



Understanding the Utah School Immunization Rule

Module III

Online Immunization Reporting Procedures



Online Immunization Reporting Procedures About This Module

Purpose: To assist Early Childhood Program personnel in utilizing the online School and Childcare Reporting System pertaining to the Utah Immunization Rule.

Goal: To improve understanding and compliance of online reporting procedures for completing the required Early Childhood Program immunization reports.

Objectives:

- Describe the process for completing the Annual Reports.
- Describe the importance of entering comments in the Comment Field.
- Describe the process for correcting reporting errors and re-submitting reports.

Login

- Type in <http://immunize-utah.org> on your web browser.
- Click on the *Immunization Reporting* link located on the left side of the page.
- Click on School and Childcare Immunization Reporting System.
- Click on “login to the School & Childcare Immunization Reporting System.”
- Click on the *login box*. 
- Enter your Facility ID.
- Your Facility ID is the number that Child Care Licensing has assigned to your facility. You can find your Facility ID on your license/certificate. The Utah Immunization Program, Department of Health, (Telephone: 801-538-9450) will send a reminder each fall with your Facility ID and reporting instructions.
- Click on Submit.

Selecting Reports

- A screen listing all the reports *for your facility* and *due dates* will appear. Not all reports shown in this example will appear for your facility.
- Select the report you will be completing.
- Complete the name, title and phone number of the person completing the report.
- The following example will provide instructions for completing the Early Childhood Program Summary Report.

REPORTING REQUIREMENTS FOR SCHOOL YEAR 2013/2014
Child Care

EARLY CHILDHOOD PROGRAM SUMMARY REPORT DUE BY
Required for all Early Childhood Program Facilities 11/30/2013

Annual Report

Part 1: Exemptions

- **Part 1: Exemptions:** There are *three types of exemptions: Medical, Religious and Personal.* Enter the number of children for each type of exemption.
- Enter the total number of exemptions in Part 1(d): *Total Exemptions Claimed.*



NOTE: If a child has claimed any exemption, do not count the child in the immunized category—even if the child has received *some* vaccine doses. For the purpose of this report, exemptions cover *all vaccine* requirements, not individual vaccines.

2013/2014
Child Care
CHILDHOOD ANNUAL

Part 1: Exemptions

a. Medical	<input type="text"/>
b. Religious	<input type="text"/>
c. Personal	<input type="text"/>
d. Total Exemptions Claimed (sum of a - c, automatically calculated.)	<input type="text"/>

Part 2: Conditional Admissions

Part 3: Children Not-In-Compliance

Part 4: Compliant for Early Childhood Program Entry

a. Received all required vaccines appropriate for age, including the varicella (chickenpox) VACCINE.	<input type="text"/>
b. Received all required vaccines appropriate for age, except the varicella vaccine because of history of chickenpox DISEASE.	<input type="text"/>
c. Received all required vaccines appropriate for age, but was too young to receive the varicella vaccine and had no history of chickenpox disease.	<input type="text"/>
d. Total adequate for child care entry (sum of a - c, automatically calculated.)	<input type="text"/>

Part 5: Total Number of Children Enrolled (Sum of parts 1d, 2, 3 and 4d)

Part 6: Breakdown of Children Conditionally Admitted and/or Not-In-Compliance

A. Children with less than the required number of DTP/DTaP/DT or Td vaccine doses.	<input type="text"/>	A.
B. Children with less than the required number of POLIO vaccine doses.	<input type="text"/>	B.
C. Children with less than the required number of MEASLES vaccine doses.	<input type="text"/>	C.
D. Children with less than the required number of MUMPS vaccine doses.	<input type="text"/>	D.
E. Children with less than the required number of RUBELLA vaccine doses.	<input type="text"/>	E.
F. Children with less than the required number of HAEMOPHILUS INFLUENZAE TYPE B (Hib) vaccine doses.	<input type="text"/>	F.
G. Children with less than the required number of HEPATITIS A vaccine doses.	<input type="text"/>	G.
H. Children with less than the required number of HEPATITIS B vaccine doses.	<input type="text"/>	H.
I. Children with less than the required number of PNEUMOCOCCAL CONJUGATE (PCV) vaccine doses.	<input type="text"/>	I.
J. Children with NO IMMUNIZATION RECORDS.	<input type="text"/>	J.
K. Children with less than the required number of VARICELLA (chickenpox) vaccine doses and/or children with no previous history of varicella (chickenpox) disease.	<input type="text"/>	K.

