

## Attachment B

OMB Control No.: 0920-XXXX

Expiration date: XX/XX/XXXX

### **Demographic Collection Points**

*Collected by School Nurses in Sites*

Public reporting burden of this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

**User Demographics** (Entered at a point in time, 1x/year)

- First Name
- Last Name
- Highest level of education achieved:

Options:

- Doctorate in nursing
- Doctorate in other field
- MS in nursing
- Med
- MPH
- Masters in other field
- BS nursing
- BS/BA other field
- Associates degree nursing
- Associates degree in other field
- Diploma in nursing
- Technical program/certificate
- High school diploma/GED

- Certifications:

Options:

- National Certification as a school nurse
- State Certified/credentialed as a school nurse
- School nurse teacher
- State teacher certification
- Other

**School Demographic Data** (Entered at a point in time, 1x/year)

- Percentage of students on free/reduced lunch
- Percentage of student where English is not the primary language
- Which of the following best describes your current model of practice in this school (select one).
  - RN provides direct care to students on a daily basis with the assistance of an LPN or UAP (in one building)
  - RN provides direct care to students on a daily basis (one nurse covering more than one building with no health clerk, aide, secretary or UAP covering with RN not present)
  - RN who oversees health clerks or aides who work in the health office(s) (one nurse covering more than one building)
  - RN who oversees one or more LPNs as a team to provide care (one nurse covering more than one building)
  - RN who trains unlicensed personnel (including secretaries) to perform routine procedures needed in the schools (one nurse covering more than one building)
  - Other
- Official number of enrolled students in the school
- Tell us about your school nurse workforce. First, we would like to know about Registered Nurses (RNs):
  - Total number of RN FTEs with an assigned caseload providing direct services with a designated case load
  - Total number of supplemental/float RN FTEs
  - Total number of RNs with special assignment FTEs
  - Total number of RN FTEs providing administrative or supervisory school health services

*\*Ideally, as a data check: electronic platform would total all the numbers entered above and show: Total number of RN FTES*

- Do you have LPN/LVNs working in schools? Yes or No. [IF NO, then do not need to complete the following questions.]
  - Total number of LPN/LVN FTEs with an assigned caseload providing direct services with a designated case load:
  - Total number of supplemental/float LPN/LVN FTEs
  - Total number of LPN/LVN with special assignment FTEs
  - Total number of LPN/LVN FTEs providing administrative or supervisory school health services

- Do you have health aides (non-RN, non-LPN/LVN) in your school/state? Yes or No. [IF NO, then do not need to complete the following questions.]
  - Total number of health aide (non-RN, non-LPN/LVN) FTEs with an assigned caseload providing direct health services (e.g. give medication, staff health office, perform specific health procedures):
  - Total number of supplemental/float health aide (non-RN, non-LPN/LVN) FTEs
  - Total number of health aide (non-RN, non-LPN/LVN) with special assignment FTEs
  - Total number of assistant FTEs providing administrative support services to RNs or LPNS/LVNs

**Chronic Conditions** (Entered at a point in time, 1x/year)

- Did you collect chronic condition data for this year? Yes or No. [IF NO, then do not need to complete the following questions.]
- Did you track the number of students chronically absent this year? Yes or No [IF NO, then do not need to complete the following questions.]
  - If yes to both of the questions above, list chronic conditions and number of students chronically absent as you currently have them.
  - If yes to chronic conditions only, answer just the questions about number of students with chronic conditions.

**Chronic Condition Data Points** (Entered at a point in time, 1x/year. Collected by grade or by school.)

- Total number of students who are chronically absent: \_\_\_\_\_
- Date data entered
  - Number of students with a diagnosis of **asthma** from a health care provider
    - Of this number, how many are chronically absent?
  - Number of students with a diagnosis of **Type 1 Diabetes** from a health care provider
    - Of this number, how many are chronically absent?

- Number of students with a diagnosis of **Type 2 Diabetes** from a health care provider
  - Of this number, how many are chronically absent?
- Number of students with a diagnosis of **a seizure disorder** from a health care provider
  - Of this number, how many are chronically absent?
- Number of students with a diagnosis of **life-threatening allergy** from a health care provider
  - Of this number, how many are chronically absent?
- Number of students with a diagnosis of **ME/CFS from a health care provider**
  - Of this number, how many are chronically absent?

**Health Office Visit Outcomes** (Entered at a point in time, 1x/year. Collected by grade or by school.)

- Number of student encounters/health office visits to **RN** resulting in the student returning to class or staying in school during the school year
- Number of student encounters/health office visits to the **RN** resulting in 911 being called or regionally appropriate equivalent during the school year
- Number of student encounters/health office visits to the **RN** resulting in the student being sent home during the school year
- Number of student encounters/health office visits to **LPN/LVN** resulting in the student returning to class or staying in school during the school year
- Number of student encounters/health office visits to the **LPN/LVN** resulting in 911 being called or regionally appropriate equivalent during the school year
- Number of student encounters/health office visits to the **LPN/LVN** resulting in the student being sent home during the school year