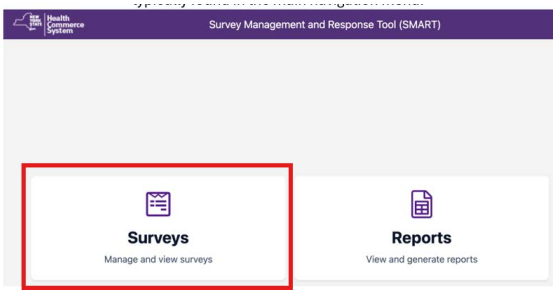
2026 Day Care Immunization Survey Completion Instructions

Accessing and Completing the Day Care Immunization Survey via SMART

Accessing the Survey:

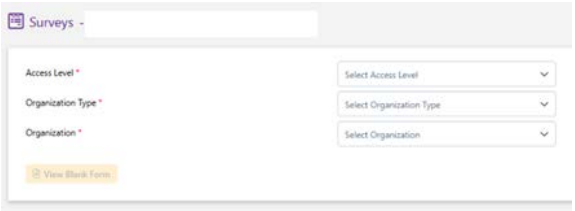
1. Go to https://smartforms.health.ny.gov/home and log in using your HCS credentials – if you do not yet have an HCS account, please review the HCS Instructions and create an account before moving forward.

2. Click the Surveys application.

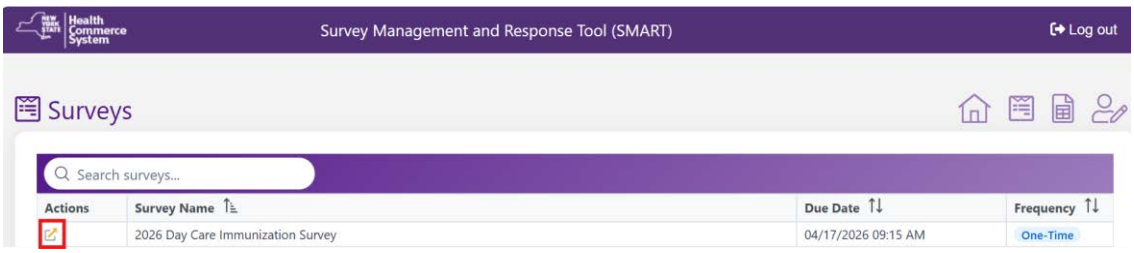


3. If you are only affiliated with a single organization, you will be brought directly to the survey, and you can move on to the Completing the Survey section on page 2.

4. If you have multiple affiliations, you will have to ensure you select the correct organization via the search menu before being brought to the survey.



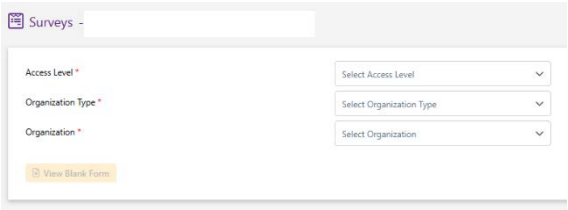
5. Once the organization is determined, a list of all applicable surveys will appear – find the "2026 Day Care Immunization Survey" and click on the Open Survey icon in the Actions column.



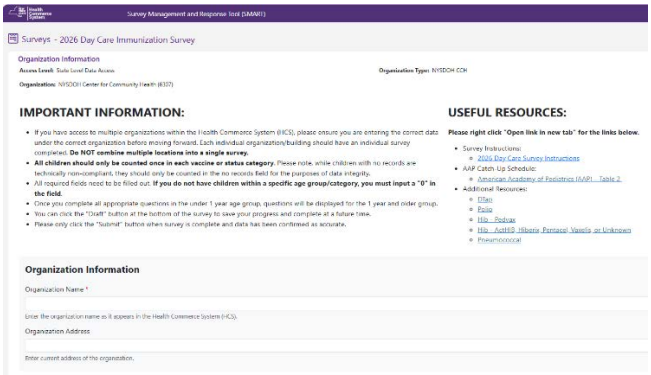
Completing the Survey:

1. Before beginning, confirm that the correct organization is displayed at the top of the survey page. *Please note,* ***you should NOT be combining multiple organizations/locations onto a single survey****. A single survey should be submitted under each organization/location.* If the organization does NOT match the one you will be entering data for, click Change. If the Change option is not available to you and the organization is incorrect, please contact OSAS@health.ny.gov.

