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

Please log on to the Health Commerce System (HCS) at:
https://commerce.health.ny.gov/
to verify that your account is active.

When you click the above link it will take you to a screen that looks like this:

Enter your user ID and Password in the appropriate boxes and **LOGIN** if you have an account.

If you already have an account and can successfully login, please click here to jump to the survey directions on page 7.

Cannot log into HCS and need to create a new user account?
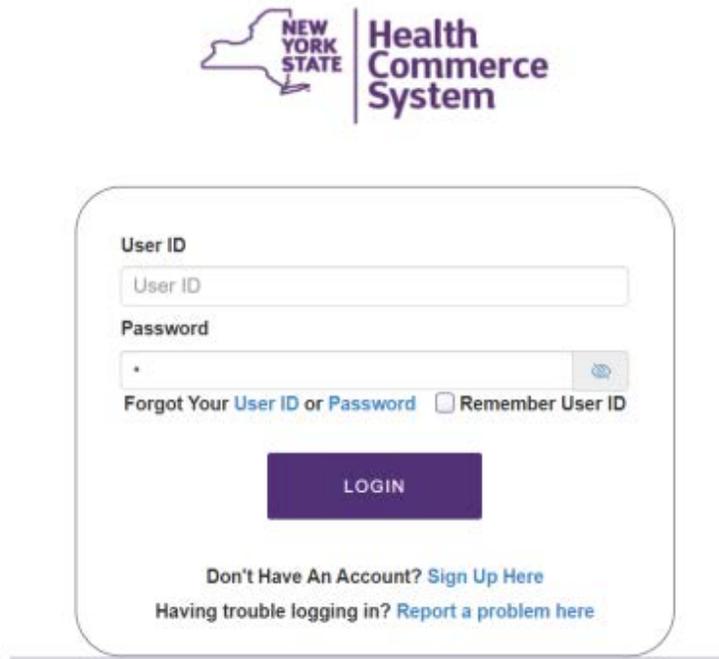
NEW YORK STATE | **Health Commerce System**

User ID

[User ID]

Password

[*]   👁

Forgot Your User ID or Password   ☐ Remember User ID

LOGIN

Don't Have An Account? Sign Up Here

Having trouble logging in? Report a problem here

Click Sign Up Here

When you click the Sign Up Here hyper link it will take you to a screen that looks like this:

Create an Account

Do you hold a healthcare professional license issued by the New York State Department of Education?

[Yes]   [No]   [Cancel]

Password

Answer as appropriate.

Click this hyperlink to show you how the two-step process works:
New HCS Account (ny.gov)
The hyperlink will take you to a page that looks like this:

New HCS User Account

Need a Health Commerce System (HCS) account? Follow these steps (Register only once):

A. Create your unique User ID and set up Security Questions.
B. Go to your HCS Coordinator with your user ID and valid photo ID for verification.
C. Set your password and login.

FIRST—The New User will...

A. Create User ID & Set Up Security Questions

1. Go to https://commerce.health.state.ny.us
2. Click **Sign Up Here**
3. Click **No** (I do not hold a healthcare professional license issued by the NYS Department of Education)
4. **Click here to register for an account (for non medical professionals)**
5. Create/Enter a unique User ID
6. Enter your First Name, Last Name and Email Address
   NOTE: Name is same as it is on your Photo ID
7. Click the **User Security and Use Policy** link and review
8. Check the box to confirm you read and understand the Security and Use Policy
9. Click **Continue**
10. Answer six (6) Security Questions and click **Save**
11. Confirm: Step 1 Success message
    You will receive two emails from camu@health.ny.gov:
    "HCS Self Registration Account Created for <user ID>" and
    "HCS security questions and answers have been changed for <user ID>."
    Check junk mail if not received.
12. **Go to your organization's HCS coordinator** with your <user ID> and a valid photo ID e.g. NYS DMV Driver's License, NYS DMV Non-driver Photo ID, Passport, Unexpired Foreign Passport, US Driver's license (out-of-state users), etc.

SECOND—The HCS Coordinator will...

B. Affiliate you with the organization

1. Login the HCS
2. Click **Coord Account Tools - HCS** under My Applications
3. Scroll down to **Request an account for a... User**
4. Click **User**
5. Select your organization from the list
6. Enter the user's HCS ID and click **Next**
7. Select option: **NYS Photo ID** or **Non NYS Photo ID**
   NOTE: The information must match exactly. If the ID is not a NYS driver license, please enter the **out-of-state ID** number in the Non NYS ID Value field.
8. Complete user's information based on photo ID and click **Next**
9. Enter the user's business contact information and click **Submit** Confirm confirmation message "**Registration Success**" displays
10. Instruct the *newly* enrolled user to look for "Congratulations! You are enrolled on the HCS" email. This contains their link to set their password. *Existing users do not need to reset password.*

User Sets Password & Logs in...

