



**Nevada Department of  
Health and Human Services**  
DIVISION OF PUBLIC AND  
BEHAVIORAL HEALTH



# **Nevada Department of Public and Behavioral Health 2019-2020 Accommodation Facility Immunization Reporting Instruction Packet**



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## I. Introduction

This instruction packet has been developed to help you with completing the immunization reporting survey. If assistance is needed in the completion of the survey, the School and Child Care Immunization Coordinator is available at (775) 684-5957 on Monday through Friday from 9am-1pm.

- Accommodations: facilities that have a primary business open to public that provides child care to customers, where customers are required to remain on the premises, for up to three hours.

## II. Ages Reported

For all accommodation facility questions, include all current enrolled children in your facility.

- Per the Nevada Revised Statute (NRS) 432A.235, each accommodation facility is required to report to the Division of Public and Behavioral Health the exact number of children who have completed the immunizations required for enrollment by December 31<sup>st</sup> of each year.
- Please review and validate the online information prior to submitting your facility's immunization information.
- Please fill out all required sections. Do **not** leave any sections blank.
- You will not be able to complete the survey unless entry is made in all fields.
- **If your accommodation facility information is incorrect, you will be contacted by the Nevada State Immunization Program.**
- **If you do not submit your immunization information by December 31<sup>st</sup>, you will be contacted by the Nevada State Immunization Program.**

## III. Access to Vaccines For Children Website

To access the annual immunization reporting survey online:

- Go to <https://www.vfcnevada.org/for-schools/ratereporting/>
- Click on the appropriate link.
- Reports must be entered online December 1<sup>st</sup> through December 31<sup>st</sup>, of the reporting year.
- See the following instructions for accommodation facility immunization reporting submission.

## IV. Getting Started

- Collect immunization records for all children enrolled in your facility.
- **Each accommodation facility will submit the total counts rather than immunization percentages.**
- Accommodation facilities with multiple campuses, must submit each facility separately. For example, Sunshine Fitness Center will submit immunization information separately for each location.
- Go to <https://www.vfcnevada.org/for-schools/ratereporting/>




## Submit Your Child Care or School's Rates

NRS 392.435, NRS 394.192, NRS 432A.235, and NRS 432A.230 require that before December 31 of each year, each public school, private school, and child care facility shall report the exact number of pupils who have completed the immunizations required for enrollment. Immunize Nevada is collecting this information on behalf of the Nevada State Division of Public and Behavioral Health. Submitting your child care or school's information through this webform fulfills this statutory requirement. Please complete the following information for your school or child care facility:

- Click on the accommodation facility link.

Would you like to submit rates for a school or child care?

[SCHOOL](#)[CHILD CARE](#)[ACCOMMODATIONS](#) 

- You will be redirected to a separate page.
- Fill out all required sections for your facility. Do **not** leave any sections blank.
- You will not be able to complete the survey unless entry is made in all fields.

**V. General Information**

- Enter in all general information for accommodation facilities.

**Nevada Accommodation Facility Immunization Rate Reporting Survey**

Resize font: 

Please complete the survey below.

Thank you!

<b>First name</b> <i>* must provide value</i>	<input type="text"/>
<b>Last name</b> <i>* must provide value</i>	<input type="text"/>
<b>Job title</b> <i>* must provide value</i>	<input type="text"/>
<b>Phone Number</b> <i>* must provide value</i>	<input type="text"/> <small>Please enter phone number without parentheses or dashes.</small>
<b>Email address</b> <i>* must provide value</i>	<input type="text"/>
<b>Accommodation facility name</b> <i>* must provide value</i>	<input type="text"/> <small>If your accommodation facility is not listed, please select other and enter your facility name.</small>
<b>Accommodation facility's physical address</b> <i>* must provide value</i>	<input type="text"/>
<b>City</b> <i>* must provide value</i>	<input type="text"/>
<b>Zip code</b> <i>* must provide value</i>	<input type="text"/>
<b>County</b> <i>* must provide value</i>	<input type="text"/>

**VI. Collecting Data**

- Please collect immunization records for children enrolled in your facility to complete the survey. **(SEE APPENDIX B)**
- Please answer questions for only age required vaccines.
- Use the accommodation facility tally sheet and immunization resource to help in evaluating the immunization status of your establishment. **(SEE APPENDIX D & E)**
- Do **not** submit tally sheet to the Nevada State Immunization Program.

**VII. Children Enrolled in an Accommodation Facility (SEE APPENDIX C)**

- **Question (1)**
  - Total enrollment: the total number of children in your facility.
- **Question (2)**
  - Total number up-to-date (UTD): the child has all required immunizations for their age.
- **Question (3)**
  - Total number medically exempt: the parent/guardian has provided a certificate signed by a licensed physician (M.D. or D.O) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the child will not permit the child to be immunized.
- **Question (4)**
  - Total number religiously exempt: a certificate was provided by the parent/guardian who prohibits the immunization of the child due to religious beliefs.

