



**WELCOME TO  
ALLEGAN COUNTY HEALTH DEPARTMENT'S  
MCIR SIRS PRESENTATION FOR  
SCHOOLS & CHILDCARE  
2024 - 2025**



**HEALTH  
Department**





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**\*\*Note: We heard our partners, and the majority preferred to receive the slides to be able to view at your own leisure. However, if you desire one-on-one training, please call (269) 673-5411.**



# SCHOOL & CHILDCARE COMMUNICABLE DISEASE REPORTING

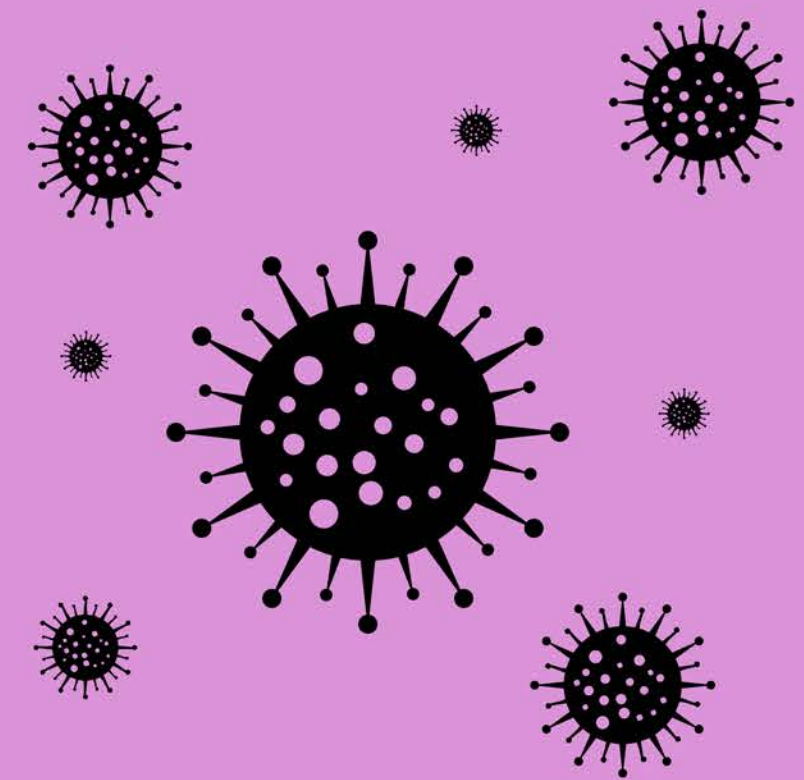
2024-2025



HEALTH  
Department



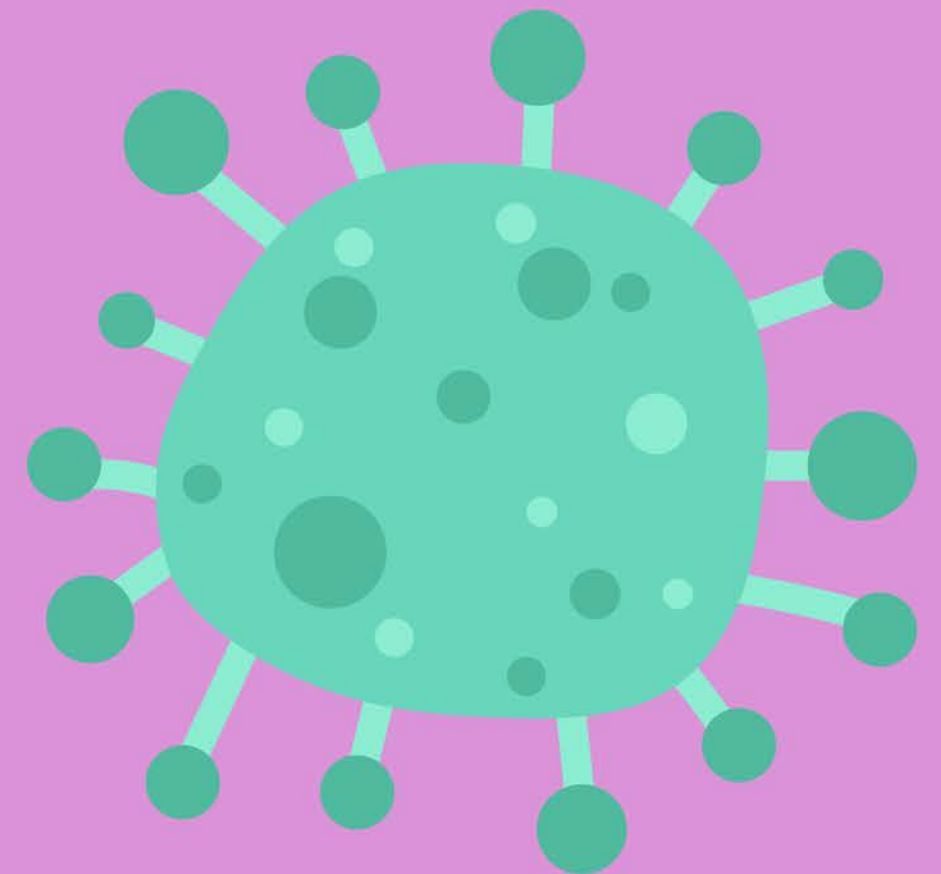
# WHAT IS A COMMUNICABLE DISEASE?





# A COMMUNICABLE DISEASE ...

... is an infectious illness that can result from either direct contact with an infected individual's discharges (such as mucus, saliva, feces, or body fluids) or indirect contact (for example, through a mosquito bite).





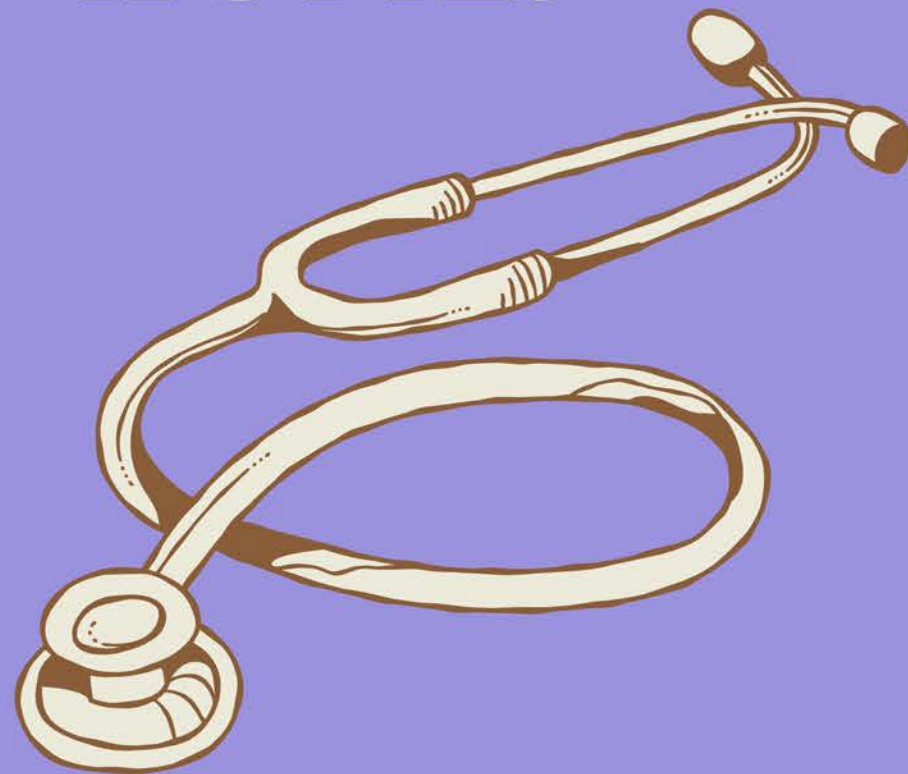
# HOW DISEASES ARE SPREAD?

- Fecal-Oral: contact with human stool; usually ingestion after contact with contaminated food or object.
- Respiratory: contact with respiratory droplets from nose, throat and/or mouth.
- Direct Skin-to-Skin Contact: contact with infected skin.
- Indirect Contact: Contact with contaminated object or surface.
- Bloodborne: Contact with blood or bodily fluids.
- Vector Borne: transmission from a bug bite.





# EXAMPLES FOR PARENTS OF WHEN TO KEEP A CHILD HOME:



For the best guidance, please refer to the CDC's ["When Students or Staff are Sick"](#) web page linked here.



- Severely Ill
- Respiratory Virus Symptoms
  - that are worsening or not improving
- Vomiting
  - within the preceding 24 hours
- Diarrhea
- Fever
- Skin Sores
  - that are draining fluid on an uncovered part of the body and unable to be covered with a bandage



# **WHY DO SCHOOLS & CHILDCARE CENTERS HAVE TO REPORT?**

**Michigan law requires that schools, preschools, and childcare centers report total counts of specific illnesses to the local public health department. Physicians, clinical laboratories, schools, preschools, childcare centers, and camps are required to report the occurrence or suspected occurrences of any disease, condition or infection as identified in the Michigan Communicable Disease Rules. (Act 368 of the Public Acts of 1978).**





# MICHIGAN PUBLIC HEALTH CODE

Michigan Public Health Code (MCL 333.5111) and administrative rules give local and state health departments the authority and responsibility to investigate cases of disease and suspected transmission. Any information provided by a facility is covered under the Michigan Public Health Code in accordance with state law and will not violate the Family Educational Rights and Privacy Act (FERPA) standards. It is extremely important that facilities maintain confidentiality regarding information shared during a communicable disease investigation.