C. Set your password upon receipt of "Congratulations! You are enrolled on the Health Commerce System (HCS)" email:

1. Click the link in your email Note: Only newly enrolled users will receive an email; existing users will not.
2. Enter your user ID
3. Click **Continue**
4. From the Forgot your Password? screen, click one option e.g. Reset my password using my NYS Driver License or NYS Non-Driver Photo ID or for out-of-state users: Reset my password using my security question answers
5. Enter your user ID and NYS DMV or security questions info, etc. and **Login** to HCS.

* If you do not know your HCS Coordinator, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 option 1 (M-F 8am-4:45pm)   Revised Oct 2023

Your job as a new user is to set up a new user account.
Once your new user account is set up, it's up to the HCS Coordinator to request your account to be activated and assign your role or roles.

Assigning Roles by the HCS Coordinator:
Log onto the HCS.
https://commerce.health.ny.gov/
When you click the above link above it will take you to a screen that looks like this:
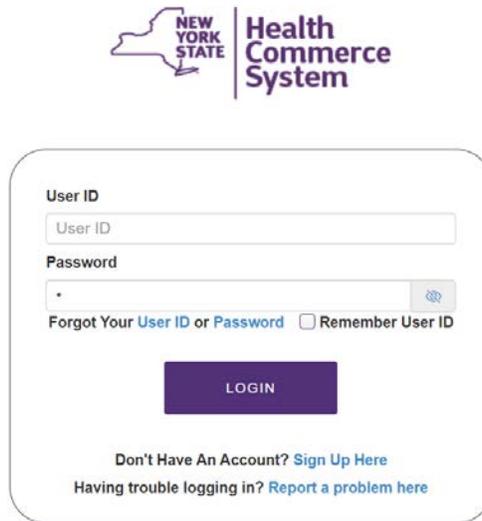
Enter your user ID and Password in the appropriate boxes and LOGIN.
Once you're logged in to HCS look to the left side of the computer screen. You're looking for a header that says My Applications. From there you need to scroll down the list and find a hyper link titled Coordinator's Update Tool.

Scroll down that list you're looking for the Coordinator's Update Tool

To go to the next screen, click on this icon ⓘ to far right.
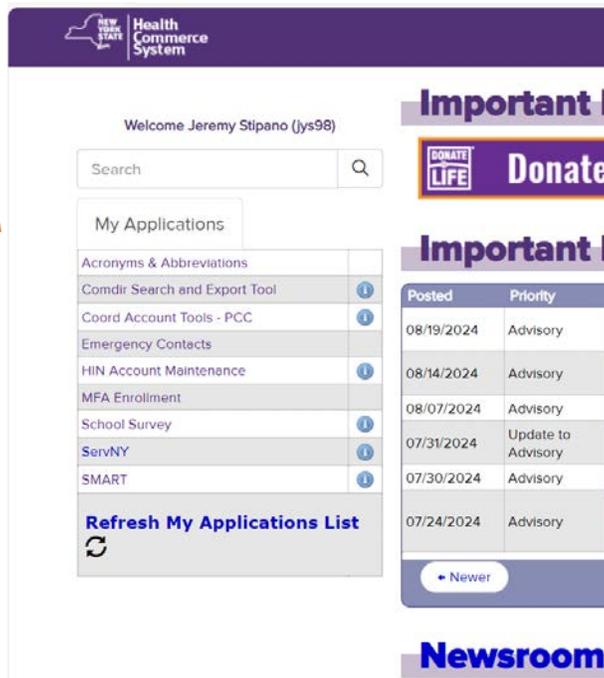
My Applications	
Acronyms & Abbreviations	
Application Access	ⓘ
Cancer Data Entry - Physicians	ⓘ
Comdir Search and Export Tool	ⓘ
Contact Tracing Perm Granting	
Content Submission Tool	ⓘ
Coord Account Tools - HCS	ⓘ
Coord Account Tools - PCC	ⓘ
Coordinator's Update Tool	ⓘ
COVID-19 Vaccine Enrollment	ⓘ
ECLRS	ⓘ
Emergency Contacts	
Form Builder	ⓘ
HIN Account Maintenance	ⓘ
IHANS	ⓘ
MFA Enrollment	
NYSIIS - Production	ⓘ
NYSIIS - Training	ⓘ
NYSIIS-Development	ⓘ
Person Update Tool	ⓘ
School Survey	ⓘ
ServNY	ⓘ
SMART	ⓘ