## APPENDIX A: VACCINE ABBREVIATIONS

DTaP	Diphtheria, Tetanus and Acellular Pertussis
Hep A/HAV	Hepatitis A
Hep B/HBV	Hepatitis B
IPV	Inactivated Polio
Hib	<i>Haemophilus influenzae</i> type b
PCV-13	Pneumococcal conjugate
MMR	Measles, Mumps and Rubella
MMRV	Measles, Mumps, Rubella and Varicella (Chickenpox)
ROTA	Rotavirus
VAR/CPOX	Varicella (Chickenpox)

## APPENDIX B: SAMPLE IMMUNIZATION RECORD

<b>DTaP/Td/Tdap</b>			
1	DTaP	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
4	DTaP	12/28/2012	1Y 3M 2D
5	DTaP-IPV	10/2/2015	4Y 0M 6D
<b>Polio</b>			
1	IPV	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
4	DTaP-IPV	10/2/2015	4Y 0M 6D
<b>MMR/Measles</b>			
1	MMR	9/28/2012	1Y 0M 2D
2	MMR	10/2/2015	4Y 0M 6D
<b>Hib</b>			
1	Hib	12/1/2011	0Y 2M 5D
2	Hib	2/3/2012	0Y 4M 8D
3	Hib	12/28/2012	1Y 3M 2D
<b>HEPB</b>			
1	Hep B, ped/adol	12/1/2011	0Y 2M 5D
2	DTaP-Hep B-IPV	2/3/2012	0Y 4M 8D
3	DTaP-Hep B-IPV	3/29/2012	0Y 6M 3D
<b>HEPA</b>			
1	Hep A, ped/adol	9/28/2012	1Y 0M 2D
2	Hep A, ped/adol	3/29/2013	1Y 6M 3D
<b>Pneumococcal</b>			
1	PCV-13 (Prevnar 13)	12/1/2011	0Y 2M 5D
2	PCV-13 (Prevnar 13)	2/3/2012	0Y 4M 8D
3	PCV-13 (Prevnar 13)	3/29/2012	0Y 6M 3D
4	PCV-13 (Prevnar 13)	12/28/2012	1Y 3M 2D
<b>ROTA</b>			
1	Rotavirus (Rotarix)	12/2/2011	0Y 2M 5D
2	Rotavirus (Rotarix)	2/3/2012	0Y 4M 8D
<b>Varicella (CPOX)</b>			
1	CPOX (Varicella)	9/28/2012	1Y 0M 2D
2	CPOX (Varicella)	10/2/2015	4Y 0M 6D



**APPENDIX C: ACCOMMODATION FACILITY QUESTIONS**

# Accommodation Facility

(1) In the last 12 months, how many children were enrolled?

\* must provide value

(2) In the last 12 months, how many children were up-to-date for all required vaccines?

\* must provide value

Up-to-date (UTD): children have received all required immunizations prior to entry.

(3) In the last 12 months, how many children were medically exempt?

\* must provide value

(4) In the last 12 months, how many children were religiously exempt?

\* must provide value

## APPENDIX D: ACCOMMODATION FACILITY TALLY SHEET

Date:

Note: The Nevada State Immunization Program (NSIP) developed this tool to assist in evaluating the immunization status of your facility and completing the Nevada accommodation facility immunization reporting survey. **Do not submit to NSIP.**

Child	Up-to-date	Medical Exemption	Religious Exemption
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			

## APPENDIX E: CHILD CARE FACILITY IMMUNIZATION REQUIREMENTS RESOURCE

Vaccine Type	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19 months	2 years	4 years
Hep B <sup>o</sup>	1st dose	2nd dose			3rd dose						
DTaP			1st dose	2nd dose	3rd dose		4th dose				5th dose
Hib*			1st dose	2nd dose	3rd dose	4th dose					
PCV13 <sup>¥</sup>			1st dose	2nd dose	3rd dose	4th dose					
IPV			1st dose	2nd dose	3rd dose						4th dose
MMR						1st dose					2nd dose
Varicella						1st dose					2nd dose
Hep A <sup>§</sup>						1st dose		2nd dose			

- Since January 2018, it is necessary for children being admitted to a child care or accommodation facility in Nevada to receive all required vaccines at the youngest recommended age per the recommendation of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). For example, the 5th dose of DTaP is recommended between 4 and 6 years of age. The 5th dose of DTaP vaccine is required at 4 years of age if the child is attending a child care or accommodation facility in Nevada. If a child turns an age that meets the youngest recommended age to receive the required vaccines (i.e. DTaP at 4 years old), after enrollment or child care entry, the child has **30 days** to complete the required immunizations pursuant to Nevada Revised Statute (NRS) 432A.230 and NRS 432A.235.

<sup>o</sup> A child is considered up-to-date if Pediarix was administered at 2, 4, or 6 months of age.

\* If a child receives immunizations late, fewer doses may be required. Depending on the vaccine brand and the age of the child started, the child may receive a series of one to four doses of Hib.

<sup>¥</sup> If a child receives immunizations late, fewer doses may be required. Depending on the age of the child started, the child may receive a series of one to four doses of PCV13.

<sup>§</sup> The first dose of Hep A vaccine should be given at 12 months of age. The second dose should be given 6 months after the last dose.

### Exemptions

Children may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate signed by a licensed physician (e.g. MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the child will not permit the child to be immunized.
- **Religious Exemption:** Requires a certificate signed by the parent or guardian who prohibits the immunization of the child due to religious beliefs.

### Exclusion

Per NRS 432A.230 and 432A.235, unless excused because of a religious belief or medical condition, a child must be up-to-date or the child may not be admitted to any child care or accommodation facility within Nevada.