Comments:

Annual Report

Part 2: Conditional Admissions

Part 3: Children Not-in-Compliance

- **Part 2: Conditional Admissions:**
Enter the number of children who are *less than one month past due* for any single vaccine on the first day of school.

- **Part 3: Children Not-in-Compliance:**
Enter the number of children who meet the definition for "Not-in-Compliance" as of October 1st.



NOTE: Children who are Not-in-Compliance must be excluded from the facility.

2013/2014 Child Care CHILDHOOD ANNUAL	
Part 1: Exemptions	
a. Medical	<input type="text"/>
b. Religious	<input type="text"/>
c. Personal	<input type="text"/>
d. Total Exemptions Claimed (sum of a - c, automatically calculated.)	<input type="text"/>
Part 2: Conditional Admissions	<input type="text"/>
Part 3: Children Not-In-Compliance	<input type="text"/>
Part 4: Compliant for Early Childhood Program Entry	
a. Received all required vaccines appropriate for age, including the varicella (chickenpox) VACCINE.	<input type="text"/>
b. Received all required vaccines appropriate for age, except the varicella vaccine because of history of chickenpox DISEASE.	<input type="text"/>
c. Received all required vaccines appropriate for age, but was too young to receive the varicella vaccine and had no history of chickenpox disease.	<input type="text"/>
d. Total adequate for child care entry (sum of a - c, automatically calculated.)	<input type="text"/>
Part 5: Total Number of Children Enrolled (Sum of parts 1d, 2, 3 and 4d)	<input type="text"/>
Part 6: Breakdown of Children Conditionally Admitted and/or Not-In-Compliance	
A. Children with less than the required number of DTP/DTaP/DT or Td vaccine doses.	<input type="text"/> A.
B. Children with less than the required number of POLIO vaccine doses.	<input type="text"/> B.
C. Children with less than the required number of MEASLES vaccine doses.	<input type="text"/> C.
D. Children with less than the required number of MUMPS vaccine doses.	<input type="text"/> D.
E. Children with less than the required number of RUBE LLA vaccine doses.	<input type="text"/> E.
F. Children with less than the required number of HAEMOPHILUSINFLUENZAE TYPE B (Hib) vaccine doses.	<input type="text"/> F.
G. Children with less than the required number of HEPATITIS A vaccine doses.	<input type="text"/> G.
H. Children with less than the required number of HEPATITIS B vaccine doses.	<input type="text"/> H.
I. Children with less than the required number of PNEUMOCOCCAL CONJUGATE (PCV) vaccine doses.	<input type="text"/> I.
J. Children with NO IMMUNIZATION RECORDS.	<input type="text"/> J.
K. Children with less than the required number of VARICELLA (chickenpox) vaccine doses and/or children with no previous history of varicella (chickenpox) disease.	<input type="text"/> K.
Comments:	<input type="text"/>

Annual Report

Part 4: Compliant for Early Childhood Program Entry

○ **Part 4:** *Compliant for Early Childhood Program Entry* is the number of children who have been vaccinated.

○ Vaccinated children are divided into three groups:

- Those who had chickenpox disease,
- Those who did not, and
- Those who are too young to receive the Chickenpox vaccine or have no history of Chickenpox disease.

○ **Part 4(a): *Varicella Vaccine:*** Enter the number of children who have completed all vaccinations, INCLUDING the Varicella vaccine.

i NOTE: For the purpose of this report, when calculating the number for Part 4(a), do not include the number of exemptions, number of Conditionally Admitted children, number of children Not-in-Compliance, or number of children who had the Chickenpox disease. Include ONLY the number of children who are completely immunized, including those who had the Varicella vaccine.

