

By:

Montana Immunization Program

Revised June 2019

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INTRODUCTION AND PURPOSE

In accordance with administrative Rules of <u>Montana (ARM) 37.95.140</u>, before a child may attend a Montana childcare facility, that facility must be provided with the documentation recorded on the Montana certificate of immunization form (HES-101). The purpose is to help identify the immunization status of children enrolled in childcare facilities and to obtain additional immunization information. The worksheet is intended to assist on-site data collection prior to online data entry and does not need to be submitted to DPHHS.

Please take a few moments to read through the guide before completing the reviews. If after reading the guide you have questions, please call the IZ Program at 406-444-5580.

GENERAL INSTRUCTIONS:

- Please completely fill in the Immunization Status Report Worksheet before you enter your results into Montana Childcare Review System (MCR).
 - o Link to the worksheet on MT Immunization website: <u>https://mcr.hhs.mt.gov</u>
- This review is for all children in the facility.
- If you have any difficulty entering your data, please call the IZ Program at 406-444-5580 for guidance.
- The number of reviews, determined by the yearly IAP contract, must be completed by **June 30**th of each contract year.

INSTRUCTIONS FOR FILLING IN THE WORKSHEET

Complete all information on the worksheet as indicated to correctly enter information into MCR.

Center Information

- Enter the complete name, address, and county name for the childcare facility being reported on.
- Please check the type of facility you are reporting on (Center, Family, Group).
- Enter your full name, phone number, and email in case we have questions and need to contact you.
- Enter the date you completed the review.
- Enter PV# if available.

Section 1. Child Immunization Status

- Total Number of Children Enrolled
 - Enter the number of children enrolled at the facility.
- Number of Children in compliance
 - Enter the number of children who are fully UTD OR have a valid exemption or conditional attendance form on file.
 - Number of Children Missing Record
 - Enter the total number of children with NO record on file.
- Number of Children Conditionally Attending
 - Enter the number of children with Conditional attendance. A child may initially conditionally attend a day care facility if:
 - (a) the child has received at least one dose of each of the vaccines required for the child's age;

- (b) a form prescribed by the department documenting the child's conditional immunization status is on file at the day care facility and is attached to the department's Montana certificate of immunization (HES-101); and
- (c) the child is not past due for the next required dose (as noted on the conditional enrollment form) of the vaccine in question.
- Number of Children Exempt by Category: 4a. Medical; 4b. Religious
 - Enter the number of children with a medical or religious exemption. A child is not required to have any immunizations which are medically contraindicated. A written and signed statement from a physician (licensed in the US or Canada) or APRN (licensed in MT) that an immunization otherwise required is medically contraindicated will exempt a child from those immunization requirements as deemed necessary by the physician. It is preferred, but not mandatory, that a physician's medical exemption be recorded on HES-101.
 - A claim of exemption on religious grounds for HIB must be notarized and maintained on an Affidavit of Exemption on Religious Grounds form (HES-113) provided by the department.

Section 2. Staff Immunization Status

- Number of Childcare Staff in Facility
 - Enter the total number of staff in the facility including all employees, volunteers, and/or any resident at the facility
- Number of Childcare Worker Up-to-Date (Tdap and MMR)
 - Enter the number of childcare staff UTD with documentation of at least one dose of Tdap vaccine, and for all adults born in 1957 or after, one dose of MMR vaccine unless they have a medical contraindication to the vaccines or laboratory evidence of immunity to each of the three diseases.
- Follow-Up
 - If facility is not 100% compliant, reviewer will initiate follow-up procedure outlined by the Immunization Program. Reviewer will state reasons for follow-up in the "Follow-up Details" section.

After you have completed the worksheet you are now ready to enter the results into the MCR <u>https://mcr.hhs.mt.gov</u>. Follow the steps below to enter your childcare reviews.