The next screen you will see looks like the image below:

Coordinator's Update Tool

Main Menu

Please select an organization
for which you are a coordinator

○ [Your Institution]

Select

- OR -

Please select a proxy organization
for which you are a coordinator

○ Emergency Volunteers - County
○ Fire Districts
○ Multi-County Coordinated Applications
○ Account access - Limited
○ EMS Services
○ Early Intervention Provider

Select

Send questions or comments to
Communications Directory Help

name.
Step 4

Choose Your Institution and click on Select.

Please select an organization for which you are a coordinator

○ [Your Institution]

Select

Enlargement of Above Picture to show details.

When you click on select the next screen you will see is this one. You will want to find the tab at the top of the screen in blue titled Manage Role Assignments.
Next: Click on Manage Role Assignments.

Coordinator's Update Tool

| Main Page | Location | Manage People | Organizational Offices | Manage Role Assignments | Reports | Add a New Person | Special Accounts |

Form Name:
Location Information for *NYSDOH Center for Community Health*

Primary ID: 6307	Secondary ID: NYSDOH	Org Type:	NYSDOH CCH
Name	NYSDOH Center for Community Health		
*Addr. Line 1	Corning Tower, 1415		
Addr. Line 2	Empire State Plaza		
*Town or City	Albany	Albany County	Not NYS / Albany
*State or Province	NY	*Country	USA
Postal Code	12237		
Phone	518-402-5382	Fax	518-486-1455
Changed On	04/05/2022	Changed By	rxs14	* required field(s)

Modify   Reset

Click here to Modify Role Assignments

Step 5

Role Assignments

Select a Role to Assign/Modify
for *NYSDOH Center for Community H*

Role Description	Person in Role?	Modify Role Assignments	
CCH Director	Yes	Modify	CCH Finance Ch
CCH Logistics Chief	No	Modify	CCH Operations
CCH/DCDPAH Logistics Chief	Yes	Modify	CCH/DCDPAH (
CCH/DEPI Logistics Chief	No	Modify	CCH/DEPI Oper
CCH/DFH Finance Chief	No	Modify	CCH/DFH Logist
CCH/DFH Operations Chief	No	Modify	CCH/DON Finan
CCH/DON Logistics Chief	No	Modify	CCH/DON Logis
CCH/DON Operations Chief	No	Modify	CCH/DON Oper:
CCH/OIT Logistics Chief	No	Modify	CCH/OIT Opera
CCH/OMH Logistics Chief	No	Modify	CCH/OMH Oper
CCH/OPHP Finance Chief	Yes	Modify	CCH/OPHP Logi
CCH/OPHP Logistics Chief, Alternate	Yes	Modify	CCH/OPHP Ope
CCH/OPHP Operations Chief, Alternate	Yes	Modify	CCH/PHIG Oper
CCH/PHIG Operations Chief, Alternate	Yes	Modify	Central Office Hı
Countermeasure Data Management System (CDMS) Data Operator	Yes	Modify	Countermeasure
Countermeasure Data Management System (CDMS) NYSDOH Administrator	Yes	Modify	Countermeasure
Countermeasure Data Management System (CDMS) Registration Support	No	Modify	Countermeasure
Directory Coordinator	Yes	Modify	ECLRS Alert Sta
HERDS Survey Reader	Yes	Modify	HERDS System /
HPN Coordinator	DOH Assigned	Modify	NORA Administr
NORA Closeout Reporter	Yes	Modify	NORA Viewer
NYLEADS Epidemiologist	Yes	Modify	NYS PVS Data E
NYS PVS Manager	Yes	Modify	On-line School Sı
Regional Epidemiologist	Yes	Modify	Regional Epidem
Regional Epidemiology Program Manager	Yes	Modify	Regional School {
SDF Analyst	Yes	Modify	School Survey As
School Survey Coordinator	Yes	Modify	School Survey M
Smallpox Vaccination Coordinator/Liaison	No	Modify	Transplant/Trans
VHOC User	Yes	Modify	Vaccination Clini
Vaccination Logistics Coordinator	No	Modify	Vaccination Medi
Vaccination Medical Screener	No	Modify	Vaccinator
Vaccine Adverse Event, Site and Take Coordinator	No	Modify	Vaccine Clinic M
Vaccine Educator	No	Modify	

Steps 6-9 (also edited this one so it didn't have names on it)

A pop-up list will be displayed of the individuals affiliated with your school district/school who have HCS accounts.

