

Instructions for Accessing and Completing the Day Care, Pre-K and Head Start Immunization Survey

Please log on to the Health Commerce System (HCS) at: <https://commerce.health.ny.gov/>, to verify that your account is active. If you do not have an account, visit [New HCS User Account](#).

NEW YORK STATE

Services News Government COVID-19

PLEASE LOGIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)

NEW YORK STATE Health Commerce System

User ID
User ID

Password

Forgot Your User ID or Password Remember User ID

LOGIN

Don't Have An Account? [Sign Up Here](#)

- If your account is NOT active, contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890.
- HCS Coordinators do not have to assign themselves to an additional role to access the survey.
- HCS Coordinators must assign staff with HCS user accounts to the role of School Data Reporter for them to access the survey.
- Instructions for assigning a role are listed below. For help assigning a role, please contact Informatics at 518-473-1809.

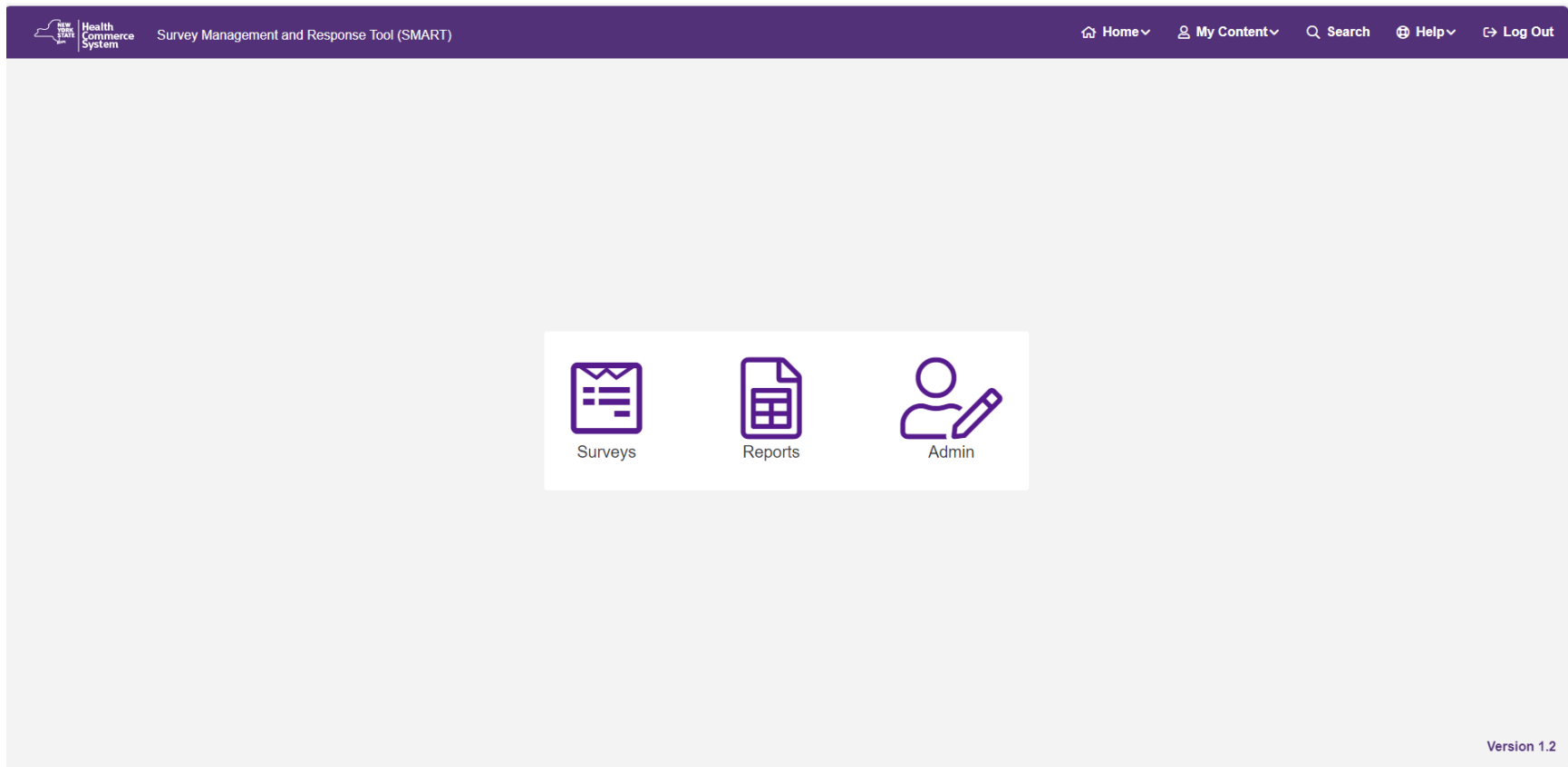
Assigning Roles by the HCS Coordinator:

1. Log onto the HCS.
2. Click on Coordinator's Update Tool to the left of the screen.
3. Choose Your Institution and click on Select.
4. Click on Manage Role Assignments.
5. Click on Modify next to the role that you want to assign an individual.
6. A pop-up list will be displayed of the individuals affiliated with your school district/school who have HCS accounts.
7. Check the box next to everyone you want to assign to the School Data Reporter and click on Add Role Assignments.
8. If the individual you want to assign to the role is not on the pop-up list, use the search box to find them in the directory. Another pop-up list of names will be displayed. Highlight the name of the person you would like to add to the role and click on Add Role Assignments.
9. If the individual you want to assign to the role does not appear in the new pop-up list, then he/she has not been issued an HCS account and needs to submit the paperwork to receive one. [Add a User Account and Assign a Role](#)
10. If you have just been assigned to a role and are unable to see the survey, you need to log off the HCS for approximately 15 minutes. When you log on again, you should be able to access the survey.

Accessing the Day Care and Pre-K Survey Link

Click this link - <https://smartforms.health.ny.gov/home>

Click on “Surveys”



Find “Daycare Immunization Survey 2023-2024” and then click the yellow “Open” button.

Survey	Due Date	Frequency	Action
Daycare Immunization Survey 2023-24	04/15/2024	one_time	Open

1 of 1 << < 1 > >> 10

Please select at least one organization

Access Level

Organization Type *

Organization *

First, please fill in your institutions complete name. Then put in your organization ID [if known]

Organization Name *

Organization ID

Next, please answer the four questions below. Answer “yes” to all that are true for your organization.

Does your program receive Head Start funding? *

Yes
 No

Is your program designated as a Nursery? *

Yes
 No

Is your program designated as a Daycare? *

Yes
 No

Is your program designated as a Preschool? *

Yes
 No

Answer the first question underneath the “Children Less than 1 Year” tab.

Children Less than 1 Year Children 1 Year and Older

Does your institution have students less than 1 year of age? *

Yes
 No

The first question in each tab is about the age of your students. Any subsequent questions will only appear if you have children of the age group. If you select “Yes”, the questions for that age group will appear; if you select “No”, you can move on to the next tab.

Children Less than 1 Year

Children 1 Year and Older

Does your institution have students less than 1 year of age? *

Yes

No

If you select that your school does have children in that specific age group, these questions will appear:

Number Diphtheria Tetanus and Pertussis (DTaP) Vaccine [Less than 1 Year] ⓘ *

See tooltip (?) above for # of doses

Number of students with Polio Vaccine [Less than 1 Year] ⓘ *

See tooltip (?) above for # of doses

Number of students with Hepatitis B Vaccine [Less than 1 Year] ⓘ *

See tooltip (?) above for # of doses

Number of students with Haemophilus influenzae type B (Hib) Vaccine [Less than 1 Year] ⓘ *

See tooltip (?) above for # of doses

Number of students with Pneumococcal Vaccine [Less than 1 Year] ⓘ *

See tooltip (?) above for # of doses

You must answer using numbers only.

Students Less than 1 Year

Number of Children Less than 1 year of age *

10

Number Diphtheria Tetanus and Pertussis (DTaP) Vaccine[Less than 1 Year] ⓘ *

11



See tooltip (?) above for # of doses

Value cannot exceed total number of students less than 1 year

If you receive an error message it means that you either did not answer a required question OR the number you entered is larger than the total number of children (or for medical exemptions, the total number of children with exemptions).

Number with Medical Exemptions [Less than 1 Year] *

Number of Medical Exemptions for Diphtheria, Tetanus, Pertussis (DTaP) [Less than 1 Year] *

Number of Medical Exemptions for Polio [Less than 1 Year] *

Number of Medical Exemptions for Hepatitis B (Hep B) [Less than 1 Year] *

Number of Medical Exemptions for Pneumococcal [Less than 1 Year] *

The number of each vaccine-specific Medical Exemption CANNOT exceed that total number of students with Medical Exemptions.