# 2024 REPORTABLE DISEASES IN MICHIGAN – BY CONDITION

## A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

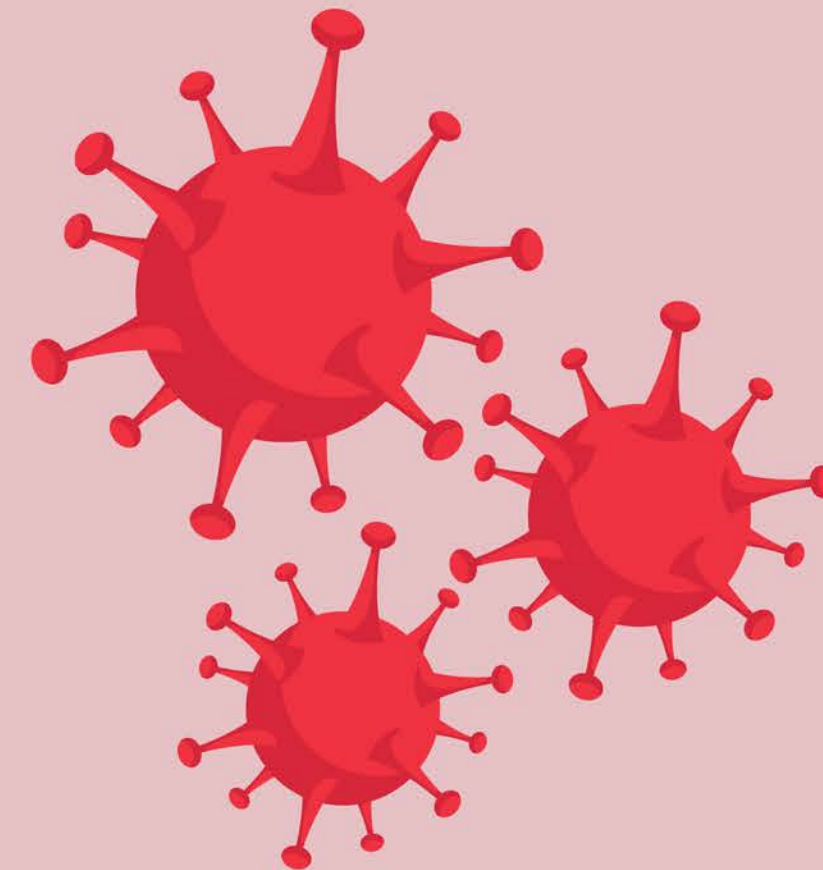
Acute flaccid myelitis (1)	Measles (Measles/Rubeola virus) (6)
Anaplasmosis (Anaplasma phagocytophilum)	Melioidosis (Burkholderia pseudomallei) (4)
Anthrax (Bacillus anthracis and B. cereus serovar anthracis) (4)	Meningitis: bacterial, viral, fungal, parasitic and amebic
Arboviral encephalitides, neuro- and non-neuroinvasive:	Meningococcal Disease, sterile sites (Neisseria meningitidis) (4)
Chikungunya, Eastern Equine, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)	Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)
Babesiosis (Babesia microti)	Mumps (Mumps virus)
Blastomycosis (Blastomyces dermatitidis)	Orthopox viruses, including: Smallpox, Mpox (4)
Botulism (Clostridium botulinum) (4)	Pertussis (Bordetella pertussis)
Brucellosis (Brucella abortus, melitensis, suis, and canis) (4)	Plague (Yersinia pestis) (4)
Campylobacteriosis (Campylobacter species)	Polio (Poliovirus)
Candidiasis (Candida auris) (4)	Prion disease, including Creutzfeldt-Jakob Disease (CJD)
Carbapenemase-Producing Organisms (CPO) (4)	Psittacosis (Chlamydia psittaci)
Chancroid (Haemophilus ducreyi)	Q Fever (Coxiella burnetii) (4)
Chickenpox / Varicella (Varicella-zoster virus) (6)	Rabies (Rabies virus) (4)
Chlamydial infections (all sites - genital, rectal, and pharyngeal, Trachoma, Lymphogranuloma venereum (LGV)) (Chlamydia trachomatis) (3,6)	Rabies: potential exposure and post exposure prophylaxis (PEP)
Cholera (Vibrio cholera) (4)	Respiratory syncytial virus (RSV) pediatric mortality (< 5 years of age)
Coccidioidomycosis (Coccidioides species)	Rubella (Rubella virus) (6)
Cryptosporidiosis (Cryptosporidium species)	Salmonellosis (Salmonella species) (5)
Coronaviruses, Novel (SARS, MERS-CoV) (5)	Shigellosis (Shigella species) (5)
COVID-19; including SARS-CoV-2 variant identification	Spotted Fever (Rickettsia species)
Cronobacter sakazakii (infants < 1 year of age) (4, blood or CSF only)	Staphylococcus aureus, vancomycin intermediate/resistant (VISA) (5)/VRSA (4)
Cyclosporiasis (Cyclospora species) (5)	Streptococcus pneumoniae, sterile sites
Dengue Fever (Dengue virus)	Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
Diphtheria (Corynebacterium diphtheriae) (5)	Syphilis (Treponema pallidum) (for any reactive result; report all associated syphilis tests, including negative results) (6)
Ehrlichiosis (Ehrlichia species)	Tetanus (Clostridium tetani)
Encephalitis, viral or unspecified	Toxic Shock Syndrome (non-streptococcal) (1)
Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5)	Trichinellosis (Trichinella spiralis)
Giardiasis (Giardia species)	Tuberculosis (Mycobacterium tuberculosis complex); report preliminary and final rapid test and culture results (4)
Glanders (Burkholderia mallei) (4)	Tularemia (Francisella tularensis) (4)
Gonorrhea (Neisseria gonorrhoeae) (3, 4 – Isolates from sterile sites only, 6)	Typhoid Fever (Salmonella typhi) and Paratyphoid Fever (serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Guillain-Barre Syndrome (1)	Vibriosis (Non-cholera Vibrio species) (5)
Haemophilus influenzae, sterile sites (5, submit isolates for serotyping for patients <15 years of age)	Yellow Fever (Yellow Fever virus)
Hantavirus	Yersiniosis (Non-pestis Yersinia species) (5)
Hemolytic Uremic Syndrome (HUS)	
Hemorrhagic Fever Viruses (4)	
Hepatitis A virus (IgM anti-HAV, HAV genotype)	
Hepatitis B virus (HBsAg, HBeAg, IgM anti-HBc, total anti-HBc, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)	
Hepatitis C virus (all HCV test results including positive and negative antibody, RNA, and genotype tests) (6)	
Histoplasmosis (Histoplasma capsulatum)	
HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures) (2,6)	
Influenza virus (weekly aggregate counts)	
Influenza pediatric mortality (< 18 years of age), report individual cases (5)	
Novel influenza viruses, report individual cases (5,6)	
Kawasaki Disease (1)	
Legionellosis (Legionella species) (5)	
Leprosy or Hansen's Disease (Mycobacterium leprae)	
Leptospirosis (Leptospira species)	
Listeriosis (Listeria monocytogenes) (5,6)	
Lyme Disease (Borrelia burgdorferi)	
Malaria (Plasmodium species)	

### LEGEND

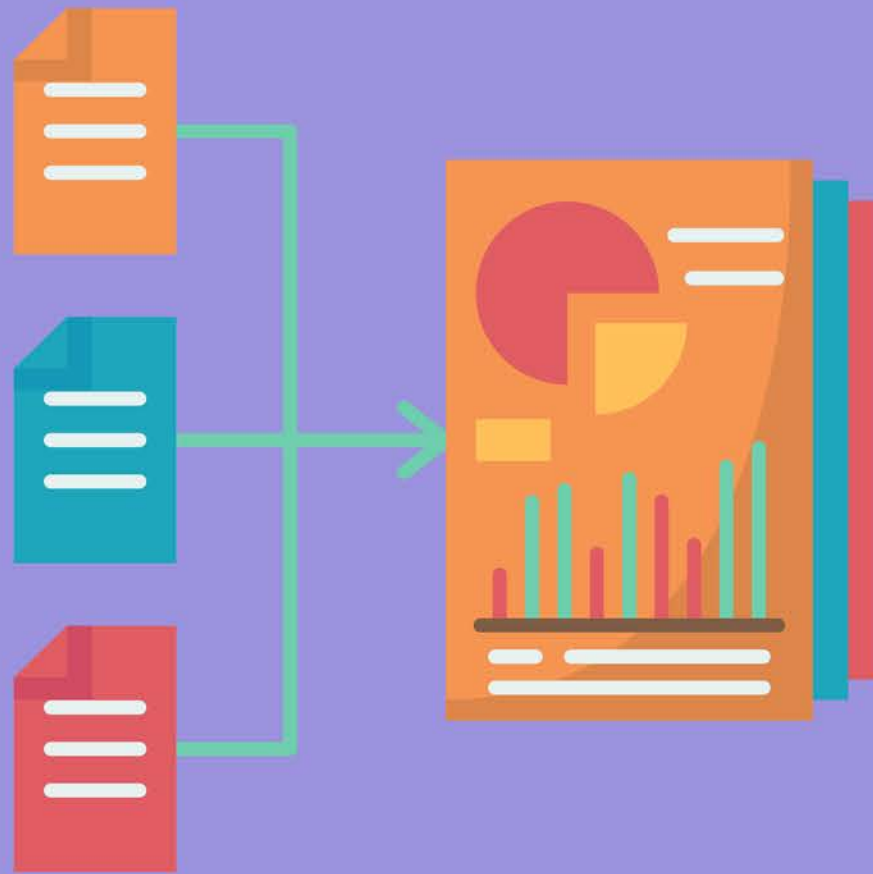
- Reporting within 3 days is required.
  - Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1355. Report HIV genome sequence data only as Sanger sequences, or as consensus sequences for next generation sequencing.
  - Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivsti for details.
  - A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
  - Specimen and/or isolate requested. *Enteric*: If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Lansing laboratory. *Respiratory*: Submit specimens, if available.
  - Report pregnancy status.
- Blue Bold Text** = Category A Bioterrorism or Select Agent must be notified immediately to the MDHHS Laboratory (517-335-8063)

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111  
 MDHHS maintains, reviews, and revises this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo REV. 12/2023  
 Michigan Department of Health and Human Services • Bureau of Laboratories • Bureau of Infectious Disease Prevention

Link to this document here:







## SCHOOL/CHILDCARE COMMUNICABLE DISEASES WEEKLY AGGREGATE COUNTS:

- COVID-19
- INFLUENZA LIKE ILLNESS (RESPIRATORY FLU) -OR- INFLUENZA  
GASTROINTESTINAL ILLNESS (STOMACH FLU)
- COLD/BRONCHITIS
- FEVER
- FIFTH DISEASE
- LICE
- IMPETIGO
- MONONUCLEOSIS
- HAND, FOOT & MOUTH
- RSV
- SORE THROAT (ONLY)
- SCARLET FEVER / STREP THROAT
- PINK EYE
- SCABIES
- RING WORM
- OTHER (MY CHILD ISN'T FEELING WELL TODAY)

**\*\*NOTE: you are no longer reporting totals of Covid daily; it is now reported weekly.**



# IMMEDIATE REPORTING OF SERIOUS COMMUNICABLE DISEASE OR OUTBREAK

Please Call (269) 673-5411



Please call the Health Department immediately to report any of the following serious illnesses in a student or staff member: **varicella (chicken pox)**, measles, mumps, rubella, pertussis, meningitis, encephalitis, hepatitis or tuberculosis.

Report through the Communicable Disease Reporting system. All schools must report COVID-19 aggregate counts of cases in staff and students to the ACHD weekly. This is outlined in the MDHHS SOP (Page 9) and in Managing CDs in Schools (Page 8). Individual-level, identifiable information on these cases must be documented by schools and may be requested by LHDs at anytime .

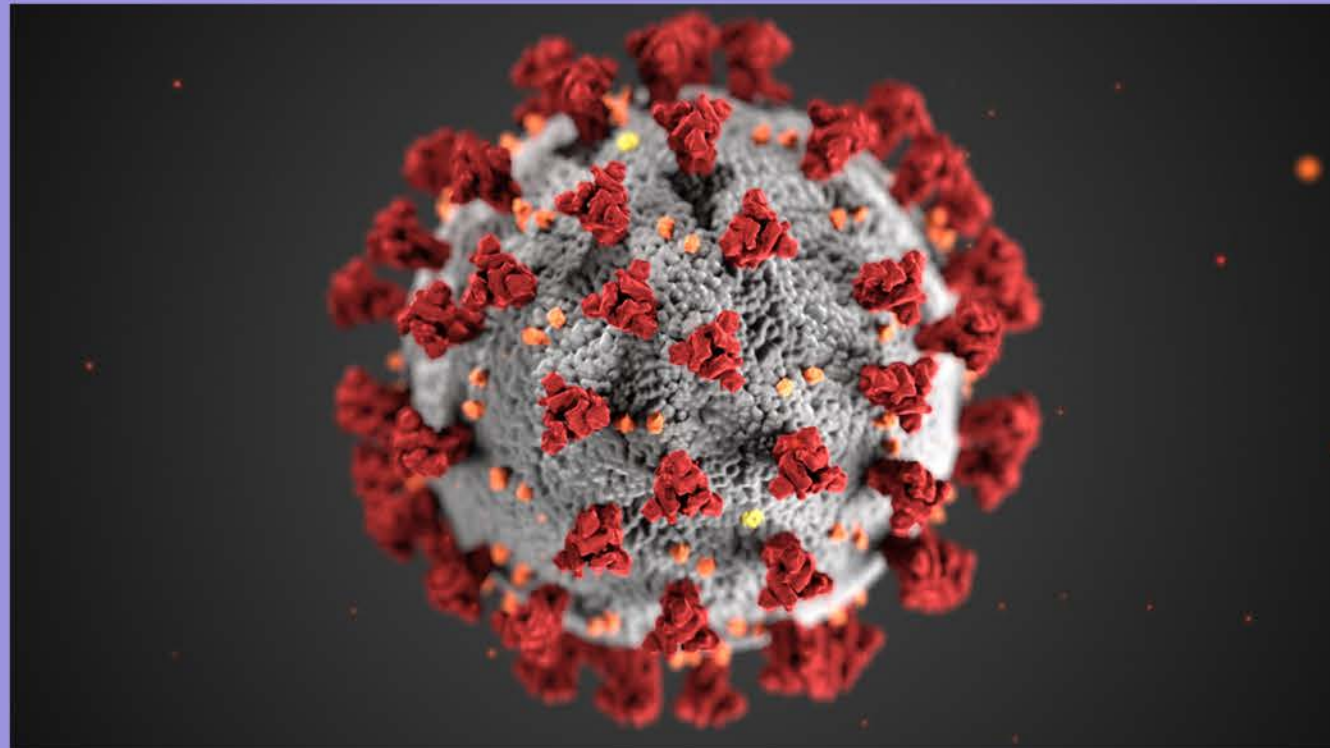
Unusual disease occurrences and outbreaks are also reportable. An outbreak is defined as any increase in a certain type of illness. Influenza-like illness and gastrointestinal illness, too! Please call us right away if you suspect an outbreak or notice an increase in illness. We will need "numbers" and information.