Role Assignments

Choose from the options below to select a person for *School Survey Manager*
at *NYSDOH Center for Community Health*

Users already assigned to this role. <mark>To remove one or more users from this role, check next to their name and click Remove Role Assignments.</mark>

Role Assignments

Choose from the options below to select a person for *School Survey Manager*
at *NYSDOH Center for Community Health*

1) Users already assigned to this role. To remove one or more users from this role, check the checkbox next to their name and click Remove Role Assignments.

Sample A, Test – abc01	☐
Sample B, Test – abc02	☐

Remove Role Assignments

- OR -

<mark>To Add Roles</mark>

2) Select names from the drop down list of the persons you wish to assign to this role, then click on the Add Role Assigments button to add them (Use Ctrl/left click for multiple selections or to unselect). Avoid assigning a role to a "na" account. This does not give user any permissions.

Note: This list is limited to the users in your Manage People, that is, users with a primary organization of this facility or agency.

Sample A, Test – abc01
Sample B, Test – abc02
Sample C, Test – abc03
Sample D, Test – abc04
Sample E, Test – abc05
Sample F, Test – abc06
Sample G, Test – abc07
Sample H, Test – abc08

Add Role Assignments

Select names from the drop-down list of the persons you wish to assign this role, then click on the Add Role Assignments button to add them (use ctrl left mouse click for multiple selections or to unselect). Avoid assigning a role to a "na" account. This does not give users any permissions.

NOTE: This list is limited to the users in your Manage People, that is, users with a primary organization of this facility or agency.

-- OR --

Search for Person(s) by Name [   ]

Submit

If user does not appear in your Manage People List, and you know this user has an HCS ID, then search by user's last name or first few letters of the last name only. This will search all active users. Click Submit. Scroll down the results on the next page to find the person and their user ID. Select the user and click Add Role Assignment.

If your account is not active, contact CAMU (Commerce Account Management Unit) at 1-866-529-1890
If you are the HCS Coordinator you do not have to assign yourself to any roles to take the survey.
Any other staff must to be assigned the role of Data Reporter to access the survey.

Accessing the School Immunization Survey

Click this link - https://smartforms.health.ny.gov/home
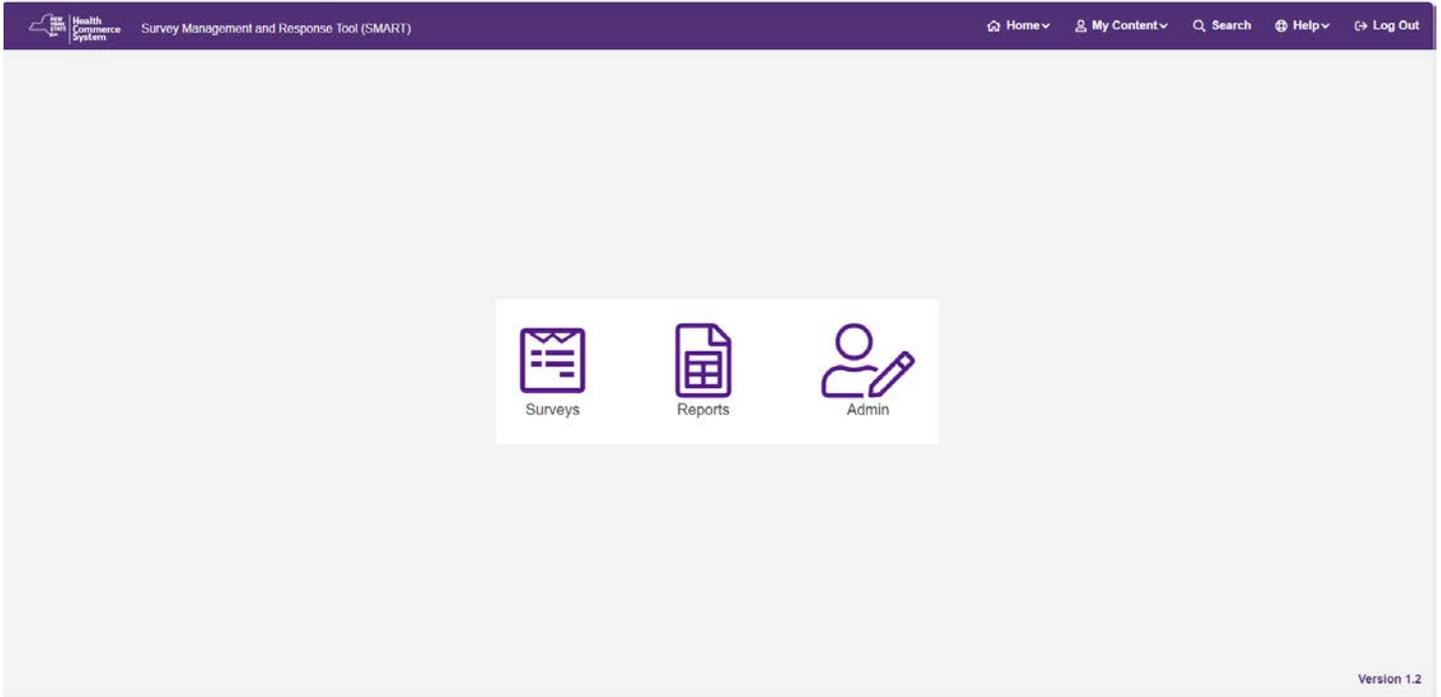
Click on "Surveys"