Number with Medical Exemptions [Less than 1 Year] *

Number of Medical Exemptions for Diphtheria, Tetanus, Pertussis (DTaP) [Less than 1 Year] *

Value cannot exceed number of medical exemptions for students less than 1 year

If you receive an error message it means that you either did not answer a required question OR for medical exemptions, the total number of children with exemptions.

Number of students without Immunization Records [Less than 1 Year] *

Number of students in process [Less than 1 Year] *

Number of students completely immunized [Less than 1 Year] ⓘ *

Number of Homeless Children Enrolled [Less than 1 Year] *

NOTE: "In process" is defined as a child who has received at least the first dose of each required vaccine series for their grade level and has age-appropriate appointments to complete the series according to the ACIP catch-up schedule. If a student is "in process," a school may not exclude them or refuse to admit them based on immunization requirements.

When you are ready, complete the tab for Children 1 year of age and older

Students 1 year of age or older

Number of Children 1 year of age and older *

Children Less than 1 Year * Children 1 Year and Older *

Does your institution have students 1 year or older? *

Yes

No

Does your institution have students 1 year or older? is required

The first question in each tab is about the age of your students. Any subsequent questions will only appear if you have children of the age group. If you select “Yes”, the questions for that age group will appear; if you select “No”, you can move on to the next tab.

Children Less than 1 Year * Children 1 Year and Older

Does your institution have students 1 year or older? *

Yes

No

Number Diphtheria Tetanus and Pertussis (DTaP) Vaccine [1 Year and older] ? *

See tooltip (?) above for # of doses

Number of students with Polio Vaccine [1 Year and older] ? *

See tooltip (?) above for # of doses

Number of students with Measles Vaccine - Number with 1 dose [1 Year and older] ? *

See tooltip (?) above for # of doses

Number of students with Mumps Vaccine - Number with 1 dose [1 Year and older] ? *

See tooltip (?) above for # of doses

Number of students with Rubella Vaccine - Number with 1 dose [1 Year and older] ? *

Number of students with Hepatitis B Vaccine [1 Year and older] ⓘ *

See tooltip (?) above for # of doses

Number of students with Varicella (chicken pox) Vaccine - Number with 1 dose [1 Year and older] ⓘ *

See tooltip (?) above for # of doses

Number of students with Haemophilus influenzae type B (Hib) Vaccine [1 Year and older] ⓘ *

See tooltip (?) above for # of doses

Number of students with Pneumococcal Vaccine - See instructions for # of doses [1 Year and older] ⓘ *

See tooltip (?) above for # of doses

Number of Medical Exemptions for Haemophilus influenzae type b (Hib) [1 Year and older] *

Number of Medical Exemptions for Pneumococcal [1 Year and older] *

Number of students with Medical Exemptions [1 Year or older] *

Number of Medical Exemptions for Diphtheria, Tetanus, Pertussis (DTaP) [1 Year and older] *

Number of Medical Exemptions for Polio [1 Year and older] *

Number of Medical Exemptions for Measles, Mumps, Rubella (MMR) [1 Year and older] *

Number of Medical Exemptions for Hepatitis B (Hep B) [1 Year and older] *

Number of Medical Exemptions for Varicella [1 Year and older] *

The number of each vaccine specific Medical Exemption CANNOT exceed that total number of students with Medical Exemptions

Number of students without Immunization Records [1 Year or older] *

Number of students in process [1 Year and older] *

Number of students completely immunized [1 Year and older] ? *

Number of Homeless Children Enrolled [1 Year and older] *

“In process” is defined as a child who has received at least the first dose of each required vaccine series for their grade level and has age-appropriate appointments to complete the series according to the ACIP catch-up schedule. If a student is “in process” a school may not exclude them or refuse to admit them since immunization requirements.

