



**Nevada Department of  
Health and Human Services**

**DIVISION OF PUBLIC AND  
BEHAVIORAL HEALTH**



**NEVADA STATE  
IMMUNIZATION  
PROGRAM**

# **Nevada Department of Public and Behavioral Health 2021-2022 Annual 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.

- Accommodations: facilities that have a primary business open to the public that provide 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 Immunize Nevada Website

To access the annual immunization reporting survey online:

- Go to <https://www.immunizenevada.org/submit-rates>
- Click on the appropriate link.
- Reports must be entered online by 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.immunizenevada.org/submit-rates>

Submit immunization rates — it’s important, it’s easy, and it’s the law.

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.



- Click on the “Submit Immunization Rates for Accommodation Facility” link.

Submit immunization rates — it’s important, it’s easy, and it’s the law.



- 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!

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

**VI. Collecting Data**

- Please collect immunization records for children enrolled in your facility to complete the survey. ([SEE APPENDIX B](#))
- Please answer questions for the age-required vaccines only.

- 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. **Do not** count medical exemptions, religious exemptions, and conditional enrollment as UTD.
- **(Question 3)**
  - Total number medically exempt: the parent/guardian has provided a Nevada Division of Public and Behavioral Health State Medical Immunization Exemption Certificate signed by a licensed physician (MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.
- **(Question 4)**
  - Total number religiously exempt: a Nevada Division of Public and Behavioral Health State Religious Immunization Exemption Certificate was provided by the parent/guardian who prohibits the immunization of the student 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
PCV13	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	<input type="text"/>
(2) In the last 12 months, how many children were up-to-date for all required vaccines? * must provide value	<input type="text"/> <small>Up-to-date (UTD): children have received all required immunizations prior to entry.</small>
(3) In the last 12 months, how many children were medically exempt? * must provide value	<input type="text"/>
(4) In the last 12 months, how many children were religiously exempt? * must provide value	<input type="text"/>












## 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: 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>¶</sup>	1st dose	2nd dose			3rd dose						
DTaP			1st dose	2nd dose	3rd dose		4th dose				5th dose
Hib* <sup>*</sup>			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			

• As of 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 5<sup>th</sup> dose of DTaP is recommended between 4 and 6 years of age. The 5<sup>th</sup> 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>¶</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.

¥ 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.

§ 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 Nevada Division of Public and Behavioral Health State Medical Immunization Exemption Certificate signed by a licensed physician (MD or DO) or an Advanced Practice Registered Nurse (APRN) stating that the medical condition of the student will not permit the student to be immunized.
- **Religious Exemption:** Requires a Nevada Division of Public and Behavioral Health State Religious Immunization Exemption 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.