainings and/or provide assistance to childcare centers as needed for use of MCIR/SIRS, IP-100/101 immunization reporting forms, and immunization reporting guidelines. The MCIR/SIRS Help Desk and Immunization Field Representatives are also available for technical assistance with MCIR/SIRS.
- C. **October 1**
1. Collect the manual IP-101 immunization reporting forms from all childcare centers. Assess each child'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 IP-101 forms. Return the IP-101's to the centers as soon as possible, showing each child's immunization status and any additional immunizations, which are needed.
 2. **Review MCIR/SIRS childcare status reports to check for compliancy levels, delinquent sites, number of children reported for each site, and the number of waivers, which should be submitted for each site.**
 3. Reports local health departments need to review in MCIR/SIRS
 - a. **Invalid Grade Report** - checking the grade levels are appropriate for each childcare center (Closing out a report does not freeze the grades on the roster for each individual person). If Invalid Grade Report is run after all childcare centers in your county has closed out you may see numbers for Kindergartners on this report. It is recommended for LHD to add/post information on news screen about kindergarten round-up.
 - b. **Status Report** - check for the number of waivers, check that the number of students reported is appropriate for the childcare center.
 - 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 including type.

4. Contact and encourage childcare centers with low levels to increase immunization levels. Do not close the report period until the highest levels possible have been obtained.
5. Document all contacts with delinquent programs/centers. Contact your Immunization Field Representative for assistance if there are problems with delinquent programs/centers. Please keep appropriate documentation for accreditation purposes.

D. **February 1**

1. The summary data from all IP-101 immunization reporting forms should be entered into MCIR/SIRS. By this time, the IP-101 immunization reporting forms should be returned to the childcare centers so the directors know their immunization levels.
2. All centers should have the October report period closed in MCIR/SIRS. Centers can close the report period themselves if they have reached a 90% compliancy level. Otherwise, the LHD will need to close the report period. Any centers which have been determined to have no children to report, 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 childcare centers remain listed as delinquent. Local health department must have all their childcare centers close out for the October 1 report. 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.
3. **If the October 1 due date falls on a weekend, then the report is due by the close of business on the prior Friday.**
4. Local Health Departments need to pull status reports for all counties they oversee no later than February 1st and keep on file for 3 years.

IV. **LHD's Instructions for Manually Assessing IP-101 Paper Forms**

- A. Review each child's immunization data, assessing records using the same criteria as MCIR/SIRS, for determining complete, provisional or incomplete status for each age and vaccine.
 - i. **Complete** – child has received all required vaccines.
 - ii. **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).
 - iii. **Incomplete** – child has not received all required vaccines and has passed the dose-waiting period without receiving these additional vaccines (see Waivered section below – a child may have a waiver for

one or more vaccines but still be incomplete for a non-waivered vaccine).

- iv. **Waiver** – Waivers are recorded by individual vaccine, as R=Religious, M=Medical, or O=Other. A child who has a certified nonmedical waiver or a medical contraindication 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.

B. Local Health Department Use Only

On the bottom of each IP-101 there are three lines for Date Assessed, Child's Status, and Reason for Incomplete or Provisional. This information needs to be filled out on the form before it is sent back to the childcare center.

V. Time table for Michigan Department of Health and Human Services

A. Ongoing

1. Guarantee an ample supply of all forms and materials.
2. Train LHD's on the process for collecting, reporting and evaluating the required data.
3. Serve as a resource for MCIR/SIRS.
4. Share communications with the Michigan Department of Licensing and Regulatory Affairs (LARA) – Bureau Community and Health Systems, Division Childcare Licensing

B. January

1. Review and revise all cover letters and obtain necessary department director's signatures for the letters.
2. Review and revise all forms for the coming reporting period.

C. April-August

Distribute the immunization IP-101 informational letter and post documents to mcir.org website.

D. August - February

1. Provide training for LHD's and childcare centers as needed on use of MCIR/SIRS and immunization reporting requirements.
2. Immunization Field Representatives review MCIR/SIRS IP-101 county data for accuracy and completeness.

E. February 1

Run official status reports for each county, which will be kept on file, on February 1 for October report period, showing compliancy levels and delinquent centers.

- F. **February 1 through August 1**
The Immunization Field Representative is to make sure all new childcare centers added to MCIR/SIRS are closed out for the previous reporting period.
- G. **April 1**
MDHHS furnishes a list of non-reporting programs/centers to Childcare Center Licensing for follow up. After Childcare Center Licensing follow up, furnish a list of non-responding programs/centers to the State Attorney General's Office. Non-reporting childcare centers are follow-up by the Attorney General's Office which may result in a misdemeanor charge/fine.

LHD PROTOCOL FOR MAINTAINING MCIR/SIRS CHILDCARE LISTING

The childcare listings in MCIR/SIRS need to be checked periodically for accuracy. There may be centers, which have closed and can be made inactive. There may also be new centers, which need to be added to the list.

CHECKING FOR NEW CHILDCARE SITES:

At least quarterly, the LHD should check the Department of Health and Human Services website to view the listing of childcare centers and the license numbers under which each listed site is operating. The website is:

<https://childcaresearch.apps.lara.state.mi.us/>

The LHD should also periodically check with schools and/or school districts to find out if there are any preschools or childcare centers operating through any of the schools (these sites would not have DHS license numbers).

ADDING NEW SITES TO MCIR/SIRS COUNTY FACILITY ROSTER:

If a new center is found on the MDSHS list, then the LHD should contact the center and determine if they are open. If so, the site should be added to the MCIR/SIRS listing.

If a new center is found through the schools (and is not on the MDHHS listings), then the LHD should add the center to the MCIR/SIRS listing. The license number field in MCIR/SIRS should be left blank and MCIR/SIRS will automatically generate a “license” number, which can be used for reporting purposes.

PACKETS AND FORMS:

Adding new sites to the MCIR/SIRS listing ensures that the site will receive an IP-101 Reporting Information Packet from MDHHS no later than August. Then the new site should also be given the opportunity to register with MCIR/SIRS, using the application form available at www.mcir.org.

If a childcare center will not be using MCIR/SIRS, the other option is that they will use the IP-101 immunization reporting forms. The LHD should add the number of forms that the site will need in the number of IP forms field on the center’s information page in MCIR/SIRS. This will assure that IP-101 forms are sent to the center in the childcare packet.

DISCONTINUED OR INACTIVE SITES:

Care should be taken when making a site “inactive”. This should only be done if a site has closed its facility permanently, or if the site has a new license number (and the new site has been added to the listing, and MCIR/SIRS enrollment has been completed).

Making the site “inactive” removes access to MCIR/SIRS for the site, and so if they do have children enroll at a later date, they will not be able to access MCIR/SIRS until the LHD has once again made the site “active”. Rather than making the site “inactive” (if there are no children to report for a center during a particular reporting period), the LHD can “close” the report period for the site and put zeros into the IP-101 data entry screen.

In this way, the childcare site can still access MCIR/SIRS for new enrollments, and the site will not show as delinquent for the LHD. A childcare site in MCIR/SIRS is in-active for two years. The site is automatically removed from MCIR/SIRS.

SAMPLE CHILDCARE FOLLOW-UP LOG

Childcare Centers: _____ Notes: _____
Contact Person: _____
Phone #: _____
Address: _____
City: _____
Email address: _____

Childcare Centers: _____ Notes: _____
Contact Person: _____
Phone #: _____
Address: _____
City: _____
Email address: _____

Childcare Centers: _____ Notes: _____
Contact Person: _____
Phone #: _____
Address: _____
City: _____
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