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| **Massachusetts Child Care/Preschool Immunization Survey**  **Step-by-Step Instructions – 2023/2024** | | |
| **Before You Start** | | |
| **Surveys must be completed no later than January 26, 2024**   * All supporting school survey documents can be found at <https://www.mass.gov/lists/school-immunization-surveys>. * Before completing the survey, have the completed immunization worksheet and survey documents available for reference. * DO NOT include children enrolled only in “before-school” or “after-school” programs. * If you have questions while completing the survey, email the MDPH Data Assessment Unit at [immassessmentunit@mass.gov](file:///C:\Users\ETRusso\Downloads\immassessmentunit@mass.gov) * All child care/preschool programs will receive an invitation email in mid-September from the MDPH Data Assessment Unit. The email will contain a link for the preschool immunization survey and will also include your program name, pin number, and the grade. * Preschool programs with additional grades (e.g. Kindergarten) will be able to access the Child Care/Preschool survey from within the MIIS. * Programs are instructed to click on the links to complete the surveys before the survey period closes. * Programs should keep a copy of their survey data. * DO NOT leave any fields blank. If there are no children for a specific question, please enter '0.' | | |
| **STEP 1** | | |
| **Question 1** | | |
| **How many children age 2 and older are enrolled in your program?** | * The immunization questions in this survey only apply to children 2 and older. * This should be equal to the number of children listed on the Immunization Survey Worksheet. | |
| **Question 2** | | |
| **How many of the children age 2 and older do not have an immunization record or exemption on file?** | * Insert the total number of students that have NO RECORD AT ALL. * This DOES NOT include students with exemptions on file or incomplete records. * This should equal the Total of the “No Record” column on the Immunization Survey Worksheet. | |
| **For all of the following vaccination questions, remember:**   * Only count doses that specify at least a month and a year of administration. * Some children may have more doses of vaccine than we ask below (e.g. a child with 4 doses of polio vaccine). As long as a child has AT LEAST that number of doses, count that child. | | |
| **REQUIRED VACCINES** | | |
| **Question 3** | | |
| **How many of the children age 2 and older have four (4) or more doses of DTaP?** | * Insert the number of children that have received 4 or more doses of DTaP vaccine. * Do not count children who received DT vaccine. * This is the number of children that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of children minus the number of children with no records (Question 2 minus Question 3). * This should equal the Total of the “DTaP” column in the Immunization Survey Worksheet. |
| **Question 4** | |
| **How many of the children age 2 and older have three (3) or more doses of Polio?** | * Insert the number of children that have received 3 or more doses of Polio vaccine. * This is the number of children that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of children minus the number of children with no records (Question 2 minus Question 3). * This should equal the Total of the “Polio” column in the Immunization Survey Worksheet. |
| **Question 5** | |
| **How many of the children age 2 and older have one (1) or more doses of MMR?** | * Insert the total number of children that have received 1 or more doses of MMR vaccine, administered on or after their first birthday, OR have laboratory evidence of immunity to measles, mumps, and rubella on file with your school/facility. * This is the number of children that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of children minus the number of children with no records (Question 2 minus Question 3). * This should equal the Total of the “MMR” column in the Immunization Survey Worksheet. |
| **Question 6** | |
| **How many of the children age 2 and older have three (3) or more doses of Hib?** | * Insert the number of children that have received 3 or more doses of Hib vaccine. * This is the number of children that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of children minus the number of children with no records (Question 2 minus Question 3). * This should equal the Total of the “Hib” column in the Immunization Survey Worksheet. |
| **Question 7** | |
| **How many of the children age 2 and older have three (3) or more doses of Hepatitis B?** | * Insert the total number of children that have received 3 or more doses of Hep B vaccine OR have laboratory evidence of immunity to Hepatitis B on file with your school/facility. * This is the number of children that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of children minus the number of children with no records (Question 2 minus Question 3). * This should equal the Total of the “Hep B” column in the Immunization Survey Worksheet. |
| **Question 8** | |
| **How many of the children age 2 and older have one (1) or more doses of Varicella?** | * Insert the total number of children that have received 1 or more doses of Varicella vaccine, administered on or after their first birthday, OR have laboratory evidence of immunity to Varicella on file with your school/facility. * This is the number of children that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of children minus the number of children with no records (Question 2 minus Question 3). * If a child has BOTH 1 dose of Varicella vaccine and history of disease, then disregard the history of disease and count them ONLY as vaccinated in Question 9. Do not include them in the history of disease field. * This should equal the Total of the “1 dose or lab evidence” column under “Varicella (Chickenpox)” in the Immunization Survey Worksheet. |

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| **Question 9** | |
| **How many of the children age 2 and older have a history of chickenpox disease? (Do not include those with a dose of vaccine.)** | * Insert the number of children that have a physician-certified history of chickenpox disease on file with your school/facility. * A reliable history of chickenpox disease requires a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant or designee. * If a child has BOTH 1 dose of Varicella vaccine and history of disease, then disregard the history of disease and count them ONLY as vaccinated in Question 9. Do not include them in the history of disease field. * This should equal the Total of the “History of Disease” column under “Varicella (Chickenpox)” in the Immunization Survey Worksheet. |
