Texas School System Vaccination Survey (Deadline: March 9 at 11:59 p.m.)

Please review this information in its entirety prior to starting the Texas School System Vaccination Survey. There is information you will need to gather prior to beginning the survey.

Background:
TEA is partnering with the Department of State Health Services (DSHS), the Texas Division of Emergency Management (TDEM), the Texas Health and Human Services Commission (HHSC), the Texas Workforce Commissioner (TWC), and the Texas Private School Association (TPSA) to ensure all school systems have the opportunity to access a COVID-19 vaccine.

The purpose of the Texas School System Vaccination Survey is to solicit critical information regarding current access to vaccinations among school systems. School systems are required to submit this survey. For the purposes of this survey, school systems include ISDs, charters, and private schools -- childcare centers will be addressed at a later date. The deadline to submit this survey is Tuesday, March 9, at 11:59 pm.

For vaccine provider-related questions, email COVID19VacEnroll@dshs.texas.gov. For questions related to this survey, email disasterinfo@tea.texas.gov. Please include “Vaccine Survey” in the subject line.

Questions:
For questions about this survey, please email disasterinfo@tea.texas.gov.

Survey Components:
Please note: All survey fields are mandatory in order to move forward in the survey. There is a back button that may be used.

School System Identifying Information

<table>
<thead>
<tr>
<th>SCHOOL SYSTEM TYPE</th>
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<tbody>
<tr>
<td>• ISD/Charter School System</td>
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<tr>
<td>• Private School</td>
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If you select ISD/Charter School System, the survey ask you to input your CDCN for your school system.

If you select Private School, you will be asked to input your school system name next.

<table>
<thead>
<tr>
<th>CAMPUS DISTRICT COUNTY NUMBER (CDCN)</th>
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<tbody>
<tr>
<td>• Enter your CDCN number. The survey will accept the number with our without a hyphen.</td>
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<tr>
<td>• If you need help finding your CDCN number, visit AskTed Quick District Look-Up.</td>
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<table>
<thead>
<tr>
<th>SCHOOL SYSTEM NAME</th>
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<tbody>
<tr>
<td>• Include full name of your school system (Needville ISD; St. James Episcopal School)</td>
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</table>
EDUCATION SERVICE CENTER (ESC) REGION

- Select the ESC region for your school system. If you are a multi-campus charter, select the ESC region of your central office.
- Please refer to the Education Service Center map and locator if you are a private school and need help determining your ESC region.

TEXAS COUNTY

- Type in the county where your school system resides.
- If your school system is in multiple counties or if you are a multi-charter district, please enter the county of your central office.

TOTAL NUMBER OF STAFF IN YOUR SCHOOL SYSTEM

- Include the count for anyone who is a full or part-time employee of your school system. This would include substitute teachers, janitorial staff, etc.

SUBMITTER’S NAME
SUBMITTER’S TITLE
SUBMITTER’S EMAIL ADDRESS

POINT OF CONTACT INFORMATION

- This individual should be able to answer basic questions about your school system enrollment, make decisions with next steps on vaccination efforts for your school system, and communicate to your school system leadership and interested parties on vaccination efforts.
- We believe this individual may be your nurse but defer to school systems on who is best.

FIRST AND LAST NAME:
ROLE/TITLE:
EMAIL:
CELL PHONE #:

ALTERNATE POINT OF CONTACT INFORMATION

- This individual serves as a back-up and will only be contacted when the primary point of contact is not available.

FIRST AND LAST NAME:
ROLE/TITLE:
EMAIL:
CELL PHONE #:

Additional Questions

MY SCHOOL SYSTEM IS CONFIDENT THAT ALL OUR STAFF THAT WANT TO BE VACCINATED HAVE BEEN VACCINATED. NO ADDITIONAL INFORMATION REGARDING VACCINES ARE NEEDED.
• This question is trying to determine how many, if any, school systems have already had their school personnel vaccinated through other efforts.

**If you select yes, the survey will end and you will likely not be contacted by a state entity regarding vaccinations going forward**

**If you select no, you will be taken to the next question**

**ESTIMATED NUMBER OF STAFF WHO STILL WANT THE FIRST DOSE OF A VACCINE, BUT HAVE YET TO RECEIVE ONE.**

• We are trying to capture a high-level overview of the landscape of needs across school systems.
• We recognize many school systems won’t be able to answer this question with precision. For legal and practical reasons, it is not advisable to poll or survey your school personnel. This can be an approximate, rough estimate.
• If this is completely unknown, please type "Unknown" in the text box.

**IS YOUR SCHOOL SYSTEM AN APPROVED DSHS COVID-19 OR A TEXAS VACCINES FOR CHILDREN PROVIDER?**

**If you select yes, DSHS will be contacting school systems via email that are approved providers, or in progress to become approved providers beginning on Monday, March 8 with additional information and next steps.**

**If you select no, you will be taken to the next question**

**IS YOUR SCHOOL INTERESTED IN BECOMING AN APPROVED DSHS COVID-19 VACCINE PROVIDER?**

• By becoming an approved DSHS COVID-19 Vaccine Provider, school systems will be able to request/receive, administer and report vaccinations to eligible individuals. School systems submitting complete applications can usually be approved in about three days.
  o DSHS is prioritizing and approving school systems applications on an accelerated timeline. The CDC requirements to become a COVID-19 Vaccine Provider are included HERE. All requirements must be met in order to be approved.
• Please see the DSHS COVID-19 Vaccine Provider Frequently Asked Questions for more information about each vaccine type and requirements.
• Vaccine orders for all providers are placed at least two weeks prior to the vaccine actually arriving. Please keep this in mind when thinking through the best options for your school system.

**If you select yes, school systems are encouraged to initiate this process immediately if they are interested in being a COVID vaccine provider.**

**If you select no, that is ok. We understand some school systems do not have the infrastructure in place to become vaccine providers - there are other options that are available.**
DOES YOUR SCHOOL SYSTEM HAVE AN ESTABLISHED COVID-19 VACCINE PROVIDER(S) PARTNERING WITH YOU TO VACCINATE YOUR SCHOOL SYSTEM’S STAFF?

- We are trying to capture school systems that have already established partnerships with hospitals, counties, public health authorities, and other entities to provide vaccinations for your school personnel.

\[ \text{If you select yes, you will be asked to provide information on each partnership you have formed.} \]

\[ \text{If you select no, TEA and DSHS will explore options for further support and you will be taken to the end of the survey.} \]

HOW MANY VACCINE PROVIDERS IS YOUR SCHOOL SYSTEM PARTNERING WITH AT THIS TIME

- This drop down allows you to select up to 5 providers. Please include only current partnerships and not ones that you are considering or have not been finalized yet.
- Based upon the number you select; the appropriate number of additional boxes will appear to provide information related to each provider.

VACCINE PROVIDER INFORMATION:
NAME:
ADDRESS:
CITY:
STATE:
POSTAL CODE:

- If you are partnering with an entity that has multiple sites, please enter the address of the main provider site or the site that your personnel will access most frequently.

YOU HAVE REACHED THE END OF THE SURVEY. BY CLICKING THE “NEXT” BUTTON, YOU WILL OFFICIALLY SUBMIT YOUR SURVEY. PLEASE TAKE A MOMENT TO USE THE “BACK” BUTTON TO REVIEW YOUR RESPONSES.

\[ \text{Please note: this will not automatically send you a copy of your submission. If you have made an error, please contact disasterinfo@tea.texas.gov.} \]