

**School and Child Care Center Assessments**  
**Instructions for Data Collection and Reporting**  
**(Effective as of 2008-9 School Year)**

The annual school coverage report should include kindergarten. Middle school and child care reports are recommended but not required.

**Monitoring vaccinations**

Monitor vaccines based on ACIP recommendations, not just state law. When possible, change the school/childcare immunization forms or the data collection process to include all recommended vaccines even if a vaccine is not required by the state. Report your data based on ACIP recommendations. Examples:

- If an ACIP-recommended vaccine is not required in your state but it is routinely recorded in the vaccination record at the school, monitor and report on that vaccine. For example, if your state does not require a vaccination for mumps but the record notes that the child received MMR, monitor and report on mumps coverage in your state based on the MMR coverage. Do not report statistics on vaccines that are not reported routinely because those data will not provide an accurate assessment of coverage in your area.
- In your annual report, you will be asked to report coverage based on ACIP recommendations. For example, 2 varicella vaccinations are recommended by ACIP for children entering school. For this report, CDC wants to know how many children are up-to-date (UTD) with 2 vaccinations. If you follow ACIP recommendations, indicate in your report that your dosage requirements match ACIP. If your requirements are lower than the ACIP recommendations but a child is UTD by state standards, report them as UTD but indicate that your dosage requirements are different. When CDC uses your data for reports (e.g., MMWR, Healthy People, etc.), your measure of UTD status will be included in the report.

For child care center children aged 19 months and older, UTD will consist of the following:

- 3+ Polio
- 4+ DTaP/DT
- 1 Measles
- 1 Mumps
- 1 Rubella
- 3+ Hib
- 3+ HepB
- 1+ Varicella
- 4+ Pneumococcal
- 2 HepA

\*Grantees have 2 years from the date of changes in dosing recommendations to adjust their assessment practices to reflect the change.

For child care center children less than 19 months of age, UTD status should be calculated based on age and this (optional) report should be submitted separately from older children.

For kindergarten, UTD will consist of the following:

- 3+ Polio
- 4+ Diphtheria
- 4+ Tetanus
- 4+ Pertussis
- 2 MMR
- 3+ HepB
- 2 Varicella

\*Grantees have 2 years from the date of changes in dosing recommendations to adjust their assessment practices to reflect the change.

For middle school, UTD will consist of the following:

- 3 HepB
- 2 MMR
- 2 Varicella
- 1 Meningococcal Conjugate Vaccine
- 1 Tdap

\*Grantees have 2 years from the date of changes in dosing recommendations to adjust their assessment practices to reflect the change.

### Acceptable Sampling/Census Methods

Your method of conducting a school or childcare survey should comply with CDC standards specified below. If you want CDC to select the sample for you, you should send an Excel file with school name and grade enrollment/capacity for each grade you are going to sample. If you want a more complex sample, e.g. one that is stratified by region, you should request a conference call. Technical assistance for conducting school and childcare surveys can be requested at: <http://www2.cdc.gov/nip/schoolsurv/rfaNCIRD.asp>

Please note that if we pull a sample for you, we will want a copy of the data file (without identifiers) so that we can determine whether the sample size was sufficient.

- If you monitor all schools and students (conduct a census) by using self-reports from the schools, you must also conduct a validation assessment to insure the accuracy of the data. A validation should use an approved sampling methodology; you can request assistance from CDC in conducting a validation assessment. If the validation results are significantly lower than the census results, you should also contact CDC for assistance in reporting. Validation results are due at the same time as the regular school report (April 30th). Report those results via the technical assistance link specified below. If they are not consistent with (within the validation confidence

intervals) or higher than the validation results, ask for a phone consultation to determine how to report the results.

- If you use a sample to assess coverage, your methodology should be approved by CDC. Ask for technical assistance using the link specified below.
- Report coverage on public and private schools separately.
- If you monitor more than one grade for middle school, report coverage for each grade separately.
- If you monitor all children in childcare centers, report coverage for children < 19 months and children  $\geq 19$  months separately.

#### Timing of the assessment of immunization status.

You can do your assessment any time before the due date (April 30); however, you must indicate in your report the effective date of the coverage you are reporting. Reports published using state data (e.g., MMWR will indicate the timing of each state's assessments.

- When possible, report the UTD status of school children as of the first day of school entry. (If you collect dates of vaccination, you can do the assessment any time during the year and report based on the day of school entry.)
- If a first day report is not possible, report coverage as of December 31st.
- Include in the report whether coverage reflects (1) first day of school, (2) by December 31st or (3) later in the school year
- The data for child care centers should be collected within a single calendar year (not across two years) and should reflect immunization status at the time of the assessment.

#### Data collection:

Design your data collection to insure that you will have high quality data.

- Verify that the data reported are accurate (validation sample, training, spot checks, etc.).
- Insure that data come from a reliable source (provider, registry, or parent-held "shot card").
- Collect data on individual vaccines (rather than just the series).
- Although the timing of vaccinations is important, for the purpose of this assessment report only the number of doses without regard to timing.
- When possible, collect the dates of vaccinations to enhance the usefulness of the data for program activities.

#### Point-of Contact for School and Childcare Surveys

Maintain up-to-date contact information on the Internet School Site

(<http://www2.cdc.gov/nip/schoolsurv/index.asp>) by going to the section titled "Update your School/Child care points of contact." The point of contact (POC) for school surveys is the

individual identified by the Program Manager to deal with questions about the school survey or to receive information related to the school survey. The Program Manager can identify him/herself as the POC or another person or both. Part of the grant requirement is to make sure that the POC information is correct so that CDC can contact your state if issues related to school surveys arise.

### CDC Technical Assistance for School Assessments

If you have questions or concerns or need assistance in designing your assessments, ask for assistance from the Assessment Branch. To request assistance, go to the school home page at: <http://www.cdc.gov/vaccines/stats-surv/schoolsurv/default.htm#surveys> and choose “Request Information or Assistance from the CDC” or go to <http://www2.cdc.gov/nip/schoolsurv/rfaNCIRD.asp>. This will direct you to an email request where you can detail your needs and someone at CDC will respond.

This document can be found on the CDC website at:  
<http://www.cdc.gov/vaccines/stats-surv/schoolsurv/downloads/instruct-data-collect.pdf>