2013/2014 Child Care CHILDHOOD ANNUAL	
Part 1: Exemptions	
a. Medical	<input type="checkbox"/>
b. Religious	<input type="checkbox"/>
c. Personal	<input type="checkbox"/>
d. Total Exemptions Claimed (sum of a - c, automatically calculated.)	<input type="checkbox"/>
Part 2: Conditional Admissions	<input type="checkbox"/>
Part 3: Children Not-In-Compliance	<input type="checkbox"/>
Part 4: Compliant for Early Childhood Program Entry	
a. Received all required vaccines appropriate for age, including the varicella (chickenpox) VACCINE.	<input type="checkbox"/>
b. Received all required vaccines appropriate for age, except the varicella vaccine because of history of chickenpox DISEASE.	<input type="checkbox"/>
c. Received all required vaccines appropriate for age, but was too young to receive the varicella vaccine and had no history of chickenpox disease.	<input type="checkbox"/>
d. Total adequate for child care entry (sum of a - c, automatically calculated.)	<input type="checkbox"/>
Part 5: Total Number of Children Enrolled (Sum of parts 1d, 2, 3 and 4d)	<input type="checkbox"/>
Part 6: Breakdown of Children Conditionally Admitted and/or Not-In-Compliance	
A. Children with less than the required number of DTP/DTaP/DT or Td vaccine doses.	<input type="checkbox"/> A.
B. Children with less than the required number of POLIO vaccine doses.	<input type="checkbox"/> B.
C. Children with less than the required number of MEASLES vaccine doses.	<input type="checkbox"/> C.
D. Children with less than the required number of MUMPS vaccine doses.	<input type="checkbox"/> D.
E. Children with less than the required number of RUBE LLA vaccine doses.	<input type="checkbox"/> E.
F. Children with less than the required number of HAEMOPHILUS INFLUENZAE TYPE B (Hib) vaccine doses.	<input type="checkbox"/> F.
G. Children with less than the required number of HEPATITIS A vaccine doses.	<input type="checkbox"/> G.
H. Children with less than the required number of HEPATITIS B vaccine doses.	<input type="checkbox"/> H.
I. Children with less than the required number of PNEUMOCOCCAL CONJUGATE (PCV) vaccine doses.	<input type="checkbox"/> I.
J. Children with NO IMMUNIZATION RECORDS.	<input type="checkbox"/> J.
K. Children with less than the required number of VARICELLA (chickenpox) vaccine doses and/or children with no previous history of varicella (chickenpox) disease.	<input type="checkbox"/> K.
Comments:	<input type="text"/>

Annual Report

Part 4: Adequate for Early Childhood Program Entry

- **Part 4(b): Varicella Disease:** Enter the number of children who have completed all vaccinations EXCEPT Varicella AND had Chickenpox disease.



NOTE: For the purpose of this report, when calculating the number for Part 4(b), do not include the number of exemptions, number of Conditionally Admitted children, number of children who have had the Varicella vaccine, or number of children Not-in-Compliance. Include ONLY the number of children who are completely immunized, including those who had the Chickenpox disease.

- **Part 4(c):** Enter the total number of children who have received all the required vaccines for their age, but are too young for Varicella (Chickenpox) vaccine and have also not had the chickenpox disease.
- Enter the total of these three fields in **Part 4(d)**.

2013/2014 Child Care CHILDHOOD ANNUAL	
Part 1: Exemptions	
a. Medical	<input type="checkbox"/>
b. Religious	<input type="checkbox"/>
c. Personal	<input type="checkbox"/>
d. Total Exemptions Claimed (sum of a - c, automatically calculated.)	<input type="checkbox"/>
Part 2: Conditional Admissions	<input type="checkbox"/>
Part 3: Children Not-In-Compliance	<input type="checkbox"/>
Part 4: Compliant for Early Childhood Program Entry	
a. Received all required vaccines appropriate for age, including the varicella (chickenpox) VACCINE.	<input type="checkbox"/>
b. Received all required vaccines appropriate for age, except the varicella vaccine because of history of chickenpox DISEASE.	<input type="checkbox"/>
c. Received all required vaccines appropriate for age, but was too young to receive the varicella vaccine and had no history of chickenpox disease.	<input type="checkbox"/>
d. Total adequate for child care entry (sum of a - c, automatically calculated.)	<input type="checkbox"/>
Part 5: Total Number of Children Enrolled (Sum of parts 1d, 2, 3 and 4d)	<input type="checkbox"/>
Part 6: Breakdown of Children Conditionally Admitted and/or Not-In-Compliance	
A. Children with less than the required number of DTP/DTaP/DT or Td vaccine doses.	<input type="checkbox"/> A.
B. Children with less than the required number of POLIO vaccine doses.	<input type="checkbox"/> B.
C. Children with less than the required number of MEASLES vaccine doses.	<input type="checkbox"/> C.
D. Children with less than the required number of MUMPS vaccine doses.	<input type="checkbox"/> D.
E. Children with less than the required number of RUBELLA vaccine doses.	<input type="checkbox"/> E.
F. Children with less than the required number of HAEMOPHILUS INFLUENZAE TYPE B (Hib) vaccine doses.	<input type="checkbox"/> F.
G. Children with less than the required number of HEPATITIS A vaccine doses.	<input type="checkbox"/> G.
H. Children with less than the required number of HEPATITIS B vaccine doses.	<input type="checkbox"/> H.
I. Children with less than the required number of PNEUMOCOCCAL CONJUGATE (PCV) vaccine doses.	<input type="checkbox"/> I.
J. Children with NO IMMUNIZATION RECORDS.	<input type="checkbox"/> J.
K. Children with less than the required number of VARICELLA (chickenpox) vaccine doses and/or children with no previous history of varicella (chickenpox) disease.	<input type="checkbox"/> K.
Comments:	<input type="text"/>