# IN THE EVENT OF AN ACTUAL OR POTENTIAL OUTBREAK SITUATION ...

Your district may be contacted and requested to provide information to assist us in the investigation of the disease, and ultimately the protection of the community.

PLEASE comply in a timely manner.





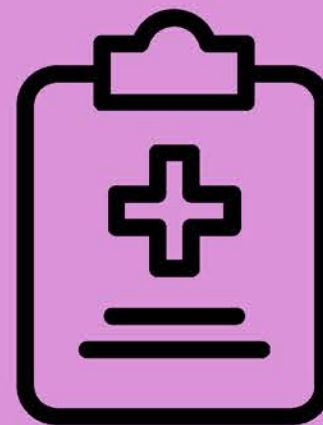
## Exclusion During an Outbreak in Schools or Childcare Centers

Any child with a valid medical and non medical contraindication to a particular vaccine is considered susceptible to that vaccine-preventable disease and could be subject to exclusion from the school or childcare center if an outbreak of the disease occurs in the school or childcare.

For non-medical immunization waivers, parents attend a waiver session at a local health department and are informed about vaccines and vaccine-preventable diseases, with the understanding that their child may be excluded from the school or childcare center if the local health department determines that it is necessary.

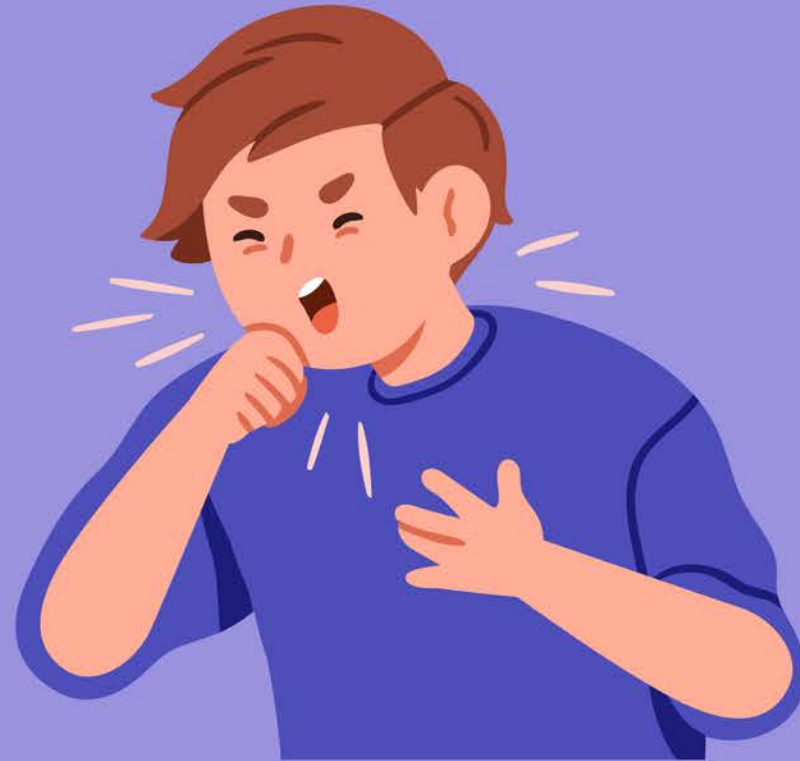


It is important to be aware of **ALL** students who have a medical or non-medical waiver.





# INFLUENZA, RSV, COVID-19





# CDC RESPIRATORY GUIDANCE

## Respiratory Virus Guidance Snapshot

### Core prevention strategies

#### Immunizations



#### Hygiene



#### Steps for Cleaner Air



#### Treatment



#### Stay Home and Prevent Spread\*



### Additional prevention strategies

#### Masks



#### Distancing



#### Tests



#### Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

\*Stay home and away from others until, for 24 hours BOTH:



Your symptoms are getting better



You are fever-free (without meds)



Then take added precaution for the next 5 days



# NOROVIRUS





# WHAT DO WE KNOW ABOUT NOROVIRUS?

If you suspect norovirus in your school or childcare center, contact us right away.



Norovirus is a group of viruses that cause gastroenteritis. Norovirus is known as “the stomach flu”.

Symptoms include: nausea, vomiting, diarrhea, stomach cramps, low-grade fever, chills, headache and muscle aches.



Norovirus lasts 1-2 days and is highly contagious.

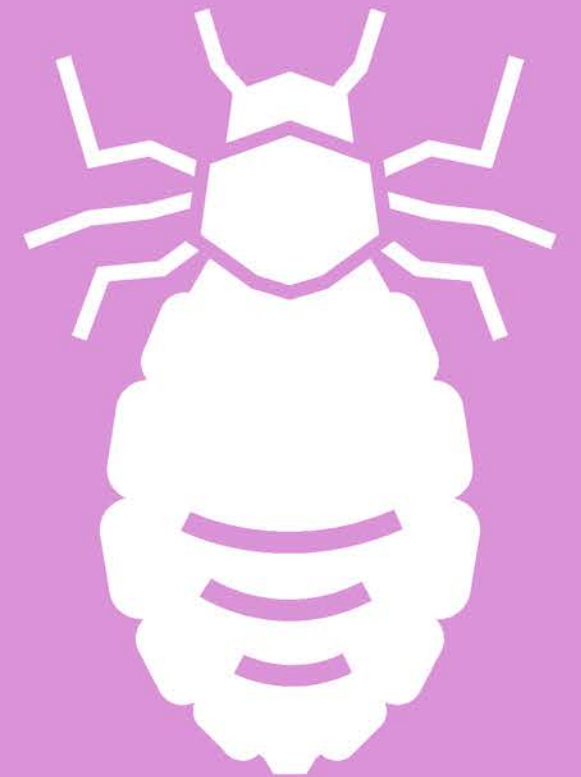
Children and staff showing symptoms should be excluded. See more in the link below:



**Managing Communicable Diseases in Schools**



# HEAD LICE





# GUIDES TO IDENTIFY, TREAT AND PREVENT:

[Michigan Head Lice Manual](#)



[CDC's Head Lice Website](#)



[Local Public Health Department:](#)

[269-673-5411](#)

**Feel free to call the Health Department. If a student has health insurance or Medicaid, their health care provider can write a prescription for Nix or another treatment.**



# Wash those hands!

**Washing your hands is one of the easiest and best ways to prevent the spread of diseases.**



**Sanitizers should be used to supplement hand washing with soap and water.**



## **Preventing the spread of infections in K-12 (CDC)**

- Teach and reinforce proper hand washing and cough etiquette.
- Take steps for cleaner air by improving ventilation in schools. Schools should consider ventilation enhancements and design when undergoing remodeling or when undertaking new building construction to optimize clean air.
- Clean, sanitize, and disinfect when appropriate. Click [here](#) to visit the EPA Guidelines.
- Promote vaccinations for students and staff.

## **When children or staff do become ill**

- Have staff and students stay home when they are sick. The guidance makes clear what specific symptoms necessitate staying home.
- When applicable, use personal protective equipment (PPE) for school staff who are caring for sick children.
- Hand washing, respiratory etiquette, cleaning, sanitizing, and disinfecting remain important.



# SCHOOL/ CHILDCARE WEEKLY REPORTING 101





# WEEKLY REPORTING USER ID & PASSWORD



ACHD will supply a User ID and password to your facility. Please keep this information in a secure location.

If you need assistance, please call or e-mail:

Emily at [ehitchcock@allegancounty.org](mailto:ehitchcock@allegancounty.org)  
(269) 673-0479 or (269) 673-5411 or

School Reporting at [schoolreporting@allegancounty.org](mailto:schoolreporting@allegancounty.org)



## Section 2:

Please call the Allegan County Health Department at 269-673-5411 immediately if any of the following illnesses are suspected or confirmed: measles, mumps, rubella, pertussis, Haemophilus influenzae type B (NOTE: this is not the seasonal influenza), meningitis, encephalitis, hepatitis, varicella (chickenpox), tuberculosis, Mpox, or any other unusual communicable disease.

\* = required data

* Student Name last, first	* Birth Date mm/dd/yyyy	* Phone	* Address street, city	* Parent Name last, first	* Grade <a href="#">Help</a>	* Disease	Date 1st absent mm/dd/yyyy	Diagnosed by
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	H. influenzae Disease - Inv ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾

Add Additional Rows

**This should never be entered for a child that has influenza (type A or B)**



# SECTION 3 & 4

**Section 3:**  
Please include the NUMBER of cases. Do not list individually in the section above.

<b>Influenza Like Illness (Respiratory Flu):</b>	<input type="text"/>	Any child with bronchitis, pneumonia, or fever and any of the following symptoms: sore throat, cough, generalized aching in the back or limb muscles. <b>Vomiting and diarrhea alone is NOT respiratory flu.</b>
<b>Gastrointestinal Illness ('Stomach Flu'):</b>	<input type="text"/>	Any child with vomiting and/or diarrhea for 24 to 48 hours (24-hour flu, winter vomiting disease or norovirus)

**Section 4:**  
Please include the NUMBER of cases. Do not list individually in the section above.

<b>Cold/Bronchitis:</b>	<input type="text"/>	<b>Scarlet Fever / Strep Throat:</b>	<input type="text"/>
<b>COVID-19:</b>	<input type="text"/>	<b>Pink Eye:</b>	<input type="text"/>
<b>Fever:</b>	<input type="text"/>	<b>Scabies:</b>	<input type="text"/>
<b>Fifth Disease:</b>	<input type="text"/>	<b>Ring Worm:</b>	<input type="text"/>
<b>Lice:</b>	<input type="text"/>	<b>Hand Foot and Mouth:</b>	<input type="text"/>
<b>Impetigo:</b>	<input type="text"/>	<b>RSV:</b>	<input type="text"/>
<b>Mononucleosis:</b>	<input type="text"/>	<b>Other:</b>	
<b>Sore Throat (only):</b>	<input type="text"/>	<b>Disease Name:</b>	<input type="text"/>
		<b>Disease Count:</b>	<input type="text"/>

This is where you will be entering your facilities totals in each illness for that week. **Please note: You will add your covid-19 weekly totals in section 4 going forward.**



# SECTION 5

## Section 5:

Did school close this week due to excessive absences?  Yes  No

Submit

If your facility has closed at any point during the week due to excessive illness, you must call and notify the health department prior to the closure. From there you will select “Yes” here and push submit.

Under most common circumstances, after you have entered your totals, make sure that you have selected “No” and push submit.

# STEPS TO SUCCESSFUL REPORTING

Submit WEEKLY even if there is no disease to report.

Notify ACHD IMMEDIATELY at (269) 673-5411 when you become aware of all illness that is on the “List of Reportable Diseases” OR if your facility is closed due to illness  
Have a DETAILED answering machine message requesting specific symptom information regarding a child’s absence

Have a consistent manner of asking parents about their child’s illness, such as;

“Did/does your child have a fever?”

“Has your child vomitted or had diarrhea in the last 24 hours?”





# INSTRUCTIONS FOR ONLINE REPORTING:



 Allegheny County Community Health

## Communicable Disease Reporting

Please call the Health Department at 269-673-5411 **immediately** if any of the following illnesses are suspected or confirmed: measles, mumps, rubella, pertussis, Haemophilus influenzae type B (NOTE- this is NOT seasonal influenza, or "the flu"), meningitis, encephalitis, hepatitis, varicella (chickenpox), tuberculosis, COVID-19, Monkeypox, or any other unusual communicable disease.