2. If able to click Change, search for the correct organization. If the correct organization is not listed as an option in the search menu, stop and contact OSAS@health.ny.gov.



3. Once the correct organization is confirmed, the survey is displayed below.



4. Please review the Important Information & Useful Resources sections listed at the top before inputting your data.

5. Please note, the vaccine specific questions are split into 2 age groups that include “under 1 year old” and “1 year or older.” The “1 year or older” fields will appear once you complete all appropriate questions in the “under 1 year old” age group (either entering 0 enrolled for that group or filling out the final field in that age group).

6. All required fields are marked with * and must be filled in. Please continue through the survey until all required fields are completed. If no one belongs in a given category, please enter a “0.”
7. Please refer to the Field Glossary beginning on page 5 for field definitions and information on what should or should NOT be included.
8. There are rules built into the survey that will alert you if there are errors within the fields based on specific calculations. Additional information will be provided for each field if an error appears, which you should please review and correct. You will be unable to submit until all errors are corrected.
9. If you would like to save what you have completed and return later, you can click Draft at the bottom of the survey.

10. The Submit button at the bottom of the survey can be used when all fields have been completed accurately, without any errors, and no additional changes need to be made.

11. Once submitted or drafted, a confirmation email will be sent to the email address on file in HCS for that specific user.
12. To edit a draft, view a submitted survey, or print a copy of your submitted survey, log back into HCS through the Survey application and open the survey again.
13. If it was successfully submitted, you’ll receive a message like the one below. From there, you can click Proceed or the “x” in the top right to be able to access the Print button.

2026 Day Care Immunization Field Glossary

IMPORTANT REMINDERS:	USEFUL RESOURCES:

• If you have access to multiple organizations within the Health Commerce System (HCS), please ensure you are entering the correct data under the correct organization before moving forward. Each individual organization/building should have an individual survey completed. **Do NOT combine multiple locations into a single survey.**
• **All children should only be counted once in each vaccine or status category.** Please note, while children with no records are technically non-compliant, they should only be counted in the no records field for the purposes of data integrity.
• All required fields need to be filled out. **If you do not have children within a specific age group/category, you must input a "0" in the field.**
• Once you complete all appropriate questions in the under 1 year age group, questions will be displayed for the 1 year and older group.
• You can click the "Draft" button at the bottom of the survey to save your progress and complete at a future time.
• Please only click the "Submit" button when survey is complete and data has been confirmed as accurate.
	Please right click "Open link in new tab" for the links below.
	
	• Survey Instructions:
	  ○ 2026 Day Care Survey Instructions
	• AAP Catch-Up Schedule:
	  ○ American Academy of Pediatrics (AAP) – Table 2
	• Additional Resources:
	  ○ DTap
	  ○ Polio
	  ○ Hib - Pedvax
	  ○ Hib - ActHIB, Hiberix, Pentacel, Vaxelis, or Unknown
	  ○ Pneumococcal

Contact Information	
Primary Contact Full Name: Full name of person completing the survey.	**Primary Contact Title:** Title of person completing the survey.
Primary Contact Email: Email of person completing the survey.	**Primary Contact Phone Number:** Phone number for person completing the survey.
Additional Contact Full Name: Full name of additional contact person if needed.	**Additional Contact Title:** Title of additional contact person if needed.
Additional Contact Email: Email of additional contact person if needed.	**Additional Contact Phone Number:** Phone number for additional contact person if needed.

