

Immunizations For School & Childcare 2025-2026

ALLEGAN COUNTY HEALTH DEPARTMENT



School and Childcare Immunization Reporting Manual



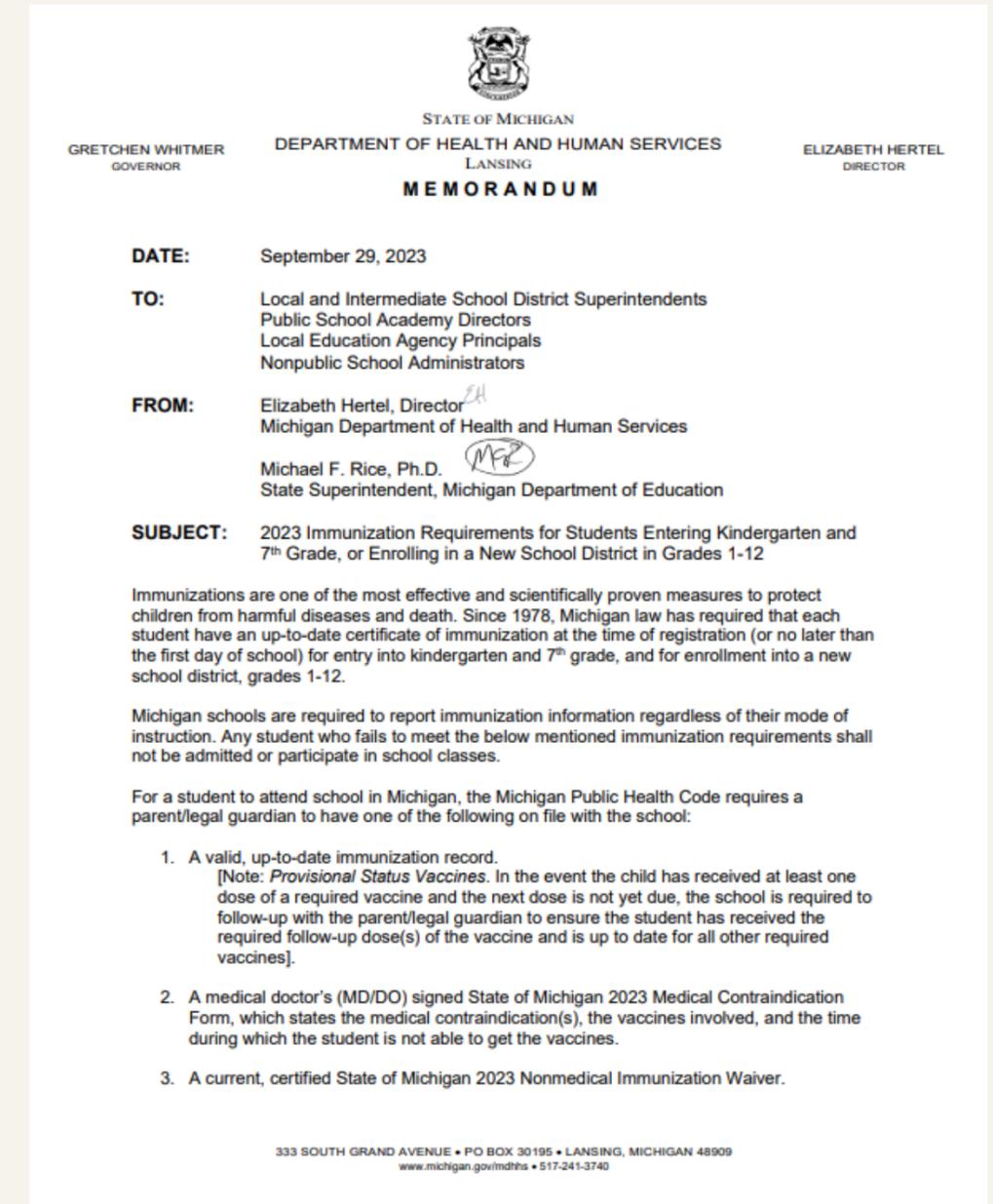
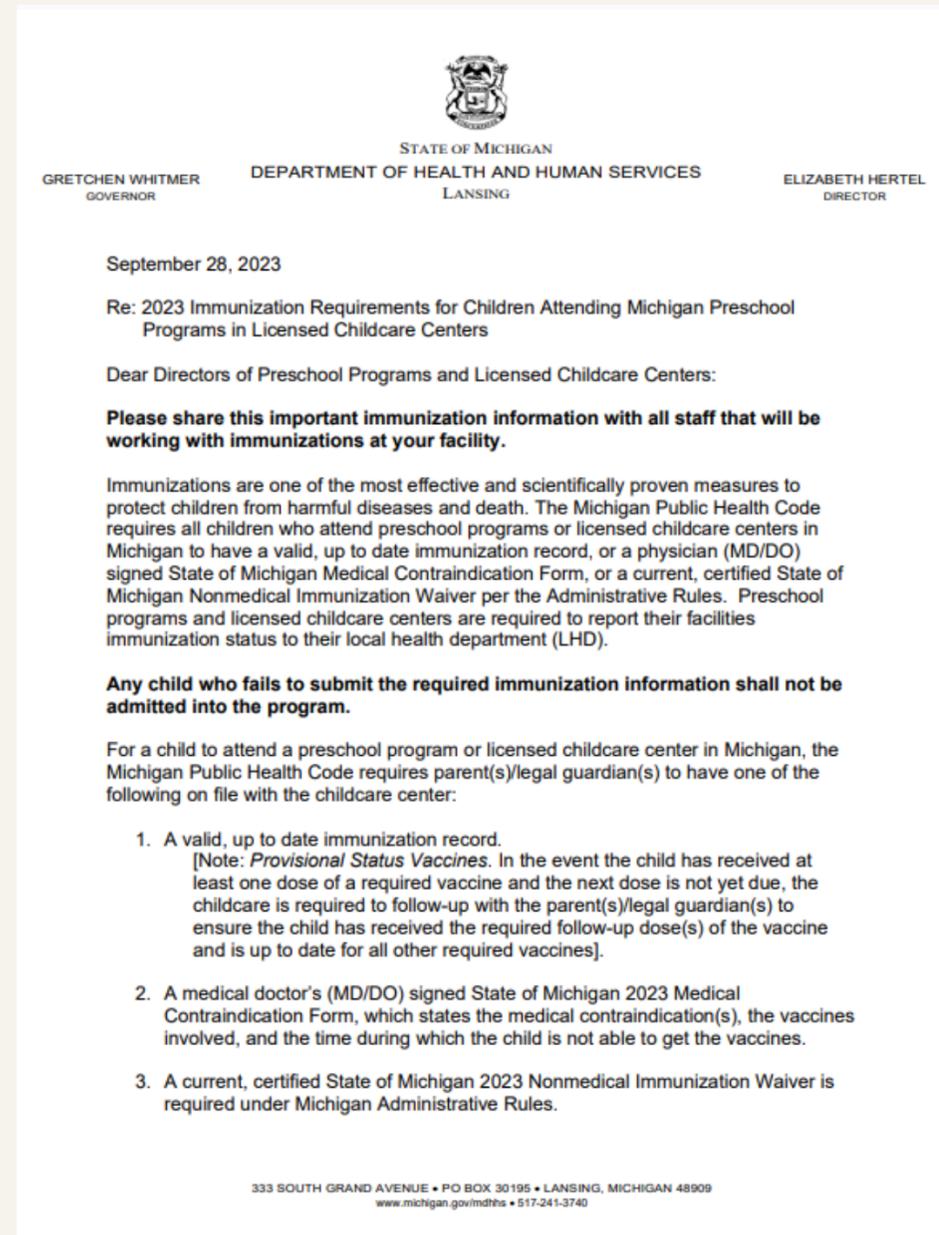
Immunization Reporting & Cover Letters