STEP 1: GOING TO THE WEBSITE (DATABASE)

This section contains information and resources about immunization rules in Montana regarding children entering licensed childcare facilities. Links to forms, resources and how-to informational guides is explained below. <u>https://mcr.hhs.mt.gov/Facility</u>

Montana Childcare Reviews	Search	Contact	
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ePass Montana
 Login using ePass Montana

Montana Childcare Reviews (MCR)

Note: ePass Login is for State Users Only.

Enter Childcare Reviev
Forms
Resources
How to Guides

FORMS

Links to all forms are listed on the main page.

<u>Forms</u>	
	Certificate of Immunization Conditional Attendance Form Medical Exemption Form Religious Exemption Form History of Varicella
Resour How to	rces Guides

RESOURCES

Additional resources are available on the main page including the link to enter complaints on the Childcare Licensing site: <u>https://dphhs.mt.gov/qad/licensure/childcarecomplaint</u>.

Forms
Resources
 MCR Guide MCR Worksheet Immunization Exemption Log Required Immunizations for Childcare
How to Guides

STEP 2: SEAF	CHING FOR CHILDCARE FACILITIES
To enter a child	lcare review, select the "Enter Childcare Review Button" to open search page.
	Enter Childcare Review
SEARCH PAC	E
1. Select a. b. c.	your County from the drop-down list. NOTE: To get a complete list <i>Select "No"</i> under <i>"Hide Inactives?"</i> . Once a county is selected, and BEFORE you hit search, the county information with completed reviews will show below for the current fiscal year. Select Search to show childcare facilities in your county. Select Poset to clear selected filters
2. The se	arch button will take you to the Facility Index page with your search results listed.
arch	
arch on any combination	of the filters
carcin on any combination	

Last Review	All	~		← 1		
Туре	All	~				
STARS	All	~				_
Does Last Review Need Follow-Up? Facility Name Provider Number (PV) Hide Inactives?	All No Search KReset			Select your county a information will be (before you hit the	and the review shown below • Search butto	n).
Туре		Current FY Re	eviews	•	Total	Percent
Centers		0			0	0
Groups & Families		0			0	N/A
STARS		0			0	0
All Facilities		0			0	0

Nye Current FY Reviews Total Strates 0 Strates 1 Strates 1 Strates 1 Strates 1 Strates 1 Strates 1 Strates All View Note County * Current FY Reviews 1 Strates All View County * Current FY Reviews 1 Strates All View View<	Type of Facility	# of Facilities Reviewed this Fiscal Year	Total Facilities	% Complete
Type Total Percent Centers 0 6 0.0 % Groups & Families 1 31 N/A STARS 1 6 6.3 % All Facilities 1 37 2.7 % County ◆ CUSTER The County field is required. Last Review All ~ Type All ~ Does Last Review Need Follow-Up? All ~ Facility Name				
centers 0 6 0.0% aroups & Families 1 31 NA strass 1 16 6.3% w Facilities 1 37 2.7% County * CUSTER All ~ Type All ~ Strars All ~ Does Last Review Need Follow-Up? All ~ Facility Name	Гуре	Current FY Reviews	Total	Percent
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STARS 1 1 16 6.3 % NI Facilites 1 37 2.7 % County * CUSTER	Groups & Families	1	31	N/A
al Facilites 1 37 2.75 County * CUSTER The County field is required. Last Review All Type All Type All STARS All Obes Last Review Need All Facility Name Facility Name Forvider Number (PV) Facility Name Output County Field Stars All Stars All	STARS	1	16	6.3 %
County * CUSTER Last Review All Type All STARS All Does Last Review Need Follow-Up? All Facility Name Image: County field is required. Hide Inactives? No No V	All Facilities	1	37	2.7 %
Type All ✓ STARS All ✓ Does Last Review Need All ✓ Facility Name	County *	CUSTER ~	The County field	is required.
Type All ✓ STARS All ✓ Does Last Review Need Follow-Up? All ✓ Facility Name Provider Number (PV) Hide Inactives? No ✓		7 MI	J	
STARS All Does Last Review Need Follow-Up? All Facility Name Image: Comparison of the second s	Туре	All	J	
Does Last Review Need Follow-Up? Facility Name Provider Number (PV) Hide Inactives? No Q Search X Reset	STARS	All]	
Facility Name Provider Number (PV) Hide Inactives? No Keset	Does Last Review Need Follow-Up?	All]	
Provider Number (PV) Hide Inactives? No ~	Facility Name]	
Hide Inactives? No ✓ Q Search ★ Reset	Provider Number (PV)]	
Q Search X Reset	Hide Inactives?	No]	
		Q Search Keset		