<table>
<tr><td colspan="4">UNDER 1 YEAR OF AGE</td></tr>
<tr><td colspan="4">1. Total Number of PreK/Day Care Students Under 1 Year of Age – Enter the total number of children enrolled under 1 year old. If you put “0”, the next age group questions will appear. If you enter 1 or more, the specific vaccination questions for under 1 will appear. These will all have to be completed and then the 1 and older group will show up.</td></tr>
<tr><td colspan="4">2. Number of Children Without Vaccination Record 1 Under 1 Year of Age – Only include children who have not provided ANY vaccine record(s) under 1 year old. If missing partial records/records for specific vaccines – include them in non-compliant for the vaccine that’s missing.</td></tr>
<tr><td>3. a) Number Up to Date with DTaP Vaccine – Only include children who have received all required doses of the DTaP vaccine based on their age.

Those with medical exemptions or those that are in process should NOT be included in this field.</td><td>3. b) Number with DTaP Vaccine Medical Exemptions – Only include children who have a valid medical exemption (form DOH-5077) for DTaP from a physician licensed to practice medicine in the State of New York.</td><td>3. c) Number in Process for DTaP Vaccine – Only include children who are NOT age appropriately immunized that have received at least the first dose in the DTaP vaccine series and are waiting the minimum interval required between doses.

Those who have not received any doses yet should NOT be included in this field.</td><td>3. d) Number non-compliant for DTaP Vaccine – Only include children who are NOT in the previous 3 categories for this vaccine and are NOT missing all vaccine records.</td></tr>
<tr><td>4. a) Number Up to Date with Polio Vaccine – Only include children who have received all required doses of the Polio vaccine based on their age.

Those with medical exemptions or those that are in process should NOT be included in this field.</td><td>4. b) Number with Polio Vaccine Medical Exemptions – Only include children who have a valid medical exemption (form DOH-5077) for polio from a physician licensed to practice medicine in the State of New York.</td><td>4. c) Number in Process for Polio Vaccine – Only include children who are NOT age appropriately immunized that have received at least the first dose in the Polio vaccine series and are waiting the minimum interval required between doses.</td><td>4. d) Number non-compliant for Polio Vaccine – Only include children who are NOT in the previous 3 categories for this vaccine and are NOT missing all vaccine records.</td></tr>
</table>

			Those who have not received any doses yet should NOT be included in this field.	
5. a) Number Up to Date with Hib Vaccine – Only include children who have received all required doses of the Hib vaccine based on their age. Those with medical exemptions or those that are in process should NOT be included in this field.	**5. b) Number with Hib Vaccine Medical Exemptions –** Only include children who have a valid medical exemption (form DOH-5077) for Hib from a physician licensed to practice medicine in the State of New York.		**5. c) Number in Process for Hib Vaccine –** Only include children who are NOT age appropriately immunized that have received at least the first dose in the Hib vaccine series and are waiting the minimum interval required between doses. Those who have not received any doses yet should NOT be included in this field.	**5. d) Number non-compliant for Hib Vaccine –** Only include children who are NOT in the previous 3 categories for this vaccine and are NOT missing all vaccine records.
6. a) Number Up to Date with Hep B Vaccine – Only include children who have received all required doses of the Hep B vaccine based on their age. Those with medical exemptions or those that are in process should NOT be included in this field.	**6. b) Number with Hep B Titer –** Only include children who have provided serologic evidence of Hep B. If a child has serological evidence of immunity but has been vaccinated, only list them as being up to date with the vaccine and do not include them in this category.	**6. c) Number with Hep B Vaccine Medical Exemptions –** Only include children who have a valid medical exemption (form DOH-5077) for Hepatitis B from a physician licensed to practice medicine in the State of New York.	**6. c) Number in Process for Hep B Vaccine –** Only include children who are NOT age appropriately immunized that have received at least the first dose in the Hep B vaccine series and are waiting the minimum interval required between doses.	**6. d) Number non-compliant for Hep B Vaccine –** Only include children who are NOT in the previous 4 categories for this vaccine and are NOT missing all vaccine records.