2025-2026 SCHOOL YEAR

- Full Childcare Packet for 2025 has been issued.
- Full School Packet for 2025 not yet issued.

You will receive the new packets directly from MDHHS, however it will also be available at MCIR.org

- 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 below:



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 and who you report.

Reports/Roster due dates:

Child care centers:

Wednesday, October 1, 2025

Schools:

Fall - Monday, November 3, 2025

Spring - Monday, February 2, 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.**

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

Key Factors

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

Please note *
Failure to meet compliance rate will result in a 5% withholding of district funding.
Until 95% compliance is reached, 5% of funds are always withheld. We are here to help!

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

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

2025-26 Immunization Waiver Forms are available through the Health Department Immunization Program. Religious or Philosophical (other) objections to the vaccination(s), the 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 2025, and completed electronically in MCIR for Schools/Childcare.

Outbreaks

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



Reminders:

- 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:



PROVISIONAL

The student or child is in a dose waiting period. Specific time periods are used to determine **provisional** status, after which the student will be assessed as incomplete.

- 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

Medical Contraindication Forms:

- Completed 2025 Medical Contraindication Form (for any non-administered required vaccine)
- Must be signed by a physician (MD/DO)
- Must be signed in 2025
- Child is considered susceptible to that disease, and is subject to exclusion if an outbreak of the disease occurs

Waiver types:

R = Religious

- immunization waiver form (parent/guardian has a religious objection)

M = Medical

- medical contraindication form

O = Philosophical Objection

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

Doses Given Too Early

- All doses of vaccines must be valid (correct spacing in between 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 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 to Health Department clinic for an 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."

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.