Annual Report

Part 5: Total Number of Children Enrolled Part 6: Breakdown of Children Conditionally Admitted and/or Not-in-Compliance

- **Part 5:** *Total Number of children Enrolled:*

Enter the total number of children from Parts 1(d), 2, 3 and 4(d).

- **Part 6:** *Breakdown of children Conditionally Admitted or Not-in-Compliance:*

Enter the number of children who are missing at least one dose of each vaccine listed or who have no immunization records.



You must complete the comment field if you reported Conditionally Admitted and/or Not-in-Compliance children.

- Click on Submit. Once you submit a report, you will return to the list of reports. The completed report will be highlighted in red.
- Print a copy of the completed report for your records.

2013/2014 Child Care CHILDHOOD ANNUAL	
Part 1: Exemptions	
a. Medical	<input type="checkbox"/>
b. Religious	<input type="checkbox"/>
c. Personal	<input type="checkbox"/>
d. Total Exemptions Claimed (sum of a - c, automatically calculated.)	<input type="checkbox"/>
Part 2: Conditional Admissions	
Part 3: Children Not-In-Compliance	
Part 4: Compliant for Early Childhood Program Entry	
a. Received all required vaccines appropriate for age, including the varicella (chickenpox) VACCINE.	<input type="checkbox"/>
b. Received all required vaccines appropriate for age, except the varicella vaccine because of history of chickenpox DISEASE.	<input type="checkbox"/>
c. Received all required vaccines appropriate for age, but was too young to receive the varicella vaccine and had no history of chickenpox disease.	<input type="checkbox"/>
d. Total adequate for child care entry (sum of a - c, automatically calculated.)	<input type="checkbox"/>
Part 5: Total Number of Children Enrolled (Sum of parts 1d, 2, 3 and 4d)	
Part 6: Breakdown of Children Conditionally Admitted and/or Not-In-Compliance	
A. Children with less than the required number of DTP/DTaP/DT or Td vaccine doses.	<input type="checkbox"/> A.
B. Children with less than the required number of POLIO vaccine doses.	<input type="checkbox"/> B.
C. Children with less than the required number of MEASLES vaccine doses.	<input type="checkbox"/> C.
D. Children with less than the required number of MUMPS vaccine doses.	<input type="checkbox"/> D.
E. Children with less than the required number of RUBE LLA vaccine doses.	<input type="checkbox"/> E.
F. Children with less than the required number of HAEMOPHILUS INFLUENZAE TYPE B (Hib) vaccine doses.	<input type="checkbox"/> F.
G. Children with less than the required number of HEPATITIS A vaccine doses.	<input type="checkbox"/> G.
H. Children with less than the required number of HEPATITIS B vaccine doses.	<input type="checkbox"/> H.
I. Children with less than the required number of PNEUMOCOCCAL CONJUGATE (PCV) vaccine doses.	<input type="checkbox"/> I.
J. Children with NO IMMUNIZATION RECORDS.	<input type="checkbox"/> J.
K. Children with less than the required number of VARICELLA (chickenpox) vaccine doses and/or children with no previous history of varicella (chickenpox) disease.	<input type="checkbox"/> K.
Comments:	<input type="text"/>





Reporting Errors

- If there is an error in any submitted report, the report will re-appear on the screen with errors highlighted in red.
- Correct the errors and re-submit the report.
- If the program does not show the list of reports with your completed report highlighted in red (it is still blue), the report submission was unsuccessful. Select the report again and repeat the reporting process.
- If you realize that you made an error after successful submission of your report, call the Utah Immunization Program at 801-538-9450. Your report will be re-set and you can start again.
- Provide your name, phone number, school, and username/password to Immunization Program personnel to confirm your report was re-set.