Number of students without Immunization Records [1 Year or older] *

Number of students in process [1 Year and older] *

Number of students completely immunized [1 Year and older] ⓘ *

Number of Homeless Children Enrolled [1 Year and older] *

Draft

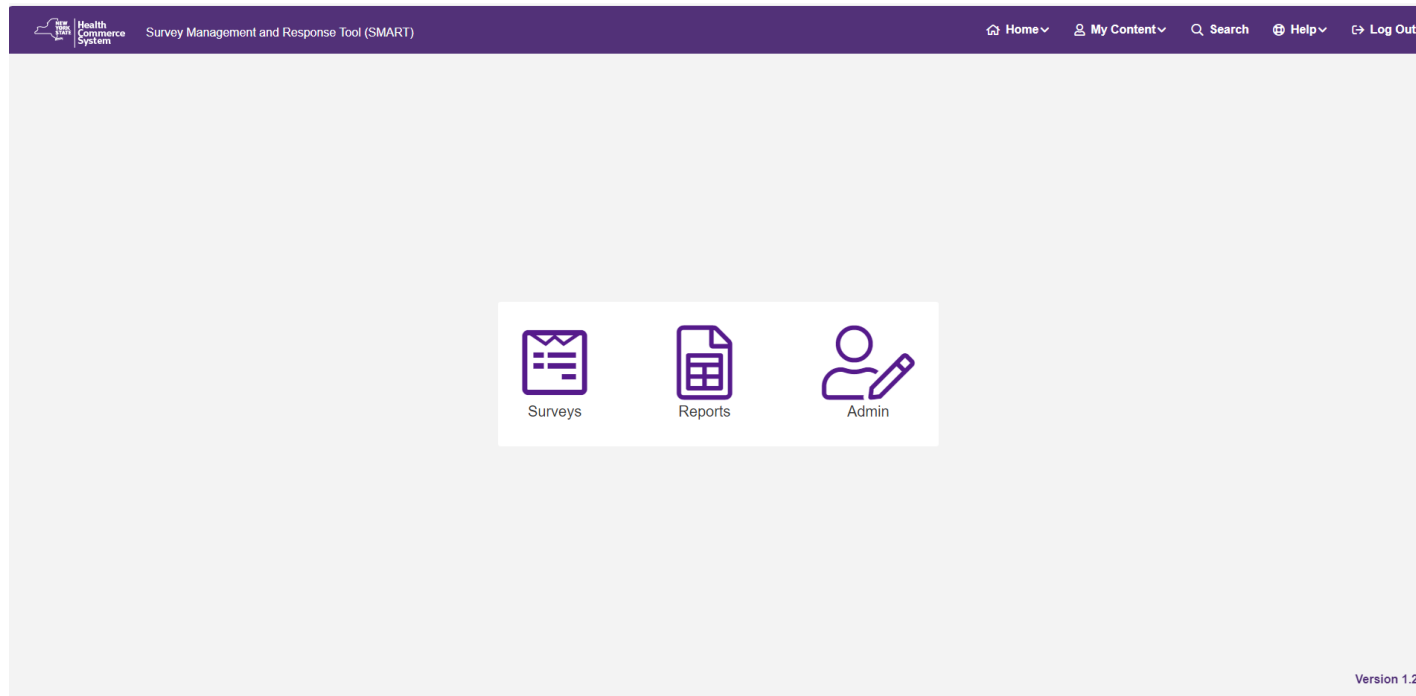
Submit

You can click “Draft” to save your progress and continue filling out the survey later; once the survey is complete, click “Submit”.

AFTER YOU SUBMIT YOUR SURVEY

To download PDF of survey [All survey data must be kept by each institution for SIX years]

Click “Reports”



Click the yellow “Run” button

Survey	Due Date	Action
Daycare Immunization Survey 2023-24	04/15/2024	Run

1 of 1 << < 1 > >> 10

Please select atleast one organization

Access Level

 ▼

Organization Type *

 ▼

Organization *

 ▼

Filter by Start Date



 🗑️

Filter by End Date

 🗑️

Note: It is not necessary to fill in any dates.

Click the “eye” icon to the left.

Actions	Organization Name ↑↓	Organization ID ↑↓	Does your program receive... ↑↓	Is your program designated as a... ↑↓	Is your program designated as a... ↑↓	Is your program designated as a... ↑↓	Does your institution have... ↑↓	Number of Children Less... ↑↓	Number Diphtheria Tetanus and... ↑↓	Number of students with... ↑↓
 	Test 1	Test 1								

Showing 1 to 1 of 1 entries << < 1 > >> 10

Actions