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

Childcare Aggregate Report Form Tip Sheet – Updated 5.17.23

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 at MCIR.org

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	
Date								

3

For Local Health Department Use Only

Date Assessed: _____

Assessed By: _____

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

If incomplete or provisional, record reason: _____

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)

K	
7	
O	

3 Total Number of:

- Students with No FERPA Consent and No Immunization Record on File

K	
7	
O	

	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				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				R	M	O		
K							N/A										
7							N/A										
O							N/A										
							MMR 1	MMR 2				Disease Titer	Series Waived				
							R	M	O				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				R	M	O		
K																	
7																	
O																	
							VAR 1	VAR 2				Disease Titer	Series Waived				
							R	M	O				R	M	O		
K																	
7																	
O																	
							Meningococcal MenACWY (MCV4) 1	Meningococcal MenACWY (MCV4) 2				Disease Titer	Series Waived				
							R	M	O				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					
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, 7th 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, 7th 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, 7th grade, and other (new to the district).

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

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

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

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

10 Enter the total number of Other (O) waivers for students in kindergarten, 7th 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

ALLEGAN COUNTY HEALTH DEPARTMENT

Thank You!

WE APPRECIATE YOUR CONTINUED SUPPORT AND
COOPERATION IN ENSURING THAT ALLEGAN COUNTY'S CHILDREN
ARE PROPERLY IMMUNIZED.

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- TO REACH US ALL -

WELCOME TO THE 2025 - 2026 SCHOOL YEAR

HEARING & VISION



Introduction

- The Hearing and Vision programs were first legislated in 1949. (Over 75 years!)
- This State mandated program provides hearing and vision screening services FREE of charge to all Michigan children. It is managed by MDHHS, executed by Local Health Departments, and successful in large part due to the collaboration with local preschools and schools.
- Over 1 million children are screened each year with more than 88,000 referrals to either physicians or eye care professionals for follow-up care related to hearing and vision issues.
- Both programs are carefully standardized so each child screened receives consistent screening, referral, and follow-up services.



Vision Technician Mrs. Fran Pettapiece (with pen) administers an eye test to Geraldine Harris, a hearing technician, to demonstrate how the new vision screening machine, purchased by the Allegan Lions Club, works. Looking on are, from left, Lions George Robinson and Marv Hayes and Allegan Health Department Acting Director Karl Zimmerman.

—News & Gazette photo

Peek At The Past - 50 Years Ago
Photo from May 1974



HEALTH Department



MDHHS & YOUR LOCAL HEALTH DEPARTMENT

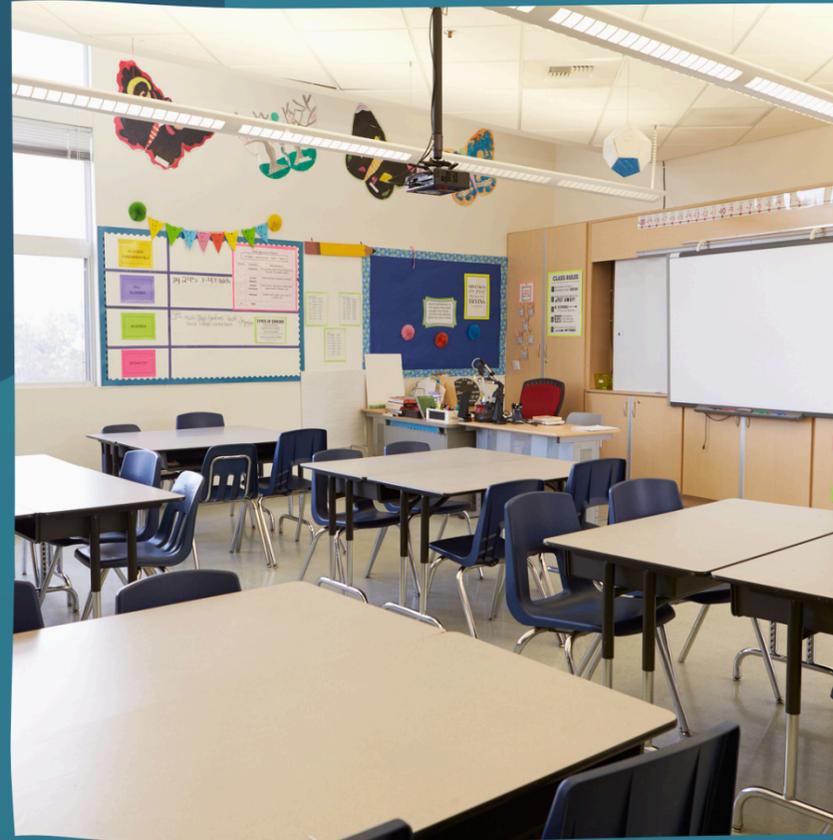
Michigan schools work collaboratively with the Michigan Department of Health and Human Services (MDHHS) and the Local Health Departments (LHD) to allow Hearing & Vision Screening Program technicians to perform screenings in all public, private, and charter schools as well as formal preschool programs.

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 Kindergarten entry requirements, and Frequency of Screening 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.
- 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.