**COVID-19 Cases are to be reported daily, as they are reported to you.**

School closures due to illness should be reported **immediately**.

If you have any questions, please call Erin Radke or Emily Hitchcock at 269-673-5411 OR send an e-mail to [schoolreporting@alleghenycounty.org](mailto:schoolreporting@alleghenycounty.org). For COVID-19 related concerns, please contact Emily Warren at 269-686-4519 or [ewarren@alleghenycounty.org](mailto:ewarren@alleghenycounty.org). Thank you!

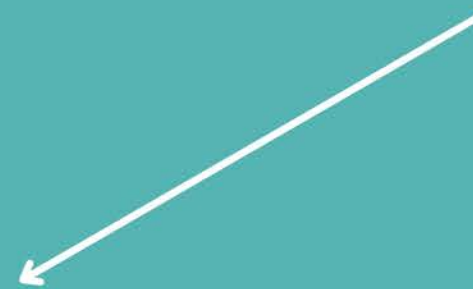
User ID:   
Please fill out this field.  
[Forgot User ID?](#)

Password:   
[Forgot Password?](#)

[Sign In](#)

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 **Log onto the web address:**  
[School Reporting - KKZO](#)



# WHEN YOU SIGN IN, YOU WILL NOW ONLY SEE THIS SCREEN BELOW:



Allegan County

## Weekly Communicable Disease Report

Schools play an essential role in reporting communicable diseases in the community. According to the State of Michigan Public Health Code (Public Act 368, of 1978 as amended), the local Health Department shall be notified of the occurrence of reportable communicable diseases.

If you forget your login information, please call Emily Hitchcock at 269-673-5411 OR send an e-mail to [schoolreporting@allegancounty.org](mailto:schoolreporting@allegancounty.org). Thank you!

### Section 1:

(\*) Required data

Week ending Friday, August 9, 2024

Nothing to Report  
If you select this box, no other data entry is required. After clicking in this box, go to the submit button at the bottom of this page and click it.

\* Facility Population:

**ACHD Power Users School**  
3255 122nd Avenue  
Suite 200  
Allegan, MI 49010  
Phone: 269-673-5411  
E-Mail: [COVIDvaccine@allegancounty.org](mailto:COVIDvaccine@allegancounty.org)

### Section 2:

Please call the Allegan County Health Department at 269-673-5411 immediately if any of the following illnesses are suspected or confirmed: measles, mumps, rubella, pertussis, Haemophilus influenzae type B (NOTE: this is not the seasonal influenza), meningitis, encephalitis, hepatitis, varicella (chickenpox), tuberculosis, Mpox, or any other unusual communicable disease.

\* = required data

* Student Name last, first	* Birth Date mm/dd/yyyy	* Phone	* Address street, city	* Parent Name last, first	* Grade <a href="#">Help</a>	* Disease	Date 1st absent mm/dd/yyyy	Diagnosed by
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select One ▾	Select One ▾	<input type="text"/>	Select One ▾

### Section 3:

Please include the NUMBER of cases. Do not list individually in the section above.

**Influenza Like Illness (Respiratory Flu):**  Any child with bronchitis, pneumonia, or fever and any of the following symptoms: sore throat, cough, generalized aching in the back or limb muscles. **Vomiting and diarrhea alone is NOT respiratory flu.**

**Gastrointestinal Illness ('Stomach Flu'):**  Any child with vomiting and/or diarrhea for 24 to 48 hours (24-hour flu, winter vomiting disease or norovirus)

### Section 4:

Please include the NUMBER of cases. Do not list individually in the section above.

**Cold/Bronchitis:**  **Scarlet Fever / Strep Throat:**

**COVID-19:**  **Pink Eye:**

**Fever:**  **Scabies:**

**Fifth Disease:**  **Ring Worm:**

**Lice:**  **Hand Foot and Mouth:**

**Impetigo:**  **RSV:**

**Mononucleosis:**  **Other:**

**Sore Throat (only):**  **Disease Name:**

**Disease Count:**

### Section 5:

Did school close this week due to excessive absences?  Yes  No



# IF YOUR FACILITY HAD NO ONE OUT SICK...



## Section 1:

(\*) Required data

Week ending Friday, April 26, 2024

Nothing to Report

If you select this box, no other data entry is required. After clicking in this box, go to the submit button at the bottom of this page and click it.

\* Facility Population:

25

**ACHD Power Users School**

3255 122nd Avenue

Suite 200

Allegan, MI 49010

Phone: 269-673-5411

E-Mail: COVIDvaccine@allegancounty.org

**You will check  
“Nothing to report”**

Scroll to the bottom of the page and press submit. You are finished until next week.

Submit

# SECTION 2:

If you have a student(s) with any of the communicable diseases in the drop down, you need to be contacting the health department to notify us before you enter it into section 2.

Section 2:

Please call the Allegan County Health Department at 269-673-5411 immediately if any of the following illnesses are suspected or confirmed: measles, mumps, rubella, pertussis, Haemophilus influenzae type B (NOTE: this is not the seasonal influenza), meningitis, encephalitis, hepatitis, varicella (chickenpox), tuberculosis, Mpox, or any other unusual communicable disease.

\* = required data

* Student Name last, first	* Birth Date mm/dd/yyyy	* Phone	* Address street, city	* Parent Name last, first	* Grade <a href="#">Help</a>	* Disease	Date 1st absent mm/dd/yyyy	Diagnosed by
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[Add Additional Rows](#)



# WHAT IF YOU FORGET TO REPORT...?

**OOPS!**

If your report is not submitted by the Sunday of each week that you are in session, you will receive a reminder e-mail Monday morning. You will NOT be able to go back in and add this later. (If you try, it will be counted for the wrong week). When you get the reminder e-mail, you will need to send an e-mail to: [schoolreporting@allegancounty.org](mailto:schoolreporting@allegancounty.org) to report the previous week's communicable disease totals as soon as possible – EVEN if there are no illnesses to report. We will update your last week's report for you.

# RESOURCE LINKS

Managing CD In Schools Managing CD In Childcares

Allegan County Website - Communicable Disease

Communicable Disease School Reporting

Michigan.gov

CDC.gov





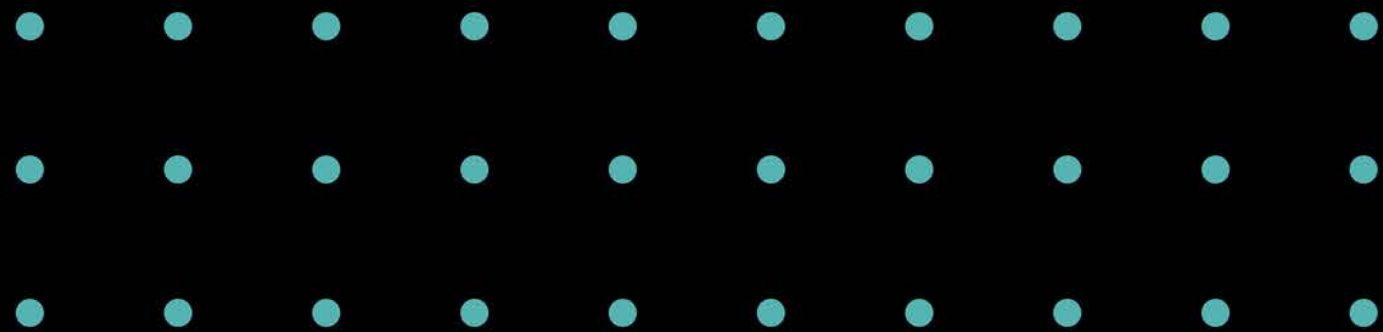
# THANK YOU!

Emily Hitchcock Communicable  
Disease Public Health Assistant  
Allegan County Health Department  
269-673-0479  
ehitchcock@allegancounty.org

Erin Radke Communicable Disease  
Public Health Nurse Allegan County  
Health Department 269-686-4551  
eradke@allegancounty.org

Emily Warren Communicable  
Disease Public Health Tech Allegan  
County Health Department 269-686-  
4519 ewarren@allegancounty.org

# WELCOME TO THE 2024 - 2025 SCHOOL YEAR HEARING & VISION







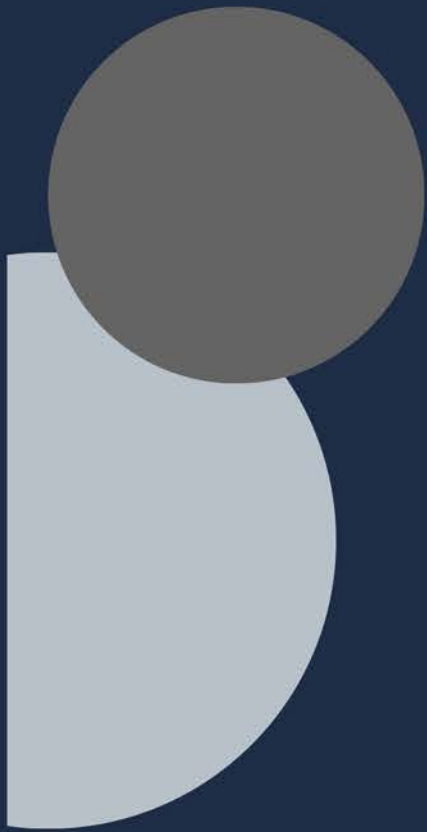
**HEALTH**  
Department



## **MDHHS & YOUR LOCAL HEALTH DEPARTMENT**

Michigan schools work collaboratively with the Michigan Department of Health and Human Services (MDHHS) and the Local Health Departments (LHD) to allow Hearing & Vision Screening Program technicians to perform screenings in all public, private, and charter schools as well as formal preschool programs.

**PLEASE NOTE:** Children should not be excluded from attending school if they don't have the required Hearing and Vision Screening. MDHHS will allow some leniency with the Kindergarten entry requirements, and Frequency of Screening as stated as stated in the Rules associated with Part 92, Public Act 368 of 1978.



## SCHEDULING YOUR SCHOOL:

Complete a school scheduling form specifically for your school. This form is available on our website.

Email or fax the completed school scheduling form to the Allegan County Health Department.

A Hearing & Vision Technician will contact and consult with you about scheduling your school building.

You will receive a confirmation email for your school's screening date(s), including a checklist of items that the technician(s) will need during their visit.







# SCHOOL SCREENING CHECKLIST

## What the technician will need:

- A quiet room that can seat at least eight students for screening. No ambient noise or HVAC systems nearby.
- A room that has 15 feet of floor space needed for vision screenings.
- A map of the school. Class schedules including recess, lunch times, specials and interventions.
- Class lists that include: student's name, date of birth, mailing address and phone number.
- To know if any student's are hearing impaired or wear hearing devices.
- To know if any student's have a shunt device. Student's should not be screened for hearing if they have a programmable shunt.

## What the parents/guardians should know:

- Notification of screening dates.
- Notification that students should wear their glasses/hearing aids on testing days.
- An opportunity to provide documentation of a recent screening or an opt-out form refusing screening. [Click here for an online opt-out form.](#)



# IMPORTANT DOCUMENTS

**\*\*\*PLEASE NOTE:** It is the school's responsibility to notify parents prior to screening visit, allowing them time to complete an opt-out form if desired because it causes problems when parents fill out the form the same day as screening. Opt-out forms have to be completed each school year.

- **Opt-Out Form:** ACHD provides this link on our website for parents that would like to opt their child out of hearing and/or vision screening services. After a school has been scheduled, our technicians will send out a confirmation email including several attachments regarding our visit to your building, including a letter for parents with the opt-out information.
- **School Scheduling Form:** ACHD will email these to secretaries annually near the end of each school year to be completed to the best of the school's ability for the projected student body numbers for the upcoming school year.
- **Upcoming Clinic Flyer:** ACHD provides the most up-to-date flyer for upcoming hearing & vision clinics on our website. These are nice to share with parents/guardians of incoming kindergarteners and any student that may need to be rescreened. Please feel free to share in your lobby, newsletters, and/or with your school's parents/guardians.