FACILITY INDEX PAGE

- 1. The Facility Index page will list the search results for the chosen county based on the filters selected.
 - a. The list can be printed by selecting the Print button.
 - i. Sort columns by selecting the column headers BEFORE printing to change order.
 - b. Select Details to view individual facility information including address, phone number, etc.

Copy Exce		Column visibility	Show 5 🗸	entries		Sort the for be	ien sel st resu	lect "Print" lts		Print 💁 rch:	Clear Page Filters
Provider 🔶 Number	Facility Name	 Owner / \$ Director 	Provider	¢ Phone	City	County 🔶 Name	Enroll In Sta	led ≑ Facility ≑ rs? Status	Last Review 🝦 Date	Needs Follow- up?	Buttons
PV10 670	Canvas	Aaron	Center	(406)	Dillon	BEAVERHEAD	No	Active	2018-08-	N	🔳 Details
PV95493	Learning Center Diana Brown	Sort ea colum	nch colum n headers.	n by clicl 683-5466	king o	n the	No	Active	2018-08- 30	No	I Reviews I Details I Reviews
PV105516	Gmom's Place	Kathy Munson	Family	(406) 925-9986	Dillon	BEAVERHEAD	No	Active	2018-08- 31	No	i≣ Details i≣ Reviews
PV103906	Itty Bitty Beavers	Kimberlee Andelin- Womack	Group	(406) 274-7738	Dillon	BEAVERHEAD	No	Active	2018-09- 05	No	E Details
PV76317	Janet Fjeseth	Janet M Fjeseth	Group	(406) 683-6341	Dillon	BEAVERHEAD	Yes	Active	2018-09- 30	No	
nowing 1 to 5 c	of 7 entries arch			Col	or Key:	Older or Never Re	viewed	Reviewed Previo	F us Fiscal Year	Previous Review	1 2 Nex
		Details Facility County Na Provider Num Facility Na Owner / Direc Provider Ty Provider Ty	me BEAVERHI ber PV107670 me Canvas Ea tor Aaron /pe Center one (406) 925-3 hail canvaselc@ sss 512 1/2 N. 1 tity Dillon te MT Zip 59725 rs? No tus Active ate 5/22/2019 ate 5/22/2018 3 By Script ate 5/16/2019 8 By Script	EAD rly Learning Cer 3058 ⊉gmail.com Washington St 3:19:01 PM 3:46:18 AM	nter		De cor info	tails page wil ntact and loca ormation for e	l provide tion each facilit	y.	
		Heack to Facilities				8					

EXPORTING DATA

To export the data, select the Copy, Excel or CSV buttons depending on your program preference.

Note: Before exporting the data select "Column visibility" to select the desired columns to export.

Types of Export Options:

- Copy
 - Copies data to be pasted into a document including Word, Notebook, etc.
- Excel
 - Opens data in an excel document for calculation, graphing, pivot tables, and macro programming.
- CSV
 - Opens a comma-separated values file that is a delimited text file and uses a comma to separate values in plain text.