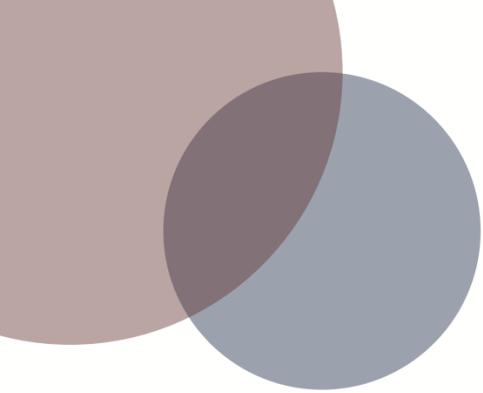
SCHOOL SCREENING CHECKLIST

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 directory information: 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 option for the school refusing screening.



IMPORTANT DOCUMENTS

*****PLEASE NOTE:** It is the school's responsibility to notify parents before the screening visit, allowing them time to complete their school's Hearing and Vision opt-out policy. Your school's opt-out policy should be updated annually in writing; this helps to alleviate confusion if parents are trying to opt out on the day of screenings. Please have a list for the Technician of students whose parents have opted them out of screenings.

- **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 who may need to be rescreened. Please feel free to share in your lobby, newsletters, and/or with your school's parents/guardians.
 - **Privacy and Access to Records:** In Michigan, hearing and vision screenings are mandated by the Public Health Code for students. These screenings are often conducted by trained local health department staff in schools. It's crucial for schools and health officials to adhere to both Michigan regulations for these screenings and federal privacy protections afforded by FERPA when collecting, storing, and disclosing student health information.
- 



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

The Michigan Hearing Screening Program is a three-stage process designed to identify children with hearing loss and/or middle ear dysfunction. Most of the children screened are between 3 and 12 years of age. Over 475,000 children are screened each year in the following way:

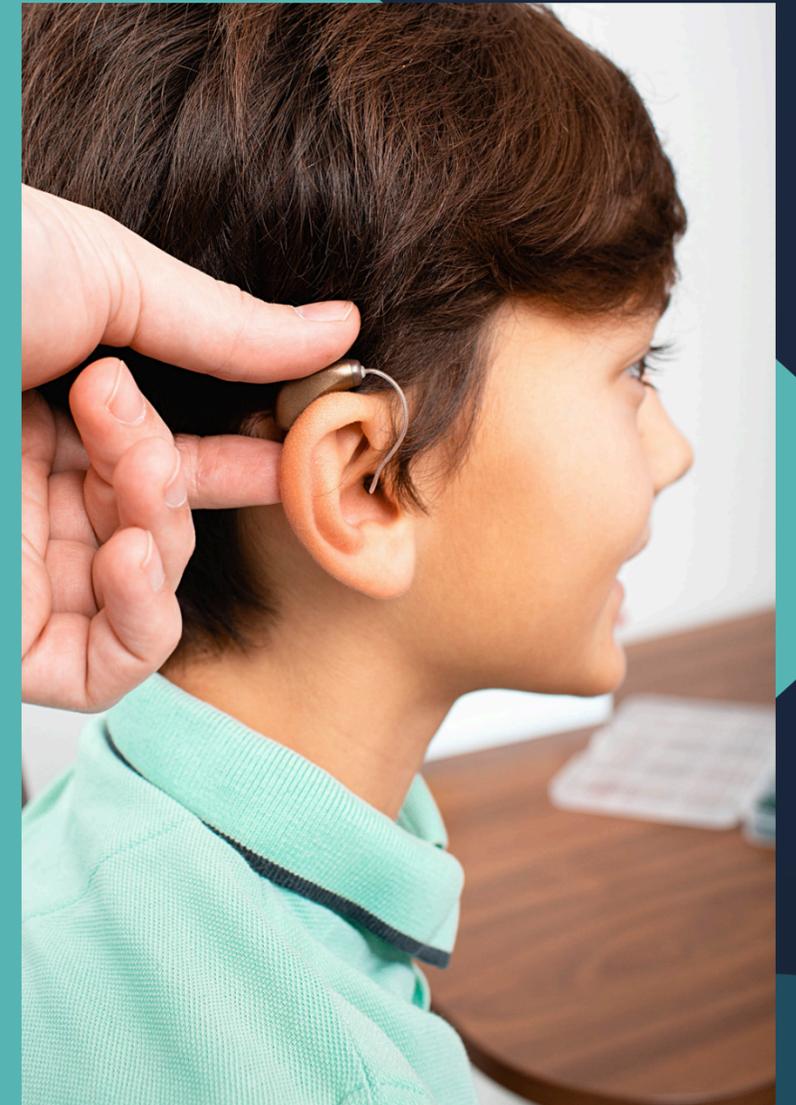
- **STAGE I:** Using a pure tone audiometer, a preliminary screening is performed at the frequencies of 1000, 2000 and 4000 Hertz (Hz) at the intensity levels of 20, 20 and 25 decibels hearing level (DBHL) respectively, in each ear.
- **STAGE II:** Children referred from Stage I receive a more detailed screening approximately 4 weeks after the initial referral is made. This screening requires the child to respond to 250, 500, 1000, 2000, 4000 and 8000 Hz at the levels of 30, 25, 20, 15, 25 and 40dBHL respectively, in each ear. A child responding appropriately to all of the test tones is considered to be no longer at-risk for hearing loss. If the child fails to respond to just one stimulus presentation, an audiogram (threshold test) is immediately conducted for the octave frequencies 250 through 8000 Hz in each ear. Unmasked bone conduction thresholds are also obtained at 250, 500, 1000, 2000 and 4000 Hz.
- **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).