# THE PRESCHOOL & KINDERGARTEN VISION SCREENING

## Referral Criteria:

- VISUAL ACUITY TEST (with LEA Symbol Cards) - the inability to correctly read at least 4 of 6 LEA symbols at 20/40 with both the right and left eyes.
- TWO-LINE DIFFERENCE TEST - inability to correctly read at least 4 out of 6 LEA symbols at 20/25 with only one eye after having read correctly 4, 5 or 6 LEA symbols at 20/40 with both the right and left eyes.
- STEREO BUTTERFLY (near) - inability to correctly identify the butterfly with the use of polaroid lenses.

### PLEASE NOTE:

For in-house preschool classes other than Head Start and GSRP programs, please make labels prior to our technician's visit that include:

Student Name, Date of Birth & Mailing Address

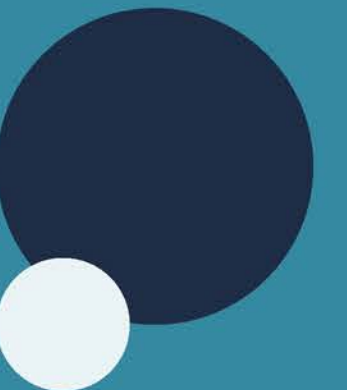




# THE SCHOOL AGE VISION SCREENING

## The Referral Criteria:

- PHORIA TEST - Far point (20 feet) Hyperphoria 1.5 prism diopters, Esophoria 6 prism diopters, and Exophoria 4 prism diopters.
- VISUAL ACUITY TEST - the inability to correctly read at least 4 of 6 Snellen E symbols at 20/30 with both the right and left eyes.
- TWO-LINE DIFFERENCE TEST - the inability to correctly read at least 4 of 6 Snellen E symbols at 20/20 with only one eye after having correctly read 4, 5 or 6 of the Snellen symbols at 20/30 with both eyes.





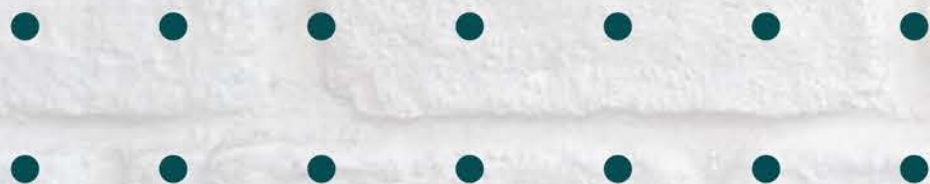
# THE HEARING SCREENINGS



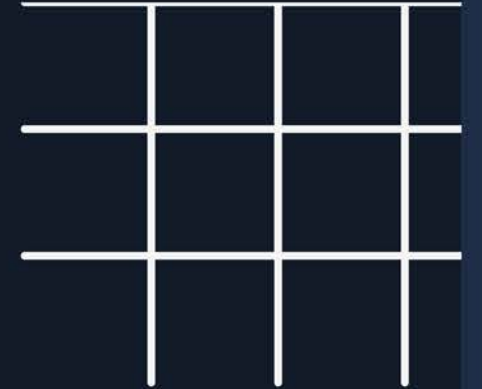
**STAGE I:** Using a pure tone audiometer, a preliminary screening is performed at the multiple frequencies at multiple intensity in each ear.

**STAGE II:** Children referred from Stage I receive a more detailed screening approximately 4 weeks after the initial referral is made. If the child fails to respond to just one stimulus presentation, an audiogram is immediately conducted.

**STAGE III:** This is the medical referral and final stage of the screening process.



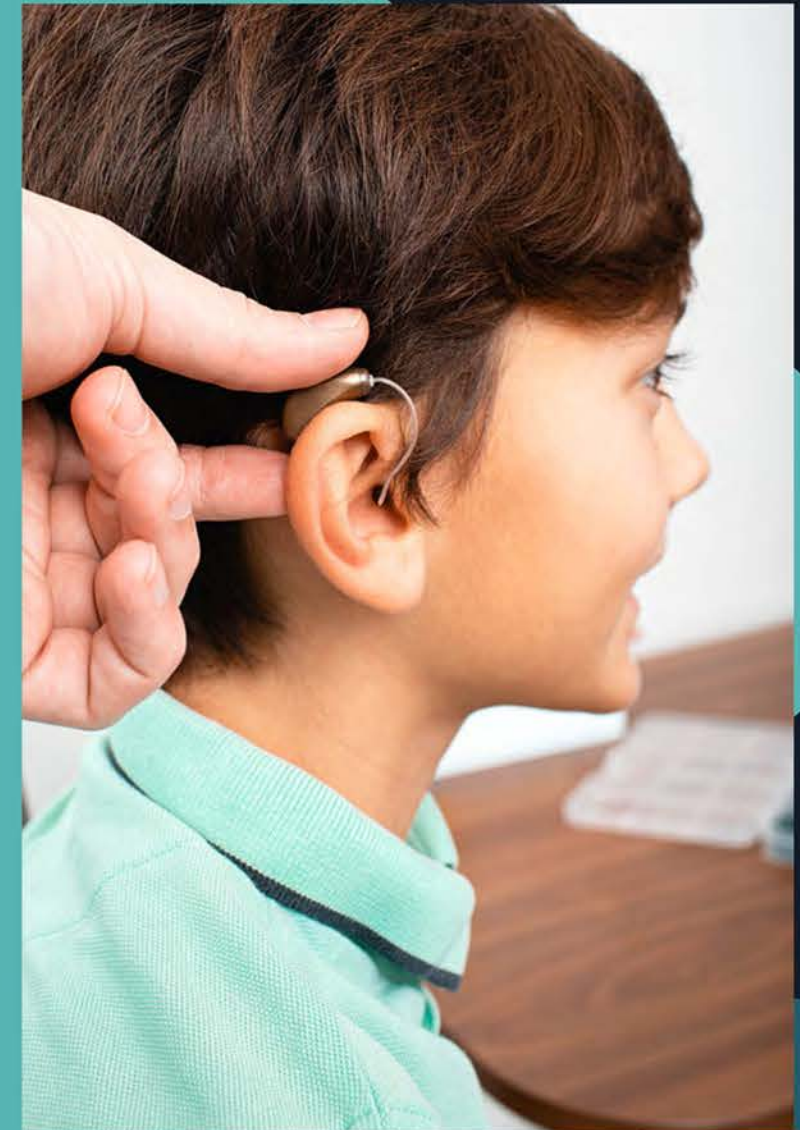




## Notice Regarding Children With Digitally Programmable Shunts & Other Medical Devices That Contain Magnets

Screenings are performed with portable audiometers and the audiometer headphones have magnets with large field gradients. The headphones have been tested in a professional medical laboratory by Codman, a Johnson and Johnson Company. The results of the tests indicate that children with digitally programmable shunts or other implanted medical devices (pacemakers, Vagus Nerve Stimulators for preventing seizures, Baclofen Pumps for spinal cord injuries, etc.) may be at risk for unintended changes in the device settings because of the magnetic strength.

In order to best protect children, it is imperative that the technicians are informed which children have digitally programmable shunts or implanted medical devices so that hearing screening services are not provided. Parents of children with implanted medical devices who are interested in hearing screening should contact their physician for a referral to an audiologist.





## MCIR Reference Guide

### A MCIR Reference Guide

#### MCIR Vision Screening Functionality

##### Marking an Individual Record for Vision Screening

- From the General Information Screen in the student's record, under the School/Childcare section, click **Edit Information**.

- Click the Vision Screened check box.

- Click Submit.

##### Modifying Multiple Records

- From the home screen under the person tab, click Roster.
- From the modify roster screen, click **Modify Roster** (shown below).

MCIR Helpdesk at MDE

2

8/13/2013

- The modify roster screen allows individual record selection from the roster listing. Check the box next to the records you wish to modify. When you have checked all of the records, click **Modify Checked**.

- Indicate the students that have had vision screening, by choosing **Yes** next to Vision Screened and click **Submit**.

##### Creating the Vision Screenings Report

- From the home screen, click the Reports tab.
- Click **Create Report**.

MCIR Helpdesk at MDE

2

8/13/2013

# INSTRUCTIONS FOR REPORTING VISION SCREENING IN MCIR

**\*\*PLEASE NOTE: We need your help! Please be sure to enter the vision screenings into MCIR. It affects our numbers with the state.**

- From the report settings, choose the Vision Screenings Report.

- Enter the Report Parameters and name the report.

- Click Submit.

- A pop up window displays the report details. Click OK to proceed. You will return to the home page.

MCIR Helpdesk at MDE

2

8/13/2013

##### Retrieving the Vision Screenings Report

- From the home page, click **Retrieve Results** under Reports.

- Click the Report link on the right.

- Clicking on the **Report** link will provide you with a PDF document which contains the children's names, dates of birth and whether they had or have not had vision screening entered into MCIR.

MCIR Helpdesk at MDE

4

8/13/2013





# MICHIGAN PUBLIC HEALTH CODE FOR HEARING & VISION

Document	Type	Description
<a href="#">Section 333.9301</a>	Section	Free hearing and vision testing and screening programs; publicity
<a href="#">Section 333.9302</a>	Section	Duty of parent, guardian, or person in loco parentis; time and frequency of testing and screening.
<a href="#">Section 333.9303</a>	Section	Program to assist local health departments; establishment and administration.
<a href="#">Section 333.9305</a>	Section	Follow-up treatment; statement; information.
<a href="#">Section 333.9307</a>	Section	Registration of child for kindergarten or first grade; certificate of hearing and vision testing or screening or statement of exemption required; summary of hearing or vision reports; forms; records.
<a href="#">Section 333.9309</a>	Section	Individual testing and screening to determine hearing efficiency.
<a href="#">Section 333.9311</a>	Section	Exemption.
<a href="#">Section 333.9315</a>	Section	Advisory committee; appointment of members; duties; cooperation of department.
<a href="#">Section 333.9321</a>	Section	Rules.
<a href="#">Section 333.9329</a>	Section	Violation as misdemeanor



# FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)

Links for more information on FERPA for:

- [Parents & Students](#)
- [K12 School Officials](#)
- [Post Secondary School Officials](#)
- [Protection of Pupil Rights Amendment \(PPRA\)](#)
- [FAQs](#)
- [Disclosure of Hearing & Vision results of children under HIPAA](#)

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.





# GET IN TOUCH

## **AMY LOCKER**

Hearing & Vision Technician  
(269) 686-4512

## **SHARON WEEMS**

Hearing & Vision Technician  
(269) 673-5526

## **PROGRAM EMAIL:**

[health-hv@allegancounty.org](mailto:health-hv@allegancounty.org)

## **FAX:**

(269) 673-2163





# HELPFUL WEBSITES



MDHHS Hearing &  
Vision Programs

[www.michigan.gov](http://www.michigan.gov)



Michigan Care  
Improvement Registry

[www.MICR.org](http://www.MICR.org)



HEALTH  
Department

Allegan County Health  
Department

[allegancounty.org/health](http://allegancounty.org/health)





# Are your students ready for Kindergarten?

- ✓ Vision Check
- ✓ Hearing Check
- ✓ Dental Check **New!**



HEALTH  
Department



My Community  
Dental Centers







**Tooth decay is the most common chronic disease in children.**

**Kids with poor dental health are three times more likely to miss school because of dental problems.**

**Kindergarten Oral Health Assessment**





# Good Oral Health Improves School Readiness

---

Michigan passed a law to improve school readiness. It is now recommended children have a dental assessment before kindergarten or the first year of school.

*[Public Health Code Act 368 Section 333.9316]*

**Kindergarten Oral Health Assessment**





# What is the Kindergarten Oral Health Assessment (KOHA)?

---

Similar to hearing and vision screenings, the oral health assessment takes no longer than 5 minutes to look for signs of tooth decay or infection by a licensed dental professional at no cost to parents or caregivers.

**Kindergarten Oral Health Assessment**





# What's required of schools?

---

School districts are required to submit school assessment data to MDHHS by November 1st of each year.

Instructions for school district reporting of dental assessment data will be announced once the reporting mechanism is implemented.