REVIEW PAGE				
ABC Daycare Montana (406) 555-5555 PV108040	To enter a new	review, select the	7	
How Review Review Date Meeds Follow-Up?	blue "New Kev	10W'' button	1 Reviewer Phone	1 Buttons
	No data	available in table		
Showing 0 to 0 of 0 entries				

To add a New Review:

- 1. Select the New Review button to open a new page.
- 2. Enter the information gathered on the Childcare Review Worksheet into the online database.
- 3. If a facility is not 100% in compliance, select "Yes" under Needs Follow-up.
 - a. Follow-up Details are required if "Yes" is selected. E.g. Facility is missing records for 5 children and facility will be reaching out to parents to obtain required documentation.
- 4. Select Save.

Create

Review			
Provider Number	PV108040		
Facility Name	ABC Daycare		
Owner / Director	Moana		Information in grey is auto
City	Montana		correct please contact the IZ
Phone	(406) 555-5555		Program at 444-5580.
Provider Type	Center		
Enrolled in STARS?	No		Paviaw Data is auto populated, but
Review Date	2019-05-30		can be changed
Number Enrolled	0		
Number in Compliance*	0		Enter the information gathered at the
Number Missing Record	0		facility review in the boxes.
Number Conditionally Attending	0		*Note: If site is not 100% compliant
Number with Medical	0		a "Follow-up" is required.
Exemption Number with Religious Exemption for HIB	0		*Note: If a follow-up is needed the "Follow-up Details" box is required.
Number of Workers	0		Please enter the reason for the
Number of Workers in Compliance	0		follow-up, e.g. Facility has 5 children with missing records.
Needs Follow-Up?	Select One	v	
Follow-up Details		10	
		10	

STEP 3: FOLLOW-UP PROCEEDURE

When the Public Health Nurse (PHN) finds a childcare facility **not in compliance** with their immunization records:

- The PHN shall advise the facility director they have **7 days** to correct the noncompliance and obtain the documentation to complete the record.
- If the record is not complete after this time, the PHN will formally notice the facility director. Another **7-day** time period should be granted, and the facility director informed that non-compliance after this time will result in the child being excluded from the facility.
- Should the facility not comply after the 2nd 7-day period
 - the PHN will order the exclusion of the child from the facility, AND
 - will make a formal complaint to the Childcare Licensing Site: <u>https://dphhs.mt.gov/qad/licensure/childcarecomplaint</u>.

The local licensor will then contact the facility director for follow-up action if needed within 7 days.

Index				
+ New Review				
Review Date	Is Revision?	1 Reviewer Name	It Reviewer Phone	Jî Buttons
2019-05-30 Yes	No	Mickey	406-555-5555	😼 Revise
Showing 1 to 1 of 1 entries				
Heack to Facilities Back to Search	If facility re Revision, th to enter that	quires a Follow-up e "Revise" button w review once comple	ill show ete.	

FOLLOW-UP REVISION ENTRY

To complete the follow-up review for a facility that is not 100% compliant select the Revise button next to the most recent review needing a follow up.

- 1. Review the data that is auto populated from the original review and edit any sections that may have changed.
 - a. Note: The filled in numbers are there as a reminder of the original review only and can be edited.
- 2. Once the new information has been entered, review for accuracy and if no additional review is needed (facility is now in compliance) select Save.
- 3. If the facility is still not in compliance, select "Yes" for Needs Follow-up and fill in the details why.
 - a. Follow non-compliance procedure outline above.

Create			
Follow-up Review			
Reviewer Name	Mickey		
Reviewer Phone	406-555-5555		
Reviewer Email	abc123@email.com		
Review Date	2019-05-30		
Number Enrolled	10		
Number in Compliance*	5		
Number Missing Record	5		The information from the previous
Number Conditionally Attending	0		review will auto populate but can be edited if information has changed.
Number with Medical Exemption	0		
Number with Religious Exemption for HIB	0		
Number of Workers	3		
Number of Workers in Compliance	3		
Needs Follow-Up?	Select One	~	*Note: If an additional follow-up is
Follow-up Details			needed, "Follow-up Details" are required.
	Ht Save	l l	

For assistance with the system or to report an issue please contact the Montana Immunization Program at 406-444-5580.