- 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 Reports**.

- From the report listings, 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.

Retrieving the Vision Screening 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 have or have not had vision screening entered into MCIR.

Alphabetical List of Vision Screening November 2013 Reporting Period		
Alaska Transportation Department		
474 LARSEN MICHENER DR ALLEGHENY, AK 99501-8774 (907) 993-3483		
Child:		
Name:	Date of Birth:	Vision Screened:
DEAN, JIM	11/05/2009	No
SMITH, JIM		
DEAN, JIM	04/05/2003	Yes

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.



MICHIGAN PUBLIC HEALTH CODE FOR HEARING & VISION

Document	Type	Description
Section 333.9301	Section	Free hearing and vision testing and screening programs; publicity
Section 333.9302	Section	Duty of parent, guardian, or person in loco parentis; time and frequency of testing and screening.
Section 333.9303	Section	Program to assist local health departments; establishment and administration.
Section 333.9305	Section	Follow-up treatment; statement; information.
Section 333.9307	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.
Section 333.9309	Section	Individual testing and screening to determine hearing efficiency.
Section 333.9311	Section	Exemption.
Section 333.9315	Section	Advisory committee; appointment of members; duties; cooperation of department.
Section 333.9321	Section	Rules.
Section 333.9329	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) 686-4516

SHARON WEEMS

Hearing & Vision Technician
(269) 673-5526

AUDREY LENARD

Hearing & Vision Technician
(269) 686-5388

PROGRAM EMAIL:

health-hv@allegancounty.org

FAX:

(269) 673-2163



HEALTH
Department

HELPFUL WEBSITES



MDHHS Hearing &
Vision Programs

www.michigan.gov



Michigan Care
Improvement Registry

www.MICR.org



HEALTH
Department

Allegan County Health
Department

allegancounty.org/health

School and Childcare Communicable Disease Reporting

ALLEGAN COUNTY HEALTH DEPARTMENT



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WHAT IS A COMMUNICABLE DISEASE?



[CDC - When Students or Staff are Sick](#)

[Managing CD In Schools](#)

[Managing CD In Childcares](#)

1

It 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.

2

They spread through Fecal-oral contact with human stool; usually ingestion after contact with contaminated food or objects.

Respiratory - Contact with respiratory particles or droplets from nose, throat, and/ or mouth. Direct Skin-to-Skin Contact. Indirect Contact - Contact with contaminated object or surfaces.

Bloodborne - Contact with blood or bodily fluids.

3

Some examples of symptoms and when to keep a child home:

Severely ill, respiratory virus symptoms, vomiting, diarrhea, fever or skin sores.

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.



Michigan law requires that schools, preschools, and child care 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).