There is no reporting due for the 2023-2024 school year.



# What can Schools do?

---

Join us in raising awareness among caregivers, fellow educators, and community partners about the KOHA law.

Invite us to provide assessments at a pre-enrollment event!

Consider assisting families with enrolling their student in Michigan's Healthy Kids Dental program, by visiting:  
[tinyurl.com/5n854fwy](https://tinyurl.com/5n854fwy)

**Kindergarten Oral Health Assessment**





# How we can help

---

Our goal is to help schools raise awareness of the recommendation and break down barriers for families and children by providing access to assessments in a school or community setting.

We know communicating with parents/caregivers about programs like KOHA can be difficult. To help, we have prepared ready-to-order or download printed consent forms, flyers, and ready-to-share newsletter, social and email content.

**Schedule a meeting or contact our team to get started!**

**Kindergarten Oral Health Assessment**





# Stacy Roberts, RDH

Oral Health Program Coordinator,  
Registered Dental Hygienist

**E:** [SRoberts@mydental.org](mailto:SRoberts@mydental.org)

**P:** (269) 673-6690

**L:** 1535 Lincoln Road  
Allegan, MI 49010

In partnership with



HEALTH  
Department



HEALTH  
Department



My Community  
Dental Centers





# Immunizations for School & Childcare

2024-2025



HEALTH  
Department





# Immunization Reporting

ALLEGAN COUNTY HEALTH DEPARTMENT

**2024-2025 School Year**

Full Childcare Packet for 2024 not yet issued. Full School Packet for 2024 not yet issued.

You will receive the new packets directly from MDHHS, however it will also be available at [MCIR.org](https://www.mcir.org)

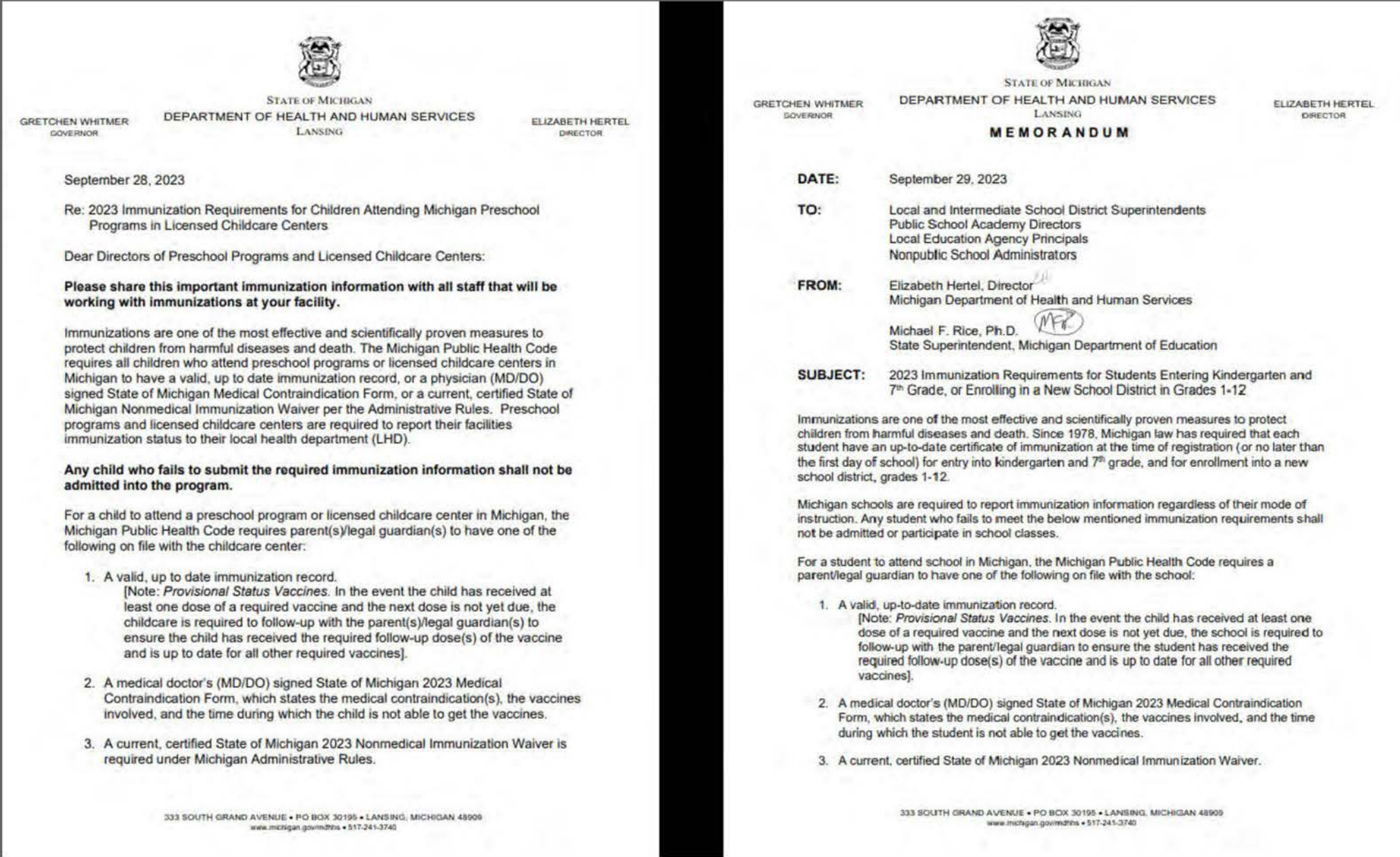




# Cover Letters

This will be sent from Elizabeth Hertel, Director of MDHHS to all Directors of Preschool Programs, Licensed childcare centers, superintendents, principals and directors.

Example from 2023:





# MICHIGAN PUBLIC HEALTH CODE

## Required

For all children who attend preschool programs, licensed childcare centers or schools

- A valid, up-to-date immunization record
- A physician (MD/DO) signed State of Michigan Medical Contraindication Form - or -
- A current, certified State of Michigan Nonmedical Immunization Waiver Form





## Reports/Roster Due Dates:

Child care centers:

- Tuesday, October 1, 2024

Schools:

- Fall - Thursday, November 1, 2024
- Spring - Friday, February 1, 2025

Report new students to the district enrolling from *January 1 – September 30*, plus all Kindergarteners & 7th graders Send a copy of the Waiver Report along with the IP100 or IP101 report (by mail or fax) to Emily Hitchcock at ACHD within 48 hours of the report due date. Close Report on IP Status Screen. Preschools located in schools should have different ID numbers and should be reported separately.

# Who do you report?



ALLEGAN COUNTY HEALTH DEPARTMENT

## **Childcare centers:**

All enrolled children, every year.

- Exception - School-aged children who are reported by the school that they attend.

## **Preschools:**

All enrolled children, every year.

- Exception - School-aged children who are reported by the school that they attend.

## **Schools:**

- Kindergarteners
- 7th graders
- All NEW entrants to your school district



# Exception:

- If the child/student has not received vaccinations for measles, mumps, rubella, varicella or hepatitis b, a wavier is required.



## Reportable Vaccines by age: Preschool/Childcare

- DTaP, Polio (IPV), Hib, MMR (Measles, Mumps, Rubella), Hep B, Varicella (Chicken pox), PCV20.

### School

- DTaP/Tdap, Polio (IPV), MMR (Measles, Mumps, Rubella), Hep B, Varicella (Chicken pox), and MenACWY.

# Required vs. Recommended

Requirements for school & childcare attendance may differ from healthcare provider recommendations for vaccines.



- Schools and Childcares follow Michigan Communicable Disease Rules, for required immunization reporting.
- MCIR/SIRS is programmed to assess for school & childcare requirements.



# Technical Assistance

**ACHD does NOT have access to your Rosters in MCIR/SIRS.**

MCIR HelpDesk is available for any help needed with your roster/change to site administrators



**MCIR HelpDesk - Lansing MI:**  
1-888-243-6652  
[mdhhs-mcirhelp@michigan.gov](mailto:mdhhs-mcirhelp@michigan.gov)

# Breakdown: Exclusions and Exceptions to exclusion policy

Schools and childcare centers should not permit a child to enter or attend school or childcare unless a certificate of immunization is presented, indicating that a minimum of one dose of an immunizing agent against each of the diseases has been received, or a valid waiver or medical contraindication form has been received.

## McKinny-Vento Act (exception)

The McKinny-Vento Act would be an EXCEPTION to the exclusion policy; Children from homeless families may enter school even if the immunization record is not available, but the school district's Homeless Liaison must begin an immediate effort to retrieve immunization information and/or send the child to the doctor or the Health Department for needed immunizations.

## ACHD Policy

2024-25 Immunization Waiver Forms are available through the Health Department Immunization Program. Religious or Philosophical (other) objections to the vaccination(s) Parent/Guardian must call and schedule an appointment with a Public Health Nurse.

## Non-Medical Waviers

Non-Medical Waivers must be filled out completely, signed in 2024, and completed electronically in MCIR for Schools/Childcare.

## Outbreaks

During disease outbreaks, incompletely vaccinated children/students may be excluded from childcare/preschool/school



# Please Remember



## Report on time!

**Oct. 1, Nov. 1, & Feb. 1** are the dates when work should be completed.

Send a copy of the Waiver Report along with the IP-100 or IP-101 report (by mail or fax) to Emily Hitchcock at ACHD within 48 hours of the report due date.

Close Report on IP Status Screen. Preschools located in schools should have different ID numbers and should be reported separately.



## Provisional Status:



- P = Provisional A child has received at least one dose of the required vaccine(s) and the next dose(s) are not yet due.
- Follow-up with these children/students to ensure they receive subsequent doses of vaccine





# Waiver Types

## **M = Medical**

medical contraindication form

## **O = Other**

immunization waiver form  
(parent/guardian has a philosophical  
objection)

# Medical Contraindication Forms

Completed 2024 Medical Contraindication Form  
(for any non-administered required vaccine)

- **Must be signed by a physician  
(MD/DO) Must be signed in 2024**

- Child is considered susceptible to that disease, and is subject to exclusion if an outbreak of the disease occurs