			Those who have not received any doses yet should NOT be included in this field.	
7. **a) Number Up to Date with Pneumococcal Vaccine –** Only include children who have received all required doses of the Pneumococcal vaccine based on their age. Those with medical exemptions or those that are in process should NOT be included in this field.	**7. b) Number with Pneumococcal Disease Medical Exemptions –** Only include children who have a valid medical exemption (form DOH-5077) for pneumococcal from a physician licensed to practice medicine in the State of New York.		**7. c) Number in Process for Pneumococcal Vaccine –** Only include children who are NOT age appropriately immunized that have received at least the first dose in the Pneumococcal vaccine series and are waiting the minimum interval required between doses. Those who have not received any doses yet should NOT be included in this field.	**7. d) Number non-compliant for Pneumococcal Vaccine –** Only include children who are NOT in the previous 3 categories for this vaccine and are NOT missing all vaccine records.
8. **Number of Children Completely Immune Under 1 Year of Age –** This field is auto-populated from the fields above. The value includes all children that are up to date with all required doses and/or have demonstrated immunity to a disease (when applicable) for all required vaccines for their respective age. This value does NOT include those with valid medical exemptions, in process, or no vaccination record.				

PREK/DAYCARE OVER 1 YEAR OF AGE

1. **Total Number of Children 1 Year of Age or Older** – Enter the total number of children enrolled that are 1 year or older. *If you put "0", all applicable questions have been displayed. If you enter 1 or more, the specific vaccination questions for 1 year or older will appear.*			
2. **Number of Children Without Vaccination Record 1 Year of Age or Older** - Only include children who have not provided ANY vaccine record(s).			
3. **a) Number Up to Date with DTaP Vaccine –** Only include children who have received all required doses of the	**3. b) Number with DTaP Vaccine Medical Exemptions –** Only include children who have a valid medical exemption (form DOH-5077) for	**3. c) Number in Process for DTaP Vaccine –** Only include children who are NOT	**3. d) Number non-compliant for DTaP Vaccine –** Only include children who

	DTaP vaccine based on their age. Those with medical exemptions or those that are in process should NOT be included in this field.	DTaP from a physician licensed to practice medicine in the State of New York.		age appropriately immunized that have received at least the first dose in the DTaP vaccine series and are waiting the minimum interval required between doses. Those who have not received any doses yet should NOT be included in this field.	are NOT in the previous 3 categories for this vaccine and are NOT missing all vaccine records.
4.	**a) Number Up to Date with Polio Vaccine –** Only include children who have received all required doses of the Polio vaccine based on their age. Those with medical exemptions or those that are in process should NOT be included in this field.	**4. b) Number with Polio Vaccine Medical Exemptions –** Only include children who have a valid medical exemption (form DOH-5077) for polio from a physician licensed to practice medicine in the State of New York.		**4. c) Number in Process for Polio Vaccine –** Only include children who are NOT age appropriately immunized that have received at least the first dose in the Polio vaccine series and are waiting the minimum interval required between doses. Those who have not received any doses yet should NOT be included in this field.	**4. d) Number non-compliant for Polio Vaccine –** Only include children who are NOT in the previous 3 categories for this vaccine and are NOT missing all vaccine records.
5.	**a) Number Up to Date with Measles/Mumps/Rubella (MMR) Vaccine –** Only include children who have received all required doses of the MMR vaccine based on their age. Those with medical exceptions or those that are in process should NOT be included in this field.	**5. b) Number with MMR Titer –** Only include children who have provided serologic evidence of MMR. If a child has serological evidence of immunity but has been vaccinated, only list them as being up to date with the vaccine and do not include them in this category.	**5. c) Number with MMR Vaccine Medical Exemptions –** Only include children who have a valid medical exemption (form DOH-5077) for MMR from a physician	**5. d) Number in Process for MMR Vaccine –** Only include children who are NOT age appropriately immunized that have received at least the first dose in the MMR vaccine series and are waiting the minimum interval required between doses. Those who have not received any doses yet	**5. e) Number non-compliant for MMR Vaccine –** Only include children who are NOT in the previous 4 categories for this vaccine and are NOT missing all vaccine records.