2025

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)
 Anaplasmosis (*Anaplasma phagocytophilum*)
Anthrax (*Bacillus anthracis* and other anthrax toxin-producing *Bacillus* species) (4)
 Arboviral encephalitides, neuro- and non-neuroinvasive:
 Chikungunya, **Eastern Equine**, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)
 Babesiosis (*Babesia microti*)
 Blastomycosis (*Blastomyces dermatitidis*)
Botulism (*Clostridium botulinum*) (4)
Brucellosis (*Brucella abortus, melitensis, suis, and canis*) (4)
 Campylobacteriosis (*Campylobacter* species)
 Candidiasis (*Candida auris*) (4)
 Carbapenemase-Producing Organisms (CPO) (4)
 Chancroid (*Haemophilus ducreyi*)
 Chickenpox / Varicella (Varicella-zoster virus) (6)
 Chlamydial infections (all sites - genital, rectal, and pharyngeal, Trachoma, Lymphogranuloma venereum (LGV) (*Chlamydia trachomatis*) (3, 6)
 Cholera (*Vibrio cholerae*) (4)
 Coccidioidomycosis (*Coccidioides* species)
 Coronaviruses, Novel (**SARS**, MERS-CoV) (5)
 COVID-19; including SARS-CoV-2 variant identification
Cronobacter sakazakii (infants < 1 year of age) (4, blood or CSF only)
 Cryptosporidiosis (*Cryptosporidium* species)
 Cyclosporiasis (*Cyclospora* species) (5)
 Dengue Fever (Dengue virus)
 Diphtheria (*Corynebacterium diphtheriae*) (5)
 Ehrlichiosis (*Ehrlichia* species)
 Encephalitis, viral or unspecified
Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5)
 Giardiasis (*Giardia* species)
Glanders (*Burkholderia mallei*) (4)
 Gonorrhea (*Neisseria gonorrhoeae*) (3, 4 – isolates from sterile sites only, 6)
 Guillain-Barre Syndrome (1)
Haemophilus influenzae, sterile sites (5, submit isolates for serotyping for patients <15 years of age)
 Hantavirus
 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, Rapiids), 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)
 Measles (Measles/Rubeola virus) (6)
Melioidosis (*Burkholderia pseudomallei*) (4)
 Meningitis: bacterial, viral, fungal, parasitic and amebic
 Meningococcal Disease, sterile sites (*Neisseria meningitidis*) (4)
 Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)
 Mumps (Mumps virus)
Orthopox viruses, including: Smallpox, Mpox (4)
 Pertussis (*Bordetella pertussis*)
Plague (*Yersinia pestis*) (4)
 Polio (Poliovirus)
 Prion disease, including Creutzfeldt-Jakob Disease (CJD)
 Psittacosis (*Chlamydophila psittaci*)
Q Fever (*Coxiella burnetii*) (4)
 Rabies (Rabies virus) (4)
 Rabies: potential exposure and post exposure prophylaxis (PEP)
 Respiratory syncytial virus (RSV) pediatric mortality (< 5 years of age)
 Rubella (Rubella virus) (6)
 Salmonellosis (*Salmonella* species) (5)
 Shigellosis (*Shigella* species) (5)
 Spotted Fever (*Rickettsia* species)
Staphylococcus aureus, vancomycin intermediate/resistant (VISA (5)/VRSA (4))
Streptococcus pneumoniae, sterile sites
Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
 Syphilis (*Treponema pallidum*) (for any reactive result, report all associated syphilis tests, including negative results) (6)
 Tetanus (*Clostridium tetani*)
 Toxic Shock Syndrome (non-streptococcal) (1)
 Trichinellosis/Trichinosis (*Trichinella spiralis*)
 Tuberculosis (*Mycobacterium tuberculosis* complex); report preliminary and final rapid test and culture results (4)
Tularemia (*Francisella tularensis*) (4)
 Typhoid Fever (*Salmonella* serotype Typhi) and Paratyphoid Fever (*Salmonella* serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
 Vibriosis (*Vibrio* species other than *cholerae*) (5)
 Yellow Fever (Yellow Fever virus)
 Yersiniosis (*Yersinia non-pestis* species) (5)

LEGEND

- (1) Reporting within 3 days is required.
- (2) 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.
- (3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivsti for details.
- (4) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Laboratory.
- (5) 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 Laboratory. *Respiratory*: Submit specimens, if available.
- (6) 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

Reporting of Serious Communicable Disease or Outbreak.

PLEASE CALL (269) 673-5411

For Immediate Reporting of Serious Communicable Disease or Outbreak:
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. If you suspect an outbreak or notice an increase in illness, please call us immediately.

- 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!

- Report through the Communicable Disease Reporting system.
 - Individual-level, identifiable information on these cases must be documented by schools and may be requested by LHDs at anytime

Exclusion During an Outbreak in Schools or Childcare Centers

- It is important to be aware of ALL students who have a medical or non-medical waiver.
- Any child with a valid medical or non-medical contraindication to a particular vaccine is considered susceptible to that vaccine-preventable disease and is 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.

Influenza, RSV, & Covid-19 guidance:

Norovirus:

Head Lice:

If you suspect norovirus in your school or childcare center, contact the health department right away. Norovirus is a group of viruses that cause gastroenteritis, known incorrectly as the “stomach flu.” It lasts 1-2 days and is highly contagious. Children and staff showing symptoms should be excluded.

Guides to identify, treat and prevent:

[Michigan Head Lice Manual](#)

[CDC's Head Lice Website](#)

You can call the Health Department with questions.

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

***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

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

Wash your hands.

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

Sanitizers (60% alcohol) can 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 respiratory 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.
- Promote vaccinations for students and staff.

When children or staff 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 communicable disease reporting

INSTRUCTIONS FOR ONLINE REPORTING:

1. LOG ONTO THE WEB ADDRESS:
SCHOOL REPORTING - KKZO

2. SIGN IN. YOU WILL SEE THIS SCREEN:

Alleghan County
Communicable Disease Reporting

Please call the Alleghan 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, meningitis, encephalitis, hepatitis, varicella (chickenpox), tuberculosis, Mpox, or any other unusual communicable disease.

COVID-19 Cases are to be counted weekly in section 4.

School closures due to illness should be reported **immediately**. Call 269-673-5411.

If you have any questions, please call Erin Radke or Emily Hitchcock at 269-673-5411 OR send an e-mail to schoolreporting@allegancounty.org. Thank you!

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

Password:
[Forgot Password?](#)

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Alleghan County
Weekly Communicable Disease Report

[Go Back](#) | [Schools](#) | [Main Menu](#) | [Sign Off](#)

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. Thank you!

Section 1:
(* Required data)

Week ending Friday, July 25, 2025

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
Alleghan, MI 49010
Phone: 269-673-5411
E-Mail: COVIDvaccine@allegancounty.org
Last Updated: 07/21/2025 07:45am by ehallegan

Section 2:
Please call the Alleghan 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, 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 Help	* 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 ▾
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Section 1

If your facility had no one out sick you will select “Nothing to report”

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:

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

**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, 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 Help	* 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 ▾
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Section 3 & 4

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)

This is where you will be entering your facilities totals in each illness for that week.