# Doses Given Too Early

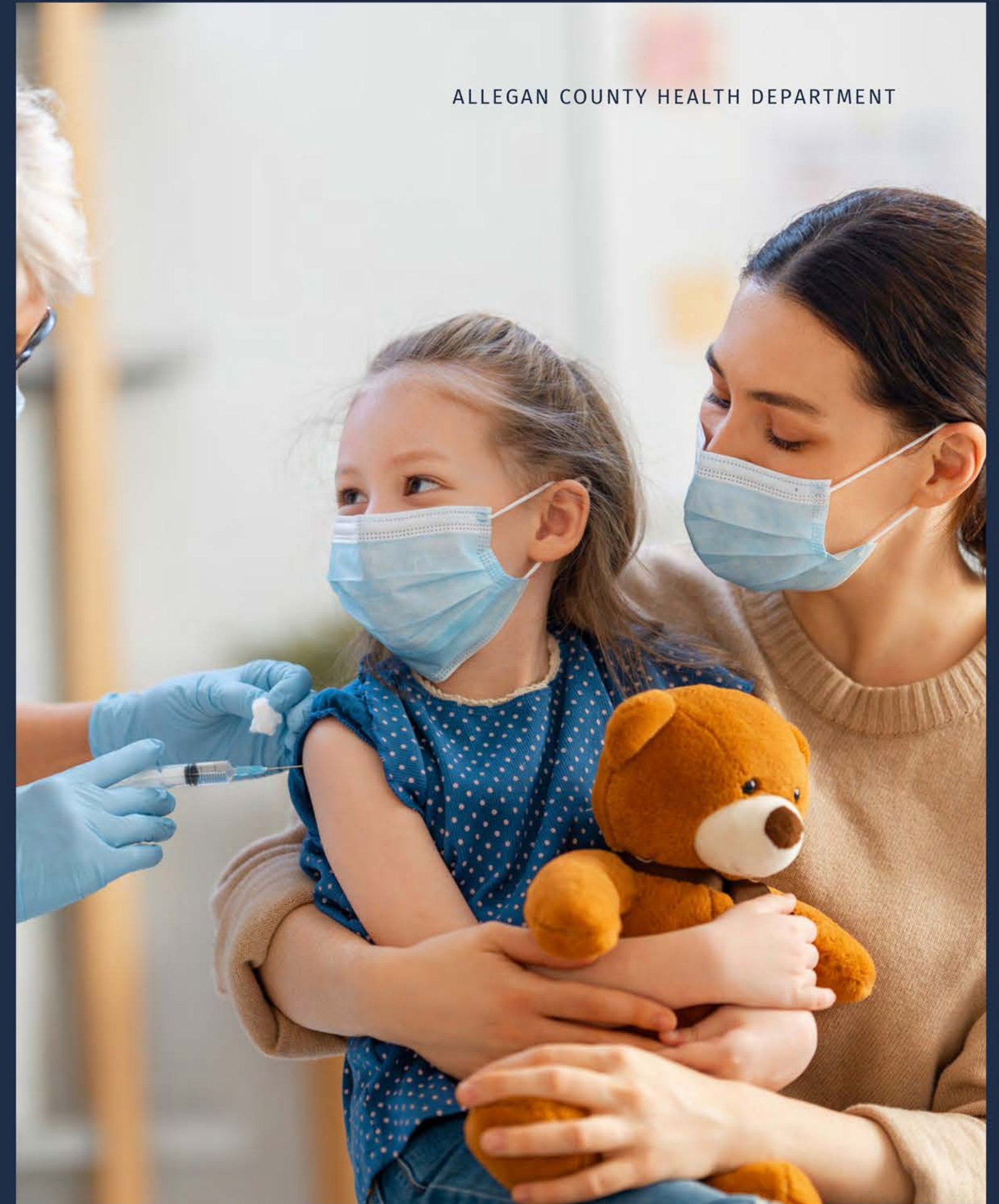


- All doses of vaccines must be valid (correct spacing and ages).
- Vaccines given up to 4 days early are accepted as valid due to the 4-day grace period.
- Vaccines given more than 4 days before due are not considered valid doses.
- Repeat dose or obtain medical contraindication form signed by doctor for invalid doses.



# Live Vaccine Spacing

- Live virus vaccines that are affecting reports are MMR and Varicella.
- The “Live Live Rule” is that 2 live virus vaccines must be given on the same day or 28 days apart.
- If live virus vaccines are given too close together, MCIR/SIRS will assess the second one as invalid, and it must be repeated.
- The “4-day grace period” does not apply here.





# Meningitis Vaccines

## Meningococcal Conjugate (MenACWY)

- 1 dose of meningococcal conjugate vaccine for children 11 years of age and older (7th graders and higher).
- Foreign Exchange students may have only received Meningitis AC or Meningitis C vaccines - If the foreign exchange student needs MenACWY, refer them to the Allegan County Health Department clinic for an appointment.

Call ACHD at 269-673-5411 to schedule an immunization appointment.

# Foreign Exchange Students

All potential Foreign Exchange students and their potential host families should receive, prior to the student's arrival in Michigan, a copy of "Vaccines Required for School Entry in Michigan."

Foreign Exchange students need to meet the same immunization requirements as any other student when entering into a school district.



If the Foreign Exchange student is not up-to-date with their immunizations, the responsibility for getting the student vaccinated may fall on the host family.

If the foreign exchange student needs any required immunizations for school, refer to Health Department clinic.



# Childcare Aggregate Report Form Tip Sheet – Updated 5.17.23

ALLEGAN COUNTY HEALTH DEPARTMENT

This form is used by childcare centers to complete manual reporting of children whose records are not stored in MCIR or have a non-digital, non-medical waiver. It can be found on the [MCIR website](#).

## Childcare Aggregate Report Form Tip Sheet

**Instructions:** This form should be used by childcare centers to complete manual reporting of children whose records are not stored in MCIR or have a nondigital, nonmedical waiver. Once completed, the form must be sent to the Local Health Department (LHD) for final review. The LHD will assess the information below and contact the childcare if additional immunization information is needed. The LHD will enter the data below into MCIR/SIRS after the report period has closed.

1

Childcare Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Aggregate Report Form Prepared: \_\_\_\_\_

Please mark Religious (R), Medical (M), or Other (O) for immunizations waived in the "Series Waived" boxes below.

2

	DT/DTaP 1	DT/DTaP 2	DT/DTaP 3	DT/DTaP 4	DT/DTaP 5	DT/DTaP 6	Series Waived
							R M O
Date	POLIO 1	POLIO 2	POLIO 3	POLIO 4	POLIO 5		Series Waived
							R M O
Date	MMR 1	MMR 2	MMR 3				Series Waived
							R M O
Date	HIB 1	HIB 2	HIB 3	HIB 4			Series Waived
							R M O
Date	HEP-B 1	HEP-B 2	HEP-B 3	HEP-B 4			Series Waived
							R M O
Date	VAR 1	VAR 2	*Had Disease				Series Waived
							R M O
Date	PCV 1	PCV 2	PCV 3	PCV 4	PCV 5		Series Waived
							R M O

3

**For Local Health Department Use Only**

Date Assessed: \_\_\_\_\_

Assessed By: \_\_\_\_\_

Child's Status (Complete, Provisional, Incomplete, Waiver): \_\_\_\_\_

If incomplete or provisional, record reason: \_\_\_\_\_

Revised 5/17/23

## Childcare Aggregate Report Form Tip Sheet

1 Indicate the childcare center's name; license number; name and phone number for the contact at the childcare center; child's name; child's date of birth; date the Childcare Aggregate Report Form was prepared.

2 Using each child's official immunization record, indicate the date for each valid, documented vaccine.

For vaccines being waived, enter under each column by waiver type.

\*For reporting of Varicella disease, previous infection confirmed and documented by a healthcare provider may be used in lieu of documented vaccination series. Parents cannot self-attest for reporting purposes.

3 For Local Health Department use only. LHD staff will use this section to assess the child's immunization status.



# School Aggregate Report Form Tip Sheet – Updated 5.17.23



This form is used for students not being reported in MCIR/SIRS due to no FERPA consent. It can be found at: School Aggregate Report Form Tip Sheet

### School Aggregate Report Form Tip Sheet

Instructions: This form should only be used for students not being reported in MCIR/SIRS. Once complete, forward this form to your Local Health Department.

1 School Name: \_\_\_\_\_ Building Code: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 Date Aggregate Report Form Prepared: \_\_\_\_\_ Report Period:  November  February  No Data to Report

2 Total Number of:  
 • Students with No FERPA Consent and additional data available  
 • Students with a nondigital (paper), nonmedical waiver (with or without FERPA Consent)

Total Number of:  
 • Students with No FERPA Consent and No Immunization Record on File

	DT/DTaP/ Tdap/Td 1	DT/DTaP/ Tdap/Td 2	DT/DTaP/ Tdap/Td 3	DT/DTaP/ Tdap/Td 4	DT/DTaP/ Tdap/Td 5	DT/DTaP/ Tdap/Td 6	Disease Titer	Series Waived R M O
K							N/A	
7							N/A	
O							N/A	
	POLIO 1	POLIO 2	POLIO 3	POLIO 4	POLIO 5		Disease Titer	Series Waived R M O
K							N/A	
7							N/A	
O							N/A	
	MMR 1	MMR 2					Disease Titer	Series Waived R M O
K								
7								
O								
	HEP-B 1	HEP-B 2	HEP-B 3	HEP-B 4			Disease Titer	Series Waived R M O
K								
7								
O								
	VAR 1	VAR 2					Disease Titer	Series Waived R M O
K								
7								
O								
	Meningococcal MenACWY (MCV4) 1	Meningococcal MenACWY (MCV4) 2					Disease Titer	Series Waived R M O
7							N/A	
O							N/A	

	Summary	Student Data Reported Above				
	# of Students Complete Imms	# of Students Provisional	# of Students Incomplete	# of Students with Religious (R) Waivers	# of Students with Medical (M) Waivers	# of Students with Other (O) Waivers
K						
7	5	6	7	8	9	10
O						

Revised 5/17/23

### School Aggregate Report Form Tip Sheet

1 Indicate the school's name; building code; name and phone number for the contact at the school; date the School Aggregate Report Form was prepared; and report period (if applicable).

2 Enter the number of kindergarteners, 7<sup>th</sup> graders, and other (new to the district) students removed from the MCIR roster and/or students that do not have a MCIR record but have a vaccine record reported on this form.

3 Enter the number of kindergarteners, 7<sup>th</sup> graders, and other (new to the district) students without FERPA Consent, not found in MCIR/SIRS, and do not have immunization data (vaccine record or waiver) available.

4 Using each student's immunization record, enter the total number of students with either a valid, documented vaccine, or disease titer (if applicable).  
For vaccines being waived, enter the total number under each column by waiver type.

5 Enter the total number of Complete immunization records for students in kindergarten, 7<sup>th</sup> grade, and other (new to the district).

6 Enter the total number of Provisional records for students in kindergarten, 7<sup>th</sup> grade, and other (new to the district).

7 Enter the total number of Incomplete records for students in kindergarten, 7<sup>th</sup> grade, and other (new to the district).

8 Enter the total number of Religious (R) waivers for students in kindergarten, 7<sup>th</sup> grade, and other (new to the district).

9 Enter the total number of Medical (M) waivers for students in kindergarten, 7<sup>th</sup> grade, and other (new to the district).

10 Enter the total number of Other (O) waivers for students in kindergarten, 7<sup>th</sup> grade, and other (new to the district).

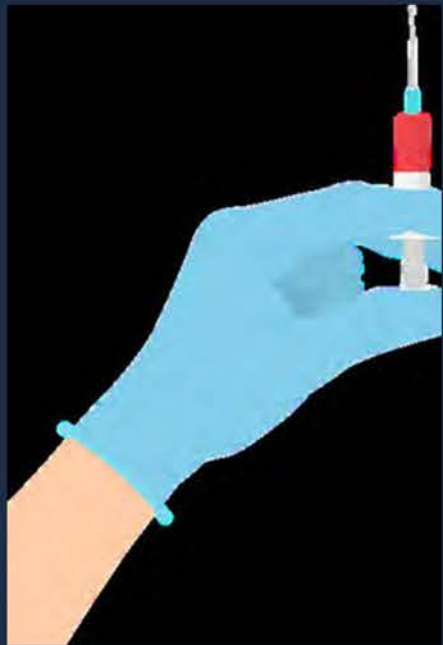
**Additional Information**  
 If the student is Complete in MCIR/SIRS without FERPA Consent, leave the student on the roster. Do not report the student on this School Aggregate Report Form.  
 A student who is incomplete on the roster without FERPA Consent may remain on the MCIR/SIRS roster. When new immunization data or waiver information is presented, remove the student from the roster and report them on the School Aggregate Report Form.

Revised 5/17/23



# Thank You!

We appreciate your continued support and cooperation in ensuring that Allegan County's children are properly immunized.



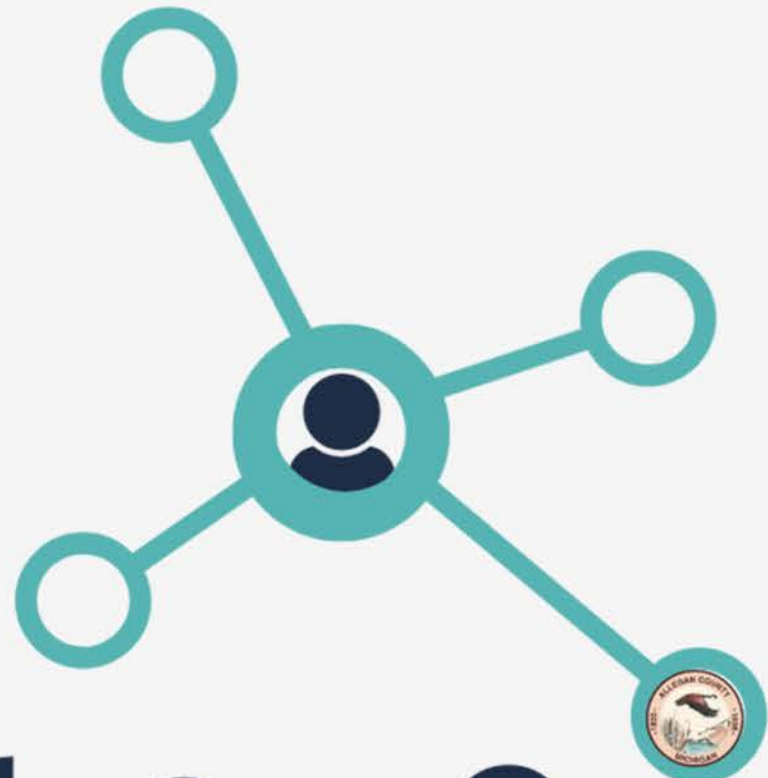
Any comments or questions?