| **Question 10** | |
| **How many of the children age 2 and older have Four (4) or more DTaP and three (3) or more Polio and one (1) or more MMR and three (3) or more Hib and three (3) or more Hep B and one (1) Varicella or history of disease?** | * Insert the number of children who have all required doses of vaccine (or laboratory evidence/disease):   + 4 or more doses of DTaP   + 3 or more doses of Polio   + 1 or more doses of MMR or laboratory evidence of immunity   + 3 or more doses of Hib   + 3 or more doses of Hep B or laboratory evidence of immunity   + 1 or more doses of Varicella or laboratory evidence of immunity or history of disease * Children with an exemption should NOT be counted here. * This should equal the Total of the “Complete series” column in the Immunization Survey Worksheet. * This number cannot be higher than the number listed above for any one vaccine – (e.g. cannot be 15 if only 10 have 1 dose of MMR.) |
| **RECOMMENDED VACCINES (not required)**  **(Please list the information you have available – if you do not have information on one or more vaccines, please put “0”)** | | |
| **Question 11** | | |
| **How many of the children age 2 and older have four (4) or more doses of PCV13?** | * Insert the number of children that have received 4 or more doses of PCV13 vaccine. * This is the number of children, NOT the total number of doses. This number should NOT be greater than the total number of children minus the number of children with no records (Question 2 minus Question 3). * This should equal the Total of the “PCV” column in the Immunization Survey Worksheet. | |
| **Question 12** | | |
| **How many of the children age 2 and older have two (2) doses of Hepatitis A?** | * Insert the number of children that have received 2 or more doses of Hep A vaccine. * This is the number of children, NOT the total number of doses. This number should NOT be greater than the total number of children minus the number of children with no records (Question 2 minus Question 3). * This should equal the Total of the “Hep A” column in the Immunization Survey Worksheet. | |
| **Question 13** | | |
| **How many of the children age 2 and older have three (3) doses of Rotavirus?** | * Insert the number of children that have received 3 or more doses of Rotavirus vaccine. * This is the number of children, NOT the total number of doses. This number should NOT be greater than the total number of children minus the number of children with no records (Question 2 minus Question 3). * This should equal the Total of the “Rotavirus” column in the Immunization Survey Worksheet. | |
| **Question 14** | | |
| **How many of the children age 2 and older have a medical exemption to one or more vaccines?** | * Insert the number of children who have a medical exemption to one or more required vaccines on file with your school/facility. * A medical exemption is a statement from a physician stating that a vaccine is medically contraindicated for a child and should be renewed annually at the start of the school year. * NOTE: This question is asking for the number of children, not the total number of medical exemptions. If a child has medical exemptions to multiple vaccines, this only counts as 1. | |
| **Question 15** | | |
| **How many of the children age 2 and older have a religious exemption to one or more vaccines?** | * Insert the number of children who have a religious exemption to one or more required vaccines on file with your school/facility. * A religious exemptions is a statement from a child or parent/guardian, if the child is <18 years of age, stating that a vaccine is against sincerely held religious beliefs and should be renewed annually at the start of the school year. * NOTE: This question is asking for the number of children, not the total number of religious exemptions. If a child has religious exemptions to multiple vaccines, this only counts as 1. | |
| **Question 16** | | |
| **How many of the children with a medical exemption have no vaccines at all?** | * Out of the total number of children with a medical exemption (Question 16), how many have no vaccines at all (i.e. are completely unimmunized)? * Do not count children with no record here. | |
| **Question 17** | | |
| **How many of the children with a religious exemption have no vaccines at all?** | * Out of the total number of children with a religious exemption (Question 17), how many have no vaccines at all (i.e. are completely unimmunized)? * Do not count students with no record here. | |
| **Question 18** | | |
| **If a case of vaccine preventable disease occurs at your school, do you have a list of unimmunized children or children with exemptions, so the susceptible children can be quickly identified?** | * If all children have required vaccines, you may select “Yes”. | |
| **Question 19** | | |
| **Is this a Head Start program?** | * Please select “Yes” or “No”. | |
| **Question 20** | | |
| **Are you licensed by the Department of Early Education and Care (EEC)?** | * Please select “Yes” or “No”. * Child care licensing regulations require that staff submit evidence of immunity to measles, mumps and rubella (see Question 23 through 27). | |
| **If you are licensed by EEC, please answer questions 21 through 25 about staff immunizations.** | | |
| **STEP 2** | | |
| * **Enter submitter contact information including the official work email. The submitter email will be used for survey correspondence.** * **Confirm if you are the primary contact for the school and ensure all school contacts, address, and phone number are up to date.** * **Click the “Submit” button. Surveys with numerical errors will not get submitted until errors are resolved. After the errors have been resolved, click the “Submit” button again.** * **User will be directed to** [**https://www.mass.gov/info-details/school-immunizations**](https://www.mass.gov/info-details/school-immunizations) * **Submitters with more than 30 students will receive a confirmation email with a copy of the submitted survey. Submitters with fewer than 30 students will receive a confirmation email without a copy of the submitted survey for privacy reasons.** * **The confirmation email contains a link for resubmitting the survey if the need arises. When a program resubmits a survey, the latest submission will be accepted as the official survey response.** | | |