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:

Disease Name:

Sore Throat (only):

Disease Count:

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.
- If your facility did not close due to excessive absences, 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.

What if you forget to report?

- 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 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.



HEALTH
Department

Resources

[Managing CD In Schools](#)

[Managing CD In Childcares](#)

[Allegan County Website - Communicable Disease](#)

[Communicable Disease School Reporting](#)

[Michigan.gov](#)

[CDC.gov](#)

[Preventing the spread of infections in K-12 \(CDC\)](#)

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



HEALTH
Department

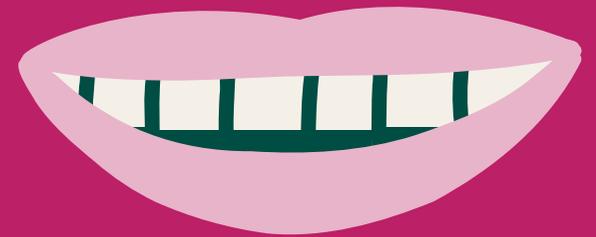


Are your students
ready for
Kindergarten?

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



My Community
Dental Centers





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

Kindergarten Oral Health Assessment



The Importance of Dental Assessments

- Cavities are the most common chronic disease in children
- Almost half of Michigan Head Start children have tooth decay
- Poor dental health affects physical health, behavior, and academic and social development

Kindergarten Oral Health Assessment



Good Oral Health Improves School Readiness

Starting in the 2024 -2025 academic year, children entering kindergarten or the first year of school are required to have dental assessments within 6 months prior to the start of school or by the end their school year (May 31st).

[Public Act 316 of 2023]

Kindergarten Oral Health Assessment



What is the Kindergarten Oral Health Assessment (KOHA)?

- The oral health assessment takes no longer than 5 minutes to look for signs of cavities or infection by a licensed dental professional at no cost to parents or caregivers.
- A MDHHS -6067 form will be filled out for each child and recorded into the state database by a licensed dentist, dental therapist, or dental hygienist.

Address (Number, Street, City, Zip Code)

Home/Cell Phone Number

Parent/Guardian Name (Last, First, Middle)

Parent/Guardian Email

Child Name

SECTION 2 – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

(Selected dental professional must complete this section)

Type of Service

Type of Service

Dental Exam Dental Assessment

Findings (Check all that apply)

Recommendations (Check one)

Untreated decay

Routine care

Treated decay

Referral for dental treatment

Untreated decay

Referral for urgent dental care

Provider Type (Check one)

Dentist

Dental Therapist

Dental Hygienist

Provider Signature

Agency/Local Health Department

Provider Name (Print)

Phone Number

Additional Comments

What's required of schools?

- School districts are required to submit school assessment data to MDHHS during the reporting period.
- Schools are required to report the dental screening. Schools can enter data after the reporting has closed by going into their roster and clicking the student's name and then utilizing the dental "check box".



What 's required of schools?

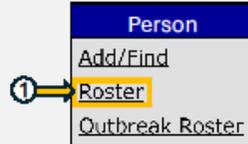
- Schools will utilize the dental “check box” located in the student’s MCIR record.
- Once the parents or guardians review the child’s results, the form should be returned to school and placed in the child’s health file.



Dental Screening Reporting in MCIR

Starting with the 2024-2025 school year, Michigan requires all children enrolling in kindergarten to complete a dental screening as part of the Kindergarten Oral Health Assessment (KOHA) program. Screenings must be reported in MCIR/SIRS. This tip sheet provides key details to ensure compliance with this requirement and successful reporting.

1. On the MCIR/SIRS home screen, click on **Roster** in the **Person** box. This will open the Roster page in a new window.



2. From the Roster page, select the child's name that needs their dental status updated.

A screenshot of the 'Roster' page. At the top, there are tabs for 'Person', 'Sch./CC', 'Phy. Info', 'Addr.', 'Notes', and 'Dth.'. Below the tabs is a search bar with 'Michelle J. Kelly' entered. A table lists children with columns for Name, Birth Date, Sex, Race, MCIR ID, and Last Eval. The row for 'Michelle J. Kelly' is highlighted in blue. A yellow circle with the number '2' and an arrow points to this row.

Name	Birth Date	Sex	Race	MCIR ID	Last Eval
Michelle J. Kelly	04/11/2020	F	K	1746102894	Nov24
Michelle J. Kelly	08/01/2020	F	K	1746112898	Nov24
S. Hill, Kindergarten	08/20/2020	F	K	2718222445	Nov24
Taylor, Talbot	11/11/2020	M	E	1746878354	Nov24
Mrs. Ida	01/22/2020	M	E	1887368128	Nov24
Zoe C. Smith	05/21/2020	F	K	1750180800	Nov24

3. The child's **General Information** screen will open.
4. Scroll halfway down the page to find the **School/Childcare** section. Select **Edit Information**. A popup window will appear.