Find "Daycare Immunization Survey 2024-2025" and then click the yellow "Open" button.
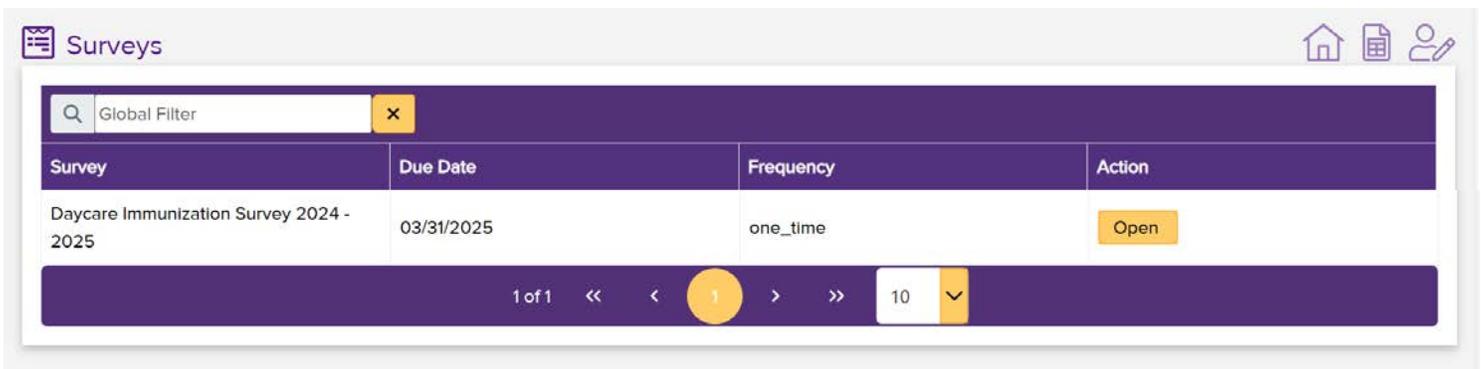
First, please fill in your institutions complete name. Then enter your organization ID [if known]

Organization Name *

[ ]

Organization ID

[ ]

Next, please fill out your contact details:

Primary Contact Name and Title *

[ ]

Primary Email Contact *

[ ]

Primary Contact Phone Number with Area Code *

[ ]

Additional Contact Name and Title

[ ]

Additional Contact Email

[ ]

Additional Contact Phone Number with Area Code

[ ]

Answer all four of the questions below. Answer "yes" to all that are true for your organization.

10

Continue by answering all of the required questions on both of the age-group tabs. Specific details on how to respond to each question are included within the survey itself.

Once you enter the number of students in an age-group, additional questions for that age-group will appear, including sections for each required vaccine series. Make sure to answer every question in these sections. Enter zeros where needed, do not leave blanks

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

Once you complete the "Under 1" tab, please click and complete the "Over 1" tab.

| Pre-K/Day Care Under 1 Year of Age | Pre-K/Day Care 1 Year of Age or Older |

Total Number of Pre-K/Day Care Students 1 Year of Age or Older *

At the bottom of the scree, click "Submit" once completed, or "Draft" to save your progress and come back later. You will not be able to successfully submit if you have any outstanding error messages.

Draft   Submit

You can download and/or a PDF of your completed by clicking "Print" in the top right corner of the screen after submission.

| Health Commerce System | Survey Management and Response Tool (SMART) | ⌂ Home ˅ | ⌂ My Content ˅ | Q Search | ⊕ Help | ⟶ Log Out |

📋 Surveys

Print