		licensed to practice medicine in the State of New York.	should NOT be included in this field.	
6. **a) Number Up to Date with Haemophilus influenza type B (Hib) –** Only include children who have received all required doses of the Hib vaccine based on their age. Those with medical exemptions or those that are in process should NOT be included in this field.	**6. b) Number with Hib Vaccine Medical Exemptions –** Only include children who have a valid medical exemption (form DOH-5077) for Hib from a physician licensed to practice medicine in the State of New York.		**6. c) Number in Process for Hib Vaccine –** Only include children who are NOT age appropriately immunized that have received at least the first dose in the Hib vaccine series and are waiting the minimum interval required between doses. Those who have not received any doses yet should NOT be included in this field.	**6. d) Number non-compliant for Hib Vaccine –** Only include children who are NOT in the previous 3 categories for this vaccine and are NOT missing all vaccine records.
7. **a) Number Up to Date with Hep B Vaccine –** Only include children who have received all required doses of the Hep B vaccine based on their age. Those with medical exemptions or those that are in process should NOT be included in this field.	**7. b) Number with Hep B Titer –** Only include children who have provided serologic evidence of Hep B. If a child has serological evidence of immunity but has been vaccinated, only list them as being up to date with the vaccine and do not include them in this category.	**7. c) Number with Hep B Vaccine Medical Exemptions –** Only include children who have a valid medical exemption (form DOH-5077) for Hep B from a physician licensed to practice medicine in the State of New York.	**7. d) Number in Process for Hep B Vaccine –** Only include children who are NOT age appropriately immunized that have received at least the first dose in the Hep B vaccine series and are waiting the minimum interval required between doses. Those who have not received any doses yet should NOT be included in this field.	**7. e) Number non-compliant for Hep B Vaccine –** Only include children who are NOT in the previous 4 categories for this vaccine and are NOT missing all vaccine records.

8. **a) Number Up to Date with Varicella Vaccine –** Only include children who have received all required doses of the Varicella vaccine based on their age. Those with medical exemptions or those that are in process should NOT be included in this field.	**8. b) Number with Varicella Titer –** Only include children who have provided serologic evidence of Varicella. If a child has serological evidence of immunity but has been vaccinated, only list them as being up to date with the vaccine and do not include them in this category.	**8. c) Number with Varicella Vaccine Medical Exemptions –** Only include children who have a valid medical exemption (form DOH-5077) for varicella from a physician licensed to practice medicine in the State of New York.	**8. d) Number with History of Varicella Disease –** Only include children who have provided documentation of a diagnosis of Varicella Disease by a physician, physician assistant, or nurse practitioner. If a child has a certified history of disease but has been vaccinated, only list them as being up to date with the vaccine and do not include them in this category.	**8. e) Number in Process for Varicella Vaccine –** Only include children who are NOT age appropriately immunized that have received at least the first dose in the Varicella vaccine series and are waiting the minimum interval required between doses. Those who have not received any doses yet should NOT be included in this field.	**8. f) Number non-compliant for Varicella Vaccine –** Only include children who are NOT in the previous 5 categories for this vaccine and are NOT missing all vaccine records.
9. **a) Number Up to Date with Pneumococcal Vaccine –** Only include children who have received all required doses of the Pneumococcal vaccine based on their age. Those with medical exemptions or those that are in process should NOT be included in this field.	**9. b) Number with Pneumococcal Vaccine Medical Exemptions –** Only include children who have a valid medical exemption (form DOH-5077) for PCV from a physician licensed to practice medicine in the State of New York.			**9. c) Number in Process for Pneumococcal Vaccine –** Only include children who are NOT age appropriately immunized that have received at least the first dose in the Pneumococcal vaccine series and are waiting the minimum interval required between doses.	**9. d) Number non-compliant for Pneumococcal Vaccine –** Only include children who are NOT in the previous 3 categories for this vaccine and are NOT missing all vaccine records.

		Those who have not received any doses yet should NOT be included in this field.	

10. **Number of Children Completely Immune 1 Year of Age or Older –** This field is auto-populated from the fields above. The value includes all children that are up to date with all required doses and/or have demonstrated immunity to a disease (when applicable) for all required vaccines for their respective age. This value does NOT include those with valid medical exemptions, in process, or no vaccination record.
11. **Notes –** Can comment on any information relating to the survey – if you do not have any comments, you can leave blank.