5. Check the **Kindergarten Dental Screened** box.
6. Click **Submit** to save the changes.

A screenshot of the 'Edit School/Childcare Info' popup window. The 'Student Info' section shows 'Student ID', 'Grade' (Kindergarten), and 'Report Period' (November 2024). The 'Last Physical Date' and 'Language' (English) are also visible. In the 'Checkboxes' section, 'McKinney-Vento Act' and 'FERPA No Consent' are checked. The 'Kindergarten Dental Screened' checkbox is checked and circled with a yellow circle and the number '5'. The 'Submit' button is highlighted with a yellow circle and the number '6'.

7. The child's record is updated and compliant with the KOHA program.

A screenshot of the 'School/Childcare Edit Information' screen. The 'Student ID', 'Grade', and 'Report Period' are visible. In the 'Checkboxes' section, the 'Kindergarten Dental Screened' checkbox is checked and circled with a yellow circle and the number '7'.

For assistance, contact the MCIR Helpdesk:
 Phone: 888-243-6652
 Email: MDHHS-MCIRHelp@michigan.gov



Created December 2024

Kindergarten Oral Health Assessment



What can Schools do?

- Join us in raising awareness among caregivers, fellow educators, and community partners about the KOHA law.
- Provide caregivers with information whose children are entering kindergarten. The dental screening can be completed between March 1 or 6 months before the first day of school through the school year until the deadline of May 31.
- Schedule your on-site dental screenings for your kindergartners



How We Can Help You

- 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 flyers, a ready -to-share newsletter, social and email content.
- KOHA Website For Caregivers: <https://www.mydental.org/caring-for-young-teeth-parents-kent-county/>
- KOHA Website for Schools, Dental Providers, or Community Partners: <https://www.mydental.org/caring-for-young-teeth-parents-kent-county/>

Kindergarten Oral Health Assessment



Is your child ready for Kindergarten?

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



Good Oral Health Improves School Readiness

Children entering Kindergarten, or their first year of school, are required to have a dental assessment completed.

[Public Act 316 of 2023]

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

Michigan requires the Kindergarten Oral Health Assessment (KOHA) [Public Act 316 of 2023] to help improve school readiness and raise awareness on the importance of good oral health. 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 you.

Why is it important?

Tooth decay is the most common chronic disease in children. Kids with poor dental health are 3 times more likely to miss school, which can affect grades and overall performance in school.

Get your child's assessment!

My Community Dental Centers are working with the Kent County Health Department to provide oral health assessments in schools. If your child has already had their oral health assessment, please send the finished form to their school.



Need more information?

Scan the QR code for upcoming events or for a list of dental providers.

KOHA_KWD@mydental.org | p: 616-816-2191





Frequently Asked Questions



1. What is a dental assessment?

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 you.

2. Who can complete a KOHA (Kindergarten Oral Health Assessment) Form?

Any dentist, dental therapist, or registered dental hygienist licensed in Michigan can complete the form.

3. What is the KOHA Assessment Form? What do I do now?

If your child completes the assessment at school, the school will be provided a list of students that had the assessment completed. If your child received an assessment at a community-hosted event or private dental office, please return your child's completed dental assessment form to their school.

4. What if my child needs additional care?

If additional follow up is recommended, please refer to the list of providers on the other side of this sheet. These dentists are accepting new patients and provide dental care to children.

5. Childhood tooth decay is the most common chronic disease in children

Tooth decay, or the presence of childhood cavities, is by far the most common chronic childhood disease. It's five times more common in children than asthma! The good news is that it's also one of the most preventable diseases.

6. What if I cannot afford to take my child to the dentist?

Assessments will be provided at no cost to you. There are a variety of ways to have kids in Michigan seen by a dentist or dental professional. Consider enrolling your child in Michigan's Healthy Kids Dental Program.

Visit Michigan's Healthy Kids Dental Program Webpage: [Healthy Kids Dental Program \(michigan.gov\)](http://Healthy Kids Dental Program (michigan.gov))

7. How can I find a dental home for my entire family?

You can refer to the list of dentists on the back side of this sheet or find a dentist via your insurance provider and zip code by visiting deltadental.com/us/en/member/find-a-dentist.html

8. Do my older children have to have a dental screening too?

This law is specifically for children entering Kindergarten, but it is highly recommended that all children see a dentist at least twice a year.

9. What grades need to have a dental assessment completed?

Pre-schoolers- Can be assessed no earlier than March 1st prior to the start of their Kindergarten school year.

Young 5's- Not considered as eligible by MDHHS until March 1st prior to the start of their Kindergarten school year.

Kindergarteners- All Kindergarteners are eligible to be assessed starting March 1st through the end of their Kindergarten school year.

1st Grade- If a child enters the school system directly into 1st grade, they will also need an assessment completed no earlier than March 1st through the end of their 1st grade school year.