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immunization@allegancounty.org

Donna Potyrala 269-686-5216  
dpotyrala@allegancounty.org



# Allegheny County Community Links

*Bridging the Gap*

**A PILOT PROGRAM USING COMMUNITY  
HEALTH WORKERS**







## **Background**

### ***What is a Community Health Worker?***

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through various activities such as outreach, community education, informal counseling, social support, and advocacy.” Also known as Coach, Resource/Community Navigator, Health Advocate, Outreach Worker, and many others.



## Community Links Program Overview & Goal



**This program functions as a referral-based service to help connect residents to community resources to meet their basic needs. This program is not to replace or interfere with what other community agencies are currently doing, but it will help fill a gap in services when a community agency cannot. We want to work together to ensure the community is getting their needs met by not only connecting them to the services but also supporting them through getting the needed service.**

### **Program Goal:**

- Make connections that help our community thrive by addressing social determinants of health that influence health inequities, such as housing, access to care, or food security, that affect individual health outcomes.



# Program Objectives

Community Links primarily serves as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. By doing this, they are also:





# Program Eligibility

**We are currently working with all residents/members of the community.**

However, if we need to prioritize, individuals experiencing certain situations outlined below are our top priority:

- ✓ Medicaid eligible, pending approval, or currently have Medicaid
- ✓ Experiencing homelessness
- ✓ Experiencing food insecurity
- ✓ Facing domestic violence (any gender) or feeling unsafe at home
- ✓ In need of immediate assistance





# Community Links Referral Process

- **STEP ONE**

Agency or individual completes the referral form ([bit.ly/3SUW0jY](http://bit.ly/3SUW0jY))

- **STEP TWO**

CHW attempts to contact the individual to proceed with the referral

- **STEP THREE**

CHW completes Intake form and assesses SDoH;  
Connects with Agency with confirmation of contact attempt made

- **STEP FOUR**

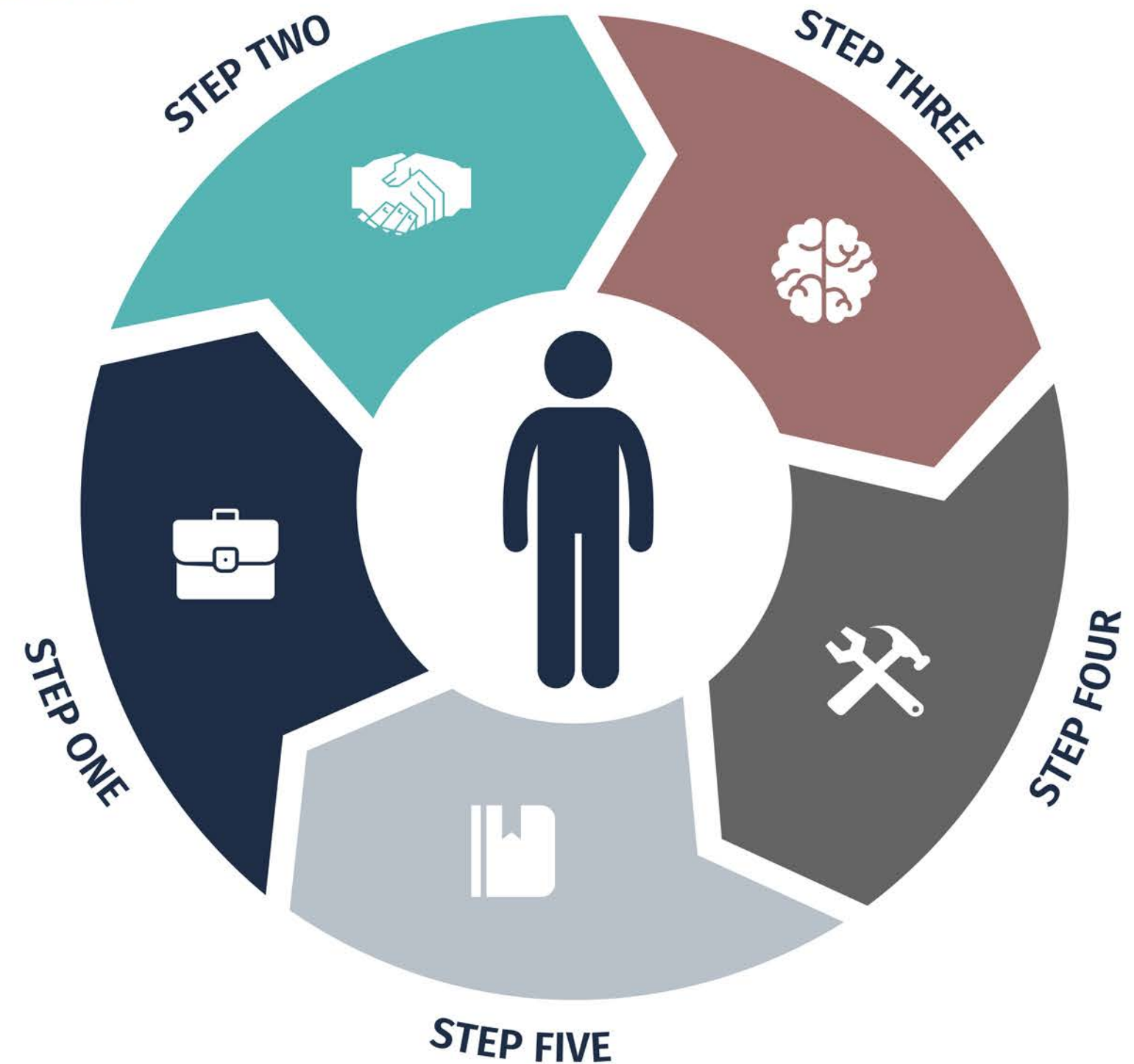
CHW connects the Client to Resources or Services and schedules a follow-up appointment

- CHW follows up with the referral agency once a connection has been made
- CHW follows up with the client within 5 business days to see if they need further assistance

- **STEP FIVE**

CHW works with the client until the need is met

- If unable to reach, the case will close
- Assessment of services/satisfaction







+ COVID-19

CALENDAR

CONTACT US

+ COMMUNITY HEALTH RESOURCES

+ COMMUNITY LINKS

+ DATA AND REPORTS

PUBLIC HEALTH LAWS

ADMINISTRATION

+ PERSONAL HEALTH

+ ENVIRONMENTAL HEALTH

+ RESOURCE RECOVERY AND RECYCLING PROGRAM

+ PUBLIC HEALTH EMERGENCY PREPAREDNESS

MICHIGAN RX CARD

Contact

Allegan County Health Dept.  
3255 122nd Ave, Ste. 200  
Allegan, MI 49010

# Health Department

Font Size: + - + Share & Bookmark Feedback Print

## Announcements

**NEW:** Researchers at Michigan State University are partnering with MDHHS and ACHD to collect your thoughts about the major issues facing the community of Otsego, Michigan. Residents are invited to take an online survey with questions about environmental and community health, thoughts about responsible agencies, and information about themselves.

- [Click here for more information](#) and to take the survey either scan the QR code on the flyer or visit: <https://tinyurl.com/3chh4xpu>.



### Allegan County Community Links Program

Do you or someone you know need assistance meeting basic needs? Get in touch with a Community Health Worker!

Visit our [Community Links page](#) for more information or take the referral survey: [bit.ly/3SUW0jY](https://bit.ly/3SUW0jY).

## Connect



Facebook



Twitter



Subscribe to Public Health

Updates

## Information



Report a Concern or Submit a Question





# HEALTH Department

Allegan County Health Department

## Referral Form

Allegan County Community Links is a free navigation program that guides community members to local resources to help meet their unmet needs. Please note it may take up to 2 business days to process your request.

This form is to refer any individual living in Allegan County. If the individual lives outside of Allegan County, please email [communitylinks@allegancounty.org](mailto:communitylinks@allegancounty.org).

**Update 1/17/2023:** To improve services, we have made some changes to the referral form. If you are already receiving services from Allegan County Community Links, this change will not affect you. For questions, please contact us at [communitylinks@allegancounty.org](mailto:communitylinks@allegancounty.org).



Please tell us if you are referring yourself or if you're completing this on behalf of someone else.

I am from a healthcare provider or other community agency

I am a health department employee

I am referring myself

Follow the step-by-step guidance for completing a referral:  
[bit.ly/3qdBSQb](https://bit.ly/3qdBSQb)

# Frequently Asked Questions

## Why was this program created?

To build trust with the residents of the community, where all residents can be assisted and supported based on their needs

## How do CHWs help our community?

They'll find what individuals need and connect them with those resources, services, and support in the community.

## What resources can they connect individuals with?

Family, medical, mental health, legal services, Senior Services and education resources, housing, food, transportation assistance, and many more!

## Who qualifies for this program?

Anyone that lives in Allegan County. We will not currently turn anyone away that is seeking help

## Is there a cost with this program?

Community links is a no-cost-to-use program for the community

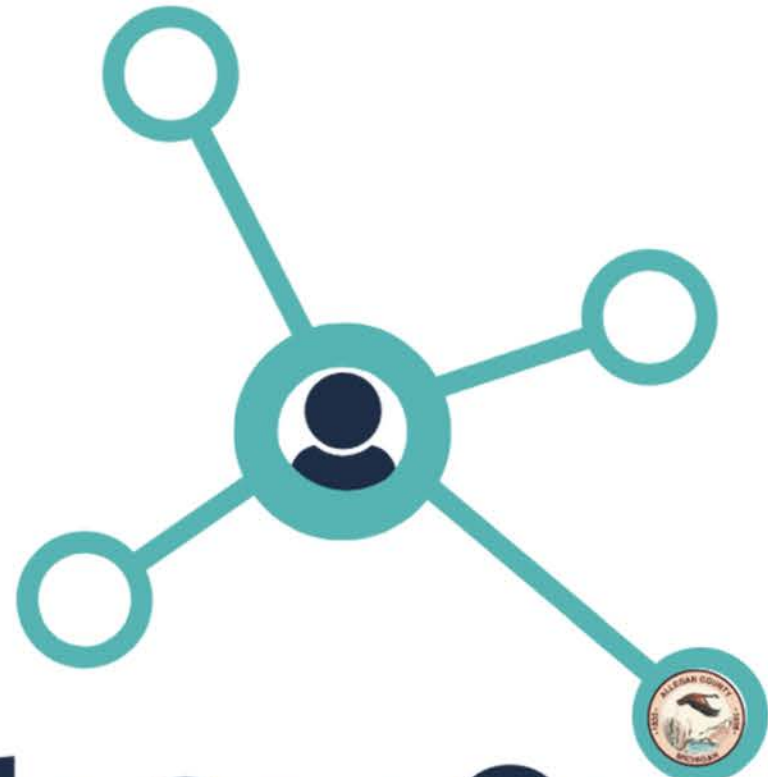
## How can a CHW reach me?

Check out our website, and online referral form, or call (269) 673-5411 to get in contact with a CHW





## Contact Information



**Allegheny County**  
**Community Links**

*Bridging the Gap*

**Michelle Boutain**  
Community Health Worker



[communitylinks@allegancounty.org](mailto:communitylinks@allegancounty.org)



(269) 673-5411 ext. 4547



[allegancounty.org/health/community-links](http://allegancounty.org